

# Count Us In!

teaching resource package



teacher information

1

creating welcoming communities

# Contents

<b>Introduction</b>	<b>3</b>	<b>Disability specific information</b>	<b>16</b>
<b>Acknowledgments</b>	<b>4</b>	Acquired brain injury	16
<b>Teacher information</b>	<b>6</b>	Autism spectrum disorder	17
The impact of disability in Western Australia	6	Cerebral palsy	18
What is a disability?	7	Cystic fibrosis	19
Disability and appropriate language – a guide	7	Deafness / hearing loss	20
Meeting people with disabilities	8	Deafblindness	21
History of disability in Western Australia	9	Developmental delay	22
Disability legislation and legal requirements	10	Down syndrome	23
Education and legal requirements for students with disabilities	11	Epilepsy	24
For more information on disability in Western Australia	13	Foetal alcohol syndrome	24
Disability Services Commission	13	Fragile X syndrome	25
Education	13	Intellectual disability	25
Department of Education and Training	13	Mental health	26
Catholic Education Office	13	Motor neurone disease	28
Australian Association of Independent Schools	13	Multiple sclerosis	28
Advocacy	13	Muscular dystrophy	29
National Disability Services (NDS)	13	Spina bifida	30
People with Disabilities (PWD WA) Inc	13	Spinal cord injury	31
Developmental Disability Council of WA Inc (DDC)	13	Vision impairment	32
Ethnic Disability Advocacy Centre (EDAC)	13		
Advocacy South West Inc	13	<b>Appendices</b>	<b>35</b>
Definitions of disability	14	Meeting people with disabilities	35
World Health Organisation	14	Offering assistance	36
Australian Bureau of Statistics	14	Frequently asked questions	37
Disability Services Commission	15	Books	
		early childhood	41
		middle childhood	42
		early and late adolescence	42
		Glossary of terms	43
		References and further reading	46

# Introduction

One in five Western Australians has a disability and, like the rest of the community, strives to lead a diverse and fulfilling life. In addition, it is estimated that more than 200,000 people provide care and support to family and friends with disabilities.

By 2021 the number of people with disabilities in Western Australia is expected to increase by more than 200,000, due mainly to our ageing population.<sup>1</sup>

Most people in our community do not experience regular contact with people with disabilities. As a result, people with disabilities are often viewed as different; interactions may be uncertain and can cause discomfort for both parties. Beliefs and attitudes are predominantly formed through family, school and the media. These attitudes can be negative and create barriers for people with disabilities in all areas of their lives.

The Disability Services Commission's vision, in which all people live in welcoming communities that facilitate citizenship, friendship, mutual support and a fair go for everyone, aims to remove these barriers and create a truly inclusive society.

The Count Us In! teaching resource package is not a resource for teaching students with disabilities. This is a resource for teachers to use with students, to enhance their knowledge and understanding of disability and provide them with the skills to create a welcoming community.

As today's school students move into adulthood and become employers, neighbours, friends and work colleagues, the community, in its quest for an inclusive society, will benefit from a greater awareness of the issues facing people with disabilities.

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# The impact of disability in Western Australia

Disability affects the lives of more than half a million Western Australians (one in every three people) either directly or as a carer.

- One in every five or 20 per cent of Western Australians has a disability (405,500 people).
- One in every eight Western Australians needs personal assistance with some activities as a result of a disability (250,500 people).
- One in every 10 Western Australians is a carer of a person with a disability (246,800 carers).
- One in every three people knows someone with a disability, whether as a family member, friend, or workmate.

Most Western Australians with a disability have a physical disability.

- Nearly three-quarters of Western Australians with a disability (288,200 people) have a physical disability as their main disabling condition.
- One in every six Western Australians with a disability (75,700 people) has a mental or behavioural disorder as their main disabling condition.
- One in every 10 Western Australians with a disability (41,600 people) has a sensory disability as their main disabling condition.

Many people with a disability have more than one disability.

- 28 per cent of people using services funded or provided by the Disability Services Commission have multiple disabilities.

Most Western Australians with a disability live in the community.

- 95 per cent of people with a disability live in the community, either independently or with family or friends.
- 73 per cent of Western Australians with a disability live in the metropolitan area and 27 per cent live in rural areas.

Most of the help needed by people with disabilities is provided by families and friends.

- 87 per cent of people with disabilities who require assistance receive assistance informally through family and friends.

By 2021 the number of people with disabilities in Western Australia is expected to increase by more than 200,000, due mainly to our ageing population. The proportion of the State's population consisting of people aged under 65 with disability is expected to remain steady.

# What is a disability?

A disability is any continuing condition that limits or restricts a person's participation in everyday activities.

These may include:

- self-care – limitations in showering, bathing, dressing, eating, toileting, bladder or bowel control;
- mobility – limitations in moving around at home and away from home, getting into or out of a bed or chair, and using public transport; and
- communication – limitations in understanding or being understood by others: strangers, family and friends.

A disability can occur at any time in a person's life. For some, the disability begins

at birth. For others, it can be the result of a sporting or motor vehicle accident. Other people acquire disabilities later in life, through a variety of reasons or ageing.

A disability may be short or long term and some are episodic. Many people may have more than one disability.

A disability can affect a person's capacity to communicate, interact with others, learn or get about independently. Some disabilities, such as epilepsy, are hidden, while others, such as cerebral palsy, may be visible.

A disability can impact on a person's employment, education, recreation, accommodation and leisure opportunities.

## Disability and appropriate language – a guide

Language reflects and shapes the way we view the world.

How we write and speak about people with disabilities can have a profound effect on the way people with disabilities are viewed by the community. Some words, by their very nature, degrade and diminish people with disabilities. Others perpetuate stereotypes, removing entirely a person's individuality.

People with disabilities are individuals first, with the same variety of desires, interests, problems, talents, and faults as any other member of the community.

Through the use of appropriate language, emphasis can be placed on this individuality, rather than on the disability that a person has.

### General guidelines

- Put the person first and specify the disability or need second.
  - People with a disability
  - People with disabilities
  - Person / student with an intellectual disability
  - Person / student with cerebral palsy

- People / student with vision impairment
- Person / student who uses a wheelchair or communication device
- Person / student with mental health issues
- Person / student with Down syndrome
- Portray people with disabilities positively by recognising what a person can do rather than focussing on their limitations, for example, the person walks with an aid, not that he or she has limited mobility.
- Avoid focussing unnecessarily on a person's disability. If it is not necessary to acknowledge that a person has a disability, then don't mention it.
- Recognise that many of the difficulties facing people with a disability are barriers created by community attitudes. We can all help to break down these barriers by using appropriate language.

Source: "A way with words" Queensland Government 4 Disability Services Commission Fact Sheet 11

# Meeting people with disabilities

Many people in our community may have had few opportunities to get to know a person with a disability. They may have had a friend, a family member, a classmate or neighbour with a disability, but usually their experiences are limited.

As a result, people may be unsure of how to interact and communicate with some people with disabilities.

As interaction is a two-way process, it is necessary for both parties to participate and contribute to the interaction. The following suggestions for successful interaction aim to enhance understanding and communication.

## Person with a disability

- Tell the other person if any form of assistance is required.
- Let people know what you wish to do yourself.
- Do not let people treat you as an invalid.
- Do not assume that everyone knows and understands.
- Become aware of your rights and be firm about your rights to access, independence and privacy.
- Be aware and tolerant if another person seems uncomfortable in social situations.
- If your speech is affected be prepared to repeat what has not been understood.
- Be polite when offered assistance. Such offers, although sometimes misguided, are usually well meant.

## Other person

- Ask the person if help is required, but do not insist and don't assist without asking first.
- If you are unsure of how to behave, ask the person. Accept the fact that disability exists, don't pretend it isn't there.
- Regard and treat the person as healthy.
- Be aware of the environment and how it may present difficulties.
- Do not talk about the person as if s/he is not present or cannot understand or speak for him/herself.
- As in any conversation, maintain eye contact as far as possible.
- Be willing to communicate in different ways, eg using a communication board.
- Remember, people differ in their needs, interests, personalities and approach to life.

Taken from: Gething, L. (1997) *Person to Person* (3rd edition), Sydney: MacLennan & Petty.

# History of disability in Western Australia

In Australia at the beginning of the 20th century, there were no formal services for people with disabilities so it was left to families to care for their children with disabilities without assistance. Parents were often advised to place their children into care and “get on with their lives”.

As a result, people with disabilities were often segregated and isolated from the rest of the community and housed within asylums for the ‘insane’, boarding houses and other institutions. Their lives were affected by sickness, poverty and a drastically reduced life expectancy.

Many parents felt unhappy about labelling children with severe and multiple disabilities as ‘insane’, and the large number of community-based organisations which developed in the 1940s and 1950s sought to draw a distinction between children with disability, and the otherwise inappropriate and broader categorisation of ‘insane’. They signified that neither the label of insanity nor the level of care that went with it in those days was appropriate.

The formal supports which were introduced for people with disabilities in the late 1940s and 1950s were based initially on a medical or custodial model, typified by segregation and institutionalisation. As parents increasingly took responsibility for their children, the 1950s and 1960s saw the emergence of parent groups, the development of some new services and a growing demand for more community-based support services.

In the 1970s and 1980s, the focus of disability services shifted to a training model, as it was believed that all people with disabilities who could learn and develop skills in restricted

settings should be encouraged to do so. Services became focused on individual programs and plans. It was generally felt that people with disabilities would graduate from a segregated environment through to less restrictive environments, depending on their level of skill acquisition.

The 1981 United Nations International Year of Disabled Persons further raised community awareness around the world about the needs of people with disabilities. In Australia, this paved the way for government legislation, at both Commonwealth and State levels, to be enacted protecting the rights of people with disabilities and improving their quality of life.

The Western Australian Disability Services Act, proclaimed in 1993, created a new department specifically for disability services – the Disability Services Commission. This was an Australian first and with its own Minister, added political clout and ensured that the disability sector finally had its own voice in the cabinet room of successive State Governments.

From segregation at Claremont Hospital for the Insane to a good life as part of the community, the journey towards full community inclusion continues for people with disabilities.

Western Australians with disabilities now enjoy increased opportunities to live in their own homes as members of the community, making choices about daily living requirements, employment, recreation and leisure pursuits. Their journey so far, spans a century of radical change and remarkable progress.

# Disability legislation and legal requirements

Changing community attitudes, the increase in the number of people with disabilities and the inclusion of people with disabilities in the community have increased community understanding and acceptance.

This is reflected in the major legislative changes which have occurred across Australia in which the rights of people with disabilities are protected and promoted to ensure they have the same opportunities, choices and access to services and facilities as the rest of the community.

## Disability Discrimination Act (DDA) 1992

The Commonwealth Disability Discrimination Act (DDA) (1992) has made it illegal to discriminate against a person with a disability, their carer or family in the areas of:

- education and employment;
- access to premises and accommodation;
- buying or selling of land;
- activities of clubs and incorporated associations;
- sport;
- administration of Commonwealth laws and programs; and
- provision of goods and services.

Discrimination occurs when a person is treated less favourably than other members of our community. It can also happen when the community places expectations or criteria on people with disabilities, which are not placed on others. It is sometimes difficult to identify but occurs within society because of community intolerance, prejudice or lack of awareness.

If a person believes they are being discriminated against, they can lodge a formal complaint and seek legal action to rectify the situation.

[website www.hreoc.gov.au](http://www.hreoc.gov.au)

[website www.dest.gov.au](http://www.dest.gov.au)

## Equal Opportunity Legislation

All Australian states and territories have some form of equal opportunity legislation. This legislation recognises that people with disabilities require the same level of service as other members of the community. Legislation makes it unlawful to discriminate against any person on the grounds of impairment. Under this legislation, an action is regarded as being discriminatory if a person with impairment is treated less favourably than others in the same or similar circumstances.

[website www.equalopportunity.wa.gov.au](http://www.equalopportunity.wa.gov.au)

Impairment is defined as any continuing condition existing from birth or from an illness or injury that affects the structure or functioning of a person's body or brain. Any illness, which impairs a person's thought processes, perceptions of reality, emotions or judgement or which results in disturbed behaviour is also considered an impairment and is covered by the Act.

In Western Australia, the rights of people with disabilities are also protected and promoted by:

## Disability Services Act

Western Australia's Disability Services Act (1993) contains a clear commitment to ensuring that people with disabilities have the same rights, opportunities and choices as other community members.

This Act provides the legal framework for funding disability services, programs, and research and development activities. In Western Australia, people with disabilities are actively encouraged to be involved in consultation and decision-making relating to disability services.

[website www.disability.wa.gov.au](http://www.disability.wa.gov.au)

## Disability Services Commission

Established by the Disability Services Act (1993), the Disability Services Commission is responsible for policy development, service provision, funding and accountability, promotion of equal access and community education and consumer advocacy for people with disabilities in Western Australia.

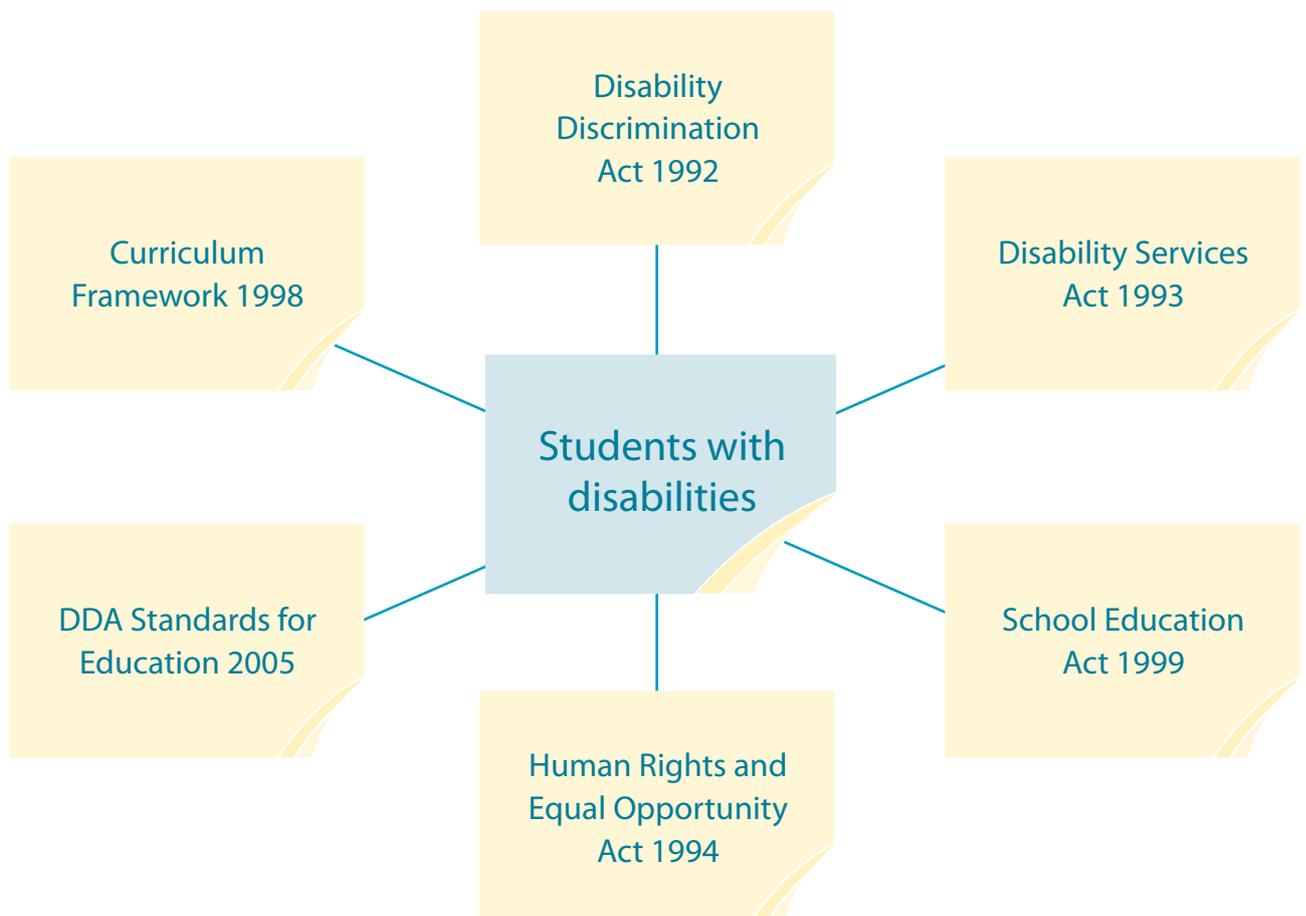
website [www.disability.wa.gov.au](http://www.disability.wa.gov.au)

## The Ministerial Advisory Council on Disability

The Ministerial Advisory Council on Disability was established in 1992 to allow community members the opportunity to keep government informed about major issues affecting the lives of people with disabilities, their families and care givers.

# Education and legal requirements for students with disabilities

The rights of people with disabilities are extended into education where the principles of inclusive education are enshrined in international, Commonwealth and State legislation and instruments.



## Disability Standards for Education 2005

**website** [www.dest.gov.au/research/publications/disabilitystandards/default.htm](http://www.dest.gov.au/research/publications/disabilitystandards/default.htm)

Following the enactment of the Disability Discrimination Act (1992), disability standards, as subordinate legislation, have been developed in a range of areas. The intention of the Standards is to clarify and elaborate on the requirements of the DDA (1992).

The Disability Standards for Education (2005) clarify the obligations of education and training providers to ensure that students with disabilities are able to access and participate in education without experiencing discrimination.

They cover:

- enrolment;
- participation;
- curriculum development, accreditation and delivery;
- student support services; and
- elimination of harassment and victimisation.

Who must comply?

- All education providers
  - preschools, kindergarten;
  - schools in public sector;
  - independent schools;
  - post-compulsory;
  - higher education providers; and
  - providers of adult and community education.

**Compliance**

Compliance with the standards is the responsibility of providers.

**Enrolment**

A student with a disability is able to seek admission / enrolment on the same basis as a student without a disability.

**Participation**

The course / program activities are sufficiently flexible for the student to be able to participate.

**Curriculum development, accreditation and delivery**

Any activities not conducted in a classroom are designed to include the student.

**Student support services**

The support services provided meet the needs of students with disabilities and are accessible to these students on the same basis as other students.

**Harassment / victimisation**

Strategies/programs are in place to prevent harassment or victimisation of a student with a disability.

# For more information on disability in WA

Disability Services Commission (DSC)  
[website](http://www.disability.wa.gov.au) [www.disability.wa.gov.au](http://www.disability.wa.gov.au)

The vision of the Disability Services Commission is that all people live in welcoming communities which facilitate citizenship, friendship, mutual support and a fair go for everyone.

The Commission funds and provides a range of specialist disability services. It promotes access and inclusion for people with disabilities through community education, information, publications and other support mechanisms.

## Education

Department of Education and Training (DET)  
[website](http://www.det.wa.edu.au) [www.det.wa.edu.au](http://www.det.wa.edu.au)

Click on 'educators', then on the 'disabilities' link in the table. This will take you to the Centre for Inclusive Schooling and relevant support services for students with disabilities.

Catholic Education Office of WA  
[website](http://www.ceo.wa.edu.au) [www.ceo.wa.edu.au](http://www.ceo.wa.edu.au)

Click on the quick links, then 'Curriculum', then on 'Special Learning Needs'. This will take you to the Curriculum Support Section for Students with disAbilities K-12 Team.

Association of Independent Schools of Western Australia Inc. (AISWA)  
[website](http://www.ais.wa.edu.au) [www.ais.wa.edu.au](http://www.ais.wa.edu.au)

Click on 'Commonwealth Targeted Programs', then on the 'special needs' link. This will take you to the Inclusive Education Consultancy Service.

## Advocacy

National Disability Services (NDS)  
(WA Division)  
[website](http://www.nds.org.au) [www.nds.org.au](http://www.nds.org.au)

NDS is the national industry association for disability services for Australians with all types of disabilities, including intellectual, physical, psychiatric and sensory.

NDS works to increase the capacity of its members to operate effectively and efficiently and to influence public policy so that it is responsive to the needs of people with disabilities.

People with Disabilities (WA) Inc (PWD WA)  
[website](http://www.pwdwa.org) [www.pwdwa.org](http://www.pwdwa.org)

PWD WA is the peak disability consumer lobby group in Western Australia representing people with disabilities – physical, intellectual, psychiatric and sensory.

PWD WA provides a range of services from its office. Services include advocacy, information and referrals, community education and lobbying.

Developmental Disability Council of WA Inc (DDC)  
[website](http://www.ddc.org.au) [www.ddc.org.au](http://www.ddc.org.au)

DDC provides a coordinated and united voice of service providers, other organisations and individuals advocating for the rights of people with developmental disabilities and their carers in Western Australia.

Ethnic Disability Advocacy Centre (EDAC)  
[website](http://www.edac.org.au) [www.edac.org.au](http://www.edac.org.au)

EDAC advocates for and empowers people with a disability from non-English speaking backgrounds. It aims to safeguard the rights of ethnic people with disabilities and their families.

EDAC lobbies government and mainstream organisations on cultural diversity and disability issues and provides information on disability support services, community groups and government agencies/policies.

Advocacy South West Inc  
[website](http://www.advocacysouthwest.org.au) [www.advocacysouthwest.org.au](http://www.advocacysouthwest.org.au)

Advocacy South West Inc provides advocacy and self determination for people with disabilities and their families in Western Australia's south-west and is committed to ensuring that the interests of people with a disability are recognised and acted upon.

# Definitions of disability

## World Health Organisation

Defining disability is complex. A number of definitions exist but the most widely accepted international definitions are those provided by the World Health Organisation's International Classification of Impairments, Disabilities and Handicaps:

**Impairment:** In the context of the health experience, an impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.

**Disability:** In the context of the health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

**Handicap:** In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

Impairment is considered to occur at the level of organ or system function; disability is concerned with functional performance or activity, affecting the whole person; handicap reflects the interaction with and adaptation to the person's surroundings.

Source: World Health Organisation (WHO) 1980  
Alessandri, L.M. et al: Disability Counts: A profile of people with disabilities in Western Australia. West Perth: Disability Services Commission, 1996

## Australian Bureau of Statistics

The Australian Bureau of Statistics follows this International Classification of Impairments, Disabilities and Handicaps definition for disability. However, for practical application, in the 1993 Disability, Ageing and Carers Survey, the Australian Bureau of Statistics defined disability as the

presence of one or more of the limitations, restrictions or impairments listed below which had lasted, or were likely to last, for a period of six months or more:

- loss of sight (even when wearing glasses or contact lenses);
- loss of hearing;
- speech difficulties in native language;
- blackouts, fits or loss of consciousness;
- slowness at learning or understanding;
- incomplete use of arms or fingers;
- difficulty gripping or holding small objects;
- incomplete use of feet or legs;
- treatment for nerves or an emotional condition;
- restriction in physical activities or in doing physical work;
- disfigurement or deformity;
- long-term effects of head injury, stroke or any other brain damage;
- a mental illness requiring help or supervision;
- treatment or medication for a long-term condition or ailment and still restricted; and
- any other long-term condition resulting in a restriction.

A handicap was identified as a limitation to perform certain tasks associated with daily living. The limitation must have been due to a disability and in relation to one or more of the areas listed below:

- self-care difficulties in showering, bathing, dressing, eating, toileting, bladder or bowel control;
- mobility (profound/severe/moderate) - difficulties going to places away from the home/establishment, moving about the house/establishment, transferring to and from a bed or chair;

- mobility (mild) - limitation in walking 200 metres, walking up or down stairs or using public transport;
- verbal communication - difficulties understanding or being understood by strangers/family/friends/staff in the person's native language;
- schooling - limited in the ability to attend school or needing to attend a special school or classes; and
- employment - limited in the ability to work, the type of work performed and other work problems such as the amount of time off required and special arrangements which need to be made.

Source: Australian Bureau of Statistics, 1993a.  
Alessandri, L.M. et al: Disability Counts: A profile of people with disabilities in Western Australia. West Perth: Disability Services Commission, 1996

## Disability Services Commission

Section 3 of the Western Australian Disability Services Act (1993) defines disability as a condition:

- (a) which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory, or physical impairment or a combination of those impairments;
- (b) which is permanent or likely to be permanent;
- (c) which may or may not be of chronic or episodic nature; and
- (d) which results in -
  - (i) a substantially reduced capacity of the person for communication, social interaction, learning or mobility; and
  - (ii) a need for continuing support services.

# Disability Specific Information

## Acquired brain injury

Acquired brain injury (ABI) is also known as brain injury, head injury or acquired brain damage. People with ABI may experience difficulties in intellectual, physical and emotional functioning.

ABI is damage that occurs after birth. It is not the same as an intellectual disability. The brain can be injured by an accident, stroke, brain tumour, infection, near drowning, haemorrhage, substance abuse and other disorders and diseases.

An ABI may be caused by a blow to the head or by the head being forced to move rapidly forward or backward, usually with some loss of consciousness. This may be the result of a motor vehicle accident, fall, assault, sporting accident, gunshot wound or violent shaking. As a result of this blow or rapid movement, the brain may be torn, stretched, penetrated, bruised or become swollen. Oxygen may not be able to get to the brain cells and there may be bleeding.

Every person's brain is unique; no two brain injuries are the same. For some, the injury will be minimal and cause little or no difficulty in returning to everyday life. When the brain is damaged, another part of the person will also be adversely affected. Even a mild injury can result in a serious disability that will interfere with a person's daily functioning and activities for the rest of their life. While the outcome of the injury depends largely on the nature and severity of the injury, appropriate treatment will play a vital role in the level of recovery.

ABI may affect a person's memory, and their ability to concentrate, plan and solve problems. It may impact on their thinking, senses, body and personality.

Sources: Headwest (Brain Injury Association of WA Inc)  
[www.headwest.asn.au](http://www.headwest.asn.au)  
Hospital School Services (Department of Education and Training)  
Brain Injury Australia (BIA)  
[www.braininjuryaustralia.com.au](http://www.braininjuryaustralia.com.au)

### For more information:

[Headwest \(Brain Injury Association of WA Inc\)](#)

Phone: 9330 6370

[website www.headwest.asn.au](http://www.headwest.asn.au)

Headwest provides an individual advocacy service that assists people with an acquired brain injury, their family and/or carers to address particular issues or problems.

### Resources for teachers

Headwest provides student information packages and posters.

### Events

An annual awareness day is held in September in line with the national ABI Awareness Week.

### Hospital School Services (HSS)

Phone: 9340 8529

[website www.hospitalschoolservices.wa.edu.au](http://www.hospitalschoolservices.wa.edu.au)

HSS is a unique service providing educational support for students K-12 whose physical or mental health currently prevents them from successfully participating in another educational program. HSS operates numerous programs, located across metropolitan Department of Health settings. It is a joint initiative of DET and the Department of Health.

## Resources for teachers

For advice regarding educating students with ABI, contact the Outpatient Liaison Teacher – ABI.

The resource library has a range of fiction and non-fiction books and videos available for loan. Contact HSS for list and age relevance.

## Links

Westmead Hospital (NSW)  
[website www.chw.edu.au/](http://www.chw.edu.au/)

Go to 'Parents' section and then 'Fact Sheets'. Click on 'Brain and Nervous System', and then go to 'Brain Injury Information Sheets'. These information sheets are free to download.

Brain Foundation Victoria  
[website www.brainfoundation.org.au/](http://www.brainfoundation.org.au/)

## Autism spectrum disorders (ASD), Asperger's syndrome

Autism spectrum disorders (ASD) are lifelong and complex developmental disabilities affecting about two in every 1000 births in Australia. ASD are typically recognised in the first three years of life. There are three to four times as many boys affected with ASD as girls.

ASD are neurological disorders that affect the functioning of the brain. Their cause is unknown and there are no medical tests available to diagnose ASD. Diagnosis is through a multi-disciplinary assessment using diagnostic criteria. For children, this involves a series of tests and observations by a team of professionals experienced with ASD.

Children and adults with ASD typically have difficulties with verbal and non-verbal communication, social interactions, sensory responses, intellectual functioning, activities and interests and leisure or play activities.

The term ASD is used because there is no one diagnosis. Rather, there are several labels that place people at different points on the spectrum. This variation depends on the severity and combination of each area of impairment (communication; social relating; repetitive, stereotyped and restricted interests and behaviours).

The common diagnostic terms for ASD are:

- Autism spectrum disorders;
- Asperger's syndrome; and
- Pervasive developmental disorder – not otherwise specified (PDD-NOS).

Irrespective of the diagnosis or where they fit on the spectrum, each individual diagnosed with an ASD has difficulties participating in day-to-day life and requires sensitive understanding and specialist support and intervention.

ASD may also coexist with other conditions or disorders, including intellectual disability, speech and language disorders, anxiety and depression (especially in adolescents and adults), epilepsy, attention disorders, Tourette syndrome and Down syndrome.

With appropriate teaching, the child with ASD can be taught to communicate using verbal or visual systems of communication. The child can also be assisted to cope with change and to develop many of the social skills necessary for day-to-day life.

Source: Autism Association of Western Australia  
[www.autism.org.au/faq.htm](http://www.autism.org.au/faq.htm)  
Autism Victoria  
[www.autismvictoria.org.au/diagnosis](http://www.autismvictoria.org.au/diagnosis)  
Autism Association of NSW  
[www.autismnsw.com.au](http://www.autismnsw.com.au)

## For more information:

[Autism Association of Western Australia](http://www.autism.org.au/)

Phone: 9489 8900  
[website www.autism.org.au](http://www.autism.org.au/)

The Autism Association of WA advances the personal development, equality of opportunity and community participation of people with autism.

## Resources for teachers

A broad range of seminars specifically directed at teachers of students in regular classes and in education support settings. Current literature is available via the internet and locally-produced books for teachers, containing hands-on teaching and learning strategies.

## Links

TEACCH Autism Program  
[website](http://www.teacch.com) www.teacch.com

Easy to read information and fact sheets on ASD. Information on the Teacch Program and its educational strategies.

University of Delaware (US)  
[website](http://www.udel.edu/bkirby/asperger) www.udel.edu/bkirby/asperger

Click on the education section for an extensive range of strategies and the educational implications of Aspergers syndrome.

The Gray Centre  
[website](http://www.thegraycenter.org) www.thegraycenter.org

The official website for Social Stories® with detailed information.

## Cerebral palsy

Cerebral palsy is a broad term for a wide range of physical disabilities caused by damage to the parts of the brain that control movement, coordination and posture. Cerebral palsy affects the messages sent between the brain and the muscles.

- Cerebral – refers to the brain.
- Palsy – can mean weakness or paralysis or lack of muscle control.

The term cerebral palsy is used when the damage has occurred to the developing brain either before or during birth or early in life.

It is a permanent, non-progressive, but not unchanging impairment of muscle control.

The degree of disability can range from minimal to severe. In mild cerebral palsy, the person may be slightly clumsy in one arm or leg and the problem may be barely noticeable. In severe cerebral palsy, the person may have a lot of difficulties and require help with many or all aspects of daily life.

Cerebral palsy can result in tight muscles, poor coordination of limbs, uncontrollable or jerky movements, poor balance and difficulty with speech and eating.

Other disabilities or medical conditions may also be present. These may include hearing and vision impairments, epilepsy, difficulties in communication, varying intellectual ability and learning difficulties.

In Australia there are 20,000 people with cerebral palsy and with more than 2000 of living in Western Australia. Currently, 2.5 people per thousand live births have cerebral palsy.

It is important to remember that cerebral palsy is a wide-ranging condition and affects people in many different ways - no two people with cerebral palsy are affected in the same way.

Sources: The Centre for Cerebral Palsy  
[www.tccp.com.au/About\\_Cerebral\\_Palsy.htm](http://www.tccp.com.au/About_Cerebral_Palsy.htm)  
Disability Awareness Package Sydney  
University  
[www.scope.org.uk](http://www.scope.org.uk)

## For more information

[The Centre for Cerebral Palsy](http://www.tccp.com.au)

Phone: 9443 0211  
[website](http://www.tccp.com.au) www.tccp.com.au

TCCP seeks to provide unique services, specialised therapy and the development of resources to ensure that people with disabilities are able to participate in the home, school, work and the community.

## Resources for teachers

A comprehensive range of booklets, packages and CD ROM to assist teachers and school staff working with students with cerebral palsy available.

Professional learning inclusion workshops for principals, teachers, education assistants and sports teachers are held annually.

## Audio-visual material

Contact TCCP for information on videos.

## Events

National Cerebral Palsy Week is held in August, featuring a range of education and information sessions and events. Contact TCCP for details.

## Links

Scope

[website](http://www.scope.org.uk) www.scope.org.uk

Easy-to-read fact sheets and information on cerebral palsy.

Capability Scotland

[website](http://www.capability-scotland.org.uk) www.capability-scotland.org.uk

Information on a diverse range of topics and disabilities.

## Cystic fibrosis

Cystic fibrosis (CF) is an inherited, recessive genetic condition which mainly affects the lungs, digestive system and the sweat glands.

It is the most common life-threatening condition affecting Australian children and there is considerable variation in the severity of symptoms.

In Australia one in 25 people carries the gene for CF. Carriers do not have any symptoms of the condition.

In Australia about 80 babies are born with CF in Australia each year. The incidence is one in every 2500 births. There are about 2500 people with CF in Australia and it is most common among Caucasians.

CF is a life-shortening condition and in the past most children with the condition did not survive childhood. However, today with improved treatment most people with CF are living into adulthood and leading normal and productive lives. At present there are promising research developments in a number of areas including gene therapy.

Treatment for CF can be intensive and time consuming. At present there is no cure for CF and treatment is aimed at slowing progression of the condition.

CF does not impair intellectual ability in any way. Most students with CF have a good attendance record but will require time off for clinic appointments and possible hospital admissions.

Source: Cystic Fibrosis Western Australia  
[www.cysticfibrosis.org.au](http://www.cysticfibrosis.org.au)

## For more information

Cystic Fibrosis WA (CFWA)

Phone: 9346 7333

[website](http://www.cysticfibrosis.org.au) www.cysticfibrosis.org.au

CFWA aims to contribute to the social, physical and emotional wellbeing of those affected by CF and to assist in the promotion of research.

## Resources for teachers

CFWA provides current literature via information brochures and the internet.

## Events

CF affects children so young they can't even pronounce it. '65 Roses' is as close as many small children get. Each May, CFWA conducts its '65 Roses' Day to fund CF research.

# Deafness /hearing loss

Hearing loss may be caused by:

- congenital causes;
- hereditary factors;
- infection, trauma;
- aging; and
- exposure to excessive and prolonged noise.

Any degree of hearing loss affects a student's ability to access their environment and can result in reduced opportunities to:

- learn incidentally (eg language and speech, general knowledge, social behaviour);
- acquire accurate speech and language patterns;
- access information (through television, radio, tape, videos and theatre); and
- communicate effectively.

The process by which a hearing loss affects language development is complex and multidimensional. Without age appropriate communication skills a child will find accessing education extremely difficult therefore an early diagnosis of deafness is vital to help a child develop effective communication.

Deafness varies in children and they will all have different needs. Each child will require appropriate educational adjustments to meet these individual needs.

**Deaf:** A medical term describing a significant hearing loss. Some people who are Deaf view themselves as members of the Deaf community and communicate in Auslan (Australian Sign Language). Members of this community are often described as Deaf, not deaf, as the capitalisation of the letter denotes a linguistic and cultural allegiance to a minority community.

**Hard of hearing:** A term used to describe those who have a hearing loss and communicate predominantly orally. A person with a hearing loss can generally respond to auditory stimuli, including speech.

**Hearing impaired:** A generic term used to describe people with any degree of hearing loss. Most people who are Deaf dislike the term 'hearing impaired'; believing it promotes a negative image of Deaf people as defective and needing to be fixed. People who identify themselves as 'hard of hearing' may use the term 'hearing impaired' interchangeably.

**Conductive hearing loss:** A problem in the external or middle ear. Conductive hearing losses do not cause the hearing to be lost completely but there is a loss of volume. Sounds may be quiet but there is no distortion. Most types of conductive hearing loss can be treated medically or surgically.

**Sensorineural hearing loss:** With this type of deafness, there are problems with the cochlear or the nerve which carries sound to the brain. Sensorineural hearing loss cannot be rectified surgically.

Sources: Disability Counts (1997)  
WA Deaf Society  
WA Institute for Deaf Education  
Deaf Children Australia  
[www.aussiedeafkids.com.au](http://www.aussiedeafkids.com.au)

## For more information:

[WA Deaf Society Inc](http://www.wadeaf.org.au)

Phone: 9441 2677

TTY: 9441 2655

[website www.wadeaf.org.au](http://www.wadeaf.org.au)

The WA Deaf Society assists and serves the interests and needs of Deaf and hard of hearing people in Western Australia. The society provides a range of services, including education, employment, information, interpreting, regional, and social and youth services.

## Resources for teachers

Deafness awareness training covers issues such as communication, culture, technology, providing accessible services and how to use an Auslan interpreter effectively.

Staff offer information on any aspect of deafness.

### Audio-visual material

An range of texts, videos (eg Deaf World) and technology is available from the Society, either for hire or for sale. A full copy of the resource centre catalogue is available online.

An excellent, up-to-date range of information on the latest research and journals relating to deafness is available.

### Better Hearing Australia (WA) INC

Phone: 9328 7938

TTY: 9328 7938

**website** [www.betterhearingwa.iinet.net.au](http://www.betterhearingwa.iinet.net.au)

Better Hearing WA aims to improve the lives of adults with hearing loss, as well as their families, friends and employers throughout the State. They assist people with almost every kind of hearing loss, from people who have lost their hearing due to ageing, right through to people with cochlear implants.

### Resources for teachers

Presentations are available in a wide variety of forms and are adaptable to all ages and backgrounds.

### WA Institute for Deaf Education (WAIDE)

Phone: 9384 6344

TTY: 9384 6106

**website** [www.waide.wa.edu.au](http://www.waide.wa.edu.au)

### Resources for teachers

WAIDE offers a range of educational options and services to Deaf and hard of hearing children from age 0-17. Students are provided with a choice of educational settings, ranging from an inclusive placement in a regular school, through to metropolitan specialist schools that are located in inclusive settings and specifically cater for Deaf

and hard of hearing children. A choice of communication method, either a spoken or signed communication method is offered.

Visiting teachers of the Deaf are available to work with students, families, classroom teachers and therapists to assist the student's communication development and to access the curriculum.

WAIDE resource centre offers a range of teaching materials, textbooks, and journals related to Deaf Education for teachers and parents. The resource may be contacted on 9384 6344.

Sign language classes in Auslan are provided for children, parents and community members at WAIDE.

### Links

Aussie Deaf Kids

**website** [www.aussiedeafkids.com](http://www.aussiedeafkids.com)

The Aussie Deaf Kids website provides relevant and easy-to-access information. It has online support and resources relating to children who are Deaf and hard of hearing living in Australia.

Education Queensland

**website** <http://education.qld.gov.au/curriculum/learning/students/disabilities/resources/information/information.html>

Easy to read, general information about disabilities and their educational implications.

## Deafblindness

Deafblindness is a combination of vision loss and hearing loss that prevents access to communication, the environment, and people. A person who is deafblind may or may not have other physical or cognitive disabilities; each individual is different.

Other terms for deafblindness include dual sensory impairment, combined vision and hearing loss, dual sensory loss, and dual sensory disability.

Many people will not be totally deaf and totally blind but will have some remaining use of one or both senses. Others will also have additional physical and/or learning disabilities as well.

Hearing loss causes difficulties communicating with people using spoken language, and vision loss causes problems using visual languages, such as sign language. With limited or no access to the sights, sounds, conversations, and interactions of the environment, people who are deafblind have difficulty in traveling around town, going shopping, and visiting the doctor.

Source: [www.deafblindinfo.org/rgparents.asp#educ](http://www.deafblindinfo.org/rgparents.asp#educ)

## For more information

### Senses Foundation (Inc)

Phone: 9272 1122

website [www.senses.asn.au](http://www.senses.asn.au)

Senses provides services to people who are blind with additional disabilities and people who are deafblind. Services are provided for people of all ages.

### Resources for teachers:

Senses Foundation has a number of videos suitable for staff, parents and students. It also runs workshops and professional learning seminars for teachers and education assistants.

## Links

DeafBlindInfo.org

website <http://www.deafblindinfo.org>

Detailed information and links for relevant areas related to deafblind.

## Developmental delay

Developmental delay is when a child does not reach developmental milestones at the expected times. It is an ongoing, major delay in the process of development that is expected to continue indefinitely and impairs the child's ability to function normally in society. If a child is slightly or only temporarily behind, that is not called developmental delay.

Delay may occur in one or many areas of development:

- gross motor – how children move;
- fine motor – how children manipulate objects and use their hands;
- speech and language development – how children communicate, understand and use language;
- cognitive/intellectual development – how children understand, think, learn; and
- social and emotional development – how children relate with others and develop increasing independence.

The term developmental delay is often used in early childhood until the exact nature and cause of the delay is known.

If the delay in development persists it is usually related to problems in one or more of the following areas: understanding and learning, moving, communication, hearing and/or seeing, and may be termed a developmental disability.

Having developmental delay puts a child at risk of developmental disability but the outcome may not always be a life-long disability as there are children who do catch up, some at least functionally.

Developmental delay can have many different causes, such as genetic causes (like Down syndrome), or complications of pregnancy and birth (like prematurity or infections). Often, however, the specific cause is unknown. Some causes can be easily reversed if caught early enough, such as hearing loss from chronic ear infections.

Source: [www.med.umich.edu/1libr/yourchild/devdel.htm](http://www.med.umich.edu/1libr/yourchild/devdel.htm)  
[www.rch.org.au/paed\\_handbook/dev/index.cfm?doc\\_id=2504](http://www.rch.org.au/paed_handbook/dev/index.cfm?doc_id=2504)

## For more information:

### Links

Royal Children's Hospital Melbourne  
website [www.rch.org.au/paed\\_handbook](http://www.rch.org.au/paed_handbook)

Follow the links through to Chapter 11 Developmental delay and disability.

# Down syndrome

Down syndrome is one of the most common congenital syndromes and the most common cause of intellectual disability.

It generally occurs with the presence of an extra chromosome 21, so that there are 47 chromosomes in each cell rather than the usual 46. The extra genetic material causes developmental delay and there can be associated medical conditions.

One in every 800 live births is a child with Down syndrome.

The likelihood of having a baby with Down syndrome increases with the age of the mother, especially over the age of 35. However, as most women have their children when they are younger, most babies with Down syndrome are born to younger parents.

Down syndrome is recognisable at birth because of a range of typical physical characteristics. Diagnosis is confirmed by chromosome analysis.

The range of achievements of a person with Down syndrome varies with each individual. It is important to realise that the extent to which each child shows the physical characteristics of the syndrome is no indication of his or her intellectual capacity.

At least 40 per cent of babies with Down syndrome are born with congenital heart defects. Congenitally obstructive digestive tracts and childhood leukaemia also occur with greater frequency among children who have Down syndrome. The child with Down syndrome may also be more prone to vision and hearing loss, thyroid problems, colds, bronchial complaints, ear infections, and skin conditions.

Children with Down syndrome generally have delays in their fine and gross motor development and communication skills. The extent of these delays varies with each child.

These medical issues, physical characteristics and specific learning difficulties can impact on learning in the classroom.

Source: Down Syndrome Association of WA

## For more information:

Down Syndrome Association of WA Inc (DSAWA)

Phone: 9358 3544

website [www.dsawa.asn.au](http://www.dsawa.asn.au)

The DSAWA provides support and information for people with Down syndrome and their families. It also helps raise awareness about the worth of people with Down syndrome in the community.

### Resources for teachers:

A general awareness pack for secondary and tertiary students and awareness packs for primary schools are available. These packs aim to increase an awareness of disability and to foster understanding of the child with Down syndrome.

A diverse range of booklets and information packs are available for teachers/teacher assistants.

Professional learning and talks to students available upon request.

Teachers' email network  
website [dsawa@upnaway.com](mailto:dsawa@upnaway.com)

The resource library has a comprehensive selection of books, some videos, audio tapes, information sheets, articles, journals and booklets on related topics.

### Events

Down Syndrome Awareness Week occurs in October each year with media coverage of Down syndrome issues, and the promotion of positive awareness of people with Down syndrome in the community.

## Links

Down Syndrome Association of Victoria  
website [www.dsav.asn.au](http://www.dsav.asn.au)

Comprehensive information on a wide range of related topics.

Down Syndrome Society of South Australia  
[website www.downsa.asn.au/indexf.html](http://www.downsa.asn.au/indexf.html)

Specialises in educational resources which can be ordered online.

Down Syndrome Association of NSW Inc.  
[website www.iinet.net.au/~dsansw](http://www.iinet.net.au/~dsansw)

Comprehensive information on a wide range of related topics.

## Epilepsy

Epilepsy simply means a tendency to have recurring seizures. Many people have a single seizure at some time in their life but this is not necessarily epilepsy.

Seizures are sudden, uncontrolled bursts of electrochemical activity in the brain.

These cause a temporary malfunction of the other nerve cells of the brain, resulting in alteration of, or complete loss of consciousness.

Seizures may take on many different forms – confusion and disorientation, sudden body movement such as stiffening or jerking, loss of consciousness, temporarily altered behaviour, convulsions, staring and blinking or a startled look and lack of response.

Epilepsy can occur at any age. However, for most people who develop seizures during their childhood, the intensity and frequency of their seizures decrease as they grow older. In many cases the epilepsy will disappear completely (80 per cent of all epilepsy is controlled within two years). The largest group affected is children under the age of five. Half of all cases develop before 10 years of age.

There is no single cause of epilepsy. Some of the common causes are head injury, stroke, brain tumour, infection, and large amounts of certain drugs or toxic substances (for example, alcohol).

There is a higher incidence rate among people with mental disorders.

In about 65 per cent of all cases there is no known cause.

Source: 'Understanding Epilepsy' (1999)  
[www.epilepsyaustralia.com.au](http://www.epilepsyaustralia.com.au)  
Alessandri, L., et al (1997) Disability Counts: A profile of people with Disabilities in Western Australia.  
[www.epicentre.com](http://www.epicentre.com)

## For more information:

Epilepsy Association of Western Australia Inc

Phone: 9346 7699

[website www.epilepsywa.org.au](http://www.epilepsywa.org.au)

### Resources for teachers

EAWA provides current literature via information brochures and the internet.

## Foetal alcohol syndrome

Foetal alcohol syndrome (FAS) is a pattern of physical, developmental, and functional abnormalities in children. It occurs in some children born to women with alcoholism or who drink heavily during pregnancy. The risk is greater in the early part of pregnancy.

This is the most common major adverse substance to which a foetus is exposed. Full syndrome is associated with heavy alcohol use but more subtle features are evident in those born from those who drink less. There is no safe level of alcohol use in pregnancy.

The main features of FAS include poor growth, intellectual disability, developmental delay, behavioural problems and birth defects such as congenital heart disease and cleft lip and palate. Individuals with FAS may have difficulties with learning, attention, memory, and problem solving.

Source: Alessandri, L., et al (1997) Disability Counts: A profile of people with Disabilities in Western Australia.

## For more information:

(Australian) National Organisation for Foetal Alcohol Syndrome

[website www.nofasard.org](http://www.nofasard.org)

Links to Australian reports on FAS

[website www.fased.com](http://www.fased.com)

Information on FAS with a focus on intervention techniques for teachers.

National Organization on Fetal Alcohol Syndrome (USA)

[website www.nofas.org/educator/](http://www.nofas.org/educator/)

Information on educational implications on FAS.

## Fragile X syndrome

Fragile X syndrome (FXS) is a genetic disorder caused by a mutation (a change in the DNA structure) in the X chromosome.

It is the most common known cause of inherited developmental disability worldwide and is very difficult to diagnose.

One in 2,500 males and one in 5,000 females are affected.

The impact of Fragile X is so varied, however, children may show a delay in speech, and in fine and gross motor movements, coordination and learning difficulties. Speech is often repetitive, and stuttering may be a problem.

Behavioural characteristics in males may include attention deficit disorders, speech disturbances, hand biting, hand flapping, autistic behaviours, poor eye contact, and unusual responses to various touches, auditory or visual stimuli.

The characteristics seen in males can also be seen in females, though females often have milder intellectual disability and a milder presentation of the behavioural or physical features.

Intellectual disability occurs in 80 per cent of males and approximately 50 per cent of females.

Sources: Alessandri, L., et al (1997) Disability Counts: A profile of people with Disabilities in Western Australia.

The National Fragile X Foundation (USA)  
[www.fragilex.org/html/summary.htm](http://www.fragilex.org/html/summary.htm)

## For more information:

### Links

Fragile X Alliance Inc

[website www.fragilex.com.au](http://www.fragilex.com.au)

Detailed information on Fragile X.

Fragile X

[website www.fragilex.org/html/summary.htm](http://www.fragilex.org/html/summary.htm)

American website with information for teachers and educational implications.

## Intellectual disability

Intellectual disability is the most common disability group in Australia. At least three per cent of the population have some form of intellectual disability.

Intellectual disability is a lifelong disability that can affect many different areas of a person's life. More than three-quarters of people with an intellectual disability have a mild intellectual disability. The remainder have a range of moderate, severe or profound intellectual disabilities and possibly some associated physical disabilities.

An intellectual disability may become apparent early in life or may not be diagnosed until school age or later.

Many factors can cause intellectual disability. However, in many cases, no identifiable cause is found.

Some known causes include:

- brain injury during or after birth;
- disorders of metabolism, growth or nutrition;
- chromosome abnormalities;
- extreme prematurity; and
- poor diet and inadequate health care, and drug misuse during pregnancy, including excess alcohol and smoking.

People with an intellectual disability experience difficulties with thought processes, learning, communicating, remembering information and using it appropriately, making judgments, and problem solving.

Having an intellectual disability does not mean that a person is unable to learn – with appropriate support and training, people with an intellectual disability can develop skills which enable them to actively participate in daily living to their individual ability level.

Many people with intellectual disabilities live independently in the community.

They have their own or shared accommodation, and work in various levels of employment. These lifestyles are possible as a result of improved developmental programs, increased expectations of people's abilities, and increased community support.

Intellectual disability is not the same as psychiatric or mental illness. There are significant differences, even though in some cases the effects may appear to be the same.

## For more information:

### Activ Foundation Inc

Activ is the leading community-based provider of services for Western Australians with an intellectual disability.

Phone: 9387 0555

[website](http://www.activ.asn.au) www.activ.asn.au

### Resources for teachers

The Activ library offers one of the largest available collections of material on intellectual disability. The comprehensive website allows you to search the library catalogue and link to selected sites on disability, including the Parent Portal website. It also contains valuable information on syndromes and conditions and important life events that may affect people with intellectual disability and their families, including leaving school, employment, ageing and sexuality.

### Audio visual materials

The video library contains more than 500 videos and a large range of journals and newsletters.

## Events

A range of community events are run by Activ each year – City to Surf Fun Run; Hat Frenzy Friday; Golf Day and Port to Point Fun Run. Contact Activ for details.

## Links

Activ Foundation Inc

[website](http://www.activ.asn.au) www.activ.asn.au

Click on 'Library' and 'Information Centre', and then click on to 'Useful Links' for an extensive range of sites on disability.

## Mental health

It is estimated that at least 10 per cent of people will experience some form of mental illness at least once in their lifetime.

Mental illness can affect perceptions and thought processes and may affect relationships with others, education and employment opportunities and a range of personal and household tasks.

Mental illness is a general term referring to a group of illnesses which can be separated into two categories:

- Non-psychotic: the most common illness includes phobias, anxiety, depression, and obsessive compulsive illness.
- Psychotic: people with psychoses may develop delusions and experience hallucinations or may be depressed or elated about their life circumstances. Psychotic illness includes schizophrenia and bipolar illness (manic depression).

Non-psychotic and psychotic illness can be effectively treated through a combination of therapies, such as medication and counselling.

Most people recover from a mental illness in a reasonable period of time. However, with mental illness, as with physical illness, relapses can occur, especially during stressful periods (eg exams, family breakdown, and major transitions).

A mental illness is not a form of intellectual disability or brain damage.

While it is believed that some mental illnesses are caused by a physical dysfunction of the brain, the precise triggers are not yet known.

Stress may trigger some mental illness or prolong episodes.

About one-third of people in Australian public hospitals who have mental illness are younger than 30 years of age.

Mental illness in children and adolescents refer to disturbances of feelings, behaviours or thoughts which result in significant distress to the child, disturbance of others or interference with routine activities, education and lifestyle.

Source: Western Australian Association of Mental Health (WAAMH) 2005  
Hospital School Services WA (HSS) 2005

## For more information:

[Western Australian Association for Mental Health \(WA AMH\)](#)

Phone: 9420 7277

[website](#) [www.waamh.org.au](http://www.waamh.org.au)

WAAMH is the peak Western Australian non-government not-for-profit mental health representative body. It works towards a future in which the health and well-being of people affected by mental illness is promoted and supported by a range of community based mental health services, and in which there is a community acceptance of people with mental illness.

### Resources for teachers

Information on Western Australian mental health issues, media releases, fact sheets and Mental Health Week information kit and resources.

### Events

Mental Health Week is an annual national awareness week, aimed at promoting the importance of mental health and wellbeing to the wider community. Local and regional events are organised by local groups and communities throughout the state. Contact WAAMH for details or check website.

### Hospital School Services (HSS)

Phone: 9340 8529

[website](#) [www.hospitalschoolservices.wa.edu.au](http://www.hospitalschoolservices.wa.edu.au)

HSS is a unique service providing educational support for students K-12 whose physical or mental health currently prevents them from successfully participating in another educational program.

HSS operates numerous programs, located across metropolitan Department of Health settings. The HSS is a joint initiative of DET and the Department of Health.

### Resources for teachers

The resource library has a range of fiction and non-fiction books and videos available for loan. Contact HSS for list and age relevance.

### Links

Mental Health Branch of the Department of Health and Ageing:

[website](#) [www.health.gov.au/](http://www.health.gov.au/)

Provides links to mental health websites, media releases, youth and community mental health information and publications.

Mental Illness Fellowship of WA Inc. Information and referral service, Lorikeet Clubhouse, Carers Support Service.

[website](#) [www.mifwa.org.au](http://www.mifwa.org.au)

ARAFMI Mental Health Carers & Friends Association  
Provides support and information for relatives, carers, and friends of people with mental illness.

website [www.aramfi.asn.au](http://www.aramfi.asn.au)

American Academy of Child and Adolescent Psychiatry  
[www.aacap.org/](http://www.aacap.org/)

Wide selection of easy-to-read fact sheets on current illness.

## Motor neurone disease

Motor neurone disease (MND) is the name given to a group of diseases in which the nerve cells (motor neurones) controlling the muscles are destroyed – those that enable us to move, speak, breathe and swallow.

With no nerves to activate them, the muscles gradually weaken and waste away resulting in a lack of mobility, the loss of speech and eventually the inability to breathe.

Intellect and memory are not affected, nor are the senses of sight, hearing, taste, smell and sensation.

The cause of MND is essentially unknown. However, in 10 per cent of cases MND is hereditary.

Early symptoms may include stumbling, difficulty in holding objects, slurring of speech and difficulty swallowing.

MND is predominant in people over 40 years of age, however, in Western Australia there are cases of MND affecting people as young as 18 years of age.

The average survival time is two to five years from being diagnosed.

At present there is no cure, but coordinated research is being carried out across the world, including Australia.

Source: Motor Neurone Disease Association of Western Australia Inc 2005

## For more information:

Motor Neurone Disease Association of Western Australia (MNDAWA)

Phone: 9346 7355

website [www.mndawa.asn.au](http://www.mndawa.asn.au)

### Resources for teachers

MNDAWA provides current literature via information packs and the internet.

Talks to groups available on request.

### Events

Each year, as part of MNDAWA Awareness Week, Cornflower Blue Day is conducted. The cornflower is the international symbol of hope for MNDAWA. Contact MNDAWA for details.

## Multiple sclerosis

Multiple sclerosis (MS) is a chronic, degenerative neurological disease of the central nervous system (brain and spinal cord).

MS affects the insulating coating around the nerve fibres damaging it beyond repair and causing a scar to form, this causes partial or complete blocking of nerve impulses. This then affects the central nervous system by interfering with the transmission of nerve impulse throughout the brain and nerve pathways. Messages coming into the brain may be affected, as well as those which the brain sends to all parts of the body to control movements and our senses.

- Multiple – the damage usually occurs at a number of points in the nervous system.
- Sclerosis – from the Greek word 'scar'.

Symptoms can include sensory changes, muscle weakness and fatigue, pins and needles and numbness and blurred vision. MS may also affect mobility and muscle coordination, bladder control, speech, balance, concentration and memory.

The onset and extent of MS is variable, almost individual, and difficult to predict. Some people with MS may develop severe disabilities while some may have one or two attacks with no further symptoms. Some people with MS can almost vary from day-to-day in their capabilities.

MS is an unpredictable disease. Episodes can occur at varying time intervals and affect different areas of the central nervous system and body.

It is the most common neurological disorder affecting young adults in Australia and is commonly diagnosed between the ages of 20-50 years, with most diagnosed before the age of 35 years. Although it is uncommon, there are teenagers as young as 14 years and adults up to 60 being diagnosed.

MS affects more women than men – more than 70 per cent of people with MS are women (3:1).

It does not shorten the life expectancy of the majority of those diagnosed but the resultant disability impacts on both independence and quality of life.

Sources: 'What is MS?' MSSWA publication 2005

## For more information:

[Multiple Sclerosis Society of Western Australia Inc](#)

Phone: 9365 4888

[website www.multiple-wa.asn.au](http://www.multiple-wa.asn.au)

The Society provides services to Western Australians with multiple sclerosis and to their families and carers.

### Resources for teachers

MSSWA provides current literature via information packs and the internet.

An educational presentation is available upon request.

### Events

MS Readathon is a national event held annually in June. The MSSWA website gives details and excellent programming and guidelines for under and over 8's.

## Muscular dystrophy

Muscular dystrophy is the term given to a group of hereditary, progressive diseases which cause the breakdown of muscle fibres leading to weak and wasted muscles.

The genetic defect is present from the time of conception but the signs are usually not evident until childhood, adolescence or adulthood, depending on the type of dystrophy.

As a group, the muscular dystrophies are characterised by three common features:

- they are hereditary;
- they are progressive; and
- each exhibits a characteristic, selective distribution of weakness.

The different types of dystrophies affect different muscles and various other body systems and progress at different rates.

The most common form of muscular dystrophy is Duchenne muscular dystrophy (DMD) in which symptoms usually appear between the ages of two and six. As the disorder progresses, the ability to walk is lost and most boys need to use a wheelchair by the age of 12 and sometimes as young as eight years old. DMD is an X-linked chromosome (ie carried by females) disorder affecting only males. Females are rarely affected.

In the population at large, the incidence of Duchenne muscular dystrophy in a male child is about 1:3000 live births.

Other effects may include learning difficulties and problems with joints, the spine, the heart, and the lungs.

Source: Alessandri, L., et al (1997). Disability Counts: A profile of people with disabilities in Western Australia. MDAAW Information Sheets (2005)

## For more information:

[Muscular Dystrophy Association of WA \(MDAWA\)](#)

Phone: 9382 2700

[website www.mdawa.asn.au](http://www.mdawa.asn.au)

MDAWA is dedicated to the provision of services to people with muscular dystrophy and allied neuromuscular diseases, increasing community awareness and to funding research into a cure and/or prevention.

### Resources for teachers

MDAWA provides current literature via the internet, information packs and broad sheets on specific education issues. This includes educational implications and adapting physical education programs.

Researchers, staff and ambassadors are available to give informative talks.

### Events

Muscular Dystrophy Awareness Month held annually in November. This includes a street collection. Participation can include free dress days and collection boxes at work. Contact MDAWA for details and check the website.

### Links:

Muscular Dystrophy Australia [website](http://www.mda.org.au) www.mda.org.au

Current information and fact sheets on MD. Click on to 'Ryan's Café' for a personal perspective of MD.

## Spina bifida

Spina bifida occurs when one or more vertebrae of the spine fail to form a complete bony arch around the spinal cord, causing the nerves to be exposed and subject to damage. At birth, they may protrude as a lump, through the gap instead of growing down the spinal column.

- Spina – spine.
- Bifida – split or divided (Latin).

The problems caused by spina bifida vary depending on the size of the opening between the backbone and spinal cord, its location on the back and the amount of damage to the spinal cord and brain.

In Australia, about one baby in 1000 is born with spina bifida. It is one of the most common malformations with which a baby can be born.

The exact causes of spina bifida are as yet unknown. It is thought to result from a combination of environmental and genetic factors.

About 90 per cent of children born with spina bifida have hydrocephalus. Hydrocephalus is a fluid buildup in the brain which can cause brain damage, seizures or severe vision impairment unless treated with a surgical procedure called "shunting".

Studies have shown that the vitamin folate (folic acid) consumed a month prior and three months into a pregnancy can prevent up to 70 per cent of neural tube defects. Neural tube defects can be diagnosed before birth by ultrasound examination. Spina bifida is a type of neural tube defect.

In some cases, children with spina bifida may experience a variety of learning difficulties – including not picking up on non-verbal cues. These learning difficulties are primarily linked to hydrocephalus and may include difficulty with paying attention, expressing or understanding language, and with reading and maths.

Some individuals with spina bifida require assistive devices such as crutches, braces or wheelchairs.

Depending on the degree of disability, remedial surgery, age and the opportunity to develop, children with spina bifida will become increasingly independent.

Sources: The Spina Bifida Association of WA (Inc) Information Brochure 2001. [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au) "Spina Bifida explained" 2005.

## For more information:

The Spina Bifida Association of WA Inc.

Phone: 9346 7520

website [www.sbawa.asn.au](http://www.sbawa.asn.au)

The SBAWA provides support for individuals with spina bifida and their families. It aims to promote a clearer understanding of spina bifida and the capabilities of people with the condition.

### Resources for teachers

SBAWA runs an annual in-service for teachers at the beginning of each new school year and books, journals, audio-cassettes are available for loan, free of charge.

### Audio-visual materials

A range of videos are available for loan, free of charge.

### Events

Spina Bifida Awareness Month is an annual event in September aimed at increasing awareness of the SBAWA and to help promote public awareness of spina bifida.

## Links

Australian Spina Bifida and Hydrocephalus Association  
website [www.asbha.org.au](http://www.asbha.org.au)

Information and easy-to-read fact sheets. The site gives suggestions for a variety of classroom learning activities during awareness month and provides links to international websites.

## Spinal cord injury

Spinal cord injury (SCI) is damage to the spinal cord through injury or disease, resulting in muscle paralysis and sensory loss. Injury to the spinal cord may occur at different levels and this determines the severity of the condition with higher lesions being associated with more severe disability.

The most common causes of injury are trauma (road crashes, falls, diving) or disease (polio, spina bifida, Friedreich's ataxia).

The spinal cord does not have to be severed for a loss of functioning to occur. In fact, in most people with SCI, the spinal cord is intact, but the damage due to compression or bruising results in loss of functioning. SCI is very different from back injuries such as ruptured disks, spinal stenosis or pinched nerves.

Injury to the spinal cord causes loss of function of the nerves, limbs and organs below the site of the injury. The effect of the injury depends on the nerves involved as well as the location of the injury. The injured areas may interrupt messages from the brain to those parts of the body below the area of damage. The higher the damage on the spinal cord, the greater the affected area, with varying degrees and amounts of paralysis and weakness.

Quadriplegia: impairment of function in the arms, torso, hips and legs.

Paraplegia: impairment of function in the lower torso, hips and legs.

Degrees of paralysis, sensations of touch and temperature vary greatly between individuals. Some functions may return over time.

At the time of injury, the spinal cord swells. When the swelling goes down, some functioning may return. Especially in incomplete injuries, functioning may return as late as 18 months after the injury. However, only a very small fraction of people with SCIs recover all functioning.

Attempts to regenerate function in the damaged area are focusing on regrowing nerves, blocking the mechanism that stops neurons from regrowing themselves, inserting new cells and bypassing the damaged area.

Over 18,000 Australians are paralysed due to spinal cord injury.

Injury ratio:   males 68 per cent  
                      females 32 per cent

Sources: [www.spinetrust.com.au](http://www.spinetrust.com.au)  
[www.spinalcordinjuries.com.au/faqs](http://www.spinalcordinjuries.com.au/faqs)

## For more information:

### PBF Australia

Paraplegic Benefit Fund

Phone: 9443 1777

[website](http://www.pbf.asn.au) www.pbf.asn.au

PBF Australia is a national charity aimed at reducing the rate of traumatic spinal cord injuries through an innovative and award-winning Injury Prevention Program. This provides essential community education, resources and information that work towards reducing the incidence of SCI.

### Resources for teachers

PBF Youth Road Safety Program involves a number of initiatives, including presentations at schools and workplaces delivered by people with spinal injuries, as well as an educational video, and posters, brochures and coasters with a range of themes and slogans.

### Paraplegic-Quadriplegic Association of WA Inc – Paraquad

Phone: 9381 0190

[website](http://www.paraquadwa.asn.au) www.paraquadwa.asn.au

Paraquad provides employment and training opportunities to people with a range of disabilities at Shenton Park. The Association assists people from 16 years of age who have physical, intellectual, learning or other disabilities to obtain meaningful employment or training in a supported environment.

### Resources for teachers

Paraquad implements a strong work experience program for students with disabilities in Years 10, 11 and 12 and students without disabilities who may be seeking work experience in the disability sector. Work activities may include tasks directly undertaken by many other workers on site.

Tours of the facility are available.

## Links

Spinal Cord Injuries Australia

[website](http://www.scia.org.au) www.scia.org.au

The frequently asked questions section provides easy-to-read information about spinal cord, the effects of SCI, practical assistance and living in the community.

Spinal Cure Australia

[website](http://www.spinalcure.org.au) www.spinalcure.org.au

The spinal injury section provides interesting background information. This includes 'An Introduction to Spinal Cord Research' and the 'History of Treatments Since 2500 BC'.

For up-to-date research info: [www.carecure.atinfopop.com](http://www.carecure.atinfopop.com)

Youth Safe (NSW)

[website](http://www.youthsafe.org) www.youthsafe.org

Youth Safe is committed to the prevention of serious injuries in young people aged 15-25 years. Youth Safe considers risk management strategies are important in tackling the high incidence of injury among young people on the roads, in the workplace and in sport and recreation arenas.

## Vision impairment

Vision impairment is the reduced vision caused by eye disease, accident or eye condition present from birth (congenital). It can be a partial or total loss of vision.

In Australia, it is estimated that about 380,000 people are legally blind or have low vision. This is expected to double in the next 20 years as a result of the ageing population.

The main causes of significant vision loss in Australia are:

- glaucoma;
- diabetes retinopathy;
- cataract;
- age-related macular degeneration; and
- trauma to the eye through accident, injury or disease.

Most people about 80 per cent who have a vision impairment have some vision. This is referred to as low vision.

**Low vision** is reduced vision that is severe enough to significantly impede the visual performance of vocational, recreational and/or social tasks. Low vision cannot be corrected to normal vision by regular eyeglasses or spectacles.

**Legal blindness** is when a person cannot see at six metres what a normally sighted person can see at 60 metres (Snellen eye chart < 6/60). A person may be legally blind, yet still retain some vision.

A person who is totally blind has no vision at all and sees only total darkness.

Most people who are blind do not live in total darkness. They may be able to respond to some visual stimulation like light and dark, shadows, shapes of objects, and moving objects providing them with some residual functional vision.

It is estimated that 80-85 per cent of all learning is done using the visual sense. As a result, vision impairment has the potential to impact on all areas of development, social relationships, communication and language, fine motor skills, play, mobility and cognitive development.

Some children and adolescence with vision impairment may be tactual learners, visual learners, auditory learners or a combination of these. Some may have no useful vision for learning and will use Braille (a tactile literacy and numeracy code using a combination of six dots) as their primary medium while others may use enhanced or enlarged print to access the regular curriculum.

A person with congenital (from birth) blindness may have had difficulty forming accurate self perceptions and perceptions of the world. They may misinterpret the feelings and intentions of others by relying on their voices and speech rather than gestures, facial expressions and posture.

The ability to learn and acquire skill through simple imitation of visual cues is hindered as there may be learning gaps and distortions through a lack of the number and variety of experiences.

Children and adolescents with severe vision impairment require a range of real life experiences to enhance their understanding of the world around them.

Sources: Association for the Blind of WA  
[www.abwa.asn.au](http://www.abwa.asn.au)  
Vision Impairment Service WA  
Vision Australia Foundation  
[www.visionaustralia.org.au](http://www.visionaustralia.org.au)

## For more information:

**Association for the Blind of WA (ABWA)**

Phone: 9311 8202

**website** [www.abwa.asn.au](http://www.abwa.asn.au)

Since 1915, the association has been providing a wide range of services to Western Australians who have a vision impairment or are blind. ABWA offers specialist skills, training and advice to help people with vision loss to regain confidence and achieve fulfilled and independent lives.

## Resources for teachers

ABWA has a website that provides information on an extensive range of topics related to vision impairment. Resources for teachers to borrow, access or reference are also available. Guest speakers who are blind or have vision impairment can visit schools with their guide dogs.

## Events

International Guide Dog Day is held in April each year. Schools can contact ABWA for an International Guide Dog Day pack which will include activities that link to the curriculum, and fundraising ideas for the school.

The Woodside Guide Dog Discovery Centre is an educational facility for schools to visit. It provides experiential and fun activities that give an insight into what it is like to be blind or vision impaired, the importance of having eyes tested regularly and how to best look after eyes/vision. It has information relating to guide dogs and has a puppy playground.

Blindness Week and White Cane Day are both held during the month of October. Schools can contact ABWA for program information.

### Vision Impairment Service

Phone: 9426 7122

[website vis@det.wa.edu.au](mailto:vis@det.wa.edu.au)

The Vision Impairment Service (VIS), which is part of the Department of Education and Training, is the specialist support service for school students who have vision impairment. As well as support for students of school age, an early intervention program is available from birth onwards. VIS operates throughout Western Australia supporting young children and students to the end of Year 12, at home and at their local school (both government and non-government).

The service provides visiting teachers who work with students, families, classroom teachers and therapists to maximise the use of the students' vision for early literacy and numeracy development at home and then to access the curriculum at school.

### Resources for teachers

VIS produces school texts in alternative formats – Braille, large print and audio – and provides an extensive book (text and recreational reading) and equipment resource library.

Visiting teachers are available to present workshops to staff and students.

Early each year, professional learning is available for teachers and education assistants working directly with students with vision impairment.

### Links

Royal Victorian Institute for the Blind  
[website www.rvib.org.au](http://www.rvib.org.au)

Factual information on a diverse range of topics related to VI, available through the publications link.

# Appendices

## Appendix 1

### Meeting people with disabilities

1. Be yourself.  
Everyone will feel more comfortable if you relax.
2. Talk as you would to anyone of the same age.  
Treat everyone with respect.
3. Make eye contact and speak directly to the person.  
Speak to the person rather than their family member, friend, assistant or interpreter.
4. Speak in a straightforward manner.  
Use words and phrases from everyday conversation.
5. When meeting a person who has vision impairment.  
Always identify yourself and others who may be with you before speaking. When talking in a group, say the name of the person you are talking to. Let the person know if you or anyone else is moving from one place to another or leaving the room.
6. Listen carefully when you are talking with a person with a speech difficulty.  
Be patient and wait for the person to finish speaking. Ask the person to repeat the information if you don't understand or try other ways to communicate.
7. To get the attention of a person who is Deaf.  
Lightly tap the person on the shoulder or gently wave your hand so they can see you want to talk to them. Look at the person as you talk. Do not look away or cover your mouth. Be patient and take time to make sure you have been understood. If talking in a group, indicate when you are talking and when you have finished. If the person does not understand you try using other ways to communicate.
8. Don't lean on or hold onto a person's wheelchair.  
The chair is part of the user's personal space. Make room for the person to join in by removing a chair from a desk or table. Always ask before moving a person or their wheelchair.
9. Socialising  
Include a person with a disability in the conversation or activity as you would anyone else.
10. Treat all people as you would like to be treated yourself.

## Appendix 2

# Offering assistance

### 1. It is okay to offer assistance

Like everyone, there are times when a person with a disability wants assistance and there are times when they don't. Everyone appreciates some assistance now and then. Most people, including people with disabilities, like to assist someone once in a while.

### 2. Ask before providing assistance

When you don't want or need assistance, the last thing you want is someone "helping" you. Before assisting a person with a disability, introduce yourself and then ask them whether or not they would like assistance. They may say "yes" or "no". The important thing is to let the person with the disability make the decision.

### 3. Check what type of assistance is wanted

Everyone has their own way of doing things. Some ways work better than others. Before assisting a person with a disability, ask them how you can best assist. Let them tell you how they would like to be assisted.

Source: Interacting with People with Disabilities: An Etiquette Handbook (2005)

## Appendix 3

# Frequently asked questions

- How would you draw a picture for a person who has vision impairment?  
You wouldn't. You would communicate differently, eg write a poem and record it.
- How do people who are blind or have vision impairment read or write?
  - Braille – an embossed form of print where a series of raised dots stand for a letter or word. Braille is used for reading and writing.
  - Speech output computers – an electronic voice speaks computer messages to the user and reads out what the person types in. Similarly, computers with special voice-activated programs can be programmed to translate words spoken by the user into printed text.
  - Taped or talking books – these are audio books that are recorded.
- How could someone with vision impairment use a telephone when they can't see the numbers?  
A person who is blind learns where the buttons are on a touch phone or presses the speed dial buttons for numbers they use a lot.
- How do people who are Deaf / hard of hearing communicate?
  - Sign language - Auslan (Australian Sign Language) is a visual language which incorporates hand shapes, body movements, mime, facial expressions and gesture. Auslan is internationally recognised as a language. Just like other languages, there are regional dialects and special local signs.
  - Lip-reading (speech reading) – through watching someone's lip movements, and knowing the spoken English language, people can understand about 30 per cent of what someone is saying.
- Speaking – if a person has become Deaf after learning how to speak they can still use speech to communicate. If a person has been Deaf/hard of hearing since birth, and they want to learn to speak, they receive special training which usually involves learning mouth movements to make different sounds which are then put together to form words.
- Why do people who are Deaf / hard of hearing sometimes speak loudly or sound different?  
While a person can learn to say a word through imitating mouth shapes and movements, a person who has been Deaf since birth has never heard the sound of their own voice or of others talking, and therefore has no actual sounds to imitate. As a result, there is no way of knowing how a word should sound in terms of tone or inflection, and so their speech often tends to be "flat".
- How do people who are Deaf and blind communicate?  
By using a slightly modified form of one-handed finger spelling signed directly onto the palm of someone else's hand. People who are Deaf and blind usually learn how to read Braille and sometimes write using a Braille machine.
- How does a person who is Deaf /hard of hearing talk to someone on the telephone?  
Through using a TTY machine (teletypewriter) – a machine which, when connected to the phone line of the caller and receiver of the call, allows people to send messages through typing into the machine, and reading the person's answer on the screen of the TTY machine.

If one of the people does not have a TTY machine, the caller can organise through the Australian Communication Exchange to have a relay officer with a TTY machine available for the conversation. The relay officer receives the caller's message sent through a TTY machine, relays it to the person on the other end through speech, and then relays the person's response back to the caller through the TTY machine.

Using SMS on mobile phones is another way people can communicate with each other.

- How would someone know that the telephone was ringing if they couldn't hear it?  
Flashing lights can be used instead of a ringing sound. Visual alerts can also be fitted to other appliances such as door 'bells', baby cry alarms, and smoke detectors.

Mobile phones can be set to 'vibration' mode.

People who are Deaf or hard of hearing can also get a 'hearing dog' which is specially trained to hear and respond to daily sounds such as the doorbell or a crying baby.

- How does a person who uses a wheelchair drive a car?  
Providing sufficient arm function is present, people with spinal cord injury can drive cars. This is made possible with hand controls.

Hand controls are fitted to the car near the steering wheel and are connected to brake and accelerator pedals. An automatic car with power steering is required. One hand is used to work the hand controls while the other is used to steer the car.

A person who has quadriplegia will require an extra piece of equipment to facilitate steering – as they are unable to grip the wheel. This is a leather bound C shaped attachment on the steering wheel. The driver places his hand into

the C piece and it is held securely and he uses his arm to steer the car.

Suitable taxis with portable ramps and high roofs are available in many places. However, access to suitable and available public transport can be a great difficulty – especially for those who are unable to drive themselves.

- Can you play sport after spinal cord injury?  
People who use wheelchairs for mobility also enjoy the challenges of sporting activities.

Quite often the rules or equipment may need to be modified to suit the special needs of people with disabilities. For example, when someone who uses a wheelchair plays tennis they are allowed to let the ball bounce twice before returning it over the net to their opponent. This small change allows more time for the person with a disability to move their wheelchair and hit the ball.

- What are the most difficult things to do in everyday life?  
The most difficult thing about using a wheelchair for mobility is lack of access in the community eg negotiating steps.

Sand can be impossible to negotiate, so being down at the beach is not possible, unless the wheelchair is modified with large thick tyres.

When planning to meet friends at a restaurant, for example, it is always necessary to ring and check wheelchair access to the entrance, areas in the restaurant, and the toilet.

On rainy days it is difficult to get into a car without getting yourself and your wheelchair wet. It is not possible to hold an umbrella and push a wheelchair at the same time.

Holidays can be difficult to arrange and manage due to lack of accessible accommodation and availability of suitable public transport.

- How do people who have vision impairment get around their house / classroom?  
A person's house is their most familiar environment, and as such, they remember where everything is and they use their sense of touch to move around. Others in the house / classroom must remember to not leave obstacles in walkways, or doors ajar.
  - How would a person with vision impairment drive a car?  
A person with vision impairment wouldn't drive a car – they would either get a lift with family or friends, catch a taxi, or use public transport.
  - How would a person with vision impairment go into the community (eg shopping centre)?  
A person with vision impairment would go places by themselves using a mobility aid such as a long cane or a guide dog. Other times, they would go with a sighted guide or friend. It is important that places in our community are accessible and have tactile and auditory cues to guide the person.
  - How do people with vision impairment play sports?  
It depends on the sports. For example, cricket is played with a bell in the ball, so players can hear where the ball is. Triathletes are connected to a person with sight when they run, while cyclists ride on a tandem cycle. People with vision impairment can participate in many different sports, for example, swimming, golf, gymnastics, athletics, dancing and bowling.
  - What should I do if someone treats me in a way that makes me feel uncomfortable or I don't like?  
We all have different ideas about how a person should act and, as a result, we react to certain behaviours differently. At one time or another we have all unintentionally annoyed somebody else by the way we act – even our friends!
- So, when someone behaves in a way that you don't like speak to them as you would to any of your friends and ask them to stop doing what they're doing and explain why you don't like it. Do this firmly but gently.
- How would a person with vision impairment recognise you?  
People who are blind or have vision impairment can recognise the voice of a friend, family member or a familiar person, but it helps if people name themselves when they meet.
  - What can't kids with intellectual disability learn things as quickly as me?  
An intellectual disability means that a person can't think through a lot of information at once. Some disabilities affect thought processes. They may need more time to understand what they are learning and might need to have things explained in different ways.
  - How do people who are blind or have vision impairment know what time it is?
    - Braille watches allow people who are blind to tell the time by feeling the numbers and the hands on the watch face. Braille watches have a flip-top cover, enabling a person to "feel" the time.
    - Talking watches and clocks have an electronic voice which tells you the time when you press a button, or beep the same number of times as the hour (for example beeping six times for six o'clock).
  - How does a person who has vision impairment know they have been given the correct money change?  
They use a device which measures notes (different valued notes are different lengths), and feel the different coins (for example 50 cents pieces are octagonal, 20 cents pieces are large and have a serrated edge).

- How long does it take people who are blind to learn Braille?  
For a child who has been blind since birth, it takes just as long to learn how to read and write Braille as it does for other children to read and write printed words. Most children who are blind have learnt how to read and write Braille by year three or four. Instead of using a pencil and paper, children who are blind learn by using Braille machines which types letters as raised dots. They use their fingers to feel the raised dots, so they can read what they have written.
- How do people learn sign language?  
They learn from someone who signs. It cannot be properly learnt from a textbook or dictionary. People learn it in school or attend various courses to learn how to sign.
- How do people who are Deaf / hard of hearing watch TV?  
Through using a TV decoder – an electronic device which, when attached to the television, video or DVD player reveals the subtitling or captioning of some television programs and advertisements (teletext).  
  
Some television programs show a person who translates what is being said in English into sign language. There are also subtitles on many videos and DVDs (you don't need a decoder as the subtitles are not hidden).
- How would a person who is Deaf know when it is time to get up if they couldn't hear their alarm clock go off?  
They may use an electronic device such as:
  - flashing alarm clock – an electric clock attached to a bed lamp. When the alarm goes off, it triggers off the bed lamp, which flashes and wakes up the person; or
  - vibrating alarm – an electric alarm which triggers off a vibrating sensation at the time at which it is set. The unit can be placed under the pillow and wakes up the person when it vibrates.
- How would a person who is Deaf / hard of hearing be able to learn at school?  
Students are provided with a choice of educational settings, ranging from an inclusive placement in a regular school, through to metropolitan specialist schools that are located in inclusive settings and specifically cater for Deaf and hard of hearing students.  
  
An interpreter or note taker accompanies some students into classrooms.  
  
Visiting teachers regularly visit children who are Deaf / hard of hearing at schools that do not have specialist units.
- Do people who are Deaf / hard of hearing listen to music or dance?  
  
A lot of people who are Deaf or hard of hearing enjoy dancing and listening to music. They can get a feel of the music's rhythm through the vibrations.

Source: Queensland Govt. (1997) just like you - Just like me: Disability Awareness Kit

## Appendix 4

### Books

This list of storybooks is intended to identify books that are written about or include characters that have a disability. This list is not intended to serve as an endorsement of any of the books listed. While care has been taken to include books with storylines and characters in keeping with values education, teachers will still need to evaluate all materials in order to determine which is most appropriate for their class needs.

All books listed are currently available for purchase (and a description) online or through major book sellers.

This list is not exhaustive and teachers are encouraged to identify additional children's literature relating to disability by:

- contacting a organisation that specialises in the disability of interest to you and asking what children's books involving disability they might recommend; and
- conducting web searches and visiting websites of publishers and /or major book sellers.

These books can offer an excellent tool for communicating with children about disabilities, for providing children and young adults with stories about people like themselves, and for featuring the personalities, friendships, challenges, accomplishments, and daily lives of people with disabilities.

Recommendations for books to be included in this list can be emailed through to the Community Education Officer at Disability Services Commission through the Count Us In link. [website www.countusin.com.au](http://www.countusin.com.au)

### Links

[website www.booksfordisability.org.uk](http://www.booksfordisability.org.uk)

### Early childhood

Ducksworth, G., Crispin, M. (Illust.) (2000). Anna's New Friend Spud Books (RA6+IL3+).

Cowen-Fletcher, J. (2002). Mama Zooms Scholastic (RA5+IL4+).

Thomas, P. (2002). Don't Call Me Special: A First Look at Disability Hodder Wayland (RA6+IL5+).

Katz, I., Ritvo, E., & Borowitz, F (Illust.). (1993). Joey and Sam. West Hills, CA: Real Life Storybooks. (Grades K-6).

Jacques, T.E., Reilly, M.M. (2000). What's Wrong with the New Girl? US Only (RA7+IL5-9).

Thompson, M. (1996). Andy and his yellow frisbee. Bethesda, MD: Woodbine House. (Ages 6 -10).

Twachtman-Cullen, D. (1998). Trevor Trevor Starfish Press (RA7+IL4-8).

Lears, L. (1998). Ian's walk: A story about autism. Morton Grove, IL: Albert Whitman & Company. (Ages 4-8).

Armitage, B., Armitage, D. (Illust.) (2000). My Brother Sammy Bloomsbury (RA6+IL5-8).

Messner, A.W. (1996). Captain Tommy. Stratham, NH: Potential Unlimited Publishing (Ages 5 and up).

Lesley, Ely. (2004). Looking after Louis. Polly Dunbar, IL: Albert Whitman & Company. (RA7+IL4-8).

Dowley, R., Donnelly, S. (Illust.) (2001). Top Biker Hodder Children's Books (RA7+IL7+).

Rickert, J.E., & McGahan, P. (Photographer). (1999). Russ and the firehouse. Bethesda, MD: Woodbine House. (Ages 3-7).

Booth, B., & Lamarche, J. (1991). Mandy. New York, NY: Lothrop. (Ages 5-9).

Heelan, J.R. (2000). Rolling Along: The story of Taylor and his wheelchair. Atlanta, GA: Peachtree. (Ages 6-10).

Ross, J. W.T., (2000). Susan Laughs Henry Holt and Co. (Ages 4 - 10).

Dobkin, B. (1994). Just a little different. Danbury, CT: Children's Press. (Ages 5-8).

Moran, G. (1995). Imagine me on a sit-ski! Morton Grove, IL: Albert Whitman & Company. (Ages 4-10).

Chamberlin, K. (1997). *Night Search*. Hollisdayburg, PA: Jason & Nordic. (Also available in Braille format.)

Martin, Jr., B., Archambault, J., & Rand, T. (Illust.). (1995). *Knots on a counting rope*. New York, NY: Henry Holt. (Ages 4-8).

McMahon, P. (1995). *Listen for the bus: David's story*. Honesdale, PA: Boyds Mills Press, Inc. (Ages 4-8).

Useman, S. & E, Pillo, C. (Illustrator) (1999). *Tibby tried it*. Washington, DC: Magination Press. (Ages 4-10).

Dwight, L. (1992). *We can do it!* New York, NY: Checkerboard Press, Inc (Ages 4-7).

## Middle childhood

Blatchford, C.H. (1995). *Nick's mission*. Minneapolis, MN: Lerner. (Ages 10-14).

Piper, D. (1996). *Jake's the name, sixth grade's the game*. Unionville, NY: Royal Fireworks Press. (Ages 9-13).

Bergman, T. (1989). *Going Places: Children living with blindness*. Milwaukee, WI: Gareth Stevens Children's Books. (Ages 6-13).

Laird, E. (2000). *Me and My Electric Mammoth* (RA8+IL7-11).

A collection of short stories  
Bennett, V. (2000). *Monkey Walker Books* (RA11IL10-14).

Ogaz, N. (2003). *Buster and the Amazing Daisy Jessica Kingsley Publishers* (RA8+IL8-11).

Welton, J. (2004). *Can I Tell You About Aspergers Syndrome?* Jessica Kingsley Publishers (RA9+IL7-12).

Bertanga, J. (1999). *Bungee Hero* Barrington Stoke (RA7+IL7-12).

Jung, R. (2002). *Bambert's Book of Missing Stories* Mammoth (RA8+IL8+).

Rainsbury, J., Evans, F. (Illust.) *Crab-boy* Cranc Pont Books (RA7+IL7-10).

Wescott, P. (2002). *Blindness* Hodder Wayland (Series Living With) (RA9+IL8-15).

Pimm, P. (2002). *Cerebral Palsy* Hodder Wayland (Series Living With) (RA8+IL8+).

Smith-Smith, D., Bailey, P. (Illust.) (1999). *The Crow Starver Corgi* (RA9+IL9-13).

## Early and late adolescence (Ages 11-14; 14+)

Lowery, L. (2002). *Gathering Blue*. Bloomsbury (Reading Age\*11+ Interest Level\* 11-14).

Rushton, R. (2002). *Last Seen Wearing Trainers*. Anderson Press (RA\*12+IL\*13+).

Lovegrove, J., Miller, I. (Illust.) (2000). *Wings*. Barrington Stoke (RA9+IL11-14).

Trueman, T. (2002). *Stuck in Neutral*. Hodder Children's Books (RA10+IL11-16).

Mankell, H. (2000). *Secrets in the Fire*. Anne Connie Stukstrud (RA12+IL12+).

Haddon, M. (2003). *The Curious Incident of the Dog in the Night*. Red Fox (RA12+IL12+).

Keith, L. (2000). *A Different Life*. Livewire (RA12+IL12-16).

Marlowe, J. (2001). *The Night Garden*. Honno (RA12+IL12-15).

Zephaniah, B. (1999). *Face*. Bloomsbury (RA12+IL12-15).

Breslin, T. (2000). *Whispers in the Graveyard*. Mammoth (RA11-14IL11-14).

Cross, G. (2001). *Calling a Dead Man*. Oxford University Press (RA13+IL13+).

Philbrick, R. (2004). *Freak the Mighty*. Usborne (RA10+IL11+).

Riordan, J. (2004). *The Gift*. Oxford University Press (RA11+IL11+).

Mankell, H., Paterson, A. (Trans.) (2001). *Playing with Fire*. Allen and Unwin (RA13+IL13+).

Crew, G., Hathorn, L. (2000). *Dear Venny, Dear Saffron*. Floris Books (RA13+IL13+).

Wild, M. (2002). *Jinx*. Allen & Unwin (RA14+IL14+).

Lebert, B. (2001). *Crazy*. Puffin (RA14+IL14+).

Koertge, R. (2002). *Stoner and Spaz*. Walker (RA14+IL14+).

Gay, J. (2003). *Wist*. Tindal Street Press (RA13+IL14+).

Orr, W. (1998). *Fighting Back*. Orchard Books (RA14+IL14+).

## Appendix 5

# Glossary of terms

Term	Descriptive
Access	The provision of a barrier-free environment for everyone in the community.
Accessible parking bay	Designated parking spaces for vehicles used by people with disabilities.
Accessibility	Availability of programs, buildings, public places and transport to all individuals in the community: barrier-free.
Advocacy	Assistance or support on behalf of another.
Advocate	A person who acts for, on behalf of, another person. Self-advocate – when a person acts on their own behalf.
Advocacy groups	Organisations composed of people with disabilities that are dedicated to improving the opportunities for people to demand the privileges, opportunities and access to services which are considered to be their rights as members of society.
Augmentative and Alternative Communication (AAC)	This involves the use of non-speech communication systems such as manual signs or picture-based communication boards and electronic devices.
Australian Sign Language (Auslan)	The language of the Australian Deaf community.
Boardmaker	Boardmaker is a communication and learning tool containing over 3,000 Picture Communication Symbols (PCS). It is designed to enhance the language and learning process for students of all levels.
Braille	The Braille code is based on an arrangement of one to six raised dots. Each dot has a numbered position in the Braille cell. These characters make up letters of the alphabet, punctuation marks, numbers and everything else you can do in print.
Captions	Captions show the soundtrack of a TV or DVD program as text on the TV screen.
Communication board	A communication board is a display of communication symbols that a person uses to interact with others.
COMPIC	Computer generated pictographs for communication. They are simple line drawings used for communication when speech is difficult to understand or can not be obtained.

Term	Descriptive
Congenital	Refers to the presence of a disability at birth.
Fine motor skills	Complex movement of especially the hands and fingers that require a high degree of coordination, manipulating a pencil to form letters, typing, fastening buttons and clasps.
Finger spelling	To use your hands, in a standardised series of hand shapes to form the letters of a word.
Gross motor skills	Those skills associated with the use of the large muscles in the arms, legs and trunk.
Impairment	In the health context, any loss or abnormality in the psychological, physiological or anatomical structure or function.
Inclusion	All people are able to freely take part in every area of community life.
Local Area Coordinator (LAC)	A person employed to coordinate services provided in a local region for individuals/families in that region. LACs are employed through the Disability Services Commission.
Long cane	A white cane designed primarily as a mobility tool used to feel obstacles in the path of a person who is blind.
Makaton	Makaton is a system of communication based on a combination of spoken words, sign language vocabulary and graphic symbols. It is primarily used as a communication medium by children and adults with learning disabilities.
Modified vehicle	A vehicle that has been modified to enable a person with a disability to either drive or be a passenger.
Nonverbal communication	Behaviour that does not involve the use of speech. It is used to refer to communicating without words such as through the use of gesture or signals.
Sign language	A language that uses a system of manual, facial, and other body movements as the means of communication.
Sighted guide	An internationally-accepted approach used to guide a person who is blind or vision impaired.
Syndrome	A cluster or group of symptoms that is recognized as an entity, for example, Down syndrome is identified by the occurrence of a number of symptoms.

## Appendix 6

# References

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Interacting with People with Disabilities: An Etiquette Handbook (2005) [www.empowermentzone.com/etiobook.txt](http://www.empowermentzone.com/etiobook.txt)

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Murdoch, K., (1998). Classroom connections: Strategies for integrating learning. Eleanor Curtain Publishing: Armadale, Victoria.

Queensland Government: (1997). Department of Families, Youth and Community Care: Brisbane Just like you Just Like Me Disability Awareness Kit.

Queensland Government: (1995) Community Disability Alliance, Department of Families, Youth and Community Care, and Department of the Premier and Cabinet: Brisbane A Way With Words.

## Further reading

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Burgstahler, S. Ph.D. and Doe, T. Ph.D, (2004). Disability-related simulations: if, when, and how to use them in professional development. *The Review of Disability Studies* 1:2

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Herbert, J. T. (2000). Simulation as a learning method to facilitate disability awareness. *The Journal of Experimental Education* 4:3

Shapiro, A., (1999). Everybody Belongs – changing negative attitudes toward classmates with disabilities. Great Britain: RoutledgeFalmer.

Sims, Dr. M., (1998) Beliefs, values and Practice; how do we create a climate for acceptance of difference? Keynote paper presented at Early Intervention Association (WA Chapter) 1998 Conference.

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Wright, B. (1980). Developing constructive views of life with a disability. *Rehabilitation Literature* 41:11-12 p274-79

## Endnotes

<sup>1</sup>These data items are sourced from the Australian Bureau of Statistic (2004) 2003 Survey of Disability, Ageing and Carers, Australia: Summary of Findings – State Tables for Western Australia, 2003. Cat. 4430.0.

