



DEVELOPMENTAL
EDUCATORS
AUSTRALIA INC

Newsletter March 2018

This edition of the newsletter features stories of two amazing women who are using their skills as DE's in creative and exciting ways.

Our first story features Western Australian DE and Innovative Service Development Award (Best Program Development by a Developmental Educator) – Award recipient: Verity Roenfeldt.

The second story is from Jillian (Jill) Arthur, who has recently moved to Cambodia and has graciously chosen to share her thoughts and experiences in the newsletter.

Meet Verity



When asked to provide some basic information about her current work role, this is how Verity described it:-

So, at the moment I am the Director of Cultural Practice Development, for the Department of Communities (child protection and family support division). I should just mention that our public sector has undergone a lot of change in the last few months, significantly - Disability Services, Housing and Youth Justice have joined with Child Protection and Family Support to become the Department of Communities. As you would imagine, we are still in the middle of reform and structural change – but I can see lots of opportunities for new ways of working

collaboratively in the future. According to our new leadership group, there will be a strong emphasis on working in ways that are person-centred, integrated and place-based. This is good news because it is certainly a way of working I am familiar with, as a DE.

My role is interesting and diverse in that I work with individuals, groups, and communities and am also lucky to be a part of broader strategic planning and have opportunities to work on the development and strengthening of social policy.

So a typical day might look like this:

- a meeting about Native Title rights for WA Aboriginal children in care, or the application of the Aboriginal and Torres Strait Child Placement Principle,
- consulting with Aboriginal staff so that I can be drawing and designing culturally appropriate and sensitive resources to be used by practitioners to aid in a child's healing from trauma,
- consultation with front-line child protection workers about the developmental needs of a child on their caseload, so we can plan a tactile and interactive person centred words and pictures story for them to explain why they are in care.
- Working within multidisciplinary care teams, which can be made up of clinical psychologists, social workers, lawyers, health professionals, Aboriginal Practice Leaders and education officers.

In describing both her motivations and the skill sets that she might use more than others in this role, Verity's use of her artistic and creative talents came to the fore....

Yes I do find that I use my 'but why?' DE brain a lot! I think DE's are taught to be curious and persistent in seeking the cause and source of behaviours – and to work right back at baseline, have empathy for and see the person first – and not just 'treat' symptoms. Before I moved out of the Disability Sector to work in Child Protection, I guess I believed that was something that all professions did – however more and more I think that this is a default professional stance of inquiry – especially evident within the DE profession.

I also think that my curriculum, programming and learning skills (probably not called that anymore but I remember Roger Rees was my lecturer!) have come in handy, as I have had to explore and understand an increasing amount of assessments...where there are not always any interventions or person centred solutions that have been planned. So as well as being flexible thinkers, DE's can also pull together a framework for behaviour support strategies to design a way around, under, over or through a behaviour or particular situation.

I think the one thing that is always a part of my framework for behaviour support strategies is calico and fabric of any kind! Oh, and a sewing machine, and paints and pencils...! Being an artist has certainly added an exciting edge to being a DE – but I think there are lots of us who are creative and talented and who use our artistic skills to develop innovative and functional tools for people.

How is your role perceived by others? Do you find that you are able to provide leadership and mentoring to others? Has this generated some interest in the profession generally?

This is a good question. I do sometimes feel as though I am alone on a little DE island (hehe) over here in WA (although there are now a few of us – maybe more than five! Thankfully Jose keeps linking us all up!) but especially when I want to ask a seemingly naïve 'but why?' question! Although it's probably just my perception of being alone, I don't think it's true because I feel like my colleagues value what I do and are interested and motivated and maybe even get fresh inspiration about the work we all do – which is often sad and disheartening - which probably leads me to answer the next question!

What motivates you to do the work that you do?

I love being able to make something from 'nothing' (a toy – and I often use recycled materials as much as I can) where I have had the experience of having heard a significant story or had my own cultural learning event through being with and listening to Aboriginal Elders, Aboriginal staff – their families and communities. I am motivated by the fact that ultimately what I do, is going to have a therapeutic and healing function for children and families living with trauma, adversity and children who often also have intellectual or physical disabilities.

Not only is the sense of satisfaction very strong from being able to design and make the toy – I love the way it all comes together. It is professionally and personally satisfying to watch the goodwill that giving and receiving generates, and how people are motivated to work differently after they have that tactile experience.

Ultimately, I am motivated to do work that will benefit humanity, and last the distance. My heart lies with being able to play a part in improving the lives of vulnerable and disadvantaged families. I am most motivated when I know I have been a part of influencing positive system change from the ground up.

Are you finding key areas in which you provide advocacy / education to others either in the community or within your work role.

I feel like the answer to this question is fundamentally what DE's do - and that is working holistically across the lifespan to address issues affecting the function and lives of people with a disability, disadvantage and people living with trauma and their families. This is something I find myself constantly talking about, at all levels, because when you are working in specialist areas like child protection (which is by necessity, specialist – and that's a good thing) – you can sometimes find yourself with blinkers on or vicarious trauma sets in and you can forget or disregard all the other factors that need to be considered. This skill has come in very handy, along with the skill of diplomacy in being able to guide and influence other professions in thinking about different ways of doing things.

In my role when talking to carers of children with disabilities it is good to be able to explain a child's behaviours to them – or just listen and give functional life skills tips, based on the experiences I have had over the last 20 or so years working in the disability sector.

Verity shared the following thoughts about the role of DE's into the future:-

I hope that the DE profession continues to grow and flourish and as we work more closely with other allied health professionals in years to come, get the recognition it deserves as a profession – as a specialist profession!

Because of the volume of children (sadly) who are living in out of home care, I think there is a role for DE's in helping carers of children with disabilities to understand self-advocacy, social inclusion and quality of life as those children grow and develop. I hope that more DE's choose to come and work in child protection – although there isn't a designated role yet – but I think the day is coming!

The DEAI committee congratulate Verity again on her award; and are pleased to announce that we are in working with Verity to organise an opportunity for her to provide a professional development session for the DEAI very soon. Watch this space!

Jillian Arthur – Life in Cambodia

Some of you will have been fortunate to be supported by Flinders University tutor Jillian Arthur or to have met her in her previous role at Tutti Inc. Recently however Jill made the decision to move to Cambodia and shares her reflections on how living and working overseas has added new dimensions and learning to her role.

In July 2017 my partner Jimi and I packed our house and started a new adventure living and working in Phnom Pehn, Cambodia. The plan was Jimi would apply for an aid/development job first and that would then determine our destination. Being an engineer it was harder for him to move to a low-income country and fall upon work, whereas being a Developmental Educator worked in my favour – there are people living with disability everywhere in the world, therefore there is work to be found for me! In my first few months in Cambodia I spent time networking across the disability sector to find out what was out there. After two months of networking, both in the sector and in my local neighbourhood (one has to know where to find the best local coffee and massage!), I took on the voluntary position as Special Needs Advisor at the Cambodian Children's Fund (CCF). CCF provide services in the Steung Meanchey area centred around the former garbage dump. CCF's six core service areas are Education, Leadership, Community Outreach, Healthcare, Childcare and Vocational Training.



My work is based in their day-care nursery program where there are currently 26 children – 12 of whom have disability. The number of children is constantly changing. CCF is not an orphanage, yet there are some residential services (mostly temporary in nursery) for children whose family environment is not safe. Many children use temporarily residential care while the Community Outreach team work with their parents to educate and support them to provide a safe environment for their children eg. a child may stay at CCF while the parent is in drug or alcohol detox, or while kinship care or foster care options are being sought. Long term residential care is never the goal, it is well known that children need to grow up in families. Despite this, finding care options for children with significant disability who have been abandoned in a country where disability is hidden, seen as shameful and thought of as being the result of past wrongdoings is a challenging and time consuming (but not impossible) task. Therefore, some children end up in residential care for a longer period of time than is ideal (Please check out the ChildSafe Movement for more about Orphanage Tourism – 80% of the 8 million children living in orphanages around the world are not orphans – it is a huge issue in Cambodia and many/most orphanages are big businesses at the expense and exploitation of vulnerable children and families).

Disability was never one of the planned service areas of CCF, however due to factors such as poverty, malnutrition, poor maternal health, substance abuse, lack of a free public health system and abuse, neglect and

abandonment, they have naturally ended up with a high number of children with disability in the program. The children in the nursery program are required to complete a small test (identify some colours, count to 10 etc) in order to move on to kindergarten however many of the children with disability are unable to complete this (yet!). It is for this reason that CCF have now got themselves in the position of having some older children with disability (some up to 10 years old) stuck in nursery with 1-2 year old children. Hence, the kids with disability are perpetually stuck in nursery with babies or completely isolated in a separate room while their younger peers continue filtering on to kindergarten each year.

My position is the first time that CCF have sought support in relation to the children with disability beyond immediate medical needs. I am in the position where I can provide both practical on the ground support and training as well as recommendations for future organisational direction. I work exclusively with Khmer staff (95+% speak no English) who are women from the local community with very limited education. I often get overwhelmed with 'where do I start?', get challenged by the language barrier and get sad when I see people with disability merely existing rather than living with any quality of life however, for me this provides me with great motivation to educate and support.

In development, as is also the way as DE's, it is important that you work holistically to build the capacity, knowledge and skills of the local staff and organisational processes. In my work at CCF I am really conscious to not take on the role of just another staff member as I want my presence here to enhance the outcomes for the staff and children rather than leave a gap when I eventually return home.

One thing that CCF was interested in was how they could identify children with disability. It quickly became apparent that talking about diagnosis was not useful (eg. to understand what it means to have Down Syndrome, you first need to understand that a human body has cells and chromosomes and you learn this basic biology from high school education which many of my colleagues do not have). Instead I needed to strip it all back and consider practical information, I have focussed on teaching child developmental milestones (as they are concrete easily identifiable skills), the social and human rights models and elements of positive behaviour support. I have also spent significant time finding resources that other Non-Government Organisations (NGOs) have created about disability which are written in Khmer and have developed some new resources working with an English-speaking staff member to translate - information is not useful unless it is accessible and in the relevant language for those who need to read it.

I am also working on building CCF's networks with other NGOs and services so that when I leave they have a solid network with whom they can seek support from in regard to disability related queries. One of my biggest successes so far has been establishing a connection between CCF and the National Paediatric Hospital's new OT/Physio department and gaining funding to send 5 of the CCF children every week to this service. Not only is this great for the continued development of these children, it is also some of the cheapest staff professional development - the staff will gain skills and learn activities from the OT's that they can take back to support the kids in their everyday lives. I am learning to speak Khmer however I am not good enough to have technical conversations so at the moment a lot of what I do is via role modelling and demonstrating a different way; by connecting with the Paediatric Hospital CCF staff have an ongoing network who they can learn from in their own language.

So what have I learnt:

- Never assume! – a one year old child joined the program recently and when I made a passing comment about the new child with Down Syndrome (a disability that in Australia I think most in the general population would be able to identify) none of the staff had been aware of her disability – this then led to significant follow up and further education for staff and the child's family.
- Be flexible – When I first started I had no idea what was happening around me about 90% of the time due to the language barrier, different cultural norms and simply being in a new workplace! I have been working for 4 months now and this has probably dropped to not knowing what is happening 40% of the time – I have definitely learnt to embrace flexibility and to go with the flow.
- In Australia we are privileged – I was very lucky to be born in a country that has high quality education and free quality healthcare. I have reflected on this often but none more so than when our favourite tuk tuk driver's newborn baby was born premature and passed away due to limited health care options.

On top of losing his first baby he then needed to sell many additions on his tuk tuk (which he sleeps in at night) such as rain covers, any excess metal and curtains, in order to pay the hospital bill. Similarly, when families cannot take their child to receive services at the paediatric hospital because they cannot afford the \$2.50 consult fee.

- Cultural awareness is key- when families here in the community in which I work fight hard each day to ensure they can eat (many of the children when they first come to CCF come with severely low BMI/malnutrition), it is inappropriate to use food based activities (as a broad example, you cannot just fill balloons with rice as juggling balls as we might do at home when that amount of rice could be what feeds that child's family for a week) therefore creativity is really important in order to develop culturally sensitive ways to achieve the same outcomes.
- Cultural sharing goes both ways – My value as a woman is often judged quickly on my marital status (non-married), age (28 – ooh getting old...why are you not married yet?) and number of children (zero). I was surprised to have to justify why I know a lot about child development (Jill, you don't have any children how do you know these things?) but used it as an opportunity to further advocate for education of women and girls.
- Go back to basics- There was the perception from some staff that being a disability specialist I would be able to come in and just 'fix' all of the children with disability or provide a one size fits all approach to support, I am still working on this change in perspective.

Despite the huge social challenges following the devastation of the Khmer Rouge genocide in Cambodia I am amazed every day by the resilience of the Khmer people and their enthusiasm to learn. I often wondered what the perception of locals was regarding foreign support in a country so reliant on the aid from other countries, however I have often been told (many times without prompting) by Khmer people that they are genuinely grateful for the opportunities foreigners provide in order for them to develop themselves and their country.

If anyone is seeking long term volunteer opportunities there are many organisations in Cambodia who are keen for support and knowledge sharing from skilled disability professionals. Similarly, if anyone is interested in a new business venture there is only one organisation that I know of supporting adults with intellectual disability in the whole of Cambodia but a whole lot of need!

Some resources for your interest:

- Cambodian Children's Fund - <https://www.cambodianchildrensfund.org>
- ChildSafe Movement - <http://thinkchildsafe.org/children-are-not-tourist-attractions/>
- Support the conversion of disability accessible tuk-tuks (a wonderful local project!)
- <https://www.generosity.com/community-fundraising/mobilituk-making-transport-accessible-in-cambodia>
- Light For The World - Count Me In document <https://www.light-for-the-world.org/count-me>
- World Vision - Travelling Together document http://www.wvi.org/sites/default/files/Travelling_together%5B1%5D.pdf

Feel free to contact me if you have any questions or comments - jillian.arthur89@gmail.com or follow our journey on our blog- <https://jimiandjilly.wordpress.com>

The DEAI thank both Verity and Jillian for their generous contributions to the newsletter. We trust that you have enjoyed their stories, and that you will continue to share your great news and achievements with us. We'd love to pass them on via the newsletter on a regular basis.