AMII DEMANUELE: Our next presenter is Brandon Taylor who’s the Manager of Student Support for TAFE Queensland. He’s worked in the VET sector as a teacher, disability officer and manager for 16 years as well as managing a multidisciplinary team of counsellors, accessibility, indigenous and international student welfare officers. He also leads the organisational mental health and wellbeing strategy. He’s here today to present The VET Disability Practitioner: Then, Now and What the Future Holds. Thank you very much, Brandon.

BRANDON TAYLOR: Good afternoon everybody. Hopefully you can hear me nice and clearly. I’ve adjusted my mike, I’ve adjusted my camera and I’ve wiped up the glass of water that I’ve just spilt all over my desk, so this is 2020. Hopefully can hear me.

AMII: Brandon, we can hear you perfectly.

BRANDON TAYLOR: Excellent. First of all, let me acknowledge the traditional owners of the land where I am today here in Brisbane, the Turrbal and the Jagera and pay my respects to their elders past, present and emerging. We’re going to cover a number of things today. We’ve got quite a bit of time and I’ve got lots to cover. Very, very briefly I’m with TAFE Queensland in the Brisbane region. We’re Queensland’s oldest training provider, 135 years in Brisbane. We offer everything from certificate to bachelor degree programs and we quite literally have students on land, sea and air, all over Queensland, off the coast, aviation programs and everything else that you would expect to see in a TAFE environment. I did put in my brief for the conference that we will start with a slightly light-hearted look at where the disability practitioner role has come from. I did ask for some catering. This is a BYO session. Please make the very most of whatever catering and hospitality you have to hand. I’m going to put a disclaimer in because I will make some generalisations. I’m going to make some observations and I’ll give a little bit of opinion as we go. Obviously, I don’t know the dynamics of every role of every practitioner and workplace but there’s absolutely some common ground and it really doesn’t matter how long you have been in the sector, how long you’ve been in the role, this will all apply, so let’s get into it. I’m going to take you back to the 1980s. A number of us were there, many of you were disability practitioners and the domain of a practitioner back in the day was very much to do with “is this building accessible, are the rooms accessible.” Many of our buildings did not have lifts. Height adjustable desks were the technology. We often saw a lot of programs that were very much for students with disability the language was different and we had a number of things like life skills courses. We did not have common use of the autism spectrum. It wasn’t common in our roles and maybe we saw some students with dyslexia. You could be absolutely sure that if a student came to your campus who had a physical disability or a sensory disability they were told, “You need to see the disability officer. You must talk to the disability officer.” It was the culture at the time and, dare I say it, there was also a budget. There’s always been a budget. Now for those of you feel free to comment as we go through chats. You can put that out to everyone but to help frame what we were all doing in the 1980s because there was wonderful fashion, there was fantastic music and many of you were guilty of watching the TV during the eighties. It started with Sons and Daughters, a brand new TV drama. A couple of years later it was followed by the comings and goings of A Country Practice and then in the late eighties we got the beautiful people of Home and Away. As you can probably tell from my accent, I do come from the UK and I can’t mention the 1980s without referencing what I can only describe as a wedding of royal proportions because millions and millions of people in the UK were on the edge of their seats waiting to see the wedding of the century and the bride arrive at the church and of course I’m talking about the marriage of Scott and Charlene in Neighbours. This was huge. Twenty million of us watched this in the UK, quite a few of you guys did as well. That’s where we were, that’s what we were doing. At the end of the 1980s, in June 1989, Australia actually joined the global internet and a connection was made by the guys at the University of Melbourne, so if there are any of those guys online guess what, you were some of the first. As we moved into the nineties we got something called the Disability Discrimination Act and we started to hear some new terminology such as the world wide web. We also had lots of computers, huge, hulking great big monitors and towers in our offices, in our classrooms, they were not connected to the internet. It was really in the early nineties that globally we saw first emergence and very significant growth of the web. It started predominantly in the United States of America and you saw people surfing the web, this brand new thing and sending email from their homes. Large scale access in Australia and many other countries really happened towards the late nineties and this alongside huge developments in both process of speeds, hardware, software and, very importantly for a lot of our clients, significant advances in screen displays and resolution. Now, where am I going with all of this? Well, in the nineties we got some of the very first versions of assistive technology that we know today, the very early versions of Zoom text, the very early versions of speech recognition software, and if anybody has complained recently about speech recognition software, take them back a few years because you actually had to learn to speak completely differently in order to work with this software. Practitioners had CD ROMs with the software and we’d go to IT and ask for it to be installed on a particular machine. How times have changed. Many of you had a desktop computer like this and you had a box that clipped on the front of the screen because you had students who struggled with the screen resolution and the flickering and it was the domain of the disability practitioner to allocate these around the campuses. These are the kinds of things that we were doing. You might remember that through the eighties and nineties there was a wonderful term called the paperless office. I might come back to that shortly. Does anybody remember this in 1999? We were all very, very excited because it was the end of the nineties, it was the end of the century and we were going to click into the year 2000, but hang on, we had the Y2K bug, an absolute crisis was looming, our systems would fail. Believe it or not hundreds of millions of dollars were spent by governments, agencies and departments around the world to test if systems would click from 1999 to 2000. On a personal level we did not know if our video recorders would work at home. We did not know if our digital radio alarm clocks would work and honestly people were scared and worried, would planes still be able to fly on New Year’s Day. These were very, very real conversations. So, this brings us into the 2000s, very exciting times in Australia and of course for those of you who will remember this, Cathy Freeman lit the Olympic flame, she went on to win gold, how good. We should remember these significant events because most of our students today won’t, they weren’t around. Over half of our students today had not been born at this time. Those who had were very much at kindy. So, as practitioners what were we doing? I love the comments. Well, guess what, at the turn of the century physical access issues for campuses were still very much the domain of the disability practice unit. We were seeing more students with dyslexia. We were now starting to see a lot more students with something called Aspergers high functioning. We were seeing more of the terminology ADD, ADHD and wonderful things which is PDDNOS, Pervasive Developmental Disorder Not Otherwise Specified, what a phenomenal diagnosis for a young person to have, absolutely incredible. If we move into the early 2000s, a huge body of work commenced because the DSM, those of you who know the Diagnostic Statistical Manual, we have the DSM-4 and a body of work commenced to identify the research to revise what would essentially become the DSM-5, but remember at this time a mass expansion of the internet, so rather than a relatively small working group identifying what is it that we should focus on, all of a sudden you had thousands and thousands of people around the world connected like never before. There were hundreds and thousands of journal articles, white papers, and it meant that this body of work all of a sudden became enormous and took many, many years. 2004 a lovely thing launched called The Facebook and apparently today there are 2.7 billion active users. They dropped “The” and it became Facebook. Depending on how you use it I sometimes call it Face Ache, just a personal opinion. A year later we got something called the Disability Standards for Education, so that came into being, big step forward for ourselves as practitioners and other organisations. It happened at the same time that YouTube launched and from 2000 it took till 2007 for the DSM taskforce to actually agree on what the agenda would be for the work to revise the DSM-4, wow. So, what does all this mean for us guys? Well, a lot has changed and if you ask people about technology would you be surprised if somebody said to you that the iPhone was released in Australia in 2008? If you ask your friends and family over the holidays over dinner when was the iPhone released in Australia most people will tell you mid to late nineties and it’s actually a decade too early. Now this technology has been in our hands, and every single one of you today has an iPhone or another brand phone next to you, we think it’s been around a lot longer because it’s absolutely ingrained in what we do. What happened following the iPhone and the other brands? Well, guess what, the iPad came out in 2010. It did not have a camera. We got new language called Apps, Instagram launched and then by 2013 the DSM-5 launched or was released. Now that of course was very significant for ourselves, for our students and for future students who were to be diagnosed because we lost a lot of the terms under the DSM-4. Aspergers High Functioning, Rett’s, the PDD and others. They were replaced with the one overarching “autism”, very significant change. As practitioners and our environments, and these things happened at slightly different time frames across the different States in Australia, but for many of us massive, massive changes to VET sector funding and in a very short period of time we went from just a few VET sector providers and training organisations to quite literally hundreds and hundreds. Imagine being a student with all of these different organisations, all of these different course offerings and options and then students could access student loans, another game changer, and we really did not know how that would change the landscape. I remember very clearly in the lead-up to the launch of what then was that student loans a lot of concern from staff and ourselves about whether this would put students off. I can tell you here in TAFE Queensland it did quite the opposite. We saw an absolute increase in enrolments because students could enrol in courses and of course delay and put off their fees to a future time. One of my observations though when all of these changes, because there was significant change and review of the delivery of many programs and I remember very clearly talking to a number of teachers in our diploma space who previously would have anything around 22 to 24 hours a week contact time with their students in a typical diploma, all of a sudden that reduced dramatically down to about 12 or 14 hours a week so by about a third if not a little more, a third less every week face to face contact time with your students. Of course, what does that actually mean for those who really do need, want and require that face to face delivery and of course there was a budget, always been a budget, always will be a budget. Has anybody ever had this conversation with IT, “Hello, my in box is full, can you increase the size of my mail box?” Certainly I have many times. So, what then was happening continually? Thank you, Meredith. What was then happening for the practitioner? Well, we were absolutely seeing increasing numbers of students with autism and a range of specific learning difficulties. It was certainly my observation in more recent years that we’ve seen an increasing number of students with diagnosis, but conversely an increasing number of students disclosing support needs without diagnosis, very much like the tertiary sector across Australia and many other countries a very worrying significant growth year on year of mental ill health conditions. I would certainly say a significant increase in the presenting complexity and co-existing, and I put the term “concerns” because it wasn’t just disability, some yes but for others personal welfare concerns, so lots of increases. I guess really where that takes me is to well, where are we now, where have we got to? It seems to be the general consensus in the practitioners that I speak to both in Brisbane, across the State and in various different networks nationally, it seems to be the case that the time spent with our students versus the time spent on administration related to that student it’s out of whack, it’s out of balance, and maybe you feel otherwise but that does seem to be a common theme. Many practitioners will tell us that they have more appointments, more inquiries, more email than ever before so it makes sense? Is this sustainable, it’s a sensible question to be asking. We know and we say this is practitioners that the number of clients or appointments in a disability practitioner role is not actually reflective of the work that’s required for a whole host of different reasons but for all the support needs, all the backgrounds, the varying abilities and simple confidence at the start of a study program. We should also think about how student – I put in there student and parent because I know a lot of disability practitioners in fact do have a lot of meetings with parents and advocates, but a lot of student and parent expectations have changed and let me just reaffirm this is about the perspective of the disability practitioner we’re looking at. I’ve certainly had conversations with people even though as a student support team manager there seems to be a sense of, “Okay, can you just fix this?” I don’t know if other people get that but it seems to be something that I see and it then seems to lead quite quickly into a series of demands and challenges on a very personal level that challenge the integrity of the practitioner within the organisation. These are comments that I’ve heard said to me this year, “Why doesn’t your organisation do this? Your organisation should do this.” I’m being asked maybe to provide something that’s never been within the scope of the remit of our organisation. Maybe some of you have heard, “Well, we paid for this course so why hasn’t he passed?”, and you just want to say, “Can we just take a couple of steps back here and look at what we’ve actually provided?”, but it seems to be and it’s not unique to tertiary education, it’s a cultural change “fix this”. I say this but let me of course acknowledge the very personal challenge for many, many parents. I’m a parent with very young children. We absolutely know that the challenges for parents have often been years and years of meetings and battles and for those of you who saw that little video earlier and that mother talking about her son, did she say 10 or 15 years of conversations before she got support? That’s incredible. It’s not a term I like but we also acknowledge at the other end of the scale the helicopter parents and as a practitioner you may have a young person in your office or he’s come to see you and you can see you want to have a conversation with them but they can’t get a word in because that parent is probably trying to protect them but of course we’re trying to help them transition and take those first steps. Yes, there have been some challenges and they will continue. I’ll make one other observation and then I will ask you to take part in a very brief activity. The DDA is nearly 30 years old. It predates every piece of technology that we have today. It predates every single VET policy, procedure, framework. 80% or more of our students in the VET sector were born well after the DDA came into being. It is the overarching legislation despite much more recent State based legislation and it’s not a criticism but it is an observation, it is nearly 30 years old. I’m getting a few comments and questions so I think this might be hitting home. What do you actually know, well, look, technology has changed. It’s changed how we all communicate, how we all interact and behave. Whether we like it or not it has. Disability practitioners will tell you they have far too many emails. I don’t think we’ve achieved the paperless office we’ve just gained another form of communication but we must remember that our educators and teachers are also flooded with emails and they’ve got all their faculty and training priorities and that they must attend to first. They are absolutely busy, busy people. We know that the pace of change in our lives, boy oh boy, it’s rapid. I see no reason why that won’t continue. Worryingly mental ill health is increasing across our society, it’s a global concern, and as a manager I have to tell you there will always be a budget, blimey. How are we all feeling? I should probably ask are we all okay, how are we going at the moment? I see a few of you are intrigued to know where this story is going. There’s going to be some positive news, guys, there really is. So, look, I want to introduce you to someone. I want to introduce you to who I believe is a disability practitioner. Here she is in her office. Do you like what I’ve done there? Look at all the hats she’s wearing. I’m going to presume that that is somebody from finance making sure she’s got the right requisition and procurement forms, using the correct costs centre. I’m going to presume that’s somebody from Facilities making sure that she’s doing this in the appropriate way. Look how calm she is. Guys, I’m going to take a pause. I would like you quite quickly to use the chat. I want you to put the chat to everyone. There’s a little dropdown menu in chat. I would like you to share what you think are the skills, the attributes, the qualities, the characteristics of a VET disability practitioner and can I say there’s a number of people recognising the hat wearing. There are a few people suggesting it’s actually them. Could you please now share in chat to everyone what are the skills, the attributes, the qualities and characteristics of a disability practitioner in the VET sector and I’m going to give you a minute to do that. They’re coming in thick and fast. Keep going guys. What I’m seeing here is resilience, agility, dedication, empathy, staying centred, respect, good listener, flexible, informed, person first, problem solver, critical thinker, advocate, communication, many of these are repeated, team work, respect, interpersonal skills, coordination skills, liaison, time management, good listener, a sense of humour. Oh, they’re flying in, tenacity, compassion, fix a counsellor, psychologist support worker, partner listener boundaries, wow, collaborator, juggler, the ability to work through many different situations, ability to state your case, lateral thinker, empathy, professional and many, many others, yes, friend, commitment, mother, listener, promoter, influencer, crisis manager. Please keep them coming, does what’s best in the interest of the client, innovative, got to think outside the box. Hopefully what you can see there is actually an incredible skillset, an incredible list of characteristics and qualities. It took a while for someone to say admin skills, thank you Tina. You must have forgotten about that because you were all looking at me. Oh, wow, prepares for disappointments, ability to streamline processes, guardians of privacy, mediator, advocate, champions. Please keep adding them, keep adding them in. I’m going to come back to all of these skills and qualities very shortly. I think we’re about halfway through the session if I’ve got this right, maybe a little more. We’re going to come back to our multiple hat wearing disability officer and with a bit of luck they’ll start flying through, networking skills, champions again, excellent. All right. There’s a couple of other things that I want to touch on as we move forward because I think these are really important. Gen Z, Gen Z were born between ’97 and 2012. They are between nine years of age and 23 years of age, so if you think about that up to 23 it’s about 50% certainly of the students in my organisation and probably about 50% up to 23 of all VET students, more or less. Regardless of what technology we have, what the environment is, what the landscape looks like, every single student, disability or not, has to be able to learn to drive and navigate in a VET course. I often say they are on their L plates and when we get really busy and people are running around, I will say they’re on their L plates, they need a bit more guidance. Think about all the terminology because our sector is a shocker for acronyms and terminology, learning management systems, USIs. What is a unit, what is a course, what is a program? It is incredibly confusing and, you know, I think as organisations we do tend to overlook the basic sometimes of how to study and when I say “basics” I mean real basics. Do people know how to create a weekly study schedule and why? Does anyone suggest to someone, “Print out your assessment due dates.”, and if a unit guide is what you use and it’s what it’s called in your organisation does anybody really explain what is a unit guide and why it’s important to you, why you need to know this? I often say to people, “Don’t ask somebody, ‘Do you know what to do?’”, because invariably the answer will be yes when they don’t know what to do. You’ve got to ask people, “Show me how you’re going to do this. Talk me through how you’re going to do this.”, because then you really find out whether somebody knows or not. There are a few images that I like to use so I’ll share these with you. Australian providers I do think we overlook some of the basics but you could suggest that this image is often how a lot of our students feel when they come into a brand new environment, when they transition into VET or maybe they’ve been somewhere else and they’re coming back to retrain. It is a little scary, it is a little bit of an anxious time and we must remember that that applies to all students but our students with disability have of course got all their own personal challenges in addition to the normal range of emotions and anxieties and concerns. We must remember that we’ve had far more experience in our systems and our terminology than they ever have. There was a good question that came up recently, in a time of mass exodus from our campuses to an online or a virtual environment have we really equipped people with the digital skills, very, very interesting. Imagine if we all had to learn to drive by simply reading the car manual or watching a Tik Tok video. What would happen on the roads? Some people would be okay, some people would get by. Imagine the anxiety, imagine how people would go. We’ve got to prepare people. We’ve got to help them check and understand are they prepared for the journey that they’re going to do, do they know what to expect along the way, do they know how to navigate, and you know what, when they get lost, they take a wrong turn because they will, have we equipped them to get back on the right road? I’m not convinced that we do that well enough so it’s a good little reminder if you want to use that with any of your colleagues and your staff training and I’ll touch on that. I am not a techie, I’m not going to be the person with the very latest technology and if IT here could hear me say that they would laugh and agree. You know there’s nearly five million Apps available and can I tell you that I would suggest that 99.9% of them are absolute rubbish and are of no use whatsoever. The reason I mention this is I often see flyers and handouts and people sending out great big lists, these are all the Apps that you could use and support you, and it’s like, “Really”. Are we expecting people to go through this great big long list and investigate all of these Apps for themselves and we should remind ourselves that we use a lot of the technology in a very passive way, very passive way, instantly forgettable content, so to use an App then in a device that we use in such a short term momentary way are we then expecting somebody to use the same technology in a much deeper manner? It would require such a change of gear and thinking. However in saying that, if you have a student who gives you great feedback about an App. who talks about it at length and raves about it that’s the one you should be promoting because your students have used it and it works. It’s far better to promote those one or two Apps than the lists and the handouts, “Here’s a dozen Apps. That might help.” There you go, I wanted to say my piece about Apps. We have one eye on the future, what is it that we can influence, what can you influence and I am very big on this? We should use positive language and emotions to set the scene. That’s really important from day one with students, with colleagues, with parents. Positive language and emotion actually can be very useful for reframing other people’s expectations particularly if they come to you with that “fix this” outlook. Positive language really is about changing the position of who owns an activity and remember that that transition into VET is quite simply about taking ownership, not all at once, that’s not realistic but it is part of the normal transition and positive language actually sets out the situation and it helps people understand what it is that they’re taking on and that it will be okay. I’ve also learnt I think over the years that we should and it is okay to constructively challenge people. After all we are campuses and training facilities of learning. Particularly for me if I see a situation for whatever reason where somebody has repeatedly failed, not progressed, what are we going to do differently here and by that I mean what are you going to do differently. Here are some suggestions but challenge people constructively, what are you going to do differently and we have to provide practical examples. We must do that. We simply must show people this is what a successful student does or in this course this is what a successful student does. Again, sometimes it’s not always just about the student but about the support of the other stakeholders because frankly if you present success it is actually very difficult for people to refuse. So, there’s the language and how we can influence and use that positive language. I was umming and ah-ing about whether to touch on this but I’ve included it because it’s something that does come up. I’m going to suggest that some of you unintentionally might be a little bit quick to apologise for the things that actually were not within your control or remit to start with. I absolutely acknowledge that some of our students have had a fairly lousy journey before they came to your provider for whatever reasons and we should be empathetic. We should acknowledge but I often hear people apologise for things that actually were nowhere in their control and before our time. I do think that sets up and reinforces what an awful time that somebody has had. Acknowledge the empathetic, “Right, here you are now. This is what we’re going to do.”, and shape it with our positive language. I’m going to give an example here about positive language in a slightly different way because it’s been a long year, everybody has commented. Very shortly we will hit our peak enrolment period for many of us and do you know what, I hear a number of these kinds of comments, “Well, we’ve had to wait a week for an appointment.”, and somebody might say, “I’m really sorry about that.” Do you know what I say, “Do you know what, that’s really good at the start of semester.” You’ve got to get your tone right, “Actually that’s really good at the start of semester because we’ve got hundreds of students enrolling and this is a really in demand service, so it’s great that you’re here but actually that’s perfectly normal.” It’s important that you do that because you don’t want people to get a sense of, “Isn’t this wrong”, before they’ve even commenced and you must use your positive language to do that. I don’t know about you guys but behind me here in Brisbane we have a wealth, a wealth of community agencies and services for disability, for mental health, for the NDIS, you name it, we’ve got lots. Some of these guys have got wait times of months. Now we might not like that but it’s actually realistic. So, when somebody comes through my door or into the customer service centre and, you know, is with that very negative space I want to turn that around very quickly and say, “Actually no, we’re providing a really good service here and when we get to you you’re going to get a really good service.” I think that’s very important and it’s a key part of communication. Thank you, Emma, for your comments. In terms of communication of course the disability practitioner and many of you have put the communication skills in the skillset, let’s have a look at something else. If you don’t have good relationships with your teachers and your educators this is what they look like when they see you on campus. This is what they look like when they get an email from you if you do not have a good relationship with them because effective communication is based on relationships and remember all of those programs, course, teaching and faculty requirements and pressures that our educators and teachers experience, so communication that results in a positive action and outcome is absolutely based on relationships. In this age of email can we just be really clear that sending an email is not an action, it just isn’t. If you want a positive action from an email the person needs to have read it, understand it, they have to feel it’s important in their context, they have to see the value in it and only then are they going to be motivated to a positive response and only then can you honestly say that an email has been actioned, so the communication and the relationships with your educators and trainers you have got to put the time and energy into that. Invest time in those relationships, spend time getting to know your teachers. If at all possible do it face to face. Obviously we can’t do that in all instances for a variety of reasons but get to know them, have a conversation with them that is not about disability support, that is not about a new intake of students, talk to them about their programs, the exhibitions, the excursions because this is their passion, this is why they teach and you will get so much more as a disability practitioner from those relationships than just an email alone. It is an absolute reality. Then we must think about what else can we invest our time into getting better returns. I tell you now disability practitioners have a role to play in organisational culture that belongs not just in the disability support office. It’s got to be across the organisation because quite frankly that will lead to greater returns for our students. A number of my guys in Brisbane have previously delivered staff training for educators and we know they’re always busy but case studies, case studies, real situations, let them talk them through, let them actually resolve them, because by doing that you demonstrate how easy it is. If you can actually get teachers and educators from different vocational areas to get there it’s great because they learn from each other. If you’ve ever been a teacher or a trainer, and it’s many years since I’ve been teaching, you don’t get to see other people’s teaching. It’s quite an isolated role in many ways. There’s an opportunity there to really influence through staff PD opportunities. If you can go to the occasional faculty meeting, and again not necessarily about yourself, but what are the challenges, what are the demands, what’s happening in that area. Going to team meetings as well is also a great opportunity to bust a few myths. I have worked with people for years in different parts of the business and occasionally they’ll say something to me about student support and I’m like, “We haven’t done that for years.” They don’t know, so bust a few myths and you’ll only do it by getting out and about and talking to people. So, look, positive and open and of course inclusive language is really important because people are worried about saying the wrong thing, about is this discrimination and it doesn’t just apply to disability. We’re seeing it particularly to do with mental health or mental ill health. People are concerned of saying and doing the wrong thing. If we don’t foster that environment of positive language and ourselves being out there and approachable, they’ll actually just continue to shy away. Wow, we’ve got a lot to do, haven’t we? I’m not going to read through this next slide but I will ask the question why you should actively, and I’m probably going to say proactively, look after yourself. You know, nearly 20 years ago the World Health Organisation predicted that depressive disorders would rank second only to heart disease by 2020. We won’t get the stats for that for a few years yet but worryingly we’re probably well on the way. Do you know what, despite the nature of some mental health illnesses the recovery rates and the return to wellbeing are actually very good for those who access support. So, why you should actively look after yourself, as practitioners you will support students with complex and coexisting disabilities and quite likely mental ill health and, you know, you put it in your skillset you are the advocates, the mediators, the listeners, isn’t it amazing how much some of your students actually disclose to you about their lives and their home situations, their backgrounds and histories. Do you know what, that level of trust is a wonderful, wonderful compliment to a practitioner. You must position your mental health and wellbeing in the same way as your physical health, you must. You should have the opportunity to debrief and debrief can be very informal. It means getting away from your desk occasionally. If you are in an organisation that has an employee assistance program that’s a very good thing. Please refamiliarize yourself with it if you haven’t done so for a number of years because they have changed and they’re changing to the needs of mental health in the workplace in many different industries. I’m going to now tell you categorically if mental health training is not in your recent experience as a practitioner it must be, it needs to be and I will tell you categorically that you need to take that as an action, please do, because it’s going to be a significant part of your day to day work if it is not already. All right, how are we doing for time, guys? Have we got about 10 minutes, something like that, I think so?

AMII: Yes, Brandon, 11 minutes.

BRANDON TAYLOR: 11 minutes, look at that, I’ve got extra, that’s great. You know, my observation over many years is that – well, let me show you. Here’s a picture of a disability practitioner celebrating and highlighting their successes in the workplace. Here they are. They’re always at the back of the picture, if indeed they’re in the picture, and they will say something along the lines of, “Do you know what, I’m only doing my job.” Let me talk to this. You must tell people what is working well in your area and flag that with your manager and your senior leadership. You must highlight and share the good news stories and successes and use whatever mediums you’ve got to do that in your organisation. You must raise the awareness and the understanding of what you and your team do and you must bust a few myths and if you’re not convinced let me give you another reason why. Every single team, faculty, business unit, cost code sensor in your organisation, every single one wants more resources and is always asking for more resourcing. You need to give the decision makers in your organisation the reasons and the opportunities quite frankly about what you do, the value add, the retention. You need to flag that with them all year round. You cannot wait for budget time or times of financial instability to flag your service because quite frankly it will be lost in the mix. You need to reposition how your team is seen and you can do that. We’ve done it here in our organisation and, you know, it took time. It’s not a guarantee but it changes the position of how you’re seen because let’s face it, if people have never heard of you and don’t really know what you do, how do you think they’re going to view it at critical times of decision making. I want you to change, I want you to move away from the person hiding at the back of the picture and I need you to be a bit more like this, okay? This is what I need you to look like. This is what you need to be now and again and I think it’s fair to say that we don’t all feel particularly comfortable with that. It’s not a strong skill across the board of disability practitioners but flag the successes, use your intranet. You know, it’s really important that you do that because that way people understand what you are, what you do and the value that you bring. I’m going to get towards wrapping this up but, you know, I often think of our semesters and our terms and you might see it differently, I don’t know, but I feel we’re a bit like an airport terminal. We always just have this continuous stream of people coming through the door. Some of them know where they’re going, some of them don’t. Some of them aren’t prepared, some of them are. We’re like the airline stewards and the traffic controllers, you know, we help people check in. You know that some people are anxious about the journey. You know that some people are going to get travel sick. They may have some turbulence which is out of our control but, do you know what, we help them through it and we support them until they frankly are as independent as they can be and they’ve got to travel a little on their own. Here’s another slide that I ummed and ah’d over, do I put this in. Let me show you this. At some point or other we all say, “I’m too busy”, or, “I don’t have the time.” We all say that at some point. All roles have changed in every single human service that I can think of, all of them, industries have all changed, it’s not just the VET sector. There is more demand, there is more pressure, do more with less or do more with what you’ve got, so it’s important that you recognise that it is the nature of many, many roles in industries. I have to say, and I think it was Dr Thomas Tobin in the opening keynote speech, yes it was, it was Dr Tobin who talked about review some of those processes and get rid of some of those repetitive things if you can, do it in a better way. We absolutely acknowledge that it’s a personal challenge in these roles because we’re so invested in our students, we’re so invested in the services. It’s in the DNA of a disability practitioner. If you are the “I’m too busy”, or, “I don’t have the time.”, all the time you might need to take that as a little flag or a signal that something needs to shift and that shift is likely going to require you. It makes perfect sense that we review some of our processes and the way that we do things. It’s really important and it’s a challenge. It’s a challenge between are we striving for first class, are we striving for economy, what is it, tough one? I was going to talk to you a little bit about some of the challenges for practitioners and do you know what, we don’t need to do that I don’t think, but look we’re not all the same. We have very different experiences and backgrounds and a lot of similarities but please take part in your networks, the informal and the formal because quite frankly every disability practitioner at some point will lead the way for another practitioner, nothing really has ever never been encountered before, so use those opportunities. Speaking of opportunities, my observation is that a lot of you guys often dismiss opportunities to progress career-wise or otherwise. You say things like, “I don’t have the skills.” Can you just look at the chat and see all the different skills that you’ve listed because my word if they were on a resume you’d be short-listed for pretty much every job. You’re such good people that you say things when an opportunity comes along like, “But who’ll do my job?”, and that’s wonderfully caring of you but don’t dismiss an opportunity for yourself. I’ve been on numerous interview panels for lots of roles across my organisation and can I tell you if I was presented with a skillset that you guys have listed, wow, I’d wanted to interview that person, I really would. The role doesn’t currently define you. We look for the will before the skill. I wanted to talk a little bit about passion and rediscovering your passion. How long have I got, guys?

AMII: Two minutes, Brandon.

BRANDON TAYLOR: I’ll tell you what we’re going to do. It’s really important you find the passion in your day to day role, something that satisfies you on a personal level because our lives are busier than ever, busier than ever in all industries but can I tell you, according to Google there are 7.8 billion people on our planet and there is not one single documented case of a person who has looked back on their career or their working life and said the words, “Oh, I wish I’d sent more emails.” It’s never happened. When you look back on your career and your working life you’ll rue the missed opportunities and moments not taken. What you’ll remember are the stand-out moments with a smile when you did something a little different. I don’t mean a sea change, up sticks and move to a different country, the little things that satisfy you on a personal level and you must find that within your job, you must find that whatever it is. I’m going to ask you what is going to be your take-away for the next 12 months? You really should be thinking about what you’re going to do to support your mental health and wellbeing but I’m going to say to you what would you like to achieve? Is it something for yourself, is it a process, a small thing that actually can make a big difference because you’ve got to invest the time? Is it about your role? Is it going to be about the students or the teachers? Do you know what, take a few minutes out from your desk as a practitioner, go and sit in the shade somewhere or go and find a nice quiet corner, the library, or do it one evening at home and write it down, use the, what is it, specific, measurable, achievable, write it down. If you really want to commit yourself email it to me because I’ll give you a call and drop you an email and ask you how you’re going and how it’s progressing and it might not have even started, but hey if you commit yourself, it’s amazing what you can achieve, isn’t it? Guys, I’m going to stop there. I very much appreciate your time at this conference. Please ensure you have a take-away and as disability practitioners you’ve got to include yourself to help everybody else. I’ll happily take any questions if we can.