DARLENE MCLENNAN: Hello, everybody, and welcome. It's Darlene McLennan here and on behalf of ATEND and ADCET, I would like to welcome you to this webinar. Firstly, I would like to start by paying my respects and acknowledge the traditional custodians of the land on which we are all meeting on today and also pay respects to the elders past and present and for any Aboriginal and Torres Strait Islanders who are joining us today. I've got my video going because I know some people like to see a face but I just want you to, for those who can see, to excuse the mess behind me. I'm in the middle of trying to organise a storage area so there's a huge amount of mess behind me. Today we're really excited to have Bryan Winnett with us to present around equity in VET and mental ill health. Bryan is going to explore the development of vocational education training courses for students who experience mental illness and that's with varying degrees of different recovery stages that those people are in. Bryan's a complex individual who's done a lot of things, or not actually complex, I mean a complex life in the sense that he's been a brick layer, a psychiatric nurse, a disability support service manager and a teacher. So Bryan comes to us with a wealth of experience and has worked at the Wodonga TAFE for the past 15 years and has designed courses for students with mental health difficulties. He's also graduated from CSU and Federation University in Ballarat and his students have starred in local media and ABC Compass program. Today, Bryan is going to share a short 5-minute video with us during the presentation. There may be a bit of a lag while Bryan sets that up and closes that down so don't feel that the system has stopped. For those who haven't joined us before, just to let you know that we have this event captioned by Bradley Reporting, so thank you to Bradley, and the recording will be placed on ADCET after this presentation. The GoToWebinar platform isn't necessarily as accessible as we'd hoped and for those individuals who are screen reader users who have joined us today, you can email us with any questions that they may have for Bryan at admin@adcet.edu.au. There is also an option for people who are using the captions to actually resize those so if people put their mouse in the middle of their screen, you have the capacity to actually resize the images on your screen so that you can actually see the captions quite largely if you need. We hope the presentation will run for around 50 minutes and then I will be able to ask Bryan any questions at the end of the presentation. If you have questions throughout the time, please feel free to put them in the question pod or if you're a screen reader user, please email the ADCET email address. Also, if you are having any difficulties throughout the webinar, please email us at admin@adcet.edu.au. So now I’ll ... Bryan's not going to use his video cam but he will be talking to his presentation and I will give you relief from looking at my face and my mess by turning off my video cam and I'll now hand over to Bryan so thanks heaps, Bryan.

BRYAN WINNETT: Very good, thank you very much, Darlene. Good afternoon and thanks for joining me. This is my first webinar so hopefully all will go well. I've got Tim here from our IT department so hopefully he'll sort out any glitches if we have problems. I thank Darlene and Jane for the invitation. I thought I might start today with a bit of a chat about some history of where I've been and also you'll get an idea of how our programs for people with mental illness started here at TAFE and how they've developed and the success that has come with it. So, in 2016, 2016 marked my 36th year assisting individuals and groups to manage their mental health. Starting work at Mayday Hills Psychiatric Hospital Boxing Day 1979, that's a long time ago. Mayday Hills Hospital is located at Beechworth Victoria and it also had a school of nursing there so it was back in the days of hands-on training within hospitals rather than university or college. Later developed community-based services as part of deinstitutionalisation and community psychiatric nursing in rural locations on the NSW and Victorian border. As Darlene said, I've been teaching here for the past 15 years at Wodonga TAFE with a large proportion of my work being assisting students with mental health issues find pathways into work and training. I've been very fortunate to have TAFE and the Victorian Government assist me in gaining university qualifications when I was well into my 40’s so as I often tell my students, I'm living proof that education can occur at any time. I found using personal experiences, past employment and even social interests or talking about one's skills assists with building student-teacher relationships. It's a useful tool for communication with student groups who've often not had ideal experiences with learning and teachers in particular. Young people and older students often have baggage associated with what they perceive as a teacher or a teacher's role and sharing a bit of personal information and your past jobs in particular tends to break down those barriers and baggage that people bring with them. So, we've got a bit of a picture there of Mayday Hills. It is now not an institution anymore, it's been closed down. I've been a disability support manager and currently I'm also working with stone, granite stone, and I enjoy teaching apprentices how to lay stone as well. Young people in primary and secondary schools are in the care of teachers and support staff, social guidance and general wellbeing are key responsibilities in those early formative years. Our roles as educators in the tertiary sector, we maintain student care on a different level that also reflects our responsibility to the community. As educators, we have a captive audience of our most vulnerable young Australians, putting us in a prime position to assist people. We can ask the questions: Why do we need to have a stronger focus in providing assistance for students with mental health issues to participate in education? Young people engage in risk behaviours, I think we are all well aware of that. Young people dabble with and indulge in substance abuse and in some areas it's almost encouraged, particularly sporting groups, the celebrations that are associated with sport generally revolve around alcohol and I would even have some concerns about orientation and things like O Week where a lot of social functions, again, revolve around things like pub crawls and competitions associated with the consumption of alcohol. So we need to be mindful of this. We need to be mindful that those things also act as triggers and given that we have a captive audience, we're able to, I guess, provide a bit of assistance to hopefully steer people in the right direction. University and higher education is often the first time away from home, the first time people experience a bit of independence, and most importantly, the incidence or onset of major psychiatric conditions such as bipolar and schizophrenia tend to occur between the ages of 14 and 24 years. Young people in tertiary education also experience very high levels of stress and anxiety and depression. Also there are changes with regard to entering the adult world and often people are engaged in their first adult relationships and young people are finding out who they actually are. For as long as I can remember working in the mental health sector, I have heard the quote of one in five people experience mental illness. They have certainly been saying that well over 30 years. I believe, and a lot of other speakers in the mental health sector have suggested, that it is more likely one in two. Sane Australia by their community education program states that at least 45% of us will experience mental illness during our lives. Statistics are based on recorded diagnosis and does not include people struggling with undiagnosed conditions or perhaps masking those conditions with undesirable behaviours such as consuming alcohol. I was very fortunate to go to Townsville this year for the first inaugural conference with regard to mental health in tertiary education. I witnessed multiple speakers quoting the same or familiar alarming figures. The concern for young people and students in general was expressed by all in attendance. The Australian Institute of Health and Welfare data shows that more than one quarter, 26% of the 16 to 24 age group experience a mental health disorder in a 12-month period. The highest incidence of any age group. So once again, we have this captive audience where we're able to provide some interventions or at least guidance. Mental illness, what should we look out for? When I started teaching at Wodonga TAFE, I was concerned that when researching training options and assistance for students with psychiatric disability, what I found mainly was the term "accommodations". Accommodations is endless lists for teachers and educators and support staff of things to watch out for and who you can call, often published in a short dot form, handy handouts. I found nothing that resembled practical hands-on help for students to stay engaged in learning. I've even witnessed teachers discussing problem students, stating that the solution would be that they would probably leave soon and they were specifically talking about an individual that was struggling with mental health issues. Things have changed since then fortunately. From my years working in community-based psychiatric services, I was very aware of young people not finishing university studies and/or not gaining work experience due to becoming ill in their late teens or early 20’s. This is very disruptive to employment prospects and those that are finishing school or starting tertiary education, returning to training or work was often not on the recovery plan designed by mental health services or was perhaps a much later afterthought. Like most debilitating conditions, I believe the sooner supports are put in place and supportive interventions, the better the outcomes will be regarding timeframes for recovery. Rehabilitation is actually boosted by engaging in normal activity and study and work, vocational options, are certainly normal activity, particularly when you bump into a stranger, you might talk about the weather and that common question that comes up, "What do you do for a crust?" Very much normal activity. Other students with learning difficulty and/or disabilities at TAFE had specific hands-on interventions, both on and off campus, to assist with their learning. How can interventions provide an inclusive, academic and social environment for students experiencing mental ill health? From the recent conference at James Cook University, the same or similar questions were being asked in 2017. That quote was back in 2011. The questions we have discovered in our rural community that services for students with mental health issues via employment agencies are very limited. Not only are job opportunities in country areas limited but training and personal development required to engage in job seeking is not provided adequately. Frequently, from my experience, employment agencies refuse services to individuals with mental health difficulties on the basis of jobseekers not being well enough or not being ready. This often took away incentive and motivation. When I ran a disability service for people with psychiatric disability, it was an accommodation service, we would often have tenants working very hard in their gardens, even doing work around our office and being paid for it of course but certainly putting in a number of hours consistent work to the point where they were looking for jobs. We would make referrals and take people to see employment agencies and because of things like continuing to take medication, not being particularly comfortable with personal questions, those interviews often didn't go particularly well even though those people were well and truly able to work. We've found through our programs at Wodonga TAFE that the personal development component that can be developed within the courses assist that problem. The training known as the Building Bridges course developed at Wodonga TAFE by an initial pilot project in 2003, it provided a framework for other course options for students with psychiatric disability at Wodonga TAFE. Through our Disability equity coordinator Dr Julie Fry and campus support team, marginalised students groups were targeted based on data that highlighted groups that participated in higher education but did not complete training and left the institute without seeking assistance. So people would just disappear without putting their hand up, asking for help. Target groups included students with mixed ability, learning difficulty, youth with poor high school experiences, Aboriginal students and students with mental health issues. My role as a teacher was to teach students with mental health issues within the bridging course that was set up as a pilot program seeking to improve support, attendance and improve education outcomes. The success of the Building Bridges course led to innovations award and the Victorian Government offering $30,000 to other institutes as seed funding to implement their own bridging courses based on our model. I provided education for educators to teach the bridging course from Griffith in NSW down to rural Victoria, Melbourne and Warrnambool in Victoria. We started Building Bridges in 2003, not long after commencement we were running up to nine groups a year within three years. It later led to Real Options and the River 2 Recovery course which we'll be talking about shortly. So 8 week courses, 80 hours, sorry 10 hours a week, led to further long training options that have run for six months and even two years. Courses such as Real Options - the Real stands for Return to Education and Learning - assisted in recognising that the recovery process is different for every individual despite possible commonality in diagnosis. So I guess working in the psychiatric disability sector, I was very much aware of the revolving door, people coming back and doing the same programs over and over and I guess not achieving reasonable outcomes. We found that by varying the length of courses it attended to people's needs rather than setting something up where the same people kept coming back year after year doing the same thing which is obviously not desirable. The completed River to Recovery course as an example of 2-year training package that engaged 19 students at the start with significant psychiatric issues and finished training with 17 students so not a bad outcome. Students from this group were featured on the ABC Compass program. The student-driven project was a personal challenge incorporating 2-year mental illness awareness campaign that culminated with a rowing expedition down the Murray River. Students were engaged in vocational training units, gaining two qualifications. They also had basic woodworking units to build the five boats. They were actively engaged in public speaking, personal and team planning, community fundraising events and public health awareness events including media commitments. The students wrote the script, they did the filming and they produced this ABC open movie with assistance from ABC Goulburn Murray Wodonga. So hopefully this will work for you. We're going to click on the YouTube link now and I'll catch up with you shortly.

It was an interesting experience, the River to Recovery. Everyone had a role with regard to the program itself. Those that weren't physically able to row in particular and those that felt that they weren't emotionally up to the camping and everything else that went with it were actively involved in fundraising. They were actively involved in planning, liaising with the various Government departments that are required for camping along the Murray River, liaising with media, both television and radio and printed media. It was a tremendous exercise for a group of basically shy people and the outcomes with regard to employment - and I guess an interesting one was the number of people that felt that they were ready to move on to other community activities rather than staying with the main referring agency for that program which was a rehabilitation service. So people felt that they were ready to move on, they engaged in the program and the majority of the students did. As the video stated, many came back for the training as well. Most of the group were involved in a follow-up exercise, a re-enactment, if you like, of the trip, which was done with the Compass program. Compass, I guess it was the nature of the program, they focused very much on the river experience itself. A lot of the personal development, however, occurred in a training environment over that 2-year period. Without that, they simply wouldn't have been able to do it. So a marvellous exercise which has affected multiple people. We also had support from parliamentarians and even retired parliamentarians such as Mr Tim Fischer. So how is it done? The teaching model evolved and probably resembled the process of family therapy. That was, I guess, the best example I could come up with before doing further research. Like family therapy, boundaries were established by the group. I guess some rules were put in place initially with regard to what's acceptable and what's not. The therapist or teacher gathers data, initially via a circular method of conversation, allowing equal time and opportunity for all members to participate in the process. And the outcomes of that process were resolved and put in place by the participants themselves. So the people engaged in the program came up with the solutions as occurs in family therapy. So the teaching and learning model of Grow's staged self directed learning is probably the closest example I found through my studies at University that matched what we do. I looked at Jigsaw and obviously flip classrooms and so forth. Grow's staged self-directed learning matched things the best. I guess I found how and what we were doing after we'd already done it, if that makes sense. Initially, stage one, a student comes to Wodonga TAFE and they're quite dependent and expecting to be led by the teacher. Strangely enough, people come into our environment and expect to be taught something. So they're coached, they get immediate feedback, we're giving specific instructions. You're getting a good idea of learning ability and literacy of course. Then we move into stage two where you actually engage people who are interested, they know where they're heading, they know how long it goes for, they've got used to their co-students and people have stopped looking at each other sideways, if you like, and start to share a bit of personal information. The teacher's role, I guess, encourages that by running a series of what I call ‘all about me’ exercises. Using technology, using computers, using PowerPoint presentations, that type of thing, we encourage students as individuals and also as groups to come up with concepts and ideas and then present them to others. So initially, they'd be presenting information to their peers and then we would bring in a few strangers and people that they haven't met before and present in front of them. So boosting confidence but also exploring where they've been personally themselves and looking at where they'd like to go in the future. So goal-setting and learning strategies, looking at learning styles, looking at exercises that foster independent thinking. Stage three, that's an interesting stage. People are involved, they're building up energy and you might notice there I say that they're fuelled by frustration, ready for what comes next and sometimes that can be a little volatile. People are clearly comfortable at TAFE and in a TAFE environment. They've started to do their personal planning’s with regard to where they're going in the future and often from many group members you get this feeling of, "Come on, what's next? What are we doing? You're wasting my time?" There's even agitation that goes with that. That is the time that we then introduce the group project, if you like, and we introduce the concept of discussing issues and planning issues as you would in business, so literally right down to minute-takers and voting for a chairperson and having formal meetings to plan a specific event or some form of project. There's been multiple projects over the years, public sculptures, various construction projects, certainly artwork, photography exhibitions, art exhibitions, and very much a strong commitment to giving back to the community. So a lot of people have been in care for quite some time and very much dive into the idea of raising funds for worthy causes which is great because the group gets the opportunity to choose the cause that they want to sponsor. All of that is done by the student and if we move into stage four, the teacher's role becomes more of a resource and a guidance and often it's about money, like we can't afford to do that or you'd need to fundraise for that or that is against policy, but basically students had a fairly free reign with the only restriction often being around finances. So that culminates in the graduation. So even if it was only an 8-week course, graduation is a big deal. It's an event and the students have to organise and plan that and run that as well and acknowledgment of their achievements occurs at that point. We'll probably get to it a little bit later but from a TAFE’s perspective, we've had members of the audience at these presentations in tears because, like the chap mentioned in the River to Recovery video, some of these students haven't been out of their houses for a number of years. They come to a new environment and they achieve wonderful things within a short space of time and they tell the audience at graduation where they're going next so they actually have a plan of action that they've developed while they've been with us. I think Grow, the staged self directed learning model suits us best and it certainly works. It's been a challenge at times with changes in the curriculum and what's been on our scope as to what we've been able to use as units within these courses. It's been a challenge to mould the model to fit the curriculum but I think we've managed that quite well. So, recruitment: where do students come from? We had a referral network established initially from a stakeholders committee when the Bridges program was first being developed. So that stakeholder group was very useful because it incorporated community health services, rehabilitation services, employment agencies, inpatient and outpatient services and they basically stayed with us over the roughly 14-year period where we've been running these types of course so that initial start with getting that strong stakeholder group together was very helpful. The other thing, of course, prior to coming here to TAFE as a teacher, obviously working in the mental health sector, I had contacts and it was quite easy to go to various staff meetings and so forth with various agencies and let them know about this new service and, as we progressed, inform them of the positive outcomes. Kitchen table enrolments were very useful, very important. I realise in some environments you may not be able to do this, however, approaching anxious, sometimes depressed, sometimes shy people in various stages of recovery, being able to talk to them in their own familiar environment was very helpful in that they recognised a familiar face. Obviously, when they actually got to TAFE they were more comfortable in talking about personal issues, not without getting too personal, and I found, particularly with young people, relatives, mums and dads and sisters and brothers and neighbours from next door, everyone was very helpful with regard to what I call dobbing in helpful information. So you have picked up information that was useful with regards to helping people into training but didn't necessarily come from the student themselves. Obviously, we can't be too intrusive and quite often these interviews were held with the assistance of various agencies and support staff so either in a community health setting type office or a worker, for example, would come to a person's home and assist in getting to know people. Non-intrusive questioning. People that have been involved in the mental health system basically, to put it bluntly, get sick to death of people asking personal questions and quite often the same questions. So, we never asked what your diagnosis was, we never asked what medication you were on. Generally, we would know who the support workers were in the mental health system but didn't necessarily ask about that. We trusted people to say that they were well enough to come to a newer environment simply by wanting to come to TAFE. If they were brave enough to put their hand up and say, "I'd like to go back to study or I'd like to join study”, if they were brave enough to do that you could generally assume that they were well enough to do that. What assisted that process was the use of scenarios and asking the right questions. So in an interview situation, it was quite easy to give examples on the basis of "is there anything else that you can suggest that we can do to make you feel more comfortable here at TAFE or uni?", for example. And using scenarios, so saying things like, "I've had students that like to sit next to an open door because it makes them feel less anxious. I've had students that have difficulty with fluorescent lights and feel that it makes them feel anxious so we're quite capable of turning the lights off because we have big open rooms and plenty of light and that's not a problem”. I've had students who have said "I don't like sitting too close to people" so we're able to provide a student with their own desk, they don't have to sit elbow to elbow. So discussing some of these things that we know are triggers gives the individual the opportunity in the interview setting to say, "Oh, yeah, I have that trouble too," or even add further information so there's no need to probe people as such with lots of intrusive questions about their mental health condition. Partnerships with mental health agencies for specific target groups, like the River to Recovery, most of the students involved in that project over the 2-year period came from a specific rehabilitation service. Not all of them but most of them. And most of those students had been involved in rehab programs to the point where they were ready to take the next step and possibly move on from the rehab service, so that's occurred on a number of occasions. We've had women's groups engaged in training to overcome anxiety but then feel that they would like to do more or then feel that they would like to return to study, so a lot of referrals might come from that one agency so those partnerships were quite valuable particularly initially in getting the program off the ground. Employment agencies also, once they discovered that we were having quite good success, partnerships with employment agencies and ongoing supports and referrals became quite valuable. Community facilities, employment agencies, as I mentioned, further education options including university. We had some successful students engage in our bridging programs then move across to La Trobe university which is next door to Wodonga TAFE, and joined their bridging programs and then moved on to further study. So in a nutshell, recruitment is non-intrusive, generally you would meet people before they start and that wasn't really a vetting type process, it was more about making people comfortable. So examples of outcomes. We've had people return to university and move on to university studies. A number of people getting involved in the health sector in that area. As I mentioned, we had people move on to the bridging course. Quite common in older groups, often 100% of students would reenrol for further training, into other courses. We would do our best to introduce students to other departments within the TAFE. For example, we might do a taster in construction or a taster in perhaps horticulture. If there was a genuine interest in that, we would put students in touch with the relevant people in other departments and quite often people would move on to further training in that area. We've had six students train with us and then move on to further training and in particular gain positions in consumer consult area in the mental health sector, acting as mentors, acting as members of boards on community-based organisations, and at this point there were three specific consumer consultant positions that were filled by students that had been through our program. We've had students attend our courses while being admitted at the local psychiatric unit. So with assistance from staff within the hospital, students have been able to come to the course during the day and then return to the psychiatric unit in the evening, so, again, engaging in normal activity being a therapeutic process. We've also had some of those students, at a later day date, come back and do further training with us. Past business owners and past university graduates, even though they might be engaging in foundation level studies it has been an area where they need to go back to basics before then feeling confident enough to take on or resume further study. A good example is I had a young man with schizophrenia do a bridging course, and went on to local university bridging courses and then completed two further degrees in environmental studies. This young man started studies with us while in residential care and he's an excellent example of someone who became ill just after starting higher education but was able, with encouragement, to get back on the horse, if you like, despite not being fully recovered initially and he then went on to complete further studies. Retention rates. Those that start, finish basically. And the reason for that is, the training is often, as I call, ‘all about me’. So if the training is ‘all about me’, individuals tend not to get bored or frustrated because they're working on their own goals and aspirations for the future. So it's uncommon that we would actually lose a student and generally if someone did drop out it was due to often changes in medication or some other personal matter rather than not being satisfied with the work they were doing. The other reason that retention rates are good is that we have a policy of assertive follow-up. I'm very much aware that if you've been involved in the mental health sector and had difficulty with your mental health it can sometimes become a familiar pattern to fail, if you like. So if a student missed a session or two, it is very important to get on the phone or even contact a worker, with permission, of course, or sometimes even knock on the door to say, "G'day, are you OK? It's not a problem that you've missed a couple of sessions. What can I help you with? You're very welcome to come back," because people assume, "Oh well, I've missed a couple of sessions so I've failed that again, haven't I." So a little bit of assertive follow-up is very productive with regard to people completing their training. Moving on, side issues. Learning actually provides - it is a therapeutic side effect. So the bonding that occurs within the TAFE environment, the bonding that occurs within group members, having a reason for getting out of bed in the morning, there's a whole lot of issues that are therapeutic which are attached to simply the business of coming to TAFE for a reason and meeting new people. So, we're not a rehabilitation service of course but we are very much aware of the therapeutic side effects of engaging in training. It creates an impact on the TAFE community, particularly our graduation ceremonies and other members of the TAFE community being aware of what these small groups are achieving. Not everyone's aware that people have a mental health condition but certainly attending a graduation ceremony, this becomes evident and people are often surprised, shocked and often very emotional with regard to what's been achieved. Community awareness: students are often engaged in community projects. We're now at a point where even local businesses are very much aware of what we do so the opportunity to fund-raise and embrace what's occurring here is very much owned by the local community. Certainly, there's improved relations with employment agencies and it's another option for people with mental health issues to become ready for employment by engaging in this sort of training. There's just general acceptance of study groups. I haven't been aware of any stigma, as such, attached to our groups and they're certainly not labelled. There's recognition from mental health agencies of the benefits of training and these are often side issues and side comments like a particular student is more talkative or a particular student is more assertive or basically more alert and ready to engage in other opportunities. So there's some good positive feedback, again going back to the initial one of therapeutic side effects. No incidents: we have not had a psychiatric emergency. We've had no need to call in special counsellors. If anything, students have helped each other when people have become emotional. Initially, we were team teaching. That was often very helpful. If an anxious person needed to leave the room, one member of staff could go and assist with that and the other member of staff could keep teaching. We found as the program developed there was no real need for that and the group took responsibility for themselves so no psychiatric emergencies. The River to Recovery was interesting. When it was first proposed, we had a reaction from acute services, basically people with mental health issues and water, two and two together and the answer was ‘no’, so we had to write a letter saying that it wasn't something that was going to instantly occur, there was a long-term program and the students would actually assess all the risks associated with it and if necessary we would have the appropriate emergency support people available, which we did. We had the volunteer rescue service actively engage with the students and that was a lovely partnership too.

DARLENE: Ok Bryan, we just have 10 minutes to go, just to give you the time.

BRYAN: Yep, I think we're doing OK.

DARLENE: Yep we are. Thank you.

BRYAN: Thank you. Alright, just to finish off, Wodonga TAFE has witnessed dramatic change in the lives and achievements of our students. It may seem discriminatory to have targeted student groups but we've found that students can learn within the same environment as others but retain anonymity and not feel that they are wearing a mental health label. Students also learn from, and encourage, each other. Anxiety and self-doubt is hard to describe but its effects can be overcome through targeted vocational training. We have found that students with mental health difficulties can independently move through the adult education system with limited support needs. Self-management, self-determination, combined with a written self-designed vocational plan and support from health services when required provide ongoing opportunities and negates the need for educations to have a list of things to watch out for in the classroom. Becoming mentally ill, recovering mental illness is difficult. Self-confidence and belief often needs to be rekindled and bridging courses that develop self awareness and self management skills in conjunction with vocational qualifications are a successful way to rejoin or start an education environment. So, finally, just some brief examples of some of the partnerships and student outcomes. So, with a partnership with our local Wodonga city council, we've had students engaged in community-based projects like constructions at a local children's park. We've got an example there. We've had a good partnership with the local environment agency Parklands Conservation Group so students were able to get out and plant trees and also learn about the concept of conservation and reclaiming areas of our local area and allowing access to the river, that type of thing. Down the bottom of that page, for a number of our student groups in recent years they've been actively involved in posting their activities on a bit of a blog I suppose you'd call it. So boatproject.wordpress.com. The majority of that material is student videos and photos and comments that they've put up about their course activities. So thank you very much for joining me. I hope this has been useful. I'm more than happy for you to contact me with regard to further information and I hope the links and the PowerPoint are informative and help you if you want to head down this track. Thank you very much.

DARLENE: Wonderful. Thank you, Bryan. Are you happy to provide your email address? How will people reach you?

BRYAN: I can be reached through Wodonga TAFE. bwinnett@wodongatafe.edu.au.

DARLENE: Yep, that’s fine. Excellent, thank you for that. If people have any questions, please take the opportunity to write those in the question pod and I'll ask Bryan those things. What I was interested in when I was listening to your presentation is I know that often TAFEs do struggle with the revolving door and it was nice to hear that this program has certainly kind of addressed that and that people are succeeding in their study and going on to employment, which is fantastic. And you've given me some ideas for some future work which is always scary. So no-one's written a question as yet, I'll just give them a ...

BRYAN: They've all gone home.

DARLENE: No they haven’t, they’re all engaged. Someone’s just made a comment that they really enjoyed the video and just commenting on it was great work that you've been doing. It's fantastic. Is this program continuing now?

BRYAN: We're under review this year. We have mixed ability courses for students and certainly some of those students have mental health issues, particularly young people. We've run some individual programs this year with regard to mental health education but after 14 years we felt that it was a good time to review where we were and where we might be heading in the future so our last program was at the end of last year and this year has been a year of review. I've also ducked off for a little while for a bit of leave, I'm actually on leave now.

DARLENE: Thank you so much for your commitment in joining us today. We haven't got any more questions as yet. So I might just do a quick plug for our next webinar which is ... we’re having it ... the next webinar will be on 8th November and that will be a presentation around mainstreaming captions for online lectures in higher education in Australia, and alternative approaches to engaging with video content. It is a National Centre funded research and it will be presented by Mike Kent and Katie Ellis from Curtin University. We've just had another comment Bryan that someone said they really enjoyed the presentation, particularly interested in the partnerships and outcomes of the bridging courses. So thank you for sharing those. Have those partners continued to be engaged with TAFE?

BRYAN: Certainly, yes. The council in particular has been quite interesting. We had an agreement where we had about an acre and a half of land where the council was quite happy for us to have ongoing projects and we've had all sorts of groups utilise that with various forms of disability but simple things that you sometimes don't recognise like some individuals that have never actually turned on a cement mixer before and the idea of laying rocks and the fact that it will be there for future generations is really rewarding for individuals.

DARLENE: Yep, I can certainly understand that. Well alright, well we haven't got any more questions so we will end the webinar now. Thank you for everybody for joining us today. Bryan, if you just want to stay on the line once everybody leaves, we'll have a bit of a debrief and I want to thank you so much for your time and also to the IT person there supporting you and also to our captioner. We had no glitches so that's good. A couple of people have reported they didn't get to see the video but we'll certainly put the link up there for people to see the video or they can watch the whole presentation again on the ADCET website.

BRYAN: The link is in the Power Point.

DARLENE: Yep, excellent. Have a good day, everybody. Thank you.