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RI World Congress
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Parallel D, Menteith
Sport and veteran rehabilitation

>> Good afternoon it's just after 1:30 so I suggest we make a start although I suspect there are more delegates to join us presently. We've five presentations hopefully during this final breakout session of the Congress. Our theme is sport and veteran rehabilitation. One of our speakers hasn't arrived yet, but I'm hoping he or she will turn up during the next 90 minutes, so the plan is with 8 minutes per speaker and we will take questions immediately after each presentation. If there are questions from the floor, we've a volunteer Allen at the back of the room who has a microphone. For the benefit of the captioner who is doing the captioning that you speak into the microphone and wait until the mic. before asking your question. Without further adieu, our first speaker is DG who is the Director of Corporate Communications and Chief Officer at German Accident Insurance in Germany and speaking to us on the topic of communicating inclusion through paralympic sports.

>> Thank you very much. So ladies and gentlemen, it is my great pleasure to talk to you today about the question what kind of communication do we need to make inclusion a success, to change attitudes and behaviors. Please let me briefly mention some of the considerations that form the basis of my presentation. Talking to an international audience, even if it is small about communication is a bit difficult. Yes, all human beings communicate, but the ways in which they do it depend on such diverse factors as cultural stereotypes and language and income. That means there is no one size fits all in the area of communication, but does this mean there are no general recommendations one could give? No. In fact, I think there are some mechanisms in communication which are inherent to human nature and which can help us to make inclusive society. So what do we need for convincing others? I think you need we need some strong stories. In all cultures and continents, people are telling fictional or real stories so I will tell you a story about communication, about motivation, and about inspiration. This is a story of a young man named Dave Hock. David saw the film GOLD 3.5 years ago when he was 15 years old, but you may ask what has this film to do with our work for inclusion? I don't know. Do you know this film? Okay, so the primary mission of German social accident insurance, DGUV and its member organisations is to prevent occupational accidents and illnesses and to minimise potential hazards. If a person has an accident at work

or suffering from occupational disease, the insurance cover it is cost. That means that the insurance covers the best rehabilitation and if necessary the best financial compensation thereby, DGUV follows the right of physical autonomy and self-determination of human beings.

>> What do DGUV and this story have to do with the rights of disabled people? Well we've gone one step further and adopted an action plan for the implementation of the convention for the rights of persons with disability. The first issue is raising awareness and this means to ask the content of convention are communicated by DGUV and all it's members to all the target groups. That means employers, employees but also students in school and university as well as our own organisation with our own staff. One of the biggest projects we did was to spot production of the movie documentary GOLD, you can do more than you think. It telling the story of three athletes on their way to the paralympic Olympics in 2011. Please see the trailer for yourself.

>> The thing that really got me down was when I got in this chair and put the gloves on you, you feel perfect.

>> (speaking in foreign language)

>> I started to have depression and I could not be myself. I wanted to achieve.

>> I built an entire life into being independent and being strong.

>> (speaking in foreign language)

>> So I hope you like the trailer. It's quite emotional and seems to be the story of winning a gold medal but it's about what every single one of us can achieve and it's the gold in us not the gold medal, but did the film contribute to our action plan? Here is some key effects. The world premier was at the Berlinale festival in 2013 and was visited by the German president. Nearly 50,000 saw the film in a cinema, for a documentary film this is quite a lot. We had the possibility to broadcast it in the first German television program, so more than 1.3 million people saw it. We made exhibitions with this film and the protagonists and critics of the headquarters and even in the German parliament. Now we are distributing this in all secondary schools in Germany. Last but not least, we also work with our own start. These are only some examples of what we did within this campaign for GOLD. I think the film must have got through to many people. Okay, that's one example, but let's go back to our story. Let's go back to David. David saw this film and he was 15 years old and he was so enthusiastic that he organised a film screening for his own school being still 15 years old. What happened then? Maybe your heard already about another project it's the paralympics newspaper and The Paralympic Post. It started in Athens 2004, June games, secondary school staff creates a newspaper on paralympic games. Ideally they are reporting about the sport competitions but as well as the backgrounds of handicap sports, for example, what is the role of sports for effective rehabilitation in physical and mental terms. Of course, what is the progress in our society concerning inclusion? The staff is mixed with students from Germany and the host company from

the paralympic games.

They work as real accredited journalists. After 2004, the journal was published in all the paralympic games that means Torina, London, and finally in 2016 in Rio. Maybe you noticed in this photo of the team that David has no arms. He was born without arms. You might think, okay, this is a project on sports of disabled athletes so of course David was chosen, but this is wrong.

They selected him because he is a real talented writer. Here are some examples of the paralympic journal. The precipitation run was in Germany 1.5 million copies and Brazil there is less tradition of newspapers, 300,000 -- no -- I don't know you see it. The English spoken international addition 20,000 copies and finally in the total 1.9 million copies. That means reader context more than 3.5 million. But is that all? No. We tried to reach also decision makers and you see here in the last issue sures interview with our chancellor on the left side and on the right side secretary general of the United Nations and in the middle one of our successful athletes in Rio. So what -- and even on Facebook we reached more than three million users, and what did David Hock do? He wrote like all the others but he wrote with his feet. He wrote about swimming, he wrote about -- you remember the protagonist of the film, the swimmer? He wrote about a lot of other stories and Kirsten Bruhn became the most important for inclusion. She was a TV commentator for Rio. He met her and wrote about Kirsten Bruhn. He wrote about Peter Hans Durst who won two gold medals.

They saw how he worked and how he wrote so they started to report about David. He appeared in the evening news in the Brazilian TV, the most shown program, and he appeared also in the most shown program, sports TV program in Germany, and so he became for himself an ambassador for inclusion.

>> I am David from Germany, I am reporting at the games for a project, paralympics post. This is an international project we are working with ten German journalists, two British and ten Brazilians. I'm especially reporting on swimming. It was quite exciting because I had a chance to talk to him and take our picture together excited for his chance to become the most successful Paralympian. My Brazilian friends taught me some Brazilian. I'm not the only one with an impairment. It's more like the impairment makes you part of this.

>> So that's David Hock, and I think the picture is worth a thousand words. People like David are our strongest ambassadors. His story is amazing and it fascinates others and he is able by his own example to motivate other people and make them change their attitudes and behavior. I think we need in our communication stories about people like David that can inspire the process of inclusion and they can inspire all of us including myself. Thank you very much. (Applause).

>> John Roche: Before Gregor leaves are there any questions that delegates would like to put to him? In that case, thank you.

Our next speaker this afternoon is Susan. She is a rehabilitation strategy specialist from German

social accident insurance and her presentation is on the importance of sport and rehabilitation after traumatic injuries the concept of the BBG.

>> Thank you dear audience my name is Susan Riedel. The VBG insures many services such as banking and sports. In case of an accident we are responsible to enable to person to return to his working and also to his social life. Today I have the pleasure to introduce you to our concept how to promote sports during the rehab process. We know the importance of sports during the whole process there is strong scientific evidence that sports promotes recovering from an injury and community based sports activity prevent chronic conditions but enhances full participation. That's why we think that it's really necessary to promote sports in each phase of your rehabilitation, and for us, we think that it's necessary to provide appropriate structures and authorised clinics and rehab facilities to adapt procedures for analyzing an planning sports activities and to enhance services to have participation in sports. This leads to a gain in more self-confidence in one's ability. Starting with acutreatment. We know from several studies that there are benefits during acutreatment. It promotes healing and more effective. Early activity not only enhance it is injured area but keeps it from losing function in the non-injured parts. As a consequence, we ensure that early mobilization is already part of acutreatment in one of our 100 clinics authorised to treat to most severe injuries in Germany. These hospitals have to fill certain requirements concerning mobilization so that it can immediately start. Each hospital has to provide a rehab treatment and mostly as passive exercises. As soon as the fitness is restored rehabilitation can start. We know we are responsible for our professional sportsman. For a top sportsman the slighter injury can have a major impact on functioning capacity and that's why we've to follow these principles. It has to be a complex form of treatment. It has a whole body therapy and not only focusing on the injured part of the body. This intervention has to start as early as possible and has to be intensive, that means for professional sportsman we apply it four to five hours a day and it's applied by fitness center exercise equipment. The objective is to speed up healing to full function. In this way, prevention is a important part of rehabilitation. And based on our positive experiences from rehabilitation, we applied this complex treatment to all accident victims who suffer from severe injuries. The complex treatment is applied five to six day as week, at least two hours in outpatient and at least four hours in an in-patient setting today and we provide remediate gymnastics and physical therapies and I had medical therapy because this is the most important to build up the muscle strength and build up the physical finance, so the rehab facilities also have to fulfill certain requirements. The physical therapist need to have a qualification in sports therapy and the sports teacher needs to have certification in medical training therapy. Rehab facilities need to have at least 80 square meters for the exercise equipment and they ever to provide these medical exercise machines like bicycle row machine, but there are lots more they have to provide. After medical rehabilitation, it is very important to prevent a decline in health because we know from American research

that adults with permanent disabilities have a 2-3 higher prevalence of secondary conditions such as weight problems, skin problems or chronic pain. As a consequence physical activity is essential for minimizing the risk for declining health. This figure illustrates this. The minimum level of function is necessary to perform the daily activities of living. After rehabilitation we see a bit more improvement in health and function, but at some weeks the individual plateaus and reaches a point and after a newly acquired impairment it is more likely the line decreases and in this way increasing the risk of secondary conditions. With this in mind, it is really necessary to promote physical activities, not only during rehabilitation but after rehabilitation especially for adults or persons with permanent disabilities.

So one option is to offer adapted physical activities. Here we name a few. We know the motivational effects of adapted physical activity, it not only initiated desired exercise behavior but increases probability of lifelong adherens. Activities have to be part of your medical rehabilitation and moreover we want this personalised exercise recommendations to become in the daily routine to improve rehabilitation outcome, and now I want to show you how we use sports to enhance empowerment and full participation. In the recent past we established process menus at the VBG which are focusing on return to work and on social participation. You can see an extract of our work flow. One of the first process steps is initial contact. This is necessary to detect among other topics, social activities and see influence on social participation. We had an accident victim who was an active sailor before the accident happened and now suffered from spinal cord injury, so his negative environment is that his boat is not fully barrier free and of course he has restricted mobility. On the base of this first contact we conducted a holistic case analysis to identify all the client's needs and we use this helpful tool, the bio-psychosocial approach or functioning in order to identify all factors that identify participation. We lay our focus on the personal and environmental barriers that may impact engagement and physical activities. Based on this we carry out a plan and service selection that not only focuses on return to work but also on participation in sports. You can see an excerpt of our participation plan. We plan together with the accident victim, transportation and assistance to get to a sailing club and a barrier free conversion of his sailboat which we paid for. As you can see from my example we offer lots of services to promote physical activities during rehabilitation and one of the important services is personal counseling because we know from research that personalised tailored counseling during and after has benefits. We plan together with the sporting activity after rehabilitation. We offer also peer counseling with another peer who can share a similar experiences in regaining full participation and this is used as empowering opportunity to enhance motivation and to promote widespread interest in physical activity and to teach those with permanent disabilities how to exercise safely and effectively as you can see from the picture. For accident victims with permanent disabilities we offer lifelong support to attend mainstream and disability-specific sports not only by assisting for accessible facility but also adapting facilities for barrier free access if required, offering personal assistance for

changing into the sports suits and by offering transportation to and from the sports facilities just to name a few. In conclusion the systematic integration of sports into the rehab process enhances recovery and prevents permanent physical impairments and secondary conditions after injuries, promotes self-confidence to take on other life challenges and ensures comprehensive participation and inclusion in all aspects of life according to the UN of people with disabilities thank you for your attention. (Applause).

>> John Roche: Are there any questions from the floor for Susan. Yes, we've one here.

>> Not sure how the health system works in Germany, so you're from an insurance company. How do you work with hospitals? Do you work in the rehabilitation centers with the government hospitals?

>> Well we've a scheme and we run our own clinics. We've got 11 clinics we run by ourself and we've 100 clinics which are not run by us but who are authorised to treat accident victims then we pay for these victims to be treated in those hospitals, but they are not run by us. I think we've 200 more clinics authorised not to treat the most severe injuries, but yeah, also very heavy injuries.

>> How do the sports professionals work with the rest of the medical team?

>> The sports counselor was Dutch research to show you the impact of counseling. In Germany as VBG we use our own rehab managers and they are always in personal contact with the injured person and assist the injured person during the rehab process starting from acutreatment to participation. We talk to them about what sport they want to attend and then we look for that near their home so we counsel for the whole process. Also we go into the hospital but also into his home.

>> You work separately with the medical team?

>> Yeah, we've our own rehab manager to do this.

>> Okay. Thank you very much.

>> John Roche: Do we've any questions? If you have a question if you could raise your hand to indicate. There was something, Susan that I wanted to ask, it might sound lightly provocative but it isn't meant to be. There are many people that are able-bodied that don't participate in sports and don't have an interest in competing in sports or have a physical activity. For some of the reason you are treating post injury what percentage take up the sport as a component of their rehabilitation.

>> That is a good question.

>> How long has this initiative been up and running?

>> It's running already with the counseling for years. We've this rehab management established in the 1990s already this personal contact and we tried together to plan the social and sports participation. It's based on experience. I can't tell you how often we get them involved in physical activity. Sometimes an accident victim doesn't want to get involved. This is peer counseling, not we assurance company but as a peer on the same level and they can share their experiences but I don't have a number to tell you. What I can tell you those accident victims with most severe injuries we've about 95% to return to working life

within six months after the accident happened, so that's a really good number I can tell you.

>> John Roche: Okay. Terrific. Thank you. (Applause). Our next speaker is Ian Downey. He will be speaking with us about veteran's rehabilitation. The topic is a case study. So I should come clean and say it's actually not going to be a straightforward case study because there will be a little bit of that as we go along but I wanted to talk to you a bit about what we do, who we do it with and indeed how successful we are or are not. My name is Iain Downey and I was in the military about 13 years. I should say that I'm from -- industries and we work up here in Scotland to sort of bring all of our veterans together. I head up LifeWorks. It is a veteran's vocational rehabilitation program. I guess who is it for is a really simple question because it's for veterans but how do you define veterans and what sort and does it matter? I can answer the last question first which is that it doesn't matter what sort of veteran. You become a veteran as per the UK government's suggestion after one day of service. That works for me. You stay a veteran until in our case we are talking about work-related rehabilitation, so you stay a veteran until you no longer want to work. If you believe your working age is through 85 we will help you to get back into work at that stage. From that perspective it's very much about well-being. What we're not is we do not turn around and say you must have a health condition, however, probably of no great surprise, most of the people we deal with, do have a health condition of some sort. It comes out at 79% I think of people that have a health condition. That's no surprise because most of the people that leave the military actually leave a good transition through what can be a pretty difficult time into normal civilian employment regardless of their barriers, but those that don't, their barriers become increasingly significant as they go along and some of the things I have heard all this morning and some of the things that Susan has been talking about really, really chime with that we do because people begin to become socially isolated because they are used to a military environment where frankly, you have no choice but to be friends with people. You will get on with folk and you have a common goal and you go from one place to another and you meet another gang and it's fine. When you come out of the military, the things that you're missing are direction, camaraderie, and people understanding what your needs might be. We put together LifeWorks with a view of getting people back into work and I will define work right now as activity, useful, worthwhile activity because not everybody wants to get into a formal employment. Again, just the same discussion whether everybody wants to get in sports, actually people have a choice, but what we do know is people that set at home tend not to do so well in their normal lives, so we aim to find out what it's all about for them. The way we do it is with four strands to our program. I put a picture on the screen of a whole load of cogs because that's what this is about. Each strand is actually a cog.

They work with the others to get the effect. First it's about vocational assessment. I am a person very much about the bio-psycho-social model we just heard about. It's about getting people to start thinking about their whole environment and what it is that might have prevented them from being

successful so far, or what they think has prevented them from being successful so far, which is often the case. We certainly look at that and then we look at aspiration and that is hugely important. If you've been in the military for 24 years, you might spot that is exactly the time I was in the military for, you don't really know what your aspirations are anymore because you had a whole raft of military aspirations that were great and that was what you were aspiring to and all of the sudden you leave whether through choice or whether through a medical discharge or another circumstance, you have lost what it is that you actually do that you can take into the broader job market. I guess the easiest example that most people that leave the military say I can work in security because that's what I do. The problem is that generally means people are somewhat underemployed because they can do so much more and actually it's that we need to investigate and that's what vocational assessment means for people to become self-aware and another trait that military people aren't very good at is being self-aware so we need to encourage people to think about their own skills and look at other options and other aspirations.

The second piece is coaching 4 change. I don't know if a term that is used but we use that term about the fundamental problem for a veteran, and I do use the word problem with a purpose, people looked after you all the time and they generally told you where to be, what to do, who to do it with and then all of that is gone. The security blanket you used to think lasted forever has gone and change is the stumbling block for most and what we aim to do is without a great deal of psychology, we go for simple models and just reinforce the fact that hey, everybody goes through change and this is what it looks like and do you know there are ways to manage it? It's not always a bad thing. You know the sort of thing that I'm getting at. We are really keen about that part, so coaching for change, is it and what's holding you back and it's amazing how it tend to be the penny drop moment in our course when someone realises that change is okay and I can deal with it. The next thing is employability skills. Obviously it's for itself we are trying to get people into work and whether it's paid employment or self-employment, you need to understand how to put yourself on paper and present yourself in interview, and those straightforward things but it's not the only purpose. The reason we do employability skills up front is for people to understand themselves and write down their own skills and what evidence they have got for their skills. Once you've done that, and if you have never done it before, it's a scary proposition, I tell you, but once you've done that you go oh, I'm worth more than I thought I was. Those three pieces are within an intensive five-day course. They do not run in sequence and far from it, and hence the cogs on the screen.

They very much are interwoven from the first moment someone arrives on a Monday to when they leave on a Friday so we're sending messages about change all the way from the beginning, the direction is the thing that started actually before we arrived on the course but it's the thread that will hold it according to and hopefully the employability skills aspect means you have gone away with what you have aspired to get.

At the end is this reach-back or on going support and it's vital. It's 12 months of someone being on the end of the phone, not just when you want it, but when that individual will get in touch with you on a regular basis and says, hey, you know that action plan? How are you getting on with that? Because without that you lose your motivation. That is a huge piece and that is one of the key factors in success is an individual that will just give you a figurative arm around the shoulder and say do you know, you can do it and we've looked at what you need to do and now let's get on and do it. So I kind of eluded to why it works in terms of the business of it being a mix. The old fashioned desk is the best picture I could come up with to show it. Firstly it's intensive. The fact that it is a five day course brings with it its own problems I can tell you. Those problems are that people generally have some pretty big highs and pretty shocking lows in the week, but that is exactly what we are aiming to achieve is that you deal with the lows and get yourself back to finish on a high on Friday. We are aware it's different and we don't want to change a thing because people need to get on the wave and surf it through to success. Second it is a coaching approach. We work within a group context but each individual get it is support they need, so if they are a high achiever they will get a different package to the individual at this stage really is at the very bottom. He is on his boot straps and doesn't quite know where to go next. It's a different package to the person who has already had a degree of success either in the military or civilian life and just needs a tweak, so we avoid the one size fits all approach. Under pinned by vocational assessment, and again I can only look at this from my own perspective, I didn't know what I could do or what I wanted to do until sometime after I left. I got back on that train pretty quickly but it wouldn't have taken many me long to sit in my house and watch Jeremy chyle on the TV or some other program, and the last thing of course is we've an experienced mix of trainers and vocational assessors that have worked with military folk and have worked with people with health conditions and we've access to all of those sort of different pieces of support to come together and create a really solid web, if there is such a thing. We have been at this for about 5.5 years and we have been confident in our outcomes but recently the learning and work institute did an evaluation for us. So 83% of people were in work at six months, and that number because it's about sustainable work, that number stays up there and drops to 79% after 12 months and people don't job hop. I think it's demonstrating that we are getting them into the right sort of role when they need to be in it. 93 percent report significant improved self-efficacy or confidence. Easier to say confidence I think and I think that's pretty spectacular because it's the biggest step to independence. I mentioned earlier 79% of our delegates report a health condition and it is a reported health condition, so don't hold me to task on exactly what that is and whether it's a clinical diagnosis, but of the 80%, 50% report a mental health illness. We always thought we were doing a good job and the report seems to indicate that we are. What's next is just compare for a second 83% in work at six months to what some of the statutory provision can achieve. Pretty much we double things and see that as the next step and that is our drive to develop the program

now for those who are out of work for a long time or have been out of work for a long period of time and have health conditions, so basically in the UK terms we would be looking at ESA claimants. We think we can be successful and we are delighted to say that the work institute is going to work with us, the next step is to convince the government, all a bit more of a tricky ask.

I have a couple quotes from our delegates. The first is one Danny at the right there. The week has made me face and overcome obstacles that I never thought possible. These are not uncommon quotes. The second one is Jamie. I felt worthless but everyone at LifeWorks has made me realise I'm not. Just to throw in a third which is a gentleman who was delighted to be an ambassador for us and he simply said to a group of delegates which in itself was remarkable, simply said: If I'd known about this course, I would have saved myself two suicide attempts. It kind of makes my work all worthwhile when I'm sitting and getting sorts of bits of feedback. In terms of moving forward we think lifeworks is very much in need for veterans in need of rehabilitation regardless of what the barrier is. It is successful because it is a mix of elements applied on individual basis and we are certain it has broader utility. Thank you very much. (Applause).

>> John Roche: Are there questions from the floor for IAIN.

>> Have you worked with other charity organisations through the course or supported other people?

>> So we try very hard and you might be aware that the military -- is not always very collaborative. It has moved over the last ten years but we do work very much in consistence with our charities within the military sector and in the wider sector community and it is the collaboration that helps them out. Of course I'm going to tell you our program is fundamental and I'm certain that it is, but working with people for example, like the poppy factory that work with those with health conditions is an excellent pathway which talks about them coming in not work ready at all and becoming work ready and the end support that the poppy factory provides and that is the pathway we need to put in place for everybody.

>> How do you find it working with occupational therapists in vocational?

>> We are fortunate that my team includes OTs and psychologists and we been all of that together. This mix of skills because we don't know what individual will walk through the door tomorrow. What we then do and it's part of our makeup is to go outside to the occupational therapist that is currently case managing the individual and we find by building the relationship as when needed because clearly we're relatively small, so we've to do it on a case-by-case basis and we don't find it difficult to work with them at all, another on some occasions some OTs are quick to throw people's aspirations back. If there is an opportunity we want to take it.

>> Thank you very much.

>> I have a similar question does vocational assessment, how besides that you use occupational therapists and do you also look at the labor market and look if one has chances to get this new job what he

wants to do and how do you do it? Do you work with other agencies?

>> Okay. Principally yes, we work with other agencies whether that is Department of work and pensions, job centers, those that perhaps have more opportunities for us to share. We deliver the course across the UK including up here in Scotland and it's those times that we rely on our partners to say let's have a look at the labor market there is some lovely tools out there that show us where those opportunities lie, so we would always be reluctant -- let me think of something sensible. It's not a sensible one but if we were working in the arctic circle and someone wanted to be a tree surgeon, then we would be like you are thinking of something outside in nature, how would we better focus you because clearly you are in the arctic circle, that kind of approach, so before any course we do a bit of research on what people might want to achieve, but part of the course of course is go and find out. Guys learn how to look for work because soldiers in general haven't had to do that.

>> During the five days of this course?

>>

>> Sorry yes, we do and we do some beforehand like you we profile it to have a rough idea but actually people change ideas right away as soon as they sign up.

>> John Roche: Are there other questions?

>> How many people have you actually trained and how would someone find out about you?

>> Okay in the 5.5 years we've done 620 people. Really quite a slow burn to start with and there was a lot of piloting. We are now running 33 courses of up to 12 people a year. We can train up to 500 people a year, so in terms of referrals that is our tricky part because we are not that well-known so we've to knock on doors and tell people who we are and look for referrals. That word of mouth thing is powerful as you know. Yes, indeed, we are LifeWorks.

>> John Roche: Any further questions for Iain. Thank you for much for your presentation. There was one question I wanted to ask. Do the armed forces not offer as a sort of disengagement to when people are leaving the force as some sort of guide to live on civilian streets. Are these available for people with a disability or injury or is it available to every veteran.

>> So I will answer the second one first. LifeWorks is available to a veteran looking for work, generally someone that's been out of work a little while. That's pretty much where it suits best, so doesn't matter if someone has a health condition or not. We are quite open and welcome anybody. I have a view that anybody will benefit from it so that's good enough for me. In terms of does the MOD do anything? Yes, they provide up to two years support prior to discharge through contract. It's a pretty good contract and we are all very well aware of this and that's why I mention that I think most people, 85%, find employment quickly and settle down really well, but there is a problem that people don't engage with it until it's too late or not at all, and that's either because they never thought it was coming. It will never

happen to me type routine or they can't released from their duties, so there is attention and we all they should have a time to do it, but for some it doesn't happen and that is an education piece that the MOD tries to get to groups all the time. That is something we try to improve but there is always going to be people for whom the provision didn't work and for him something changes not too long after leaving and that's where we come in.

>> John Roche: That's really helpful thank you very much. (Applause). Our next and possibly final presentation is from Kevin Hartoly from BackUp Trust England.

>> Hello my name is Hartie and I have Kevin as well. We are from the BackUp trust which is an organisation that I set up to help people following spinal cord injury. Running for 30 years now and offers various courses and services to help people adjust to spinal cord injury. It offers residential courses such as Outward-bound activity courses and it offers a chance to volunteer and a chance for people to talk, our peer-to-peer mentoring service, so people with spinal cord injury can talk to others with spinal cord injury and family members can talk to other family members. It had dedicate fundraising to improve inclusion and help youngsters with spinal cord injury adjust to their injury. This occurs in the UK every eight hours. It's a serious condition and it can affect anyone at any time and when it happens it's traumatic and life shattering for the individual and their families. Adjusting to this can be overwhelming and this is where BackUp comes in. We found out that a third of people with spinal cord injury only one-third return to work and one thousand people are injured every year and quite a few children are injured and we feel it's very important for children to go back to education and back to the school they were at before their injury. Quite often after a spinal cord injury there is a period of time of hospitalization between six months and a year, so they are out of education for a while and it is fundamental they go back to the school they were in before. Children affected by spinal cord injury later in life experience lower community participation, less likely to live independently, and less likely to be married than their disabled peer. The fact is the chances of social interaction and a positive and healthy life are getting back to education and regaining functional independence. We found that many children in school are not included and experience problems with things like physical education and school trips and often feel left out. BackUp school advocacy service to help children return to school and give them a chance of inclusive education. We found that advocacy, the children have been helped 100% have said it improved their lives. The teachers said it's improved their ability to understand how to interact with people with disabilities.

>> It's important at this point to say that BackUp uses peer-to-peer support quite a lot and both Kevin and I have a spinal cord injury and returned to work after our injury and were vocationally rehabilitated. I have a note here. Not being able to return to my old school impacted negatively as a teenager. I spent several years thinking that being injured meant no future and I wanted my peers become educated. I got through at the end but it shows that with the right support a devastating injury is not the

end to your career. We come up with our school service principles we based it around and most of it Taylor around the need of the child. I worked with a 14-year-old girl that is paralysed from here down so we tell you what they are experiencing and what they feel the barriers are and we can do anything. We are very adaptable. We work with young persons at the center and find what they way and the families and the occupational therapists and teachers and doctors and family and how they are thinking about the injury impacts quite a lot what they can do. We've gone into schools and given presentations and just the mere presence of someone in a wheelchair or someone talking about it has changed the perception of all the teaching staff, the families, the children in the other class. Room. They are says I didn't think you could have a job if you are in a wheelchair and I didn't think you could go on holiday if you're in a wheelchair. Just having someone in and say yeah, you can do it changes their attitude. We like the face-to-face support, we think that works better. I have been in meetings with teachers, the governors of the school and the parents an just trying to talk to them and break down barriers and says it's okay to ask questions. We work short-term and long-term so for instance, maybe go to school and giving a one-hit presentation. Sometimes that does the job and makes people feel more confident, or we can work long-term.

>> I have worked with some children that's been longer term, some three or four years so worked from the hospital transition back to school and then through their primary school and then the transition to secondary. Some complex cases we have been involved more so we've to give educational talks to different people. Just to support the school to make sure they are still fulfilling their duty for the child. We are have uncombative and we feel communication is supportive. We like to support the child through their education.

>> We are UK wide and cover Scotland, Wales, and England. Trying to expand more and holistic at the heart, so we don't just look coming into a classroom and say okay it's accessible you have a toilet and everything in place, we look at everything that affects their learning. Whether it being them feeling confident enough to ask questions in class and raise their hand or whether they feel confident enough to be included. With that sports rehabilitation you guys were talking about a lot of these children are not able to be included in supports and it stops their inclusion. We can work with other agencies, there is a package where teachers can go and trained in providing inclusive physical sports and how to adapt things even if it means changing slightly the supports they provide and inclusive for everyone and we have had really good feedback from this, so empowering the teachers. Like Kevin say we have had 100% happier children from this. I lovely quote from a girl who is 15 says I feel more included from school after backup because I feel I have more of a voice now. We found that having a voice is so important because you are going to need that voice in directing your own care and a voice in directing your future and getting that at school saying what he needs and being able to be confident and being vocal about that it's been really

good start.

>> Also for the teachers as well it gives them the chance and the confidence. A lot of times it's just fear. They are frightened of what to do.

They haven't had a disabled child in their class before and sometimes they have known this child for several years and then they become disabled and they come back in the classroom and we find they don't know how to act, so educating them and letting them ask questions can then that fear is gone and it sums it up really you can read it there yourself. She answers the questions that staff weren't aware they were thinking. It allowed them to think about critically about the room, just as moving a desk. Sometimes it is a monetary issue is it going to cost a lot of money to have this child back in this room. Sometimes it's just moving to a different room or a different space and it empowers people to make these decisions.

>> I think that just doesn't relate to schools and education but to everything, for instance I'm training as an occupational therapist and a fellow occupational therapist said to me, do you think you can be an OT if you can't handwrite? It just requires someone to prove to her that is possible and make her happier and give more of a positive attitude and if we can find that we can make that work for teachers then we're on the right track.

This was a slide we put in to encapsulate what inclusive education is. There is all different animals and there is a man that says for fair selection everyone has to take the same exam, please climb that tree. Sometimes it's giving the teachers those tidbits and ideas so they don't give the same exam to everyone and they can think of adaptive ways of doing things.

>> A young man I was working was told he couldn't do his biology lab because there wasn't access in the lab he was working in. He got 8 stars and the school would like for him to go back. He had the brains to do it all and he excelled and he will carry on excelling throughout his life.

>> So the things that we do and skills that you need for inclusion definitely communication. Like we were saying before with just getting everybody around the table and talking freely and openly about what people's fears are and you find it is fear that inhibits a lot of things and if you tell people it's okay they are not going to offend anyone or do anything wrong that teacher open up and are just relieved. Having that positive can-do attitude like I was saying about what I was told. We go in and give one talk and it can change their attitude. People thought it can do something good. We can take this child on the school trip with us. We don't know exactly how to do it right now but we will find a way. General disability awareness, maybe you need to put some brakes in your lesson to enable this child to go to the toilet a little bit more often. Things like that.

>> Disability is part of life and we found that the other children by getting this access to disability, they see the paralympics and they have a grandparent in a wheelchair and they don't it will happen to someone, but yeah it does and when it's in their classroom, it exposes them and no one is damaged from it

they get a lot from it. The feedback from the teachers they say it's been better for the children to see it in real life. It does happen and it's real life and you have to deal with. We think getting everyone back and inclusive is better than segregating people with disabilities.

>> The young girl that I was with I made a PowerPoint slide to her class and she took it away and delivered it to them. It is about keeping the child in control as they want to be and providing anything they need.

>> Identifying support is just about looking at what other agencies are out there so tapping what is in the community and what is available through sports, education, and anything else that can help the school and the child to reach their fulfillment.

>> I think practice with real life scenarios.

>> That was something that we sometimes get the children in the class or other people to see what it's like to be in a wheelchair.

They get tired pushing a wheelchair so they can get an understanding of what it might be like for their classmate to be in a wheelchair to be a bit more empathetic for these things.

>> Thank you very much and really ask any questions you want to, please. (Applause).

>> John Roche: Thank you very much. Are there questions from the audience?

>> Thank you very much. Just now you introduce the inclusive model and try your best to include children or students with disabilities into the other students in formal schools. My question is are there any special schools in the region, only students with disabilities studies there, if there are, are you -- do you have any plan in changing the model, I mean the paradigm shift from segregated education to inclusive education. Of course due to final direction it will be inclusive education, so I just want to know the transition model or something like that.

>> We are spinal cord injury charity, so we are focused solely on spinal cord injury. There are special education schools that cater to children with disabilities. In the past spinal cord injury would have gone to those schools. We feel an inclusive education system would be the most beneficial for children but I feel that's a long way off actually reaching that goal because the school system isn't set up, the mainstream school system isn't set up for some disabilities at the moment. Segregating them only adds to those problems. Important thing is getting them back to the school they were in here with their peers. The family might have other kids at the school and their social circle is already there, and just to break them away from that is more traumatic. It's like a double whammy really.

They have been through a traumatic thing. To answer your question for spinal cord injury. We felt it was important to go back to the mainstream school.

>> John Roche: Are there other questions?

>> Thank you very much. Do you focus on schools or do you also focus to get students to colleges

and universities?

>> We do. We've a moving forwards course which promote independence. I went on that even though I'm slightly older. It's to give people independence to go to the university and work with them. We can help with that. Universities and colleges are really well set up in the UK and they have big funds for dealing with mobility issues. Mainly about their that person's confidence in moving away from home and meeting new people and they have this fear of being judged. You go to the pub when you start university and it's all those little things so we focus on that transition. We also have a course called BackUp to work and we focus on rehabilitation and we've employment advisor and it's a three day course and yeah, we focus on employment law, how to interview, when to disclose. People recognise their schools much like LifeWorks.

>> Our point of entry is useful for that as well. They can speak to someone else that's done. Universities are very, very good. The problem with find is the resistance we get at some schools for the child to go back to the school they were in before usually because there isn't the setup there. The schools aren't designed for it. They might say there is a school up the road that is newly built and they would be better there. We advocate for that and I think universities are very, very good and offer lots of things for disabled students.

>> Thank you very much.

>> John Roche: Any further questions? Just one from me, I guess. This is a peer-led approach. Are there enough peers to support the demand? Is the BackUp trust able to support every young person that needs that support?

>> At the moment yes, sir there is only about 40-50 children injured every year.

>> We always find people who say we wish we knew about your service. It's important to get it out there. A lot of the people with spinal cord injury go to one of the seven spinal cord units and we go there and look for people but unfortunately people don't always go to a spinal cord unit. I think we've something like 500 volunteers for the actual advocacies there is like 50. But as a peer-led service we've a lot of volunteers and it's growing and expanding and we just want to know about us and our service.

>> John Roche: Thank you very much. That brings to an end our breakout session for today which is the last parallel session of the Congress. My understanding is that all of the presentation slides that have taken place are available on the Congress website, but just to be on the safe side if you want copies of the presentations from this session e-mailed to you if you could leave your e-mail address at the front of the room before you make your way back to the hall, I will make sure they get sent to you afterwards. Thank you to all our presenters. (Applause)