

Sustainable Volunteering for People with a Disability Manual

A Community Learning Partnership of The Avenue Neighbourhood House, Eastern Volunteers and each Social and Community Health



Acknowledgements

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Mitcham Community House
Mullum Mullum Indigenous Gathering Place
Scope Vic
Scope Vic - Eastern Recharge
St Vincent DePaul
Uniting Care Community Options

Disclaimer

This document has been produced by the Sustainable Volunteering for People with a Disability Steering Committee. Every effort has been made to ensure that the information is correct at the time of production. The Steering Committee cannot be responsible for the changes to information after this time and for the subsequent use of this information. March 2011.

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The Partnership Story – Project Steering Committee

Partnerships

"(Partnerships are) relationships that provide opportunities for mutual benefit and results beyond what any single organisation or sector could realise alone."

Source: Meeting the Collaboration Challenge - Peter E Drucker Foundation

The partners

The partners involved in Sustainable Volunteering for People with a Disability project are The Avenue Neighbourhood House, Eastern Volunteers and each Social and Community Health.

The Avenue Neighbourhood House

The Avenue Neighbourhood House is a non-profit organization governed by a volunteer Committee of Management and the House is managed on a day to day basis by a part time Manager/Community Development Worker. They offer many opportunities for people to connect with their community by participation in classes, courses, information sessions, workshops, subcommittees and Committee of Management.

Eastern Volunteers

Eastern Volunteer Resource Centre Inc. (Eastern Volunteers) is a not for profit organisation established in 1976, that provides volunteer assistance and community transport to people living in the cities of Maroondah and Whitehorse and the Shire of Yarra Ranges. Eastern Volunteers works in partnership with all levels of government, peak volunteer organisations, other volunteer resource centres and a wide range of community service organisations and local businesses.

each Social and Community Health

each is a creative, responsive and outcomes-oriented organisation that promotes and delivers integrated community health, disability and support services to individuals, families and groups in Melbourne's eastern region.

The project

This partnership was established in 2009 in response to a growing realisation that people with a disability often were not involved in volunteer opportunities for a number of reasons. These include people with a disability having limited knowledge of what volunteering is as well as the opportunities it may provide; volunteer agencies limited knowledge in supporting people with a disability in their volunteer role.

This was further supported by Victoria's Volunteering Strategy 2009 that also had a focus on promoting social inclusion and volunteering in the disability sector. This

included support for organisations to provide volunteering opportunities and supporting individuals to access these opportunities.

A training course for potential volunteers was developed using the 'Side by Side' model and resources. The plan was to train 20 volunteers in basic volunteering knowledge, including awareness of their skills and abilities and the rights and responsibilities of the volunteer.

Each participant was interviewed to assess their skills and abilities as well as any support they would require to successfully complete the course.

As a parallel activity, not-for-profit agencies in the region were invited to learn more about the project and the ways in which they could participate. The aim was to place each volunteer into a volunteering role for a minimum of 3 months, with the hope that it might become an ongoing relationship.

Agencies were given manuals developed from the 'Side by Side' model and resources to further inform them about approaches to including volunteers with disabilities.

The Steering Committee supported the volunteers and agencies during the placement to ensure the best possible results.

The initial stages

All partners began meeting once a month to discuss how the project might look and what we all, as individual organisations and collectively, sought to achieve from the project. This became a formal Steering Committee with a Memorandum of Understanding.

The Steering Committee also developed an Action Plan and Timeline for the project which identified the resources required including funding.

The Adult Community and Further Education (ACFE) Community Learning Partnership Funding Round was announced in 2009 and we all worked collaboratively in developing a submission to fund the project. The submission was successful.

All partners saw value in completing the Vic Health Partnership Analysis Tool. The Vic Health Partnership Analysis Tool is used to facilitate partnerships across sectors. It is a resource which:

- (a) assists organisations to develop a clearer understanding of the range of purposes of collaborations,
- (b) reflects on the partnership established and,
- (c) focuses on ways to strengthen new and existing partnerships by engaging in discussion about issues and ways forward.

Other resources or further partnerships required

Many further partnerships were required for the project to promote the classes for potential volunteers, identifying and engaging volunteer agencies and then linking people into volunteer roles.

The Steering Committee kept a standard Agenda item at their meetings that explored the further partnerships that had been developed in the project and these were added to the Collaboration Chart and existed as versions. 5 Versions were developed throughout the life of the project.

Barriers and how they were overcome

The first barrier encountered was engaging individuals in the volunteer course delivered at The Avenue. It seemed difficult for agencies to organise as a result of people having other commitments on the day the course was run. Also the individualised funding for individuals was an issue. The new Individual Support Package approach from Department of Human Services has proven to be complex, particularly in regards to ensuring appropriate support across a group of individuals with a variety of support requirements. This was overcome through discussions with families and agencies regarding support requirements in the course. Several volunteers provided valuable assistance to support the tutors during the course.

Another barrier that was encountered was the matching process between the volunteers' interest and skills and the volunteer agencies. The volunteer agencies that were interested in being involved were predominantly disability support agencies, not the target audience we were after. As a result a lot of time was spent identifying and contacting agencies to be involved. This was a learning that we all realise could have been addressed by running the Volunteer Agency Information Sessions after the Volunteer Course was run, however this was not able to be achieved this time due to the timelines for the funding.

Sustainability

In partnership with each Social & Community Health The Avenue offered a 15 week course for people with a disability to assist in the development of both volunteering and employability skills. This course – Moving On - encompasses a large portion of the content from the Volunteering Course.

The Steering Committee will continue to meet and provide any support and resources that may be required by the individuals or volunteer agencies in regards to the individual and their volunteering role.

It is not the hope that these individuals stay in these roles for the rest of their lives, unless that is their choice, but that it is a stepping stone and a pathway to employment. It is our hope that the sustainability is within building the capacity of not only the partner organisations and our approach to supporting people but also the volunteer agencies that have been involved in the project.

What contributed to the success of the partnership?

- Action Plan and timeline for key activities required
- Regular use of the Vic Health Partnership Tool throughout the project
- Regular monthly meetings through the Steering Committee

For more information on the partnership or the project contact:

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Sustainable Volunteering for People with a Disability

Volunteer Training Facilitator Manual Weeks 1-7

Based on the NSW volunteer mentor model Side by Side.

The content of the Side by Side Program was developed by Disability Information Advocacy Service Inc (DIAS) for Volunteering Central West.



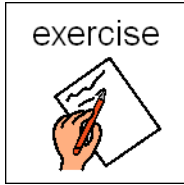
A Community Learning Partnership of The Avenue
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and Community Health.



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1. Icebreaker

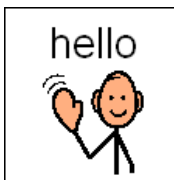


Write or draw why you would like to volunteer?



These might include:

- Wanting to help
- Looking for something to do
- You know someone who volunteers
- Want to gain some new skills



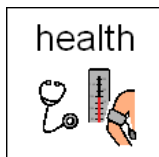
Introductions

Each participant to introduce themselves and tell the other participants why they would like to volunteer.

2. What is Volunteering?

Volunteering is

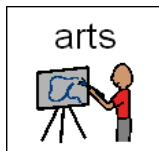
- Work that people do of their own free will for no money
- It helps the community
- Volunteers work in all types of environments and in different roles, such as:



- health and welfare



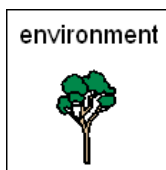
- emergency services



- arts and culture



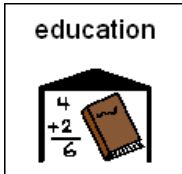
- heritage



- environment and conservations



- sport and recreation



- education



- overseas aid



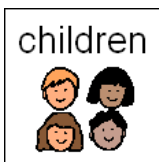
- religious



- animal welfare



- human rights



- youth development.

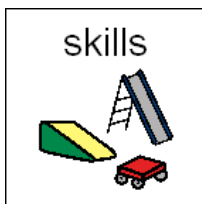
Why do people volunteer?

Many people volunteer and most volunteers will tell you they get as much out of volunteering as they give.

Some of the reasons for volunteering are to:



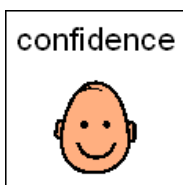
- Stay active



- Learn new skills or maintain old ones



- Meet people and make new friends

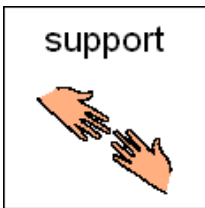


- Develop self-confidence



- To make a contribution or give back to the community

3. Mentor Role



Who supports the Volunteers?

Volunteers are supported by:

- A facilitator and
- A volunteer mentor

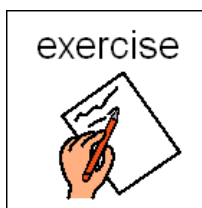
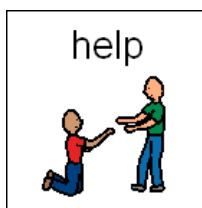
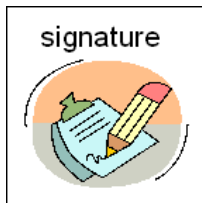


The Facilitator

- Can be a paid staff member or a volunteer of the organisation
- Or they may be from a volunteer service
- Organises the Side by Side approach
- Works with the volunteer organisation and supports them to organise the volunteer and their mentor for their role.

The Facilitator's role is to:

- Assess the volunteer and the volunteer mentor and match them as mentoring partners



- Make sure that orientation and training is provided to the volunteer and the volunteer mentor
- Give direction to the volunteer and the volunteer mentor
- Review how the volunteer and their mentor are going in their role, as agreed
- Ensure that the volunteer and the volunteer mentor understand and sign a volunteer agreement and a duty statement
- Help with problems that may arise

The Volunteer Mentor

- provides guidance to the volunteer

What do you think would make a good Volunteer Mentor?



The Volunteer Mentor's role is to:

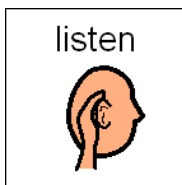
- Share knowledge, experience and skills
- Offer support and encouragement
- Helps you to develop your skills and learn new ones



The Volunteer:

- Completes duties as identified in the Duty Statement and agreed by the Facilitator

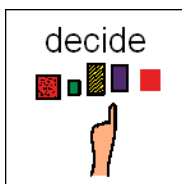
The Volunteer's role is to:



- Be respectful towards the volunteer mentor
- Listen carefully to the information provided by the volunteer mentor



- Undertake tasks as agreed to and directed by the facilitator

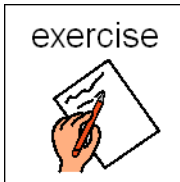


- Take responsibility for their decisions and actions

4. Strengths, Skills & Abilities

Strengths, skills and abilities are the things that you do well and make you feel good about yourself. Everyone's are different but we all have these. For example, someone may be good at talking to people and someone else may be good at using their hands (such as chopping vegetables, or using a mower, etc).

Volunteering is most successful when a volunteer's strengths, skills and abilities are suited to their volunteer activities and role. These activities and roles are outlined on a Volunteer's Duty Statement.



Please paste pictures in the blank boxes to show your strengths, skills and abilities.

One thing I do very well is....	
The things I do best are.....	

I'm best with people when....	
One thing others like about me is....	

5. Volunteering Options Checklist

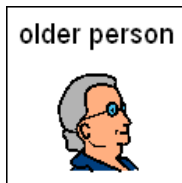


Would you like to do any of the following volunteering activities?

Please tick at least 2 boxes



Helping with food



Helping with older people



Helping with children



Volunteering with animals

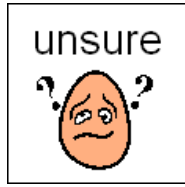


Volunteering with Information Technology (computers etc)



Office skills

Other



Not sure yet



Do you know any organisations or agencies and some of the roles within these?

7. Rights and Responsibilities of Volunteers

Rights

Volunteers have a right to:

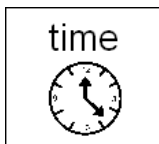


- Information about the organisation
- A clearly written duty statement and volunteer agreement
- Be recognised as a valued team member
- Be supported and supervised
- Be made aware of the complaint procedure within the organisation
- Orientation and training
- Be able to withdraw from the mentoring partnership in consultation with the facilitator
- Be treated with respect, politeness and honesty in a non-discriminatory environment
- Work in a safe environment and be covered by insurance
- Be able to expect that confidentiality and privacy will be maintained

Organisations that have volunteers in the workplace are guided by National Volunteering Standards. These Standards have been developed to ensure that the rights of volunteers are maintained.

Responsibilities

A Volunteer needs to:



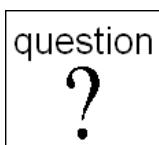
- Be committed to the program
- Be punctual and reliable
- Notify the organisation of changes to their availability
- Accept responsibility for their own actions and behaviour



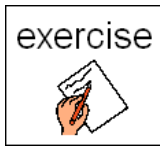
- Notify the organisation if they become aware of potential hazards or dangerous situations



- Abide by the organisation's policy on volunteers
- Deal with complaints in the correct manner
- Respect the rights of others
- Carry out the duties as listed in their duty statement



- Undertake training as requested
- Ask for support when needed
- Give notice before they leave the organisation



How would you ensure your rights are respected in the following situations?:

The local greengrocer keeps giving you the incorrect change, less than what you should be getting. What would you do?

You are in your volunteer role and a staff member at the agency tells you to go back to work well before your lunch break is due to finish. What would you do?

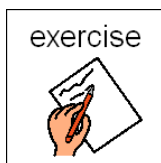
You have missed the bus on your way to your volunteer role and you will be arriving 10 minutes this day. What would you do?

You see a puddle of water on the floor at the reception. What would you do?

8. What am I good at?

What do I need to develop?

Listed here are some skills.



Tick the ones you already have and the ones you would like to work on or improve.

Skill	Good at	Could work on	How
Being on time			
Easy to get along with			
Letting people know how I feel			
Concentrating and getting on with the job			
Working with my hands			
Completing tasks			
Listening			
Asking for help			

List any other skills that you have:

.....

.....

.....

.....

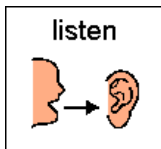
9. Learning To Work Together



One of the main things to learn about working together is to develop good communication. Good communication is speaking in a way that keeps the communication flowing.



This can include speaking in a confident and assertive manner.



Communication works best when you really listen and when you:

- Avoid making judgements
- Remain flexible
- Try to work together

Remember, once you pass a judgement, you limit the possibilities to resolve the conflict or improve the situation.

10. Team Work

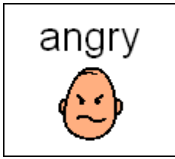


Volunteers will often work with other volunteers or paid workers. Sometimes this may mean volunteers have to cooperate with others and sometimes it means volunteers may need to ignore others so that they can complete their own work tasks.



What skills do you think you need to work well in a team?

11. Anger Management

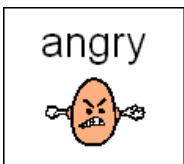


What makes me angry?

While doing your volunteer role different things may make you feel angry. For example, some people may feel angry if they have to wait for a long time for something to happen or if things changes suddenly, while this may not bother other people. Someone else may feel angry if it is very noisy, while other people don't mind if it is noisy. Everyone is different.



What things make you feel angry?



How does being angry make you feel?

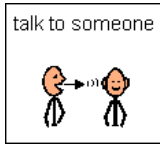
Once again, everyone is different. For example, one person may start to feel hot and bothered when they are angry, another person may feel restless, while another person may feel their muscles are getting tight. These feelings are early warning signs that you are becoming angry. Other people may have other reactions when they are feeling angry, but most will agree that feeling angry is not a good feeling.

What things can people do to deal with their anger better?

People can do a number of things if they are angry.

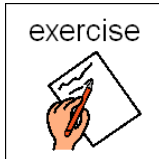


- Taking some deep breaths
- Going for a walk
- Going outside for a breath of fresh air



- Talking calmly to another person
- Thinking about a happy time
- Relaxing.

If you try these things and you still feel angry, it is best to talk to your mentor or your facilitator about how you are feeling.



Let's have a look at some situations to practice expressing your feelings:

- Helens mother says she has broken a plate at home, but she didn't. Helen's mother says she will have to pay for it.
How would you feel about this if you were Helen?
How would you express your feelings about this to your mother?

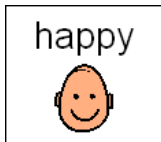
- You are in a coffee shop and you have ordered a hot meal. The waiter brings your meal however when you start eating it is cold.
How would you deal with this situation?

- Someone in your house keeps turning the music up very loud while you are trying to sleep.
How would this situation make you feel?
How would you deal with this situation?

12. Assertiveness

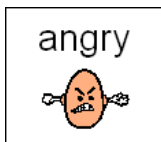


What does the word assertive mean and how might someone behave if they were being assertive?



Assertiveness can:

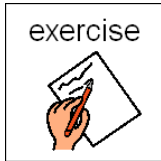
- Increase self confidence
- Increase understanding
- Improve people giving you feedback
- Create open and honest relationships
- Increase the chance of getting what you want
- Help in the expression of feelings



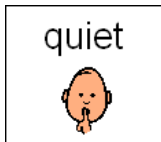
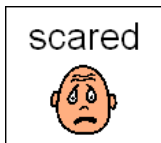
Aggressiveness means

- Yelling
- Shouting
- Getting angry
- Not listening
- Getting your own way, no matter what
- Getting your own point across at other people's expense
- Being loud and violent
- Interrupting others
- Winning at all costs
- It is hard to develop close relationships with other people
- Being lonely because you never listen to others



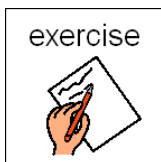


Can you remember times when you have responded aggressively?

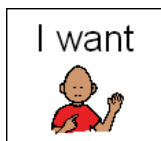
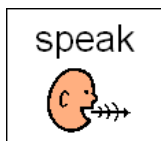


Passiveness (being un-assertive) means

- Scared to speak up
- Not standing up for your rights
- Keeping quiet because you are worried you will upset people
- Avoiding conflict
- Saying yes when you want to say no
- Always putting other people's needs first
- Not expressing your true feelings
- Going along with things you don't like or agree with
- Apologising all the time
- Feeling angry and frustrated
- Not being able to make decisions
- Being lonely, because no-one will listen to you



Can you remember times when you have been passive in your communication with someone?



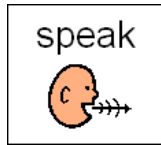
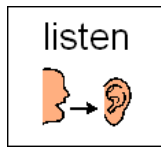
Assertiveness means:

- Speaking not too softly and not too loudly
- Speaking up for yourself
- Telling people how you are feeling
- Telling people what you really think – not saying things just to please other people
- Letting people know what you want or don't want
- Letting people know what you like or don't like

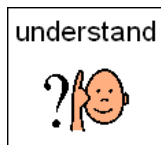
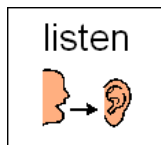
How are these people responding and how could they be more assertive?:

Scenario	Passive	Assertive	Aggressive
<p>Mary has ordered a meal at a restaurant. When it arrives it is burnt. Mary says “I am not eating this, what sort of cooks do you have here?” You can keep your crappy meal!”.</p>			
<p>John is volunteering as an administration assistant. The receptionist says that she cannot find a file she needs and that John has put it in the wrong filing cabinet. John knows he didn’t because he saw Julie file it, but he doesn’t say anything.</p>			

How to be Assertive?

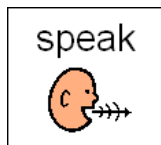


- Listen to others.
- Say what you think and feel.
- Say as clearly as possible what you want to happen.
- Consider what might happen for you and others.



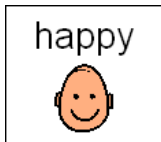
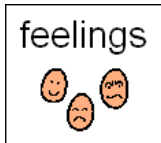
1. Listening effectively.

- Listen carefully to what is being said. If you don't understand, ask the person to explain.
- Show that you understand what the other person is saying. You can say something like 'you seem very angry'.
- Do not interrupt with your feelings / thoughts while they are speaking. Allow the other person to say what their problem is without interrupting before you speak.



2. Say what you think and feel.

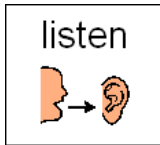
- Take responsibility for your feelings.
- You have every right to say what is bothering you or making you angry but focus on the behaviour not on the person.
- Take your time when speaking, do not allow the other person to interrupt you.



- It is all right to pause when starting to speak, or in the middle of a sentence. This will help you get clear your thoughts and focus on your feelings.
- By using listening skills and letting the other person hear your feelings, you may both decide on a solution.
- Joint solutions means that you are both happy with what is decided, rather than just one person (or neither person) being happy.
- When looking for joint solutions, look at the effect these may have on yourself and other people.
- Sometimes solutions are not always possible and a compromise needs to be made. Make sure that you are happy doing this. Finding a way that you are both happy with is sometimes better than leaving issues unresolved.

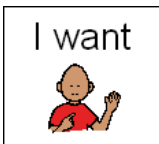
13. Dealing with Conflict

A good way to deal with conflict is to:

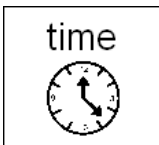


1. Treat the person with respect
2. Listen until you 'experience the other side'
3. State your views, needs and feelings

Guidelines for successful conflict management:



- Don't blame or judge the other person
- Use 'I' messages (say 'I feel ... when this happens... etc)
- Be honest

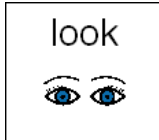


- Provide clear feedback
- Take into account the needs of others
- Use good timing
- Make sure your own verbal and non-verbal messages are consistent (what you say and your body language)

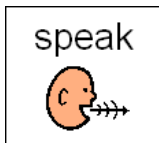
14. Communication

Good communication is an important part of your role as a volunteer. You need to be able to let people know if you have any problems and when things are going well too.

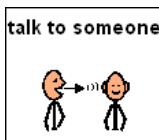
Things you can do to help good communication are:



1. Make eye contact when you are listening and speaking



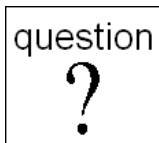
2. Speak clearly and pleasantly



3. Stand at about an arm's length distance away from the person you are talking with

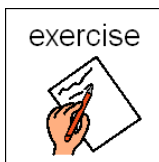


4. Don't speak too loudly or too quietly



5. Ask questions when you need to

6. Show interest in what others are saying



Chinese whispers activity

Sustainable Volunteering for People with a Disability

Volunteer Training Facilitator Manual Weeks 8-15

Based on the NSW volunteer mentor model Side by Side.

The content of the Side by Side Program was developed by Disability Information Advocacy Service Inc (DIAS) for Volunteering Central West.



A Community Learning Partnership of The Avenue
Neighbourhood House, Eastern Volunteers and *each* Social
and Community Health.



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15. Workplace Safety

There are some rules to keep so that the workplace is safe for everyone.



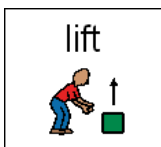
1. Wear safety clothing and equipment, if needed.



2. Keep hair tied back or wear cap, if needed.



3. Behave sensibly and walk carefully around machinery or chemicals.



4. Keep the work area tidy.



5. Lift, bend and carry heavy objects correctly.

6. Follow safety rules and signs.

7. Don't use equipment you are not trained to use.



Spot the Hazard

An inexperienced person may not know what to look for, or the person who has been working somewhere for a while may take the hazard for granted, that is accepted as being part of the normal working environment.

Write down what you see as the hazards in each of the following pictures.



Concentration

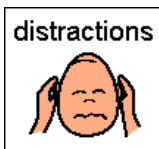
It is important that you try to stay on task while doing your volunteer role. The volunteer mentor, or facilitator will give you the times when you are required to work and when you have breaks. Generally a volunteer would be expected to:



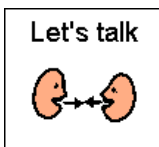
- Stay in their volunteer work area.



- Keep doing their task until they are finished.



- Finish one task before starting another task.

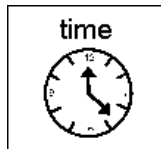


- Try to ignore any workplace distractions.

- Try to avoid talking to other co-workers too often in the volunteer workplace, particularly if it interferes with your own or another person's work.

16. Workplace Behaviour

Volunteer workplaces expect their volunteers to follow their rules, so that the volunteer workplace runs smoothly. This makes volunteering work well for everyone. Some of the things your volunteer workplace might expect include:



Being on time

Managing your time during your volunteer role

Behaving responsibly



Being tidy

Being flexible



Can you think of examples of how you can follow each of these rules?

Good manners are also an important part of volunteer workplace behaviour. Being polite and considerate of others is very important.



What are some ways that you could be polite and consider others that you work alongside in your volunteer role?

17. Workplace Presentation

What to wear?

The type of clothing you wear to your volunteer workplace will depend on the volunteer work you do. Some things to remember are:



- Wear clothing that is right for the type of role you do.



- Always make sure your hair is neat and clean.



- Only wear safe jewellery (nothing that dangles down). Some volunteer roles may ask you not to wear any jewellery.



- Wear any safety clothing, if needed (you will be notified of what you will require).

Personal Hygiene

Personal Hygiene is about being clean and tidy at your volunteer workplace. A volunteer should:



- Bath or shower daily.



- Wash their hands after going to the toilet and before eating.



- Make sure that fingernails are clean and tidy.



- Shave or keep the hair on their moustache or beard tidy.



- Wear deodorant / perfume or after shave.



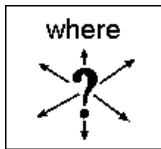
- Wear make up if you like.

20. An Interview

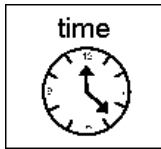


Before you start volunteering, you may need to have an interview with a coordinator of volunteers or the Side by Side facilitator. Be positive and think about what skills you have and how you can use your skills to assist in the delivery of the organisations service.

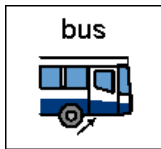
Before the Interview you should:



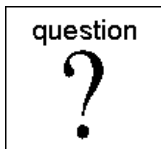
- Make sure you know where to go



- Make sure you know what time you should arrive

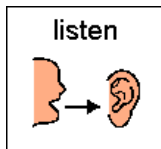


- Check you have transport



- Think of any questions you may wish to ask

At the Interview:



- Listen to any questions and answer them calmly, positively and enthusiastically
- Be positive about your skills and abilities



Let's practice being involved in an interview by answering the questions you may be asked below and asking questions you might like to ask, you may use the examples provided or make up your own.

Questions that you may be asked

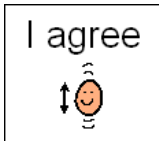
- What are your strengths / weaknesses?
- What are your goals?
- What are your interests?
- Do you like working as a member of a team?

Questions that you may ask

- What the position will actually involve?
- What are the hours of work?
- Will there be training?
- Who will provide supervision?

Volunteer Agreement

A volunteer agreement is a written form, which says:



- What the volunteer will do
- When they will do it
- How they will do it

After the volunteer has checked the volunteer agreement and they are happy with it, it must be signed by them and by the organisation. A copy goes to the organisation and a copy goes to the volunteer. If the volunteer or the organisation change their minds about the volunteer agreement, they may either work together to change it or they may cancel the agreement.

Volunteer Agreement

This Agreement is made between the Management Committee of

.....
(name of organisation)

and

.....
(the volunteer)

who has agreed to undertake the following volunteer position:

.....

This agreement is subject to the following terms and conditions:

Probation period:

There will be a probation period of 30 days.

Length of agreement:

This agreement is for a period of one year.

Example Only

Duties:

The volunteer shall undertake the duties listed in their duty statement.

Day of the week: **Hours:**

Absences:

The volunteer shall inform the organisation of any absences from their volunteer work for sick leave, holiday leave etc as soon as possible.

Training:

The volunteer will be provided with induction training from the organisation. The volunteer will also attend relevant volunteer training, wherever possible.

Complaints:

If the volunteer has a complaint to make they will follow the organisation's complaint procedure.

Code of Conduct:

The volunteer must follow the organisation’s Volunteer Code of Conduct.

Occupational Health and Safety

Under the Occupational Health and Safety Act 2000, reasonable directions provided by the organisations about safety practices and procedures must be followed. Under the Act, it is expected that volunteers will take reasonable responsibility for their own health and safety as well as the health and safety of others.

Insurance

Volunteer will be covered by Volunteer Personal Accident Insurance and Public Liability Insurance for any injury or damage incurred whilst undertaking their volunteer duties, except where they wilfully or deliberately cause injury or damage.

Termination:

This agreement may be terminated by the volunteer or the organisation.

Example Only

Signed for and on behalf of	
.....	
(name of organisation)	
.....	
.....	
Coordinator	Date
.....	
.....	
Volunteer	Date

Duty statement

A duty statement is a form that is given to every volunteer. It includes:

- What the purpose of the volunteer position is
- A list of all the duties which the volunteer agrees to do at the volunteer organisation
- Who the volunteer is responsible to

Volunteer Duty Statement

..... (name of organisation)
values volunteer work undertaken by their volunteers. Volunteers have an important role and they undertake their agreed duties in an efficient, responsible and safe manner. Every Side by Side volunteer at (name of organisation) will have a duty statement, which enables the volunteer, their mentor and the organisation to understand clearly the duties of each of the participants in the Side by Side Program. Duty statements are to be reviewed on an annual basis/regular basis (*delete one*).

VOLUNTEER POSITION TITLE

..... (description of position, eg kitchen hand/driver etc)

This position is a part-time position of hours per week. Initially the position has a 30 day probation period.

PURPOSE OF POSITION:

To provide assistance with

.....
.....
.....

Example Only

RESPONSIBLE TO:

Volunteers are responsible to the Manager of the organisation.

DUTIES:

▪

ESSENTIAL:

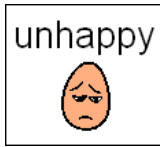
Volunteers must:

- Be able to work as part of team
- Follow the instructions of their facilitator
- Be aware of Occupational Health and Safety
- Attend any relevant training

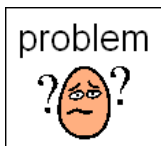
REVIEW DATE:

Making a Complaint

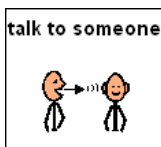
It's okay to complain, you are more likely to get what you need. You can complain about:



- Something you think is unfair
- Something that is making you unhappy
- Being treated unreasonably
- If the organisation, the facilitator or your volunteer mentor is not doing something they should



It can be difficult and scary to make a complaint, but there are some things you can do to help your complaint be dealt with quickly.



- act sooner rather than later. Don't leave things too late. Problems tend to get worse and become harder to deal with if they are left unresolved.
- If you think there is a problem it is best to raise the issues straight away and try to sort it out quickly.
- You can make a verbal complaint to the person who is causing you a concern. If that doesn't work you can complain to someone else.



Who do you make a complaint to?

Volunteer / Volunteer Mentor



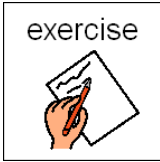
Facilitator



Organisation



Advocacy Service



Has anyone ever made a complaint?
What happened when you made the complaint?
How did you feel after you made the complaint?

Privacy Rights

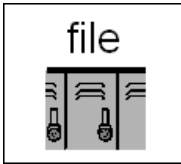


When volunteering in an organisation you may hear or see private information about a person. You need to know your rights about information being collected about you and information you see or hear about another person.

Privacy rights include

- Agencies will only collect directly relevant personal information.
- When collecting personal information the person involved will be informed:
 1. Of the purpose for the collection of the information
 2. Whether the information is required by law
 3. Of anyone to whom the information will be given
- Only relevant and up to date personal information will be kept.
- Personal information records will be protected against loss, unauthorised access, modification or disclosure.
- Individuals can access personal information records.
- Personal information that is no longer relevant will be destroyed.

Confidentiality



Protecting the privacy of volunteers, volunteer mentors, the organisation and the organisation's clients is very important. There are policies and procedures in place that to ensure that details of all volunteers, volunteer mentors, paid staff and clients are kept safe and confidential. Private written information is kept in locked filing cabinets with limited access.



All volunteers must respect any discussions with others as information given in confidence. This means a volunteer may not repeat that information outside the service. They may report it to the facilitator or the organisation's coordinator if the information is of concern, or requires further action.

Volunteer Training Feedback

How do you feel about the volunteer training?

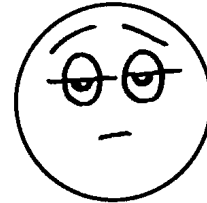
Circle the face that expresses how you feel.



Bored



Exhausted



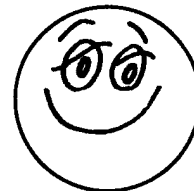
Indifferent



Happy



Disappointed



Interested

Are there any comments that you would like to make about the training?

Sustainable Volunteering for People with a Disability

Volunteer Agency Training Manual

Based on the NSW volunteer mentor model Side by Side.
The content of the Side by Side Program was developed by Disability Information Advocacy Service Inc (DIAS) for Volunteering Central West.



A Community Learning Partnership of The Avenue
Neighbourhood House, Eastern Volunteers and *each* Social
and Community Health.



This manual and approach recognises the contribution that all people can make to volunteering. The aim is to encourage successful participation in volunteering by linking a person with a disability to a volunteer mentor. Increasing the participation of people with a diverse range of skills and abilities in volunteering can enrich their experiences.

Community organisations can benefit from the contribution that volunteers make to their service. Side by Side provides a framework for community organisations to manage their volunteer positions and provide volunteers with disabilities with adequate support.

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1. Overview

The aim of this approach is to assist people who have a disability to develop skills and to increase their participation and inclusion in the community. The program will achieve this by encouraging and supporting people with disabilities to volunteer. Volunteering is a way of building individual skills, social networks, and of making a valuable contribution to the community.

People with disabilities have the same rights as other community members to:

- A dignified life
- To be fully included in the community
- To contribute to their communities
- To participate in valued and satisfying roles.

There are many volunteer positions that are performed by volunteers with disabilities. However, at times a volunteer position is unable to be filled or an appropriate position has not been found because there is an unsuitable fit between the skills and interest of the volunteer and the role they have been given and insufficient support and supervision available within an organisation. This approach seeks to address this issue through support for the volunteer agencies.

2. Volunteering



Volunteering is an activity which takes place in not-for-profit organisations or projects and is undertaken:

- To be of benefit to the community and the volunteer
- Of the volunteer's own free will and without coercion
- For no financial payment
- In designated volunteer positions only

Principles of Volunteering

Volunteering:

- Benefits the community and the volunteer
- Work is unpaid
- Is always a matter of choice

- Is a legitimate way in which citizens can participate in the activities of their community
- Is a vehicle for individuals or groups to address human, environmental and social needs
- Is an activity performed in the not-for-profit sector only
- Is not a substitute for paid work
- Does not replace paid workers nor constitute a threat to the job security of paid workers
- Respects the rights, dignity and culture of others.
- Promotes human rights and equality
- People using their knowledge and skills and developing new ones

Why do people volunteer?

Many people with disabilities volunteer and as most volunteers will tell you they get as much out of volunteering as they give. Some of the reasons for volunteering are to:

- Stay active
- Learn new skills or maintain skills
- Meet people and make new friends
- Develop self-confidence
- Make a contribution

3. The Side by Side Model



The Side by Side model seeks to build the capacity of people with a disability to meaningfully contribute to their community and be seen as a valued and contributing member, rather than someone who is always the recipient of care. The model also builds the capacity of volunteer agencies to respond to all people in the community who are interested in volunteering and also builds the capacity of existing volunteers or workers who mentor the person with a disability in their role, to take on extra responsibility and develop leadership skills in their role.

The model looks at people with a disability being supported in a volunteer role by:

- A facilitator, and
- A volunteer mentor.

A facilitator may be either a paid staff member or a volunteer of the organisation or they may be from a volunteer service. The facilitator is responsible for organising the Side by Side volunteer approach.

Another person who provides support is the volunteer mentor. A volunteer mentor is a person who can provide guidance to the volunteer. Mentoring is a two way process, both the volunteer with a disability (person receiving the support) and the volunteer mentor (the person giving support) can benefit from the process.

Disability awareness is fundamental to understanding the issues that may arise in some cases. Disability awareness information is provided for the organisation and the volunteer mentor in the form of a Disability Awareness Manual (pages 120 - 152).



4. Mentoring

Successful mentoring requires volunteers and volunteer mentors to:

- Communicate, be able to listen, and be open to new ideas
- Be good with time management and self management skills
- Be assertive, realistic and discreet
- Be knowledgeable or able to get information
- Be able to change and accept change.

Additionally, mentors must be:

- Motivating and able to demonstrate leadership
- Honest and able to give constructive advice
- Able to act as a role model.

The Mentoring Relationship

From the beginning, both parties should agree that either may end the arrangement at any time without fault. There is no formula for how often a volunteer/mentor pair makes contact. The parties may choose to meet regularly, or they may prefer to meet when there is the need to focus on a particular issue. The parties may agree on a set time for each meeting, or they may be more comfortable with a less formal arrangement. These and other issues must be worked out by individual volunteer/mentor pairs.

The volunteer and their volunteer mentor should recognise that they are two different people, and that is a good thing. In a respectful situation they can learn from each other.

The volunteer and their volunteer mentor should really listen to each other. They should try to understand the other person's viewpoint. There is not always a right or wrong perspective, just different ones.

The volunteer and their volunteer mentor should make sure they get things done to the best of their abilities. They should have fun doing things and remember to laugh and enjoy their time together.

A written mentoring agreement can help clarify roles and expectations. This agreement sets out the duration of the relationship, the areas it will focus on, the likely frequency of meetings and the maximum length of each meeting.

If problems arise in the mentoring relationship, the parties should talk the issues through. The coordinator may also be approached for advice. If the mentoring partners decide to end the arrangement, another mentor may need to be found.

A successful mentoring partnership is an experience to be enjoyed.



5. Roles

The volunteer's role is to:

- Behave respectfully towards the volunteer mentor
- Listen carefully to the information provided by the volunteer mentor
- Undertake tasks as agreed to and directed by the facilitator
- Accept responsibility for their own decisions and actions
- Maintain confidentiality.

The volunteer mentor's role is to:

- Share knowledge, experience and skills
- Offer support and enthusiasm
- Provide guidance to enable the volunteer to demonstrate their abilities.

The facilitator's role is to:

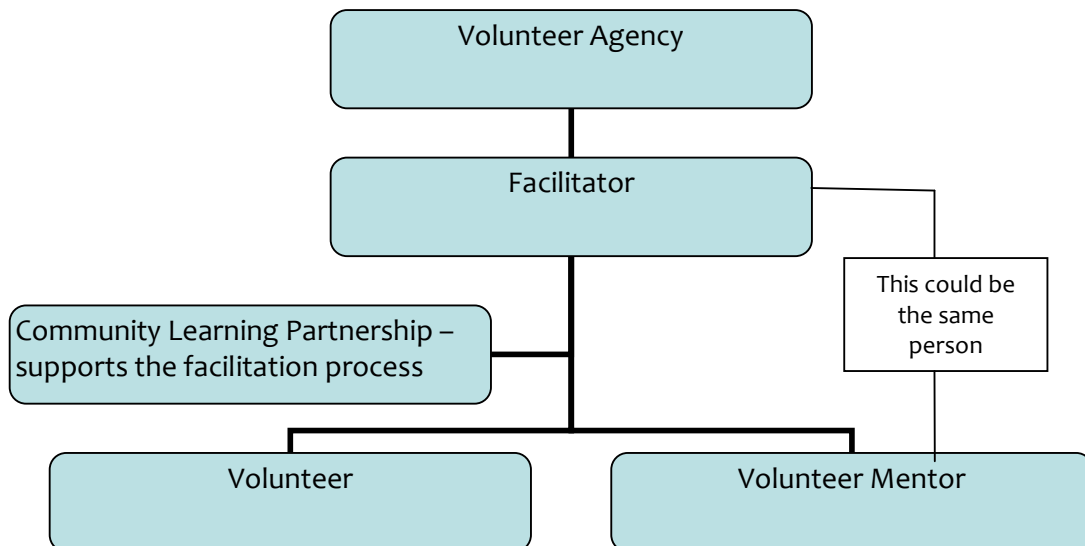
- Ensure that orientation and training is provided to the volunteer and the volunteer mentor
- Provide direction and supervision to the volunteer and the volunteer mentor
- Review the performance of the volunteer, as agreed

- Assess the volunteer and the volunteer mentor and match them as mentoring partners
- Ensure that the volunteer and the volunteer mentor understand and sign a volunteer agreement and a duty statement
- Help with problems that may arise.

Volunteers who have a disability and their volunteer mentors are under the direct supervision of a designated staff member of the organisation for which they are volunteering.

The Facilitator

- **Why do we need a facilitator?**
The volunteer and volunteer mentor relationship is quite a flexible one but it works well with the support of a facilitator, particularly in the initial stages.
- **Who can be a facilitator?**
A facilitator may be either a paid staff member or a volunteer of the organisation or they may be from a volunteer service. They must have the time and skills to coordinate the mentoring program.





6. Rights and responsibilities

Volunteers have a right to:

- Information about the organisation
- A clearly written duty statement and volunteer agreement
- Be recognised as a valued team member
- Be supported and supervised
- Be made aware of the complaint procedure within the organisation
- Orientation and training
- Be able to withdraw from the mentoring partnership in consultation with the facilitator
- Be treated with respect, politeness and honesty in a non-discriminatory environment
- Work in a safe environment and be covered by insurance
- Be able to expect that confidentiality and privacy will be maintained.

Responsibilities

A Volunteer needs to:

- Be committed to the program
- Be punctual and reliable
- Notify the organisation of changes to their availability
- Accept responsibilities for their own actions and behaviour
- Notify the organisation if they become aware of potential hazards or dangerous situations
- Abide by the organisation's policy on volunteers
- Deal with complaints in the correct manner
- Respect the rights of others
- Carry out the duties as listed in their duty statement
- Undertake training as requested
- Ask for support when needed
- Give notice before they leave the organisation.

Organisations that involve volunteers are guided by National Volunteering Standards. These Standards have been developed to ensure that the rights of volunteers are maintained and include:

- Policies and procedures
- Management responsibilities
- Recruitment
- Work and the workplace
- Training and development
- Service Delivery
- Documentation and records
- Continuous improvement

7. Communication



One of the main factors in learning to work together is working out how to develop good communication. One of the most important aspects in effective communication is maintaining openness.

Communication can be influenced by a number of factors such as:

- The relationship between the volunteer and others
- The physical environment where they are communicating
- The events that led to the present interaction
- The emotional state of the people communicating
- The functional skills of the person with a disability (for example learned signing, use of symbols etc)

Essential ingredients of good communication are responding with:

- Empathy
- Respect
- Genuineness
- Immediacy
- Warmth

Tips for good communication

- Let people finish what they are saying
- Give people time to respond to you
- If you are not sure what someone has said, ask them to explain it
- Ensure others know you are listening
- Don't assume people know how you feel – tell them
- If you are unhappy with how someone does something, don't criticise, tell them how you feel and what you would like to be different
- Use positive body language – show you are listening
- Be assertive, rather than passive or aggressive
- Give people the opportunity to make choices
- Being involved in decision making during everyday routines gives people more control over their environment.
- **ALWAYS** ask what the person wants

- **ALWAYS** allow time for the person to respond
- **NEVER** anticipate the person's response

Checklist for Good Communication

Do I:

- Choose an appropriate time and place to deal with the issue
- Use an appropriate manner (tone, body language etc)
- Use effective communication skills, such as:
 - a. listening
 - b. avoiding making personal judgements
 - c. being flexible
 - d. working together with the others involved
- Check the facts, including the big picture
- Encourage those involved to express how they are feeling
- Try to see the other person's side and encourage them to see your side
- Look for a solution that is acceptable to those involved

Remember to:

- Speak directly to the person rather than through a companion or sign language interpreter
- Always offer to shake hands when introduced
- Always identify yourself and others who may be with you when meeting someone who is blind
- If you offer assistance wait until the offer is accepted, then listen, wait or ask for instructions

- Treat adults as adults
- Do not lean against or hang on someone's wheelchair or cart. Bear in mind people with disabilities treat their chairs as extensions of their bodies.
- Listen attentively when talking with people who have difficulty speaking and wait for them to finish
- Tap a person who is deaf on the shoulder or wave your hands to get his or her attention
- Walk to the front of the person in a wheelchair or person who is hearing impaired before speaking so that they can see and hear you
- Communicate at eye level so you are able to see and be seen easily.
- Where possible sit down when communicating with someone who uses a wheelchair
- Show common courtesy at all times. This includes not moving into people's personal space unless invited
- Ask the person with a disability how they would like to be assisted
- Avoid forcing your personal values on the other person
- Take time to listen. The message you think you have received may not be the one sent
- Listen carefully when talking with people who have difficulty speaking and wait for them to finish. If necessary, ask short questions that require short answers, or a nod of the head. Never pretend to understand; instead repeat what you have understood and allow the person to respond.
- Not assume you know what the person is saying, ask for help is necessary
- Maintain a pleasant and positive attitude

Ways to improve the quality of interpersonal communication

- Content of language should be age appropriate
- Never be patronising
- Treat the person with dignity and respect

- Avoid anticipating the person's ideas and responses
- Avoid completing words or phrases unless you have both agreed that this is okay
- Do not speak for the person unless they have specifically asked you to
- Let the person know that you are still interested in what they are saying even if it does take a long time to formulate a message
- Avoid unnecessary touching

Never:

- Walk away
- Discuss the person as if they are not present
- Pretend to understand

A Way With Words

Words to Watch

Acceptable Alternative

- Abnormal, subnormal (*negative terms that imply failure to reach perfection*)
 - Afflicted with (*most people with disabilities don't see themselves as afflicted*)
 - Birth defect, also congenital defect, deformity
 - Blind (the), visually impaired (the)
 - Confined to a wheelchair, wheelchair-bound (*a wheelchair provides mobility not restriction*)
 - Cripple, crippled (these terms convey a negative image of a twisted, ugly body. Avoid)
 - Deaf (the)
 - Deaf and dumb (the inability to hear and speak does not imply intellectual disability. Avoid)
- Specify the disability
 - Say "the person has...(the disability)"
 - Say "the person with a disability since birth", "person with congenital disability"
 - Say "person who is blind", "person with vision impairment"
 - Say "uses a wheelchair" or is a "wheelchair user"
 - Say "has a physical or mobility disability"
 - Only appropriate when referring to the Deaf community; say "person who is deaf"
 - Say "hearing impaired" ; lack of speech usually results an from impaired hearing

- Defective, deformed (degrading terms. Avoid)
- Disabled (the)
- Epileptic
- Fit, attack, spell
- Handicapped (the)
- Insane (also lunatic, maniac, mental patient, mentally diseased, neurotic psycho, psychotic, schizophrenic, unsound mind and others are derogatory terms. Avoid)
- Invalid (the literal sense of the word is "not valid". Avoid)
- Mentally retarded (also defective, feeble minded, imbecile, moron and retarded are offensive and inaccurate terms. Avoid)
- Specify the disability
- Say "people with a disability"; "the disability community"
- Say "person with epilepsy"
- Say "seizure"
- Say "person with a disability" unless referring to an environmental or attitudinal barrier, in such cases "person who is handicapped by a disability" is appropriate.
- Say "person with a psychiatric disability" or a specific condition .
- Say "person with a disability"
- Say "person with an intellectual disability"

- Mongol (outdated and derogatory) ▪ Say "has Down Syndrome".
- Patient (only use in context of doctor/patient relationship or in hospital) ▪ Say "person with a disability".
- Physically/intellectually/vertically challenged, differently abled, ▪ Say "person with a disability"
- Spastic (usually refers to a person with cerebral palsy or who has uncontrollable spasms. Derogatory, often term of abuse, should never be used as a noun) ▪ Say "person with a disability".
- Suffers from, sufferer, stricken with (Not all people with disabilities actually suffer. These terms should not be used indiscriminately) ▪ Say "person with a disability".

8. Confidentiality



Protecting the privacy of volunteers, volunteer mentors, the organisation and the organisation's clients is very important and should be in accordance with the Privacy Act. There are policies and procedures in place that are designed to ensure that details of all volunteers, volunteer mentors, paid staff and clients are kept safe and confidential. Private written information is kept in locked filing cabinets with limited access.

It is also important that the volunteer's disability is not disclosed to all the staff in the agency, this may develop pre-conceived ideas about the person and how they communicate or behave in their volunteer role. It is important to look at the person not their disability and the skills and abilities they do have.

All volunteers and volunteer mentors must respect any discussions with others as information given in confidence. They may report it to the facilitator if the information is of concern, or requires further action.

9. Occupational Health and Safety



Under the law, everybody has some responsibility for Occupational Health and Safety (OH&S). The organisation must ensure that the health and safety of volunteers is not harmed in any way. Volunteers must also take responsibility for looking after their own health and safety, while not putting others at risk.

It is the responsibility of the volunteer agency to document any hazards and address these to ensure a safe workplace.

Volunteers should:

- Follow health and safety instructions.
- Use personal protective equipment and clothing in the appropriate manner.
- Keep hair tied back or wear a cap if necessary.
- Behave sensibly and walk carefully around machinery or chemicals.
- Keep the work area tidy.
- Lift, bend and carry heavy objects correctly.
- Don't use equipment you are not trained to use.
- Follow safety rules and signs.
- Tell someone about any hazards or injuries at the volunteer organisation.

10. Complaints and problems



From time to time issues may arise which need to be dealt with. If volunteers are unhappy about something that is happening, the organisation's Complaint/Grievance Procedure should be followed.



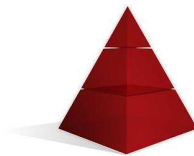
11. Steps for success

The program will work more effectively if everyone who is involved knows what is expected of them, and what they can expect of others. It is important to establish guidelines early on in the volunteering relationship. Two helpful guides to clarify volunteering positions are volunteer agreements and the volunteer duty statements.

Duty statement

A duty statement outlines:

- The purpose of the volunteer position
- A list of all the duties which the volunteer agrees to do at the volunteer organisation
- Who the volunteer is responsible to



12. Stages in a mentoring relationship

Although every relationship is unique, most will pass through a number of similar stages. It is useful to be aware of these stages so that difficulties can be anticipated and dealt with in an effective manner. There are four stages, as follows:

Initial stage: The volunteer mentor takes a leadership role and the volunteer with a disability accepts guidance, when required.

Development stage: The volunteer with a disability becomes more confident and begins to develop more skills and knowledge. The volunteer mentor becomes aware of the strengths and weaknesses of the volunteer with a disability. The mentor gains a better understanding of what is required, what is expected and what is possible.

Assessment stage: Both the volunteer and the volunteer mentor gain an understanding of their achievements and limitations. They (along with the facilitator) assess the benefits of the relationship

Final stage: This stage involves either separation or maturation.

- **Separation:** The mentoring partnership is ended because it has served its purpose and there are no further benefits to be achieved by continuing it. Alternatively, the partnership is not working and the parties involved agree to end it at this stage
- **Maturation:** The partnership moves from being one of mentor and person being mentored to one of equal peers or colleagues.



13. The Mentoring Partnership

Matching a volunteer with a volunteer mentor is important. The matching process should consider the interests of the participants, past experiences and skills.

It is important to select and match mentoring partners with care. This can begin with:

- Information on being a mentor and what this would involve is given to the potential mentor.
- An application form being completed and lodged.
- Training provided (Volunteer Mentor Training Manual pages 80 – 119).
- Matching partners – based on similar duties in their role.
- Meeting with the facilitator, volunteer and volunteer mentor – arrangements made for volunteering positions.
- Clarifying roles and duties.



14. Recruitment

- Volunteer duties

It is essential that the organisation has identified clear, concise volunteer duties that will be rewarding to the volunteer, the volunteer mentor and of benefit to the organisation.

- Matching volunteer skills and interests to a position

Matching the volunteer's skills and abilities to the specific tasks involved in a position will provide a rewarding outcome for the volunteer and a productive result for the organisation.

- Culture of the organisation

The importance of the 'organisational culture' and the attitude of people in key positions to encouraging volunteer involvement cannot be over-rated. A supportive organisation recognises its volunteer skills and supports the involvement of the 'not so confident' potential volunteer in the ranks.

- **Facilitating the program**

The volunteer mentoring program will be most effectively implemented if responsibility can be allocated to a specific member of an organisation.

The identified facilitator's role is to ensure that the appropriate processes and procedures for the mentoring program are implemented according to the organisation's policies (see Organisations Resource Information included in this Kit).

- **Volunteer recruitment**

Ways of recruiting volunteers needs to be identified and a strategy for accessing volunteers through these means should be developed.

The recruitment and selection process for volunteers and volunteer mentors involves a formal application process for volunteers and volunteer mentors.



15. Orientation

Particular attention is required for the orientation process for the volunteer ensuring that any aids, communication strategies or adjustments to the workplace are recognised and implemented. Initial training is important to ensure that tasks and requirements are understood.

- **Probation period**

Both the volunteer and the volunteer mentor should clearly understand that there will be an initial probation period in which training and any necessary adjustments are implemented.



16. Monitoring

During the initial stages and at the end of the probation period, monitoring of the volunteer placement is important.

Feedback from the volunteer and their mentor will provide information on what is working well in relation to a position or project.

Reviewing roles and responsibilities and making necessary adjustments to the project and position, can ensure that the organisation, the volunteer and their volunteer mentor can benefit from the project.



17. Evaluation

It is necessary to ensure that the position or project brief for the mentoring program remains relevant. Issues to consider include: changes in organisational needs, new directions or goals, and roles of participants etc.

Evaluation of a volunteer and volunteer mentoring partnership is also important. Feedback from those involved gives information that can be used to adjust some components of the partnership, recognise its success or lack of success.

The feedback can be obtained either verbally or through a questionnaire.

Questions which may be useful include:

- Is the partnership achieving its goals?
- Are any conflicts resolved?
- In what ways can the participants contribute? (for example, volunteer work, meetings, feedback, suggestions)
- How could the partnership improve?

This information will be obtained from the volunteer, the volunteer agency and the volunteer mentor.

Feedback information that is obtained can provide valuable information for this partnership and potential future partnerships.

Sustainable Volunteering for People with a Disability

Volunteer Mentor Training Manual

Based on the NSW volunteer mentor model Side by Side.

The content of the Side by Side Program was developed by Disability Information Advocacy Service Inc (DIAS) for Volunteering Central West.



**A Community Learning Partnership of The Avenue
Neighbourhood House, Eastern Volunteers and *each* Social
and Community Health.**



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1. What is Volunteering?



Definition of Volunteering

Volunteering is an activity which takes place in not-for-profit organisations or projects and is undertaken:

- To be of benefit to the community and the volunteer
- Of the volunteer's own free will and without coercion
- For no financial payment
- In designated volunteer positions only.

Principles of Volunteering

Volunteering:

- Benefits the community and the volunteer
- Work is unpaid
- Is always a matter of choice
- Is not compulsorily undertaken to receive pensions or government allowances
- Is a legitimate way in which citizens can participate in the activities of their community
- Is a vehicle for individuals or groups to address human, environmental and social needs
- Is an activity performed in the not-for-profit sector only
- Is not a substitute for paid work
- Does not replace paid workers nor constitute a threat to the job security of paid workers
- Respects the rights, dignity and culture of others
- Promotes human rights and equality



2. The Mentoring Relationship

From the beginning, both parties should agree that either may end the arrangement at any time without fault. There is no formula for how often a volunteer/mentor pair makes contact. The parties may choose to meet regularly, or they may prefer to meet when there is the need to focus on a particular issue. The parties may agree on a set time for each meeting, or they may be more comfortable with a less formal arrangement. These and other issues must be worked out by individual volunteer/mentor pairs.

The volunteer and their volunteer mentor should recognise that they are two different people with different skills and abilities. In a respectful situation they can learn from each other.

The volunteer and their volunteer mentor should really listen to each other. They should try to understand the other person's viewpoint. There is not always a right or wrong perspective, just different ones.

The volunteer and their volunteer mentor should make sure they get things done to the best of their abilities. They should have fun doing things and remember to laugh and enjoy their time together.

A written mentoring agreement can help clarify roles and expectations. This agreement sets out the duration of the relationship, the areas it will focus on, the likely frequency of meetings and the maximum length of each meeting.

If problems arise in the mentoring relationship, the parties should talk the issues through. The facilitator may also be approached for advice. If the mentoring partners decide to end the arrangement, another mentor may need to be found.

A successful mentoring partnership is an experience to be enjoyed.

3. What Kind Of Person Is A Mentor?



Naturally, there is no single profile of who can or should be a volunteer mentor. A volunteer mentor can influence a person's personal and academic identities in profound ways. The volunteer mentor may serve in many roles, including role model.

Volunteer mentors should have the following attributes:

- Ability to understand and empathise with the volunteer
- Be comfortable with themselves and with who they are
- Be able to see the volunteer as a separate person with different needs and goals, and must be comfortable with those differences
- Be honest, committed and respectful of their volunteer
- Be able to set standards of performance, and have the ability to give the volunteer the assistance and confidence to reach them
- To be trusted by the volunteer
- Respect privacy and ensure all information remains confidential
- Have a personal style that is compatible with the volunteer's needs
- Be a person who will enjoy helping the volunteer develop skills and knowledge and be able to share knowledge and experience openly and honestly

4. Roles of Participants in the Side by Side Approach



Who supports the Volunteers?

Volunteers can be supported by:

- A facilitator
- A volunteer mentor

A facilitator may be either a paid staff member or a volunteer of the organisation or they may be from a volunteer service. A facilitator is responsible for organising the Side by Side volunteer program.

Another person who provides support is the volunteer mentor. A volunteer mentor is a person who can provide guidance to the volunteer. Mentoring is a two way process, both the volunteer with a disability (person receiving the support) and the volunteer mentor (the person giving support) can benefit from the process.

The volunteer's role

The volunteer's role is to:

- Behave respectfully towards the volunteer mentor
- Listen carefully to the information provided by the volunteer mentor
- Undertake tasks as agreed to and directed by the facilitator
- Accept responsibility for their own decisions and actions.

The volunteer mentor's role is to:

- Share knowledge, experience and skills

- Offer support and enthusiasm
- Provide guidance to enable the volunteer to demonstrate their abilities

The facilitator's role is to:

- Make sure that orientation and training is provided to the volunteer and the volunteer mentor
- Provide direction to the volunteer and the volunteer mentor
- Review the performance of the volunteer, as agreed
- Assess the volunteer and the volunteer mentor and match them as mentoring partners
- Ensure that the volunteer and the volunteer mentor understand and sign a volunteer agreement and a duty statement
- Help with problems that may arise

Volunteers who have a disability and their volunteer mentors are under the direct supervision of a designated paid staff member of the organisation for which they are volunteering.



5. Checklist for Volunteering Options

1. Would you like to provide volunteer mentoring support at any of the following activities? *Please tick one or more*

- Helping with food
- Helping with older people
- Helping with children
- Working with animals
- Working with IT (computers etc)
- Office skills
- Other
- Not sure yet

2. **Do you like to work in a volunteer setting which has:**
Please tick one or more

- One or two people
- More than one or two people
- No sure yet

3. **What days could you volunteer?**
Please tick one or more - It is suggested volunteers start off with one time a week, and increase this if they wish to later on.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Weekend

4. **What time of the day would you like to volunteer?**

- Mornings
- Afternoons
- Not sure yet

6. Empowerment



‘Empowerment consists of two basic freedoms: freedom from avoidable and unnecessary constraint, and freedom to develop one’s human potential’.
Ramacharam et al, Empowerment in Everyday Life 1996.

The rights of people with disabilities are the same as for people who do not have a disability. They have the right to:

- Make choices
- Self determination
- Dignity
- Confidentiality
- Respect
- Be listened to
- Be informed
- Give feedback
- Fair treatment
- Have meaningful work

However, people with disabilities may be vulnerable and lack power. This can be for a number of different reasons, including: lack of opportunities, education, support etc. It is very important to balance the power in relationships so that people with disabilities are not further disempowered.

People are empowered when they are in a situation where their interests are considered and they have influence over what happens in the environment and community around them.

Strategies for Empowering

On a thinking or emotional level:

- Understand yourself and be clear about your own values and attitudes
- Value yourself and other people
- Accepting people as they are with the right to make their own decisions and choices

On a practical level:

- Focus on the strengths, not the weaknesses, of the volunteer
- Provide information and feedback to help the volunteer make decisions and have access to options and choices
- Help the volunteer to develop skills (for example, communication, negotiation, advocacy etc), to enable them to more effectively take control of their lives. Empowerment and advocacy are intertwined
- Encourage independence

7. Values and Ethics

Values are people's idea of what is good, desirable or important in life. When people value something they think it is worthwhile, worth having, worth doing or worth trying to attain. We acquire our own unique set of values through parents, teachers, peers, cultural influences and our life experiences.

Society values certain attributes and qualities above others. People who have these attributes are more likely to be treated more favourably than other groups. This could include a person's skills, physical features, personality etc. People who are members of a privileged group in society are less likely to be discriminated against. It is important to remember that people experience disability in different ways.

Australian society is built on a number of values and these values may make it more or less likely that particular people are discriminated against. Some of the things that are regarded positively are:

- Independence
- Youthfulness
- Highly-paid work
- Sporting skill
- Intelligence
- Independent mobility
- Wealth
- Conformity

The area of ethics is sometimes overlooked and yet it is an important starting point for examining responsibilities and values. It is important to remember that:

- Not all people are treated equally – the structure of most societies are built on inequality
- The dominant society values certain attributes and qualities above others, and people who have these attributes are more likely to be favoured or accepted than other people
- Society is built around values that construct standards and barriers that, in turn, have the effect of excluding people who do not meet those values or norms
- Your own community may value characteristics that may exclude some people

People with a disability are generally an untapped resource. Often it is community attitudes that present the biggest handicap for people with a disability, not their

disability. Statistics prove that employers who hire people with a disability generally find that they are extremely loyal, have better than average productivity and above average attendance records. A similar commitment could be expected from volunteers with a disability.

Disabilities affect people in a range of different ways. Most people, in general, associate the 'disabled' with someone who is either in a wheelchair or who is blind or deaf. This type of stereotyping is a form of discrimination. In other words, a large number of people are likely to take an attitude that people with a disability are totally different and therefore need to be treated differently.

In general a disability is a condition caused by accident, trauma, genetics or disease. This may restrict a person's mental, sensory, or mobility functions to undertake or perform in the same way as a person who does not have a disability. It does not mean that a person with a disability is unable to perform the requirements of volunteering activities.

People with a disability come in a variety of shapes, sizes, colours, sex and cultures, just as we all do. The only thing that separates a person with a disability is that, for one reason or another, they are unable to do certain things in the same way as the mainstream of society. Often some form of adaptation or alteration can assist them to overcome the effect of their disability.

Ethical practice includes:

- Working in accordance with the aims, objectives and job description of the mentor program
- Working within the policies and procedures of the Side by Side program and the volunteer organisation
- Representing the Side by Side program in a positive way
- Not discussing confidential issues of the Side by Side program with people outside the program
- Treating all volunteers with respect, dignity and care at all times
- Working in ways that promote the safety and well being of volunteers
- Fulfilling the role of mentor whilst keeping within the boundaries of the relationship
- Being honest, reliable and punctual
- Being responsible and accepting responsibility

- Valuing diverse racial, economic, cultural and religious traits of volunteers

Mentors must not:

- Physically, sexually, emotionally, verbally or financially abuse any volunteers associated with the program
- Form inappropriate relationships with volunteers in the program
- Impose their religious beliefs or political persuasions on any volunteers within the program
- Condone, utter or practice any racist, sexist or other discriminatory remarks or actions
- Conduct, participate or be involved in any activity that would bring the volunteer program into disrepute

Any breaches of these conditions should be reported immediately to the facilitator. Breaches may result in termination from the program or disciplinary action.



8. Communication Skills

One of the main factors in learning to work together is working out how to develop good communication. One of the most important aspects in effective communication is maintaining openness. This means speaking in a way that keeps the communication flowing, and doesn't cause others to close off or become defensive. This can include speaking in a confident and assertive manner, and not being aggressive or submissive.

Communication works best when you really listen to other people and when you:

- Avoid making judgements
- Remain flexible
- Try to work together

Remember, once you pass a judgement, you limit the available possibilities to resolve the conflict or improve the situation.

Communication can be influenced by a number of factors such as:

- The relationship between the volunteer and others
- The physical environment where they are communicating
- The events that led to the present interaction
- The emotional state of the people communicating
- The functional skills of the person with a disability (for example learned signing, use of symbols etc)

Essential ingredients of good communication are responding with:

- Empathy
- Respect
- Genuineness
- Immediacy
- Warmth

Some useful suggestions to communicate understanding include:

- Use clear and concise language

- Use tone and manner to communicate as well as words. Even if your words seem accurate in meaning, other levels of communication may mask that meaning
- Give yourself time to reflect. Good listeners don't immediately leap in as soon as the other person pauses. You can pause to reflect and still maintain spontaneity
- Respond frequently. Don't save up your understanding and deliver it all at once

Tips for good communication

- Let people finish what they are saying
- Give people time to respond to you
- If you are not sure what someone has said, ask them to explain it
- When you are listening to people, try to make sure they know you are listening
- Don't assume people know how you feel – tell them
- If you are unhappy with how someone does something, don't criticise, tell them how you feel and what you would like to be different
- Use positive body language – show you are listening
- Be assertive, rather than passive or aggressive.

Positive communication

The way you talk with people can make a big difference to the relationship you have with them.

- √ **Assertive** – Being assertive is saying what you want in a firm but pleasant way. It is the best way to communicate, and takes practice
- √ **'I' Statements** – Focus on the problem and how it affects you, how it makes you feel
- × **Aggressive** – Communicating in an angry way could be called aggressive. This can cause offence and may get in the way of good outcomes

- × **Passive** – If you are upset or feel bad about a situation but say nothing at all that is being passive. Passive is going along with something when it feels wrong
- × **Blaming words** – When we are upset or angry we tend to use Emotional and exaggerated words, however these usually make the situation worse. Don't use 'always', 'never', and 'you' when raising a problem with someone.

Examples

Practice	Avoid
I am tired of doing the same tasks each day when I volunteer, I would like to try some new tasks ('I' statement)	Oh it's alright, I won't complain even though I am bored (passive)
I am not able to complete this task without some assistance. Could you give me some help ('I' statement)	You are not much help, you can see I need help and you wont do anything (aggressive and blaming)
I've noticed you have been late meeting me quite a lot lately, is there a problem (assertive)	You are always late, don't you have a watch (aggressive and blaming)

Checklist for good communication

Do !:

- Choose an appropriate time and place to deal with the issues
- Use an appropriate manner (tone, body language etc)
- Use effective communication skills, such as:
 - a. listening
 - b. avoiding making personal judgements
 - c. being flexible
 - d. working together with the others involved
- Check the facts, including the big picture
- Encourage those involved to express how they are feeling
- Try to see the other person's side and encourage them to see your side
- Look for a solution that is acceptable to those involved



9. Tips for communication

The ability to make choices

Being involved in decision making during everyday routines gives people more control over their environment.

- **ALWAYS** ask what the person wants
- **ALWAYS** allow time for the person to respond
- **NEVER** anticipate the person's response.

Remember to:

- Walk to the front of the person in a wheelchair or person who is hearing impaired before speaking so that they can see and hear you
- Communicate at eye level so you are able to see and be seen easily.
- Where possible sit down when communicating with someone who uses a wheelchair
- Show common courtesy at all times. This includes not moving into people's personal space unless invited
- Ask the person with a disability how they would like you to assist them
- Include the person with the disability in your conversation
- Avoid forcing your personal values on the other person
- Take time to listen. The message you think you have received may not be the one sent
- Ask someone to repeat what they have just said if necessary
- Not assume you know what the person is saying, ask for help if necessary
- Maintain a pleasant and positive attitude

Listening

One of the most important parts of communicating is listening. Listening can be a very difficult thing to do – it requires training and practice!

Look at your attitude. How you feel about the person who is talking to you has a great influence upon your ability to hear what is being said. With a proper listening attitude you will be able to show the person that you accept them as they are, and that they are a person of worth in whom you are genuinely interested.

Be attentive. Listen for ‘music between the words’ – the feelings and emotions of the one who is talking to you.

Listening is a process of helpful communication. It is not a lecture, nor is it a passive grunt. It is an active involvement in the flow and intensity of the other’s real feelings.

Ways to improve the quality of interpersonal communication

- Content of language should be age appropriate
- Never be patronising
- Treat the person with dignity and respect
- Avoid anticipating the person’s ideas and responses
- Avoid completing words or phrases unless you have both agreed that this is okay
- Do not speak for the person unless they have specifically asked you to
- Let the person know that you are still interested in what they are saying even if it does take a long time to formulate a message
- Avoid unnecessary touching

Never:

- Walk away
- Discuss the person as if they are not present
- Pretend to understand

10. A Way With Words

Words to Watch

- Abnormal, subnormal (*negative terms that imply failure to reach perfection*)
- Afflicted with (*most people with disabilities don't see themselves as afflicted*)
- Birth defect, also congenital defect, deformity
- Blind (the), visually impaired (the)
- Confined to a wheelchair, wheelchair-bound (*a wheelchair provides mobility not restriction*)
- Cripple, crippled (these terms convey a negative image of a twisted, ugly body. Avoid)
- Deaf (the)
- Deaf and dumb (the inability to hear and speak does not imply intellectual disability. Avoid)

Acceptable Alternative

- Specify the disability
- Say "the person has...(the disability)"
- Say "the person with a disability since birth", "person with congenital disability"
- Say "person who is blind", "person with vision impairment"
- Say "uses a wheelchair" or is a "wheelchair user"
- Say "has a physical or mobility disability"
- Only appropriate when referring to the Deaf community; say "person who is deaf"
- Say "hearing impaired" ; lack of speech usually results from impaired hearing

- Defective, deformed (degrading terms. Avoid)
- Disabled (the)
- Epileptic
- Fit, attack, spell
- Handicapped (the)
- Insane (also lunatic, maniac, mental patient, mentally diseased, neurotic psycho, psychotic, schizophrenic, unsound mind and others are derogatory terms. Avoid)
- Invalid (the literal sense of the word is "not valid". Avoid)
- Mentally retarded (also defective, feeble minded, imbecile, moron and retarded are offensive and inaccurate terms. Avoid)
- Specify the disability
- Say "people with a disability"; "the disability community"
- Say "person with epilepsy"
- Say "seizure"
- Say "person with a disability" unless referring to an environmental or attitudinal barrier, in such cases "person who is handicapped by a disability" is appropriate.
- Say "person with a psychiatric disability" or a specific condition .
- Say "person with a disability"
- Say "person with an intellectual disability"

- Mongol (outdated and derogatory)
- Patient (only use in context of doctor/patient relationship or in hospital)
- Physically/intellectually/vertically challenged, differently abled
- Spastic (usually refers to a person with cerebral palsy or who has uncontrollable spasms. Derogatory, often term of abuse, should never be used as a noun)
- Suffers from, sufferer, stricken with (Not all people with disabilities actually suffer. These terms should not be used indiscriminately)
- Say "has Down Syndrome".
- Say "person with a disability".
- Say "person with a disability"
- Say "person with a disability".
- Say "person with a disability".



11. Boundaries

Boundaries are an important part of creating a life that works well for you. Boundaries are lines of protection that you draw in your life. You decide what is okay and what is not okay, and then hold other people and yourself to these boundaries. Developing boundaries can help you enjoy the activities you participate in. The first step in setting boundaries is to decide that you value yourself enough to draw these limits and the second is that you value others enough to teach them what your limits are.

How to set boundaries

Once you have decided what your boundaries will be, you can follow the following steps:

- Inform the person you have a boundary
- Explain what the boundary is
- Request that the boundary be respected

For example, your boundary might be that you are available to provide mentoring on Mondays and Fridays but are not available on other days. You could explain to the volunteer that these are the only days you are available to provide mentoring. Another example might be that you are available to take phone messages regarding any changes (i.e. if they are sick and won't be volunteering that week etc). You should let them know that you do not want any phone calls after a certain time at night (for example after 8pm). This gives the volunteer boundaries so that they know what you find acceptable.



12. Mentoring Skills

Influences on Learning

When providing mentoring and instruction for your volunteering partner, it is important to remember that everyone is different. Their learning can be influenced by many things, including:

- Background
- Attitudes
- Needs
- Experiences
- Disability
- Characteristics
- Motivation

Learning Styles

There are a number of different learning styles, including:

- Visual
- Auditory
- Kinaesthetic

Visual

Visual learners learn best by looking or watching. This could include someone demonstrating how to undertake a task, by reading instructions, video, handouts or by picture cues.

Auditory

Auditory learners learn best by listening to instructions. This could include someone explaining the task, questions and answers, or by listening to a tape recording.

Kinaesthetic

Kinaesthetic learners learn best by participating. This could include following instructions whilst undertaking a task or practical exercises.

Some learners will learn by a mixture of each of the learning styles listed above. It is important to try to determine which learning style your volunteering partner has so that you can help them learn their new skills for volunteering. For example, if your volunteering partner learns best by visual instruction, you would generally try the strategies listed above such as demonstration, reading instructions etc.

Helpful Hints for Explaining New Skills

Remember:

- Use concrete examples
- Ensure that tasks and instructions are clear and specific
- Provide as many 'hands on' experiences as possible
- Provide logical, clear instructions
- Slow down the pace when necessary
- Complete one step at a time before moving to the next step
- Consider providing handouts or simple written instructions to reinforce steps in instructions
- Provide enough time for volunteers to communicate
- Be prepared to explore alternative methods of communication
- Encourage volunteers to ask questions
- Provide information in small chunks
- Use Plain English (or Easy Read when possible)
- Break task into small achievable concepts
- Give praise often and genuinely

13. Confidentiality



It is important to remember that all people have the right to privacy. People coming in contact with other people will hear and see many things whilst completing their designated duties – whether in paid or volunteer work.

Please ensure that:

- The dignity and privacy of each person is protected at all times
- Details of clients and their families, including name, address, telephone number and all aspects of the person's financial, medical, physical and mental status are not to be spoken about to anyone (you can speak to your coordinator if you are concerned about something)
- You always ask permission before revealing information, about a person you work with, during the course of your duties
- All care is taken when taking messages that the information is not accidentally disclosed to other people who may be present at the time

Privacy rights include:

- That only directly relevant personal information will be collected
- When collecting personal information the person involved will be informed:
 - As soon as possible
 - Of the purpose for the collection of the information
 - Whether the information is required by law
 - Of anyone to whom the information will be given
- That only relevant, up to date and complete personal information will be kept
- That information records will be protected against loss, unauthorised access, modification or disclosure
- Access by an individual to the records kept on them
- That personal information no longer relevant will be destroyed

14. Discrimination

Discrimination is treating someone unfairly or inequitably because they belong to a particular group. This is against the law. It is unlawful to discriminate against people on the grounds of their race, colour, nationality, descent, ethnic or ethno-religious background or because of the race, colour, nationality, descent, ethnic or ethno-religious background of their relatives, friends or work colleagues.

Discrimination takes two forms, *direct* and *indirect*. Both are against the law. Direct discrimination means treatment that is obviously unfair. Indirect discrimination means rules, policies or practices that are the 'same' for everyone but have an unfair effect on a particular group

Harassment is a form of discrimination. 'Harassment is defined as unwelcomed or unreciprocated behaviour that makes an employee, volunteer or customer feel belittled, intimidated, offended or apprehensive'. It is against the law to discriminate in relation to:

- Voluntary employment - in some instances
- Paid employment - in most instances
- Delivery of services, including accommodation (excluding carers' responsibilities)

Disability discrimination is unfair treatment or harassment because a person has a disability, someone thinks they have a disability or because of a person's association with a person with a disability. Disability includes physical, intellectual and psychiatric disabilities, learning and emotional disorders and any organism capable of causing disease (such as HIV).

It may not be unlawful to discriminate on the ground of disability if the person, because of his or her disability, would be unable to carry out the inherent requirements of the particular job or would require services or facilities which would impose an unjustifiable hardship on the employer.

- **Direct Discrimination:** refusing to employ a person on the basis that she has an intellectual disability and cannot read when reading is not an essential part of the job.
- **Indirect Discrimination:** to require all employees to have a level of physical fitness/ability that is not necessary to do the particular job.

Volunteers

It is against the law for any volunteer to be sexually harassed during their voluntary work. In some circumstances, it may also be against the law to discriminate against or harass (for any other reason) any volunteer who receives any kind of benefit, that is more than 'out of pocket expenses', in return for their voluntary work. For example, if they receive training to do their voluntary work with you this might be seen as a benefit. In addition, it is good practice not to

discriminate against or harass (in any way) any of your volunteer workers, in the same way as the law requires that you must not discriminate against or harass your paid workers.



15. Anger Management

What makes people angry?

Different things can make different people feel angry. For example, some people may feel angry if they have to wait for a long time for something to happen, while this may not bother other people. Someone else may feel angry if it is very noisy, while other people don't mind if it is noisy. Everyone is different.

How does being angry make people feel?

Once again, everyone is different. For example, one person may start to feel hot and bothered when they are angry, another person may feel restless, while yet another person may feel their muscles are getting tight etc. These feelings are early warning signs that the person is becoming angry. Other people may have other reactions when they are feeling angry, but most will agree that feeling angry is not a good feeling.

What to do if people feel angry?

People can do a number of things if they are angry. These things are called strategies. Some strategies include:

- Taking some deep breaths
- Going for a walk
- Going outside for a breath of fresh air
- Talking calmly to another person
- Thinking about a happy time
- Relaxing

If the volunteer you work with is feeling angry ask them to try these things. Also, suggest that is a good idea to talk to you or their coordinator about their feelings.



16. Conflict Management

A useful model for managing conflict is:

1. Treat the person with respect
2. Listen until you 'experience the other side'
3. State your views, needs and feelings

Guidelines for constructive confrontation:

- Be non-blaming, non-judgemental
- Use 'I' messages
- Be honest
- Provide specific (not general) feedback
- Take into account the needs of the volunteer
- Use good timing
- Make sure your own verbal and non-verbal messages and your messages are consistent

Making a complaint

It's okay if you (or your volunteer partner) wish complain, you are more likely to get what you need. You can complain about:

- Something you think is unfair
- Something that is making you unhappy
- Being treated unreasonably
- If the organisation, the facilitator or your mentoring partner is not doing something they should

It can be difficult and nerve-racking to make a complaint, but there are some things you can do to help your complaint be dealt with quickly and efficiently. One thing you can do is to act sooner rather than later. Problems tend to get worse and become harder to deal with if they are left unresolved. If you think there is a problem it is best to raise the issues straight away and try to resolve it quickly. You can make a verbal complaint to the person who is causing you a concern. If that doesn't work you can complain to someone else.

The organisation where you are a volunteer mentor will have a complaint policy and procedure. You can ask to see it, and you can ask for someone to help you to follow the steps set out in the procedure if you wish.



17. Duty of Care and OH&S

Employers owe both a statutory obligation (under the OH&S 2000 Act) and a common law duty of care to their employees and volunteers in regard to their health, safety and welfare in the workplace.

Duty of care requires everything that is 'reasonably practicable' to be done to protect the health and safety of others at the workplace. This duty is placed on:

- All employers
- Their employees and volunteers
- Any others who have an influence on the hazards in a workplace

The latter includes contractors and those who design, manufacture, import, supply or install plant, equipment or materials used in the workplace.

'Reasonably practicable' means that the degree of risk involved in a particular activity must be balanced against what is required to control the risk. Duty of care requires the implementation of the most practical method of controlling for risk from the range of possible controls. This process is guided by a hierarchy of controls that includes elimination, substitution, mitigation, isolation or ventilation; administrative controls such as administrative procedures; or personal protective equipment.

This requirement allows those responsible to meet their 'duty of care' at the lowest cost. It also requires that changes in technology and knowledge be incorporated when it is practical to do so.

The duty holder must show that it was not reasonably practicable to do more than what was done. They must show that they have taken responsibility for applying reasonable precautions.

Development of the employer's common 'duty of care' (through legal processes) has evolved to the extent that today this duty can be summarised by the following requirements.

Duty of care covers the provision of:

- Staff and volunteer training
- A sufficient number of workers to do the work safely
- A reasonably safe place to work
- Appropriate plant and equipment
- A reasonably safe system of work

For more information check out the Worksafe website on duty of care. The address is:

<http://www.worksafe.gov.au/work/regulatory/dutycare.htm>



18. Volunteer Workplace Behaviour

Standard practices of workplace behaviour are required for a positive volunteering experience. An outline of basic practices follows.

Attendance and Punctuality

- **Contact**
 1. Contacts the organisation if they are going to be late or absent
 2. Gives an acceptable reason for the absence or lateness
- **Attendance**
 1. Attends volunteer work on the agreed days or hours
- **Punctuality**
 1. Arrives at the volunteer workplace at the appropriate time
 2. Returns from a break promptly
 3. Does not take unnecessary breaks

Dress

The type of clothing worn will depend on the nature of the volunteer workplace. The main features of appropriate appearance are:

1. Type of clothing appropriate to the type of work
2. Neat and clean hair
3. Wear a uniform if required
4. Only wear safe jewellery
5. Wear safety equipment

Response to Supervision

The skills involved in responding to supervision include:

1. Listening to instructions
2. Carrying out instructions
3. Using the method instructed by the supervisor
4. Responding appropriately to the supervisor
5. Asking for clarification when necessary
6. Accepting that supervision is a part of the workplace without argument or backchat

Cooperation with Other Workers

Volunteers may need to work along side other paid staff and/or volunteers. This will require certain skills including:

1. Working cooperatively alongside others
2. Being part of a team
3. Working without unduly distracting others
4. Working without being distracted by others
5. Taking turns where required
6. Working to common time commitments and production demands
7. Sharing tools or materials cooperatively



19. What Happens Next

- You will be linked with a volunteer
- You will be linked with a volunteer organisation.

The following information will help you in your start to volunteer mentoring.

Your volunteer partner

The name of your volunteer is:.....

Your volunteer organisation

The name of your volunteer organisation is.....

Your facilitator is

You can contact your volunteer organisation by:

phone on.....

or by visiting.....

These are the best times to contact your volunteer organisation

.....

About your volunteer mentoring

The date you start your volunteer mentoring is.....

The days you will be a volunteer mentor are.....

The time you start is.....

The time you finish is.....

Your volunteer mentor role is called.....

You need to wear.....

20. Code Of Conduct For Volunteers and Volunteer Mentors

1. Introduction.

..... Management Committee is committed to providing the best service available to the community. Volunteers and Volunteer Mentors engaged by Management Committee have an obligation to behave in a responsible and ethical manner.

This Code of Conduct provides a framework for volunteers to guide their decisions and actions and to ensure their conduct is in agreement with the organisations philosophy and is within relevant Legislative requirements and Acts.

The Code of Conduct is not a replacement for criminal law and legislation that applies to all people. The following legislation may be important to this Code of Conduct for Volunteers:

- Anti-Discrimination Act 1977
- Crimes Act 1900
- Freedom of Information Act 1989
- Occupational Health & Safety Act 1983
- Ombudsman Act 1974
- Privacy Act 1999
- Child Care and Protection Act 2000

2. Who is covered by the Code of Conduct?

All volunteers and volunteer mentors appointed by Management.

3. Personal and Professional Behaviour.

Volunteers and volunteer mentors must not behave in any way that may cause offence or embarrassment to, members of the public, staff or other volunteers. Volunteers must obey lawful directions, behave honestly and with integrity.

4. Conflicts of Interest.

A conflict of interest is when a volunteer's personal interest influences or can be thought to influence their volunteering.

5. Public Comment.

Volunteers and volunteer mentors are not to give information or comment on matters concerning official business or confidential matters. Volunteers and volunteer mentors can only give out information that is publicly known, such as information about services provided.

6. Use of Official Resources.

Volunteer and volunteer mentors must not use any property of the organisation for their own use.

7. Security of Information and Confidentiality.

Confidential and sensitive information in any form that relates to clients of the organisation must be kept confidential. Such information must be securely stored.

8. Criminal Record Checking.

This organisation has a duty of care to clients so volunteers may need to have Criminal Record Checks. Volunteers who may be in contact with children must tell the organisation of any allegations or convictions relating to Children under the Protection of Children’s Act 1999.

9. Fairness and Equity.

Volunteers and volunteer mentors must not harass, discriminate or support others who harass and discriminate against others on the grounds of sex, pregnancy, aged, race, marital status, disability, homosexuality or transgender.

10. Occupational Health and Safety.

Volunteers and volunteer mentors are to:

- act in accordance with the Occupational Health and Safety Act 2000
- act within the policies and procedures of
- use security and safety equipment provided
- inform the Management Committee of potential hazards or suspicious occurrences.

11. Breach of the Code of Conduct.

Breaching this Code of Conduct may lead to disciplinary action or termination of their Volunteer agreement.

Volunteer signature: _____ Date: _____

Volunteer’s Name: _____

21. Volunteer Agreement

A volunteer agreement is a written form, which says:

- What the volunteer will do
- When they will do it
- How they will do it

After the volunteer has checked the volunteer agreement and they are happy with it, it must be signed by them and by the organisation. A copy goes to the organisation and a copy goes to the volunteer. If the volunteer or the organisation change their minds about the volunteer agreement, they may either work together to change it or they may cancel the agreement.

Volunteer Agreement

This Agreement is made between the Management Committee of

.....
(name of organisation)

and

.....
(the volunteer)

who has agreed to undertake the following volunteer position:

.....

This agreement is subject to the following terms and conditions:

Probation period:

There will be a probation period of 30 days.

Length of agreement:

This agreement is for a period of one year.

Duties:

The volunteer shall undertake the duties listed in their duty statement.

Day:

Hours:

Absences:

The volunteer shall inform the organisation of any absences from their volunteer work for sick leave, holiday leave etc as soon as possible.

Training:

The volunteer will be provided with induction training from the organisation. The volunteer will also attend relevant volunteer training, wherever possible.

Complaints:

If the volunteer has a complaint to make, they will follow the organisation's complaint procedure.

Code of Conduct:

The volunteer must follow the organisation's Volunteer Code of Conduct.

Occupational Health and Safety

Under the Occupational Health and Safety Act 2000, reasonable directions provided by the organisations about safety practices and procedures must be followed. Under the Act, it is expected that volunteers will take reasonable responsibility for their own health and safety as well as the health and safety of others.

Insurance

Volunteer will be covered by Volunteer Personal Accident Insurance and Public Liability Insurance for any injury or damage incurred whilst undertaking their volunteer duties, except where they wilfully or deliberately cause injury or damage.

Termination:

This agreement may be terminated by the volunteer or the organisation.

Signed for and on behalf of

.....
(name of organisation)
Example Only

.....
.....
Coordinator Date

.....
.....
Volunteer Date

22. Duty Statement

A duty statement is a form that is given to every volunteer. It includes:

- What the purpose of the volunteer position is
- A list of all the duties which the volunteer agrees to do at the volunteer organisation
- Who the volunteer is responsible to

VOLUNTEER DUTY STATEMENT

The.....(organisation) values volunteer work undertaken by their volunteers. Volunteers have an important role and they undertake their agreed duties in an efficient, responsible and safe manner. Every volunteer at the(organisation) will have a duty statement, which enables the volunteer, their mentor and the organisation to understand clearly the duties of each of the participants in the Side by Side Program. Duty statements are to be reviewed on an annual basis/regular basis (delete one).

VOLUNTEER POSITION TITLE

.....(description of position)
(eg, kitchen hand/driver etc)

This position is a part-time position of hours per week. Initially the position has a 30 day probation period.

PURPOSE OF POSITION:

To provide assistance with

.....
.....
.....
.....

RESPONSIBLE TO:

Volunteers are responsible to the Coordinator of the organisation.

DUTIES:

-
-

ESSENTIAL:

Volunteers must:

- Be able to work as part of team
- Follow the instructions of their Coordinator
- Be aware of Occupational Health and Safety
- Attend any relevant training

REVIEW DATE:

23. Feedback

Volunteer Training Feedback

How do you feel about the volunteer training?

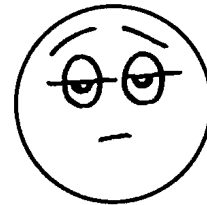
Circle the face that expresses how you feel.



Bored



Exhausted



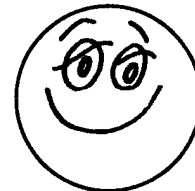
Indifferent



Happy



Disappointed



Interested

Are there any comments that you would like to make about the training?

.....

.....

.....

.....

.....

Sustainable Volunteering for People with a Disability

Disability Awareness Manual

Based on the NSW volunteer mentor model Side by Side.
The content of the Side by Side Program was developed by Disability Information Advocacy Service Inc (DIAS) for Volunteering Central West.



A Community Learning Partnership of The Avenue
Neighbourhood House, Eastern Volunteers and *each* Social
and Community Health.



The aim of this Disability Awareness Manual is to remove barriers and facilitate communication between everyone involved in volunteering. The manual provides information about specific disabilities and communication strategies, however people should be aware that the information presented on the various disabilities is **a guide only – it is highly likely that people who have these disabilities may experience some, all or none of the characteristics of their disability, so it is best to talk with the individual about how they are best supported**, what they may require to assist them in their volunteer role and how they communicate.

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1. DISABILITY

What does the term disability mean?

It is important to remember that each person is an individual whose personal characteristics are moulded by life experiences which may include those associated with having a disability.

The following are some quotes defining disability:

In my own words, a disability is any physical, sensory, psychiatric or learning barrier that makes a person different from the norm. It's important to realise that people with disabilities are people first and their disability is secondary: although it is an integral part of their life, disability must not be the dominant force in it.
Angus, who is vision impaired.

A person with a disability is one who has an impediment in everyday life. This does not mean we are unable to contribute to society in a positive and meaningful way.
Marcus, who has schizophrenia.

Disability is something that is with you all the time. That doesn't mean I think about it all the time, but to cope with it you have to know it's there and make the best of it. It can be your friend or enemy.
Nathan, who has cerebral palsy.

(1997, 3rd Edition, *Person to Person: a guide for professionals working with people with disabilities*, Gething L, p 1)



The term 'disability' is defined broadly and includes:

- physical disability (such as paraplegia)
- physical illness or disease that makes someone's body or brain work differently (such as epilepsy)
- malfunction, disfigurement or loss of any part of the body (such as vision impairment, harelip or amputation)
- psychiatric disability, including behavioural disorders (such as schizophrenia)
- intellectual disability
- learning difficulty (such as dyslexia)

- any organism in the body that could cause disease or illness (such as HIV or hepatitis with no symptoms).

2. WHAT IS DISCRIMINATION?

Discrimination is treating someone unfairly because they belong to a particular group. It is against the law in Victoria and throughout Australia to discriminate against people in various situations, including employment and service delivery. Both direct and indirect discrimination are against the law.

Direct discrimination means treatment that is obviously unfair or unequal.

Indirect discrimination means having a requirement (policy, rule, practice or procedure) that is the same for everyone but has an effect or result that is unfair to particular groups.

It is against the law to discriminate in relation to:

- voluntary employment - in some instances
- paid employment - in most instances
- delivery of services, including accommodation (excluding carers' responsibilities)

Disability discrimination is unfair treatment or harassment because a person has a disability, someone thinks they have a disability or because of a person's association with a person with a disability. Disability includes physical, intellectual and psychiatric disabilities, learning and emotional disorders and any organism capable of causing disease (such as HIV).

It may not be unlawful to discriminate on the ground of disability if the person, because of his or her disability, would be unable to carry out the inherent requirements of the particular job or would require services or facilities which would impose an unjustifiable hardship on the employer.

- **Direct Discrimination:** refusing to employ a person on the basis that she has an intellectual disability and cannot read when reading is not an essential part of the job.
- **Indirect Discrimination:** to require all employees to have a level of physical fitness/ability that is not necessary to do the particular job.

Volunteers

It is against the law for any volunteer to be sexually harassed during their

voluntary work. In some circumstances, it may also be against the law to discriminate against or harass (for any other reason) any volunteer who receives any kind of benefit, that is more than 'out of pocket expenses', in return for their voluntary work. For example, if they receive training to do their voluntary work with you this might be seen as a benefit. In addition, it is good practice not to discriminate against or harass (in any way) any of your volunteer workers, in the same way as the law requires that you must not discriminate against or harass your paid workers.

Equal Opportunity Commission

The Equal Opportunity and Human Rights Commission Victoria helps people resolve complaints of discrimination, sexual harassment and racial and religious vilification by offering a conciliation process that is: confidential; impartial; free; and simple. In addition to our complaint resolution service, we offer information, education and consultancy services, conduct research and provide legal and policy advice. The Commission is a statutory body that reports to the Victorian Parliament through the State Attorney-General.

Equal Opportunity and Human Rights Commission

Level 3, 380 Lonsdale Street
MELBOURNE VIC 3000
Ph: 03 9281 7111 or Toll free: 1800 134 142
TTY: 03 9281 7110
Email: eoc@vicnet.net.au
Web: www.humanrightscommission.vic.gov.au

3. THE VICTORIAN DISABILITY SERVICES STANDARDS

The Victorian Disability Service Standards outline the rights for people with a disability to ensure they receive high quality services that meet their needs and expectations. The Standards under the Disability Act 2006 set out the expectations of better practice for the delivery of services and supports to people with a disability.

Standard 1. Service Access - Each person with a disability seeking a service has access to a service on the basis of relative need and available resources.

Standard 2. Individual needs - Each person with a disability receives a service which is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

Standard 3. Decision making and choice - each person with a disability has the opportunity to participate as fully as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.

Standard 4. Privacy, dignity and confidentiality - Each consumer's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

Standard 5. Participation and integration - Each person with a disability is supported and encouraged to participate and be involved in the life of the community.

Standard 6. Valued status - Each person with a disability has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

Standard 7. Complaints and disputes - Each person with a disability is free to raise and have resolved, any complaints or disputes he or she may have regarding the agency or the service.

Standard 8. Service Management - Each agency adopts sound management practices which maximise outcomes for the person with a disability.

Standard 9. Freedom from abuse and neglect - each person with a disability has the right to be free from physical, sexual, verbal and emotional abuse and neglect.

4. THE VICTORIAN STATE DISABILITY PLAN 2000-2012

The Victorian Government believes that people with a disability should be able to live and participate in the life of the Victorian community, with the same rights, responsibilities and opportunities as all other citizens of Victoria.

This State Disability Plan has been developed in consultation with the Victorian community - including people with a disability, their parents, families and carers, service providers, community groups, local government, State and Commonwealth Government Departments, statutory authorities and other members of the broader community.

The State Disability Plan has a ten-year outlook to 2012, and outlines the Government's vision for the future. The Plan links the issues that people have identified as being the most important to them to five priority strategies. The Government will put these priority strategies into place to enable people with a disability to participate more fully and equally in the life of the community.

The Victorian Government's vision for the future is that:

By 2012, Victoria will be a stronger and more inclusive community - a place where diversity is embraced and celebrated, and where everyone has the same opportunities to participate in the life of the community, and the same responsibilities towards society as all other citizens of Victoria.

For further information you can contact:

Disability Services
Level 8, 50 Lonsdale Street
Melbourne, Victoria
Australia, 3000

Phone: 1300 650 172 [local call fee within Victoria, except mobile phones]
Interstate, international and mobile callers please call: (61 3) 9096 0000

Fax: (03) 9096 9140

Email: disability.services@dhs.vic.gov.au

5. BRAIN INJURY

The aim of this information is to:

- Promote an understanding of issues surrounding brain injury
- To provide information to enable mentors/organisations to focus on the individual, not the disability
- To develop an understanding of appropriate and effective methods of interaction with people with disabilities
- To facilitate an understanding of the ways in which the information needs of people with disabilities can be met

WHAT IS A BRAIN INJURY?

A brain injury is an injury to the brain tissue or nerve fibres that is permanent in nature, and may result in impairment to an individual's physical, sensory, behavioural, communicative, cognitive or emotional functioning. A brain injury is different to many other types of disabilities because it can be traumatic and occur suddenly. Brain injury can result in permanent, irreversible damage, which may affect the ability to complete tasks that have been easily undertaken prior to the brain injury.

It can be known by many names such as:

- Acquired Brain Injury (ABI)
- Traumatic Brain Injury (TBI)
- Head Injury

A brain injury can be sustained through:

- Accidents (road accidents, falls, assaults, sport and swimming accidents etc)
- Poisoning (drug and alcohol abuse, petrol sniffing etc)
- Stroke
- Brain tumors
- Infections (meningitis, encephalitis etc)
- A lack of oxygen supply to the brain

Brain injuries are usually classified as mild, moderate or severe.

WHAT ARE SOME OF THE CONSEQUENCES OF HAVING A BRAIN INJURY?

Everybody with a brain injury is an individual and no two people are exactly the same, even though they may have sustained similar injuries. However, there are some effects which to varying degrees, are shared by many people who have a brain injury, such as:

A brain injury may have effects on a person's:

- Cognition/thinking
- Physical abilities
- Sensory abilities
- Communication abilities
- Emotional functioning

There may be obvious consequences of having a brain injury such as the need to be in an environment which is physically accessible. In addition, there may be less obvious effects of having a brain injury such as cognitive, communicative, sensory and emotional/behavioural effects, which may result from sustaining a brain injury.

Cognition

People who have had a brain injury **may** experience difficulties with memory, especially short term.

- Problem solving, planning and thinking through an issue
- Abstraction
- Concentration
- Learning new skills
- Processing new and/or a lot of information, especially in a noisy or otherwise distracting environment

Communication

People who have had a brain injury **may** experience difficulties in:

- Speaking clearly
- Expressing ideas, concepts clearly (finding the right words, staying on the topic etc)
- Understanding/comprehending

Sensory

People who have had a brain injury **may** experience:

- Sight/hearing difficulties, touch, taste and smell difficulties
- Hypersensitivity to sound and light
- Body temperature control difficulties

Emotional/Behavioural

People who have had a brain injury **may** experience:

- Initiation and motivation difficulties
- Depression
- Mood changes
- Self expression without taking into account the situation (laughing or crying at times that appear neither funny nor sad)
- A lack of awareness concerning their own actions and words

WHAT DOES THIS MEAN WHEN SUPPORTING SOMEONE WITH A BRAIN INJURY?

There are a number of strategies which can be used to provide support for someone with a brain injury, such as:

- Give information in plain language, as clear as possible
- Keep sentences short
- Try to avoid too much noise and other distractions
- Have regular breaks (about 10-15 minutes every 60-90 minutes is often a good guide)
- Fatigue and tiredness can heighten the effects of a brain injury
- Set clear guidelines as to what will happen to enable the person to stay on track and focused on the tasks
- Use relevant examples to illustrate points made, and keep them as concrete as possible,
- Questions which have yes/no answers are often good,
- Make sure you don't go too fast or cram in too much information or ideas

- Allow people with speech impairments enough time and ensure they have a chance to say the things they want to say
- Give people a chance to make comments, air feelings etc
- Provide follow up prompts (ask how the task is going, do you need any help etc)
- Booklets may be developed to outline tasks in step-by-step form if required.
- People who have a brain injury have the right to be treated with the same respect as everybody else. Equally, you can expect to be treated with the same respect you demand from other people

WHERE CAN YOU GET ADDITIONAL SUPPORT?

Brainlink
54 Railway Road, Blackburn VIC 3130
1800 677 579 840
www.brainlink.org.au

Brain Injury Matters
9639 7222
www.bim.org.au

The Bouverie Centre
8 Gardiner Street, Brunswick, VIC 3056
9385 5100
www.bouverie.org.au

6. HEARING IMPAIRMENT

The aim of this information is to:

- Promote an understanding of issues surrounding deafness/hearing impairment
- To provide mentors/organisations with information to enable them to focus on the individual, not the disability
- To develop an understanding of appropriate and effective methods of interaction with people with disabilities
- To facilitate an understanding of the ways in which the information needs of people with disabilities can be met

WHAT IS DEAFNESS/ HEARING IMPAIRMENT?

Hearing impairment is a varied and complex disability. Each hearing impaired individual experiences their hearing disability *in a unique and individual way*. People with hearing disabilities are those who:

- Can not hear at normal levels because of a variety of factors which affect transference of sound
- Due to communication or language difficulty, can not easily understand what is being said to them in every situation and therefore can not always respond with confidence
- Have difficulty communicating with people in spoken English (if they are profoundly, pre-lingually deaf and Australian Sign Language is their first language)

People can be deaf or hearing impaired for a number of reasons including:

- Hereditary
- Meniere's disease
- Viruses
- Diseases of the ear
- Exposure to noises or toxins
- Tinnitus
- Acoustic neuroma
- Strokes

- Accidents
- Ageing

Hearing impairment ranges from mild, moderate, severe, to profound. A person with a mild hearing impairment may not even be aware of their inability to hear certain sounds. A person with a moderate hearing impairment may cause some difficulty in hearing, for example background noise, but not in every situation. A person with a severe hearing impairment may have difficulty in following speech and in hearing other environmental sounds while a person with a profound hearing impairment may have extremely limited hearing. They may use sign language or have difficulty monitoring the volume and pitch of their own voice when speaking.

There is no such thing as 'legally deaf'. A person's level of hearing disability will depend on their degree of hearing impairment as well as the age at which it occurred and other factors which influence communication.

WHAT ARE SOME OF THE CONSEQUENCES OF BEING DEAF OR HAVING A HEARING IMPAIRMENT?

Deafness affects the ability to communicate so it is vital to establish an appropriate and effective method of communicating with a deaf or hearing impaired person. People who have a mild or moderate hearing loss will often use oral communication. This involves listening to speech and lip reading. Hearing aids are used to make the best use of their residual (remaining) hearing, and this in turn can assist the ability to lip read.

The degree and type of hearing impairment a person has can vary greatly and it is hard to generalise about interacting with someone who has a hearing impairment.

There are a number of aids, which are available for people with a hearing impairment such as:

- Hearing aids
- Vibrating clocks, watches and alarms
- Captioned TV and videos
- Interpreters (sign language, notetakers)
- Hearing dogs
- Telephone typewriters (TTY) and computer modems
- Amplified telephones
- Listening devices

- Audio loops etc

WHAT DOES THIS MEAN WHEN SUPPORTING SOMEONE WITH A HEARING IMPAIRMENT?

Do

- Use words like 'hear' and 'heard', they are part of everyone's vocabulary. Otherwise both you and the person who is hearing impaired will feel awkward
- Ask people who are hearing impaired what they want or need
- Be aware that the person who is hearing impaired may be disadvantaged by not knowing what is going on – explain what is happening to them
- Use ordinary language when directing or describing and be specific
- Use gestures and if need be write your message down
- Identify yourself and ask if you can help (don't just assume help is needed)
- Wherever possible address the person who is hearing impaired by name so they know you are speaking to them
- When asked a question respond with 'yes' or 'no', or keep you answer brief and to the point.
- Be natural, don't force enthusiasm
- Treat people in a manner that is appropriate to their age
- Find out how best to communicate with the person – they will usually let you know their preferred method of communication

Don't

- Question the person's disability – hearing impairment is invisible
- Be offended by lack of response – the person may not realise you are addressing them

- Address questions via the hearing impaired person's companion – address them directly
- Walk away from the person who is hearing impaired while still speaking to them
- Be patronising or inappropriately solicitous

WHERE CAN YOU GET ADDITIONAL SUPPORT

Victorian Deaf Society
Level 4, 340 Albert Street
East Melbourne VIC 3002
Ph: (03) 9473 1111
www.vicdeaf.com.au

Australian Hearing Service
Suite 14
Level 2 Offices
Centro Box Hill
17 Market St
Box Hill, VIC 3128
9890 0606
www.hearing.com.au

Better Hearing Australia (Vic)
5 High Street (Corner of Alfred Street)
Prahran Vic 3181
(03) 9510 1577
www.betterhearing.org.au

7. INTELLECTUAL DISABILITIES

The aim of this information is to:

- Promote an understanding of issues surrounding intellectual disabilities
- To provide mentors/organisations with information to enable them to focus on the individual, not the disability
- To develop an understanding of appropriate and effective methods of interaction with people with disabilities
- To facilitate an understanding of the ways in which the information needs of people with disabilities can be met

WHAT IS AN INTELLECTUAL DISABILITY

Intellectual disability can be described as the presence of sub-average general intellectual functioning associated with or resulting in impairments in adaptive behaviour. To receive a diagnosis of having an intellectual disability there are three core features the person must have:

- An IQ of less than 70-75
- Difficulty in adaptive skills (such as following and understanding directions, understanding abstract concepts)
- The existence of the first two characteristics before the age of 18

Intellectual disability is twice as common in males as in females. Having an intellectual disability does not mean that you are sick or need to be cured, or that 'you will grow out of it'.

There are many causes of intellectual disabilities and they can include:

- An abnormal number of chromosomes
- Gene defects
- Maternal infections
- RH incompatibility
- Head trauma
- Anoxia (absence of oxygen)
- Birth injury
- Early infant infection
- Deprivation of normal development and growth experiences

Common examples of conditions, which may be described as intellectual disabilities are:

- Down Syndrome
- Autism
- Developmental Disability

The level of intellectual disability is classified by intelligence quotient (IQ), and ranges from mild to profound. However, it is more common these days to classify levels of support needs. For example intermittent support needs, low or limited support needs, medium or extensive support needs or high or pervasive support needs. A person's support needs can change over time, and relate strongly on the supportiveness of physical environment and other contextual issues (such as access to technology or structures routines etc).

WHAT ARE SOME OF THE CONSEQUENCES OF HAVING AN INTELLECTUAL DISABILITY?

It may take longer for the person to process information and effectively communicate with other people. Tasks may need to be broken down into steps and the person with an intellectual disability may undertake several or all of the steps required to complete the task. Instruction provided should be clear and direct.

WHAT DOES THIS MEAN WHEN SUPPORTING SOMEONE WITH AN INTELLECTUAL DISABILITY?

When providing support for someone with an intellectual disability it is important to remember that they are individuals and to think of the person before the disability. The golden rule is common courtesy and common sense. Strategies which can be helpful include:

- Talk directly to the person
- Maintain eye contact (it shows respect and courtesy and indicates you are listening and trying to help)
- Speak using simple sentences, avoiding jargon and complex terminology
- Determine what the person wants and determine how best to deliver this by consulting with them
- Don't be offended by a lack of response or unconventional behaviour
- An awareness of learning styles that involve repeating information
- Allowing time for the person to take in and respond to information
- Sensitivity to communication strategies, including non verbal

WHERE CAN YOU GET ADDITIONAL SUPPORT

Council of Intellectual Disability Agencies
235 Napier St, Fitzroy VIC 3065(03)
8415 0155

Disability Services Division – Head Office
Level 8, 50 Lonsdale Street
Melbourne, Victoria 3000
1300 650 172
www.dhs.vic.gov.au/disability

National Disability Services Victoria
10 / 369 Royal Parade
Parkville VIC 3052
8341 4300
www.nds.org.au

8. MENTAL ILLNESS

The aim of this information is to:

- Promote an understanding of issues surrounding mental illness
- To provide information to enable mentors/organisations to focus on the individual, not the disability
- To develop an understanding of appropriate and effective methods of interaction with people with a mental illness
- To facilitate an understanding of the ways in which the information needs of people with disabilities can be met

WHAT IS A MENTAL ILLNESS?

Mental illness is a medical condition. Although no single cause has been identified, a number of factors may contribute to the development of a mental illness. Research has identified genetic and biochemical factors as being associated with major depression, bipolar disorder and schizophrenia, although it is not known exactly what triggers the onset of the illness.

Stress may be a trigger for some mental illnesses but the relationship between stress and mental illness is complex. The stress may trigger an episode of illness, or it may be the result of developing the illness.

Mental illness is significantly different from many other disabilities in that they can fluctuate and are a result of an intermittent and episodic process.

Some facts about mental illness:

- At some stage in their lives, one in five Australians will experience a mental illness which may vary from mild or temporary to severe and prolonged
- Mental illness can be transient and come and go throughout a person's life. Some people may only experience a mental illness once and fully recover
- Improvements in the treatment of mental illness now mean that many people are able to lead rewarding lives in the community
- Many people with mental illness say that overcoming the stigma attached to the illness can be more daunting than coping with and overcoming the illness itself

TYPES OF MENTAL ILLNESS AND SOME OF THEIR CONSEQUENCES

Mental illness can be separated into two main categories: psychotic illnesses and non-psychotic illnesses.

Psychotic Illnesses

The most common forms of this illness are schizophrenia and bipolar disorder. During a psychotic episode, the person can lose touch with reality or is unable to distinguish between what is real and what is fantasy. Psychotic illnesses can include bipolar disorder and schizophrenia. Common symptoms of psychotic include:

- Alterations in thoughts. Examples of this are confused thoughts, lack of logical connections between thoughts and speech, the belief that other people can hear or read their thoughts, and delusional thoughts (false beliefs that are not shared by other people with similar belief systems)
- Alterations in perceptions. These include hallucinations and changes in sensory awareness. Hallucinations are the perception of something which is not there in the external world. They can be auditory (hearing voices) or involve the other senses of sight, touch, smell and taste
- Alterations in emotions. The person may have abrupt changes in mood, experience conflicting emotions at the same time about the same thing, display inappropriate emotional responses, mania or elation that is excessive, depression and extreme sadness or despair
- Alterations in behaviour. These are changes in the usual patterns of behaviour for the particular individual and can include restlessness, agitation, unusual reactions and responses and day/night reversal (sleeping during the day and awake during the night).

Non psychotic illnesses

This group of mental illnesses used to be called neuroses and includes anxiety disorders and depressive illness. They cause considerable distress to people suffering them and can impact on every part of their lives including work, relationships and leisure. Non psychotic illnesses may include anxiety disorders, depressive illnesses and personality disorders.

Anxiety disorders include phobias, obsessive-compulsive disorder, post traumatic stress disorder, agoraphobia, panic disorder and general anxiety disorder. Anxiety disorders usually begin in early adulthood and are often, but not always, triggered by a series of significant life events. Physical symptoms may include heart palpitations, sweating, hyperventilation, dizziness, headaches, nausea and indigestion.

Depressive illness or serious depression is different from the emotional ups and downs associated with everyday life. It is much more than unhappiness and is a mental illness in the clinical sense. Major depression, post natal depression and reactive depression (reacting to a distressing situation) are the main types of depressive illness. Depressive illness can have a tendency to run in families and are more common at certain life stages, such as: at childbirth, menopause and retirement. They can also be associated with stress such as personal tragedies or disasters.

Personality disorders refer to an enduring pattern of behaviour that deviates markedly from the expectations of an individual's culture. This behaviour is often life-long and causes significant distress and difficulties for the person in their social and occupational relationships and in other important areas of their life. The causes of personality disorders generally relate to the individual life experiences of a particular person whereby the person has developed a behaviour pattern to cope with these life experiences.

Everybody has a certain level of stress that they are able to cope with. Some people have a higher level of vulnerability to developing a mental illness and that stress may play a role in triggering the illness and in determining the course of the illness. In the case of a person with a vulnerability (or predisposition) to developing psychosis, stress beyond the person's coping ability is likely to cause symptoms to appear (or worsen if they are already present). If a person understands their own stressors, then learning to avoid these or developing skills to cope with them can mean the risk of a recurrence of the symptoms is minimised. When the amount of stress a person is under exceeds the level they can cope with, then adverse effects will occur.

STRATEGIES FOR PROVIDING SUPPORT MAY INCLUDE

Listed below are some strategies to use when communicating with a person who is exhibiting symptoms of mental illness or who appears distressed:

- Use clear and straightforward language
- Check that the person understands – you can ask them
- Repeat in different words if necessary
- Take seriously the emotional concerns the person is presenting
- Recognise the stress level and try to help the person to calm down
- Be clear about the function or role of your service
- Eliminate physical or sensory barriers which may be causing a problem
- If possible, try to relocate the person to a quieter place
- If a request is beyond your control, ask the person how you can best help

Things to avoid:

- The use of jargon
- Talking louder than the person or over the person
- Generalising or talking down to the person

- Getting too personal, asking irrelevant personal details
- Agreeing with the person's delusions
- Trying to talk the person out of the delusion
- Getting too many people involved

WHERE CAN YOU GET ADDITIONAL SUPPORT

Psychiatric Disability Services of Victoria (VICSERV) Inc.
Level 2, 22 Horne Street, Elsternwick, Victoria.
9519 7000
www.vicserv.org.au

Mental Illness Fellowship
276 Heidelberg Road, Fairfield VIC 3070
8486 4265
www.mifellowship.org

Victorias Mental Health Services
Department of Human Services
Mental Health Branch
GPO Box 4057
Melbourne VIC 3001
1300 767 299
www.health.vic.gov.au/mentalhealth

8. PHYSICAL DISABILITY

The aim of this information is to:

- Promote an understanding of issues surrounding disability
- To enable mentors and organisations to focus on the individual, not the disability
- To develop an understanding of appropriate and effective methods of interaction with people with disabilities
- To facilitate an understanding of the ways in which the information needs of people with disabilities can be met

WHAT IS A PHYSICAL INJURY?

Physical disabilities can vary widely, and are not just restricted to using a wheelchair or a back brace. Some physical disabilities are outwardly invisible but result in the physical disability. Physical disabilities mean that the person has limited control of some or all of their voluntary muscles. This can include their:

- Arms – ranging from no control to normal coordination
- Legs – ranging from total inability to difficulty in standing or walking
- Trunk – difficulty in sitting straight
- Face and throat – difficulty in eating or speaking
- Bladder and bowel – may have to adapt toileting procedures.

It is difficult to generalise physical disabilities, each person will have different causes, symptoms and management strategies. There are a number of reasons why someone may have a physical disability, such as accidents or medical conditions.

Accidents may result in:

- Spinal injuries
- Amputation
- Acquired brain injury affecting motor skills and limb control

Medical conditions may include:

- Cerebral Palsy
- Spina Bifida
- Muscular Dystrophy/Atrophy
- Multiple Sclerosis
- Nervous system diseases
- Circulatory diseases
- Respiratory diseases
- Arthritis

- Other musculo-skeletal disorders
- Head injury/stroke
- Post-polio syndrome
- Inherited conditions passed on genetically (for example limb deficiency)
- Exposure to drugs or chemicals during pregnancy (for example Thalidomide)

WHAT ARE SOME OF THE TYPES OF PHYSICAL DISABILITY AND THEIR CONSEQUENCES?

Everybody with a physical disability is an individual and no two people are exactly the same, even though they may have sustained similar injuries or have similar conditions. There may be obvious consequences of having a physical disability, such as the need to be in an environment which is physically accessible. Some of the major types of physical disabilities are listed below, followed by strategies for providing support.

Spinal cord injury

Spinal cord injury is usually the result of an accident (for example car, diving, pedestrian or sports). The vertebra of the spine are displaced or crushed, which injures the spinal cord or the spinal column. Damage is often permanent and irreversible. When the spinal cord is damaged, the messages and signals to and from the brain cannot get through, resulting in paralysis (loss in function and feeling of the area below the level of the injury). This usually means that the person will use a wheelchair. Muscle spasm in paralysed muscles is also common and often exacerbates the disability.

- Paraplegia: If the spine is injured below the level of the neck the person is said to be paraplegic and will be paralysed to some degree in the legs and abdomen. Movement in the trunk and chest will depend on the height of the lesion.
- Quadriplegia: If the neck is broken or the spine is injured in the neck region, the arms also will be fully or partially paralysed. This means all four limbs will be affected and the person may have difficulty with breathing, coughing and clearing their chest.
- Autonomic paralysis: As well as parts of the nervous system that control movement and transmit sensation, the body has another system which controls the involuntary functions of internal organs and glands – the autonomic nervous system. It is outside but close to and connected with the spinal cord – its messages control the bowel and bladder, male (not female) sexual function, blood circulation, pressure and sweating. Damage to the spinal cord will usually affect the autonomic nervous system.

The major causes of spinal injuries are:

- Motor vehicle accidents
- Diving accidents
- Falls and crushes
- Sports injuries
- Other trauma (such as gunshot wounds or physical abuse)

Cerebral Palsy

Cerebral palsy refers to the damage to areas in the brain which control movement (motor areas) which short circuit messages from the brain to different parts of the body. This results in difficulty in controlling different muscles. A person with Cerebral Palsy may experience weak and stiff muscles or uncontrolled movement.

No two people with Cerebral Palsy are alike. For instance, one person with Cerebral Palsy may use a wheelchair and have slurred speech another may just have a little trouble walking. Cerebral Palsy may affect speech, sight, hearing and/or intellect. If a person with Cerebral Palsy talks slowly, slurring their words, it does not mean that they can not understand you or do not know what to say. It simply means that there has been damage to the part of the person's brain which controls their speech and mouth muscles, not their ability to understand.

Cerebral Palsy can not be cured but it does not get progressively worse. However the effects on the person can often change as the person grows older.

Some of the implications for people with Cerebral Palsy are:

- Limited mobility and the use of aids such as calipers, braces or walking aids
- Difficulty with activities such as standing, walking, sitting, eating and drinking
- Absent or slurred speech
- Use of communication aids such as boards, signing or technological aids
- Difficulty for some in reading and writing because of perceptual problems
- Coordination problems.

Spina Bifida

Spina Bifida is a developmental defect, which occurs within the first six weeks of pregnancy. It is caused by a combination of genetic and environmental factors. Some of the spinal bones which normally protect and cover the delicate nerves of the spinal cord do not close. Consequently the spinal nerve tissue protrudes through this gap and forms an open swelling on the back. This could occur

anywhere from the back of the head to the lowest part of the spine. Even though surgery at birth closes the gap, the damage to the spinal nerve tissues can never be repaired.

The degree of paralysis will depend on the extent of damage to the spinal cord and the position of the lesion. Usually there is some paralysis and loss of sensation in the legs and lower trunk. This can result in:

- A need to use a mobility aid such as calipers, crutches, a walking frame, walking sticks or a wheelchair
- Various degrees of bowel and bladder incontinence. There are several methods available to manage this problem
- Hydrocephalus, sometimes known as water on the brain, managed by a surgically inserted “shunt” which directs the fluid to another part of the body for absorption
- Vision impairment and/or learning problems
- High risk of grazing, cutting, bruising or burning (because of a lack of feeling)

All of these associated disabilities will vary from person to person.

Multiple Sclerosis

Multiple Sclerosis (MS) is a neurological condition, which affects the central nervous system. The central nervous system acts like a telephone switchboard, sending electrical messages along the nerves to various parts of the body. These messages control all our everyday movements and processes. The nerve fibres in the central system are wrapped in a protective sheath of fatty material called myelin which, like plastic around electric cable, insulates the nerves and helps the smooth flow of messages to different parts of the body. In people who have MS, the myelin breaks down and is replaced by scar tissue. This results in the messages being distorted, completely blocked or being sent to the wrong area.

The symptoms vary from person to person but may include:

- Vertigo (dizziness)
- Eye trouble (such as double vision)
- Speech difficulties, including slurring of words
- Spasticity and/or weakness in the arms or legs
- Loss of coordination
- Numbness or ‘pins and needles’
- Staggering, loss of balance or dragging of the feet
- Extreme tiredness
- Memory lapses

These symptoms are unpredictable and the well being of someone with MS will vary from day to day. With proper management, the effects of MS can be minimised and in most cases people affected by MS can still lead independent, active, satisfying lives. MS affects more women than men, with symptoms

generally appearing between the ages of 20-50 and in people living in temperate climates. MS is a neurological condition which affects the central nervous system. It is not yet known what causes MS.

Strategies for providing support may include:

- Look, listen, understand and treat the person as you would like to be treated
- Do not assume assistance is needed – ask
- Accept the person’s right to refuse help
- Be aware of what is accessible and inaccessible to people in wheelchairs or with mobility restrictions
- Find out how to push a wheelchair, how to get up and down steps, how to tip it backwards, how to use the brake and how not to lift by the arm rests or wheels
- Try sitting or crouching down to the approximate height of people in wheelchairs or scooters when you talk to them
- Do not talk about the person as if they were not present
- Do not ask personal questions about the disability or origin until you know the person well enough
- Conversation should always be directed at the person, not at any companion who may be with them
- Do not separate the person from their special aids or equipment
- Be aware of the environment and the difficulties it may present
- Find ways of communicating with the person. Maintain eye contact, sit down if appropriate
- Be willing to communicate in different ways if necessary, such as a communication board or other verbal or non verbal cues
- Be patient when talking to someone with a communication difficulty. Resist the temptation to interrupt or to answer on their behalf. At first the person’s speech may be difficult to understand but after a while it usually becomes easier to follow
- Do not lean on the person’s wheelchair unless you have their permission – it is their personal space
- Do not try to move the person or their wheelchair without their permission to do so, only give a push when asked to

WHERE CAN YOU GET ADDITIONAL SUPPORT?

Scope
830 Whitehorse Road
Box Hill VIC 3128
9843 3000
www.scopevic.org.au

ParaQuad Victoria
208 Wellington Street
Collingwood VIC 3066
1300 704 456
www.paraquad.asn.au

AQA Victoria
440 Heidelberg Road,
Fairfield VICTORIA 3078
9489 0777
www.aqavic.org.au

9. VISION IMPAIRMENT

The aim of this information is to:

- Promote an understanding of issues surrounding vision impairment
- To provide mentors/organisations with information to enable them to focus on the individual, not the disability
- To develop an understanding of appropriate and effective methods of interaction with people with disabilities
- To facilitate an understanding of the ways in which the information needs of people with disabilities can be met

WHAT IS A VISION IMPAIRMENT?

Very few vision impaired people are totally blind. The image of the person living in total blackness with a guide dog or white cane fits only a very small proportion of those who are blind or vision impaired. A minority of blind people can distinguish light but nothing else. Many lack central or peripheral vision.

Some vision impaired people see things as a vague blur while some may be able to negotiate supermarket aisles, but are unable to read labels. Others can read labels but cannot negotiate the aisles. Some vision impairments vary in their effects from day to day as different parts of the field of vision are faulty. Some vision impairments are not readily apparent to other people.

Severe vision impairment has been classified by the World Health Organisation (WHO), as follows:

Impairment – the limitation of one or basic components of the visual system (the eye, the optic nerve and visual centre of the brain)

Disability – a lack, loss or reduction of the ability to perform certain tasks such as reading, writing and driving

WHO describes profound blindness as the inability to count fingers at a distance of three metres or less, and severe low vision as the inability to count fingers at six metres or less.

Severe vision impairment can be present at birth, however injury, infection, diseases and conditions associated with ageing are more common causes of vision impairment than birth or genetic defects.

WHAT ARE SOME OF THE CONSEQUENCES OF HAVING A VISION IMPAIRMENT?

The inability to read is probably the most notable of the everyday functions which are significantly affected by severed vision loss. Inability to read can substantially affect competence in absorbing complex or detailed information and reduce or

complicate the process of acquisition of some skills since a high percentage of learning involves the use of sight.

Environmental issues to consider are:

- Physical layout of buildings
- Lighting and glare
- Signage
- Safety

There are many services and aids available for people with vision impairments, such as:

- Walking canes
- Talking calculators, clocks and watches
- Talking, large print and Braille books
- Talking and Braille computers
- Scanners which convert print into speech or electronic formats
- Guide dogs
- Braille 'typewriters' and writing slates
- Magnifying devices
- Page turners
- Book rests

WHAT DOES THIS MEAN WHEN SUPPORTING SOMEONE WITH A VISION IMPAIRMENT?

Listed below are some of the do's and don'ts for providing support:

Do

- Ask the vision impaired person directly what they want or need. Do not ask via their companion or support person if they have one
- Be aware that the person is vision impaired will be disadvantaged without knowing what is going on in the surrounding environment. Therefore talk about what is happening
- Use ordinary language when directing or describing and be specific. Do not point, or say 'over there'. Direct people who are vision impaired to their left or right, not yours
- Identify yourself and ask 'May I help you?'. Do not assume help is needed
- Wherever possible address people who are vision impaired by their name so they know you are speaking to them
- When asked to act as a guide, offer your elbow and let the vision impaired person follow you. Do not grab arms or push people. Allow them to hold on and follow you

- Consider making a tactile map - the Royal Blind Society can provide further information about this
- Offer orientation tours of the organisation. Describe the surroundings and obstacles in a person's pathway
- Keep pathways clear of objects
- Put chairs back where they belong
- Shake hands if people who are vision impaired extend their hands to shake
- Remember when helping to seat a person who is vision impaired, they may put their hands on the back of the chair to seat themselves
- Offer to read written information for a person with a visual impairment, when appropriate

Don't

- Leave doors ajar – leave them fully open or fully closed
- Pet, play with or feed guide dogs. Always ask permission of the owner before interacting with an animal
- Walk away from a person who is vision impaired without indicating that you are doing so
- Question the person's disability – disabilities are often invisible
- Regard the use of a mobility aid such as a wheelchair or a guide dog as a tragedy. Such aids give the freedom to move about independently
- Be offended by a lack of response – common visual cues such as eye contact or nods don't work with vision impaired people

WHERE CAN YOU GET ADDITIONAL SUPPORT

Vision Australia
 454 Glenferrie Road, Kooyong Vic. 3144
 1300 84 74 66 and ask for Kooyong
www.visionaustralia.org

Able Australia
 616 Riversdale Road, Camberwell VIC 3124
 1300 225 369
www.ableaustralia.org.au

Guide Dogs Victoria
 Chandler Highway, Kew VIC 3101
 9854 4444
www.guidedogsvictoria.com.au

