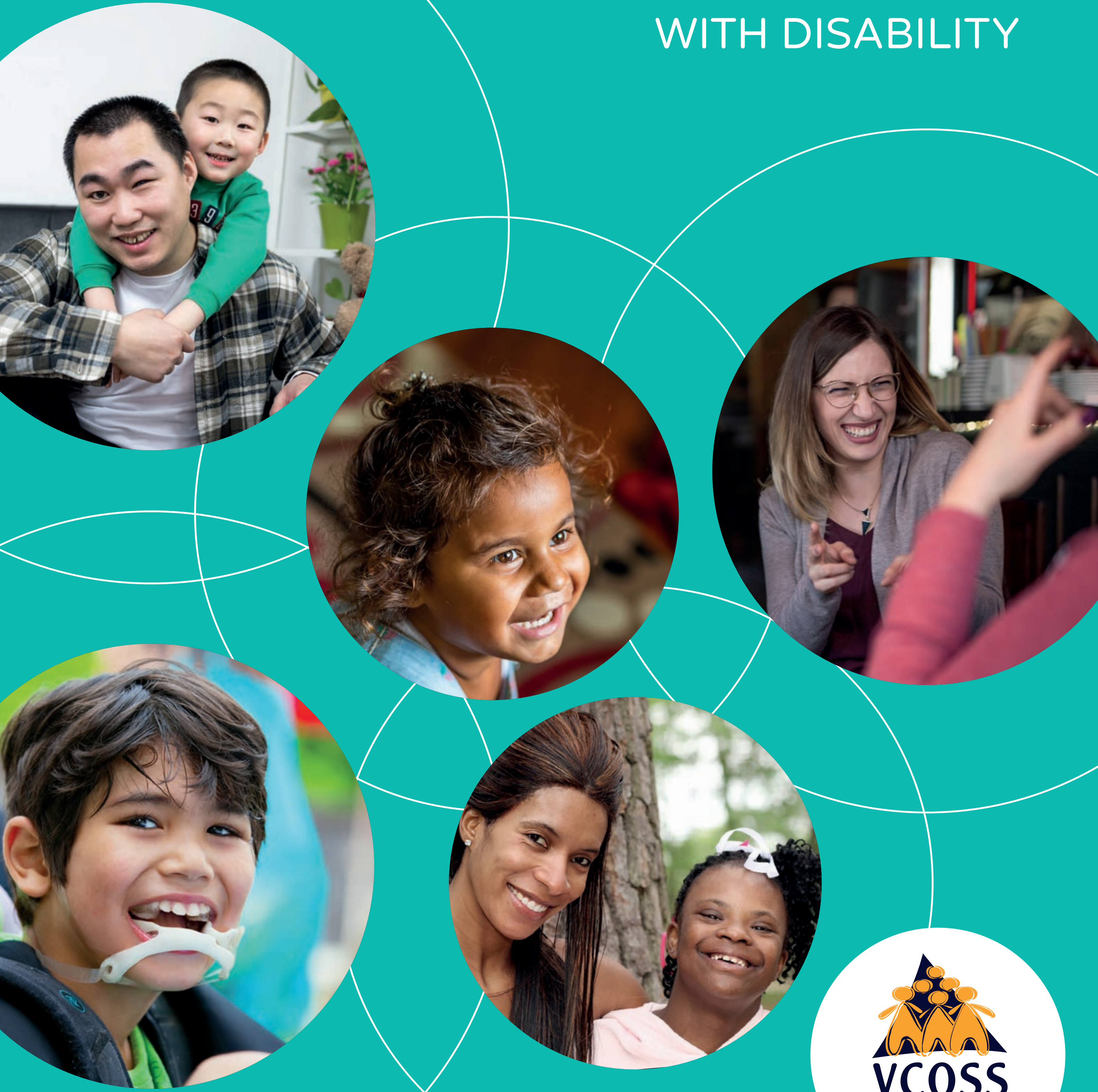
Empowered Lives

SECURING CHANGE FOR VICTORIANS WITH DISABILITY



VCOSS
Victorian Council
of Social Service

afdo
Australian Federation of Disability Organisations

amaze

AMIDA
Action for More Independence & Dignity in Accommodation

AV ASPERGERS VICTORIA

BDRC
Barwon Disability Resource Council

brain injury AUSTRALIA
www.braininjuryaustralia.org.au

Brain Injury Matters

Carers Australia VIC

CEREBRAL PALSY SUPPORT NETWORK

cyda
Children and Young People with Disability Australia

CYSTIC FIBROSIS Community Care

Disability Advocacy Victoria Inc.

DANA
Disability Advocacy Network Australia

DDLS
Disability Discrimination Legal Service Inc

DRC advocacy

each

epilepsy foundation

FSSI FUTURE SOCIAL SERVICE INSTITUTE

GdA
Grampians disAbility Advocacy

GDAi
Gippsland Disability Advocacy Inc

Leadership Plus

MentalHealth Victoria
Collaboration • Knowledge • Leadership

North East Citizen Advocacy Inc.
Creating and Supporting Community Connections Since 1986

pwsa VIC
prader-willi syndrome association

riac
your rights, your voice

SARU

Southern Disability Advocacy

Spina Bifida FOUNDATION VICTORIA

SUMMER FOUNDATION

SWAA
ABN 50 982 282 660

Syndromes Without A Name

tandem

VALiD

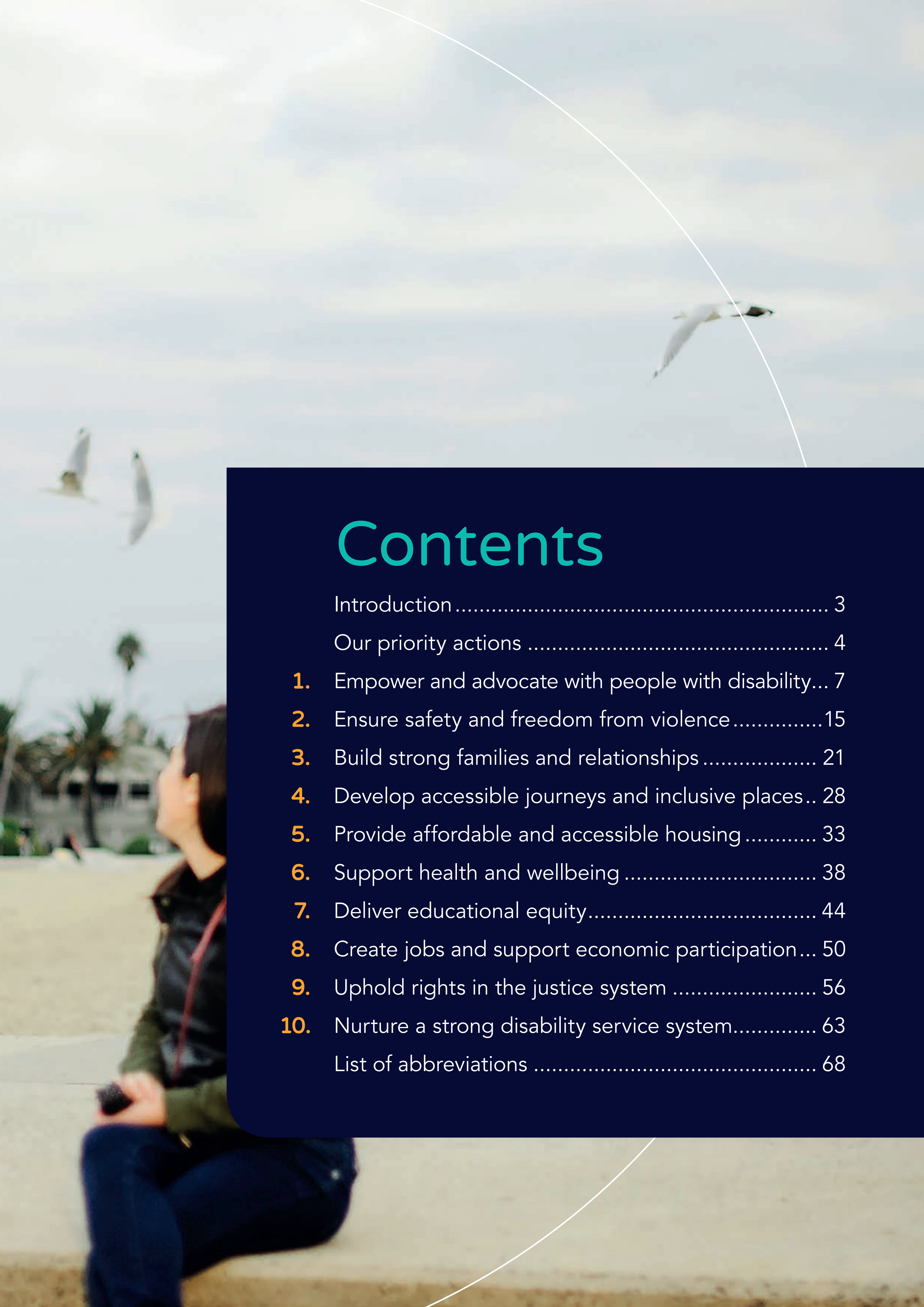
VicRAN
Victorian Rural Advocacy Network Inc

VISIONARY Design Development Pty Ltd

VMIAC
by and for consumers

YACVIC ydas

Womenwithdisabilitiesvictoria
empowering women



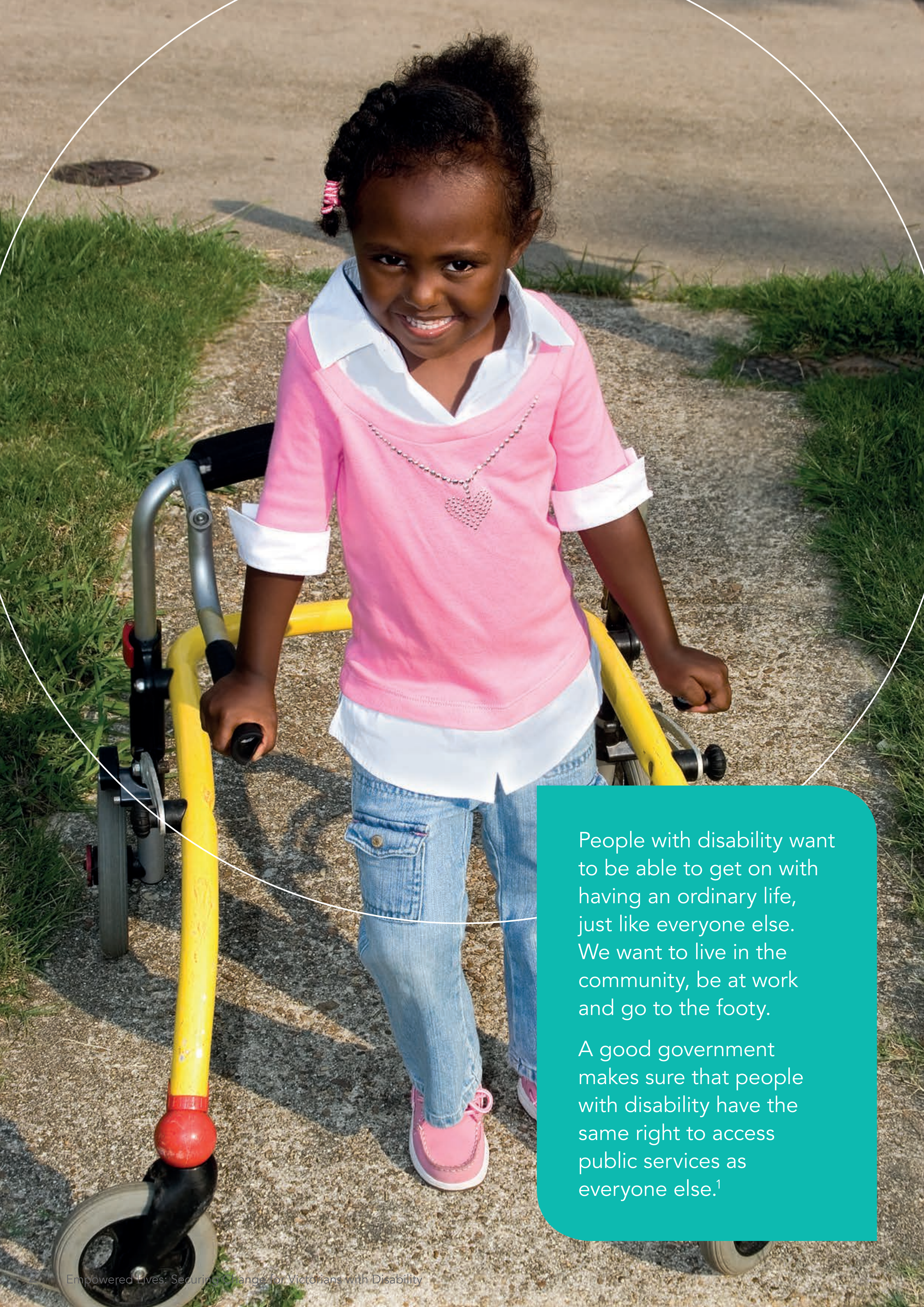
Contents

Introduction 3

Our priority actions 4

1. Empower and advocate with people with disability... 7
2. Ensure safety and freedom from violence 15
3. Build strong families and relationships 21
4. Develop accessible journeys and inclusive places.. 28
5. Provide affordable and accessible housing 33
6. Support health and wellbeing 38
7. Deliver educational equity 44
8. Create jobs and support economic participation... 50
9. Uphold rights in the justice system 56
10. Nurture a strong disability service system 63

List of abbreviations 68



People with disability want to be able to get on with having an ordinary life, just like everyone else. We want to live in the community, be at work and go to the footy.

A good government makes sure that people with disability have the same right to access public services as everyone else.[1]

Introduction

Empowered Lives: Securing Change for Victorians with Disability brings together people with disability, advocates, and organisations in the disability community. Together, we have developed this platform for change – outlining the key issues that face Victorians with disability in their interactions with Victorian Government systems, and setting out achievable actions the Government can take to provide more opportunities for people with disability, more inclusive environments and communities, and stronger support when needed.

We have spent the past 12 months working together, with input from over 60 people across more than 40 organisations. Our platform recognises and builds on existing efforts across the Victorian disability community to advocate and fight for the rights of people with disability over many decades. It is rooted in an understanding of the fundamental human rights of people with disability, which are articulated through the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).[2]

The UN CRPD also affirms the social model of disability, which shows us that the hardships commonly associated with disability are the result of interactions between people with impairments and an environment filled with a range of barriers.[3]

Coordinated, systemic advocacy is especially important at a time when significant change is occurring for people with disability, with the introduction of the National Disability Insurance Scheme (NDIS) and other changes to service systems. This provides us with a unique opportunity for making sure the voices of people with disability in Victoria are heard by the Victorian Government, and included in policy making and program implementation.

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[1] People with Disability Australia, *Certainty for NDIS, but more needed on jobs for people with disability*, media release, 8 May 2018.

[2] In this platform we also use the CRPD's definition of disability (Article 1): "Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

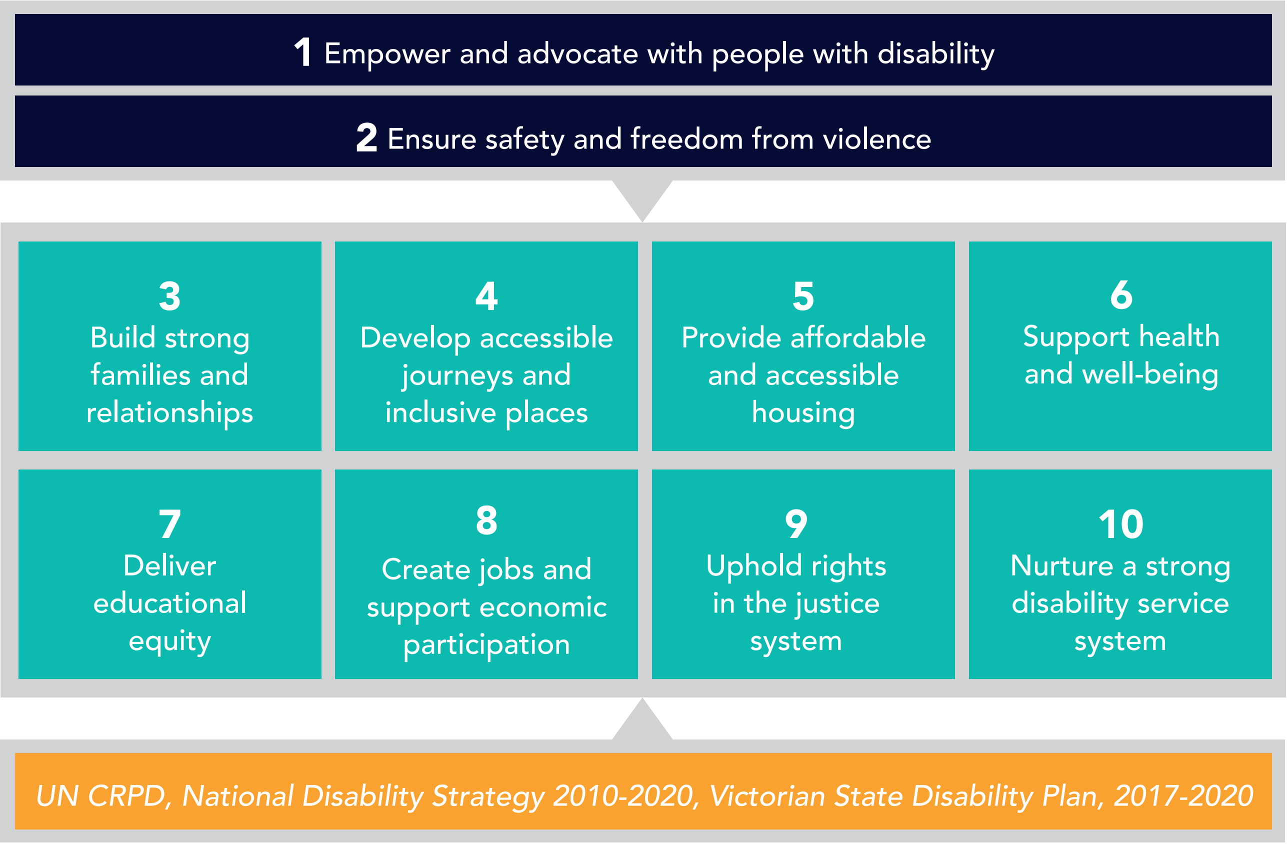
[3] People with Disability Australia, *The Social Model of Disability*, webpage, 2017.

Our vision for an inclusive Victoria

Our vision is for an inclusive Victoria where people with disability have the same opportunities as other Victorians.

Strong commitment and action from government is required across a range of areas to build an inclusive Victoria. In this platform for change, we identify 10 key areas for change (shown in the image below) and 70 priority actions the Victorian Government can take across these areas.

This includes delivering inclusive service systems – whether it is health, education, justice or disability services, supporting Victorian families, creating jobs, and improving the accessibility of our transport and infrastructure. Each of these areas is underpinned by a focus on the empowerment of people with disability and on strong safeguards to ensure safety and freedom from violence and abuse.



1 Empower and advocate with people with disability

2 Ensure safety and freedom from violence

3 Build strong families and relationships

4 Develop accessible journeys and inclusive places

5 Provide affordable and accessible housing

6 Support health and well-being

7 Deliver educational equity

8 Create jobs and support economic participation

9 Uphold rights in the justice system

10 Nurture a strong disability service system

UN CRPD, National Disability Strategy 2010-2020, Victorian State Disability Plan, 2017-2020

Key areas for change

1 Empower and advocate with people with disability

- Increase advocacy support for Victorians with disability.
- Include people with disability in government policy and planning.
- Provide appropriate information and support for decision-making.
- Deliver appropriate support for Aboriginal and Torres Strait Islander people with disability.

2 Ensure safety and freedom from violence

- Strengthen Victoria's safeguards for people with disability.
- Address intersectional violence and abuse.
- Eliminate the use of restrictive practices.

3 Build strong families and relationships

- Increase support for parents.
- Improve interactions with the child protection system.
- Provide comprehensive support for carers.
- Ensure access to sexual and reproductive health services.

4 Develop accessible journeys and inclusive places

- Prioritise and invest in accessible transport.
- Improve accessibility of public spaces.
- Mandate universal design.

5 Provide affordable and accessible housing

- Increase accessible housing options.
- Deliver an effective Specialist Disability Accommodation model.
- Invest in accessible social housing and crisis accommodation.

6 Support health and wellbeing

- Reduce barriers to the delivery of effective healthcare.
- Guarantee service continuity and avoid gaps with the NDIS.
- Support choice and control.

7 Deliver educational equity

- Provide targeted support for students with disability.
- Invest in bullying prevention.
- Ensure accessible education environments.
- Improve staff awareness of disability.

8 Create jobs and support economic participation

- Promote the benefits of employing people with disability.
- Improve career advice for students with disability.
- Ensure the public sector leads the way.
- Support increased access to social security.

9 Uphold rights in the justice system

- Ensure equal access to legal information and processes.
- Improve support for people in the justice system.

10 Nurture a strong disability service system

- Address emerging gaps between the NDIS and other services.
- Guarantee quality crisis response services.
- Support development of the disability workforce.

1 Empower and advocate with people with disability

Goal: Victorians with disability can represent themselves or be supported to make decisions and choices. Their voices are heard by the Victorian Government.

People with disability have the same rights as other people. This includes being able to make well-informed choices, and understand and execute their responsibilities.

For these rights to be meaningfully achieved, people with disability need effective advocacy and self-advocacy, the ability to access information and communicate their needs, and a voice in the government decision-making processes that affect them.

Increase advocacy support for Victorians with disability

Priority action: Increase Victorian disability advocacy funding to at least $5.1 million annually, in line with the Productivity Commission's recommendation.

Disability advocacy empowers people with disability, and their families and carers, to understand their human and legal rights, communicate their needs, and have these needs met.[4] During our consultations, people stressed the importance of advocacy, particularly self-advocacy, for empowering individuals, building relationships, and supporting inclusion. Advocacy is also an important safeguard against abuse, particularly for those who are most marginalised or have complex needs.

> Disability advocacy is not only about assisting people with disability to seek justice, it helps identify problems so people can advocate for change at an individual or systemic level. When systemic issues, which create barriers to access and inclusion for people with disability, are identified and addressed, the whole community benefits.[5]

The Victorian Government currently provides funding for advocates to work with approximately 2,000 people each year,[6] but this is a drop in the ocean compared to need. More than one million Victorians have disabilities,[7] and each year many thousands of people miss out on advocacy support.

Advocacy organisations face increasing workloads with the introduction of the NDIS and other changes,[8] and cases are becoming more complex. Organisations report that their staff are under considerable stress and risk burning out. Regional and rural areas of Victoria are particularly under-serviced by current advocacy funding – for example, one advocate currently supports the whole of Ballarat.

To increase Victorians' access to advocacy, the Victorian Government should match the Federal Government's per capita advocacy funding, as a minimum. This was recommended by the Productivity Commission[9] and would take the Victorian Government's contribution from around $3 million to $5.1 million per year, allowing advocates to work with many more people.

Not only would increased disability advocacy funding make sense because it upholds people's rights, it also makes economic sense. Recent analysis found that for every $1 invested in disability advocacy, the Government will save $3.50.[10] These savings could be used by the Victorian Government on other vital services.

Include people with disability in government policy and planning

Priority action: Ensure people with disability are represented and included in government committees and decision-making structures

Victorian Government departments and agencies have many committees, advisory groups, boards and other structures they use to provide insight and expert advice into their decision-making processes. This includes a range of disability-related groups, such as the Victorian Disability Advisory Council,[12] the Public Transport Access Committee,[13] and Victoria Police's Disability Portfolio Reference Group.[14] These groups are an important way for the voices of people with disability to be heard in government planning, policy development, and decision-making.

There are also many other groups that are not disability-specific, but that consider issues affecting the broader Victorian community, including people with disability. Ensuring people with disability are represented and included in these groups as well would support inclusion and disability-responsive planning. It would also bring added diversity, which has been shown to lead to better decisions and better outcomes.[15,16]

Participating in groups like this would help build members' experience and capacity, which is positive in itself and is also likely to have flow-on benefits across the community as members engage in other activities.

People with disability and advocates stress the importance of making sure this participation is genuine and not tokenistic. Where decisions directly affect the lives of people with disability, ensuring at least 20 per cent of the group's membership has a disability (in line with the proportion of people with disability in the Victorian population) would demonstrate the Government's commitment to inclusion.

Supporting genuine participation also means recognising and accommodating each member's unique needs and providing appropriate support for people to fully engage in the group's activities and decision-making.

Nguyen has cerebral palsy, epilepsy and is legally blind. She is unable to walk, and lives alone in public housing with no family in Australia. She speaks English poorly as a second language.

Nguyen was able to access individual advocacy services, and an Advocacy Plan was developed for her. Through this plan, Nguyen and her advocate were able to resolve her tenancy maintenance issues and obtain carer support for 35 hours per week so she could live independently.[11]

Priority action: Undertake disability impact assessments in government planning, expenditure proposals, and policy development.

We have heard from many people with disability that there is a significant lack of community consultation about the accessibility of new policies, services and programs for people with disability. If there is consultation, it is often undertaken once planning is well underway or decisions have already been made (for example, when purchasing rolling stock for public transport). Requiring disability impact assessments for all substantive proposals affecting people with disability, and ensuring disability is included in social impact assessments for other proposals, would bring this area up to the standard of other Victorian Government planning policies. Social impact assessments are often used to look at the impact that a proposed intervention will have on society more broadly.

The Victorian Government also regularly uses environemental impact assessments and has committed to introducing gender impact analysis tools into its policy, services and budgeting.[17]

There is an opportunity for the Victorian Government to take a leading role in introducing disability impact assessment in Australia. This would allow the needs of people with disability to be incorporated in government planning from the beginning, and save the Government money in the long run, since embedding accessibility from the start is less expensive than retrofitting down the track.[18]

Priority action: Build an evidence base to support inclusion by measuring community attitudes and access to mainstream services.

'We count what matters, and what matters counts.'[19] The importance of collecting data about different aspects of the lives of people with disability, including their needs and their access to services, is widely recognised in Australia[20] and internationally.[21]

In Australia, data around service use and access is collected in the specialist disability services system but not in mainstream government services like health, education, housing, transport and family violence.[22,23] This means there is limited information about the accessibility of these services, including who is currently accessing them and who may be missing out, and about the different outcomes for people with different disabilities and functional needs.

Adding standard disability fields to data collection tools, such as client intake forms, would provide valuable information and help to identify gaps in access.[24] This would support the government to plan and deliver more inclusive services for all Victorians. Community awareness and attitudes are another important part of inclusion. Research into Australian community attitudes towards people with disability shows attitudes can be a barrier to inclusion in a range of areas, including health, education and employment,[25] but we do not have enough data to track changes in attitudes over time.[26]

Introducing a regular survey of Victorians' attitudes towards people with disability would build an evidence base that could be used to map current community sentiment, identify gaps, and undertake targeted work to change attitudes. Similar surveys are already regularly used in other areas of community wellbeing,[27] and Amaze recently conducted a survey of community attitudes and behaviours towards autism, the results of which have informed a community campaign.28 Work like this is essential for the prevention of violence and abuse,29 for building community awareness and understanding, and supporting inclusion.

Provide appropriate information and support for decision making

Priority action: Maintain continuity of disability information services.

Through its disability services funding, the Victorian Government provides funding for organisations to deliver information services – up-to-date, accessible information about the services available for people with disability, their carers and families.[30] These organisations are often the first port of call for families and people receiving a diagnosis, or those looking for information about a particular condition and the services available.

The Victorian Government has indicated that information services funding will cease once the NDIS has been fully rolled out in Victoria (30 June 2019), to be replaced by the NDIS Information, Linkages and Capacity Building (ILC). The sector has serious concerns about the appropriateness of the ILC for this purpose.

ILC funding is currently provided through a short-term, competitive grants program,[31] which is not conducive to the ongoing and reliable delivery of up-to-date information. It is unclear if currently funded organisations will be successful in receiving funding under the grants program and therefore whether the current information services, which Victorian individuals and families rely on, will be able to continue. Even when organisations do receive funding under the current model, it is not clear what would happen to the information service (e.g., website) or who would be responsible for it after the grant period ends.

An Auslan interpreter arrived at a post operation check up at a Victorian hospital. On meeting the Deaf patient,the interpreter asked for some background, as per usual practice, to prepare for the appointment.

The patient stated that they had emergency surgery a week ago, however they had no idea what had happened. There was no interpreter provided at her presentation to the Emergency Department, before or after surgery, or on discharge.

Once in the appointment, the patient told the doctor that she was not aware of what had happened to her, and the doctor had noted this in the file. No further action was taken about this issue. In this case, 'informed consent' did not occur.[34]

The Victorian Government raised concerns about the current ILC grants model in a recent submission, noting the need for a long-term approach in order to build community and service capacity effectively.[32] We understand the National Disability Insurance Agency (NDIA) is currently developing its ILC Investment Strategy, but remain concerned that it will not provide stable, reliable funding for these critical services. In the absence of appropriate, sufficient and long-term funding through the NDIS, the Victorian Government should support the continuity of information services.

Priority action: Ensure people with disability have the support they need to communicate and make decisions.

Communication is a fundamental part of our lives, important in building and supporting relationships, sharing information, and making decisions. Without a means of communication that meets their needs (such as access to interpreting or assistive technology), a person with disability cannot participate in everyday opportunities along with their peers and cannot communicate when their rights and safety are compromised or at risk.

While many individual-level communication supports can be provided through the NDIS, the Victorian Government has an ongoing role to play in providing support for communication at the system level. This includes services such as the Language Services Credit Line, through which funded health services can access free Auslan translation and interpretation.[33]

The credit line currently provides valuable access for some service users, but our consultations indicated greater access is needed, through both increasing the budget and promoting the service more widely.

Where needed, support for decision-making is also essential, particularly for people with cognitive disability. Through a supported decision-making approach, appropriate support is provided to assist people with disability to make valid decisions about their lives.[35] The Victorian Government should continue to embed a supported decision-making approach throughout its services and practices, and promote this for other organisations and services.[36, 37] As part of this, the important role of family and friendships in supported decision-making models should be recognised[38] and appropriate support provided for all parties involved.

Deliver appropriate support for Aboriginal and Torres Strait Islander people with disability

Priority action: Resource Aboriginal community controlled organisations appropriately to provide disability services to community.

Almost half of Aboriginal and Torres Strait Islander adults live with a disability or chronic health condition,[39] but very few receive adequate support services. By the end of March 2018, only 2 per cent of active NDIS participants in Victoria with an approved plan were of Aboriginal and Torres Strait Islander descent.[40]

Significant investment in culturally safe and appropriate services is required across the state to meet the needs of Aboriginal and Torres Strait Islander people with disability. The best way to redress centuries of marginalisation is a policy of Aboriginal self-determination, and strong, sustainable Aboriginal community controlled organisations (ACCOs). ACCOs deliver a wide range of culturally appropriate services, designed and trusted by Aboriginal people, including services for people with disability.

ACCOs should continue to be supported to provide responsive, appropriate services for Aboriginal and Torres Strait Islander people with disability. This is especially important while the service environment is changing dramatically through the introduction of the NDIS. Ensuring culturally safe services are available for NDIS participants and non-NDIS participants is essential.

The Victorian Government should also continue working with Aboriginal and Torres Strait Islander people with disability to understand their needs and the gaps in available services, and to support communities to develop their own approaches. This could include exploring options to expand the Balit Narrum Aboriginal Disability Network model[41] or other community-based approaches.

[4] Disability Advocacy Resource Unit, *What is disability advocacy?*, 2016.

[5] Disability Advocacy Victoria, Inc. and VCOSS, *National Disability Advocacy Framework: Response to Discussion Paper*, 2015, p.15.

[6] The annual target number of advocacy clients was increased from 1,700 to 2,000 in the Victorian State Budget 2018-19 (*Budget Paper No. 3*, p.262).

[7] ABS, *Disability, Ageing and Carers, Australia: Victoria*, 2015, Catalogue #4430.0.

[8] DARU, *Disability Advocacy by the Numbers*: Statistics from July 2012 to June 2016 from the Victorian Office for Disability Advocacy Program Quarterly Data Collection, 2017.

[9] Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs*: Study Report, 2017, Recommendation 10.4.

[10] A Daly, G Barrett and R Williams, *A Cost Benefit Analysis of Australian independent disability advocacy agencies*, for the Disability Advocacy Network Australia, 2017. The government savings figure is based on the estimated cost savings that could be made in education, health, justice and other government services.

[11] Case study provided by Disability Justice Advocacy. The individual's name has been changed to protect their privacy.

[12] DHHS, *People with a disability in Victoria*, webpage, 12 April 2018.

[13] PTV, *Public Transport Access Committee*, webpage, 2013.

[14] Victoria Police, *Working with Community*, webpage, 2018.

[15] E Larson, '*New Research: Diversity + Inclusion = Better Decision Making At Work*,' Forbes, 21 September 2017.

[16] A Reynolds and D Lewis, '*Teams Solve Problems Faster When They're More Cognitively Diverse*,' Harvard Business Review, 30 March 2017.

[17] Victorian Government, *Safe and Strong: A Victorian gender equality strategy*, 2016.

[18] AusAID, *Accessibility Design Guide: Universal design principles for Australia's aid program*, 2013.

[19] A Kavanagh and S Robinson, '*We count what matters, and violence against people with disability matters*,' The Conversation, 27 November 2018.

[20] Australian Government, *National Disability Strategy 2010-2020*, 2011.

[21] See, for example, Article 31 of the *Convention on the Rights of Persons with Disabilities and Objective 3.5 of the Cape Town Global Action Plan for Sustainable Development Data*, endorsed by the United Nations Statistical Commission in March 2017.

[22] Australian Institute of Health and Welfare, *Standardised Disability Flag for mainstream services: Data collection guide*, Cat. no. DAT 6, 2016.

[23] S Dyson, P Frawley and S Robinson, *Whatever it takes? Access for women with disabilities to domestic and family violence services*, final report, ANROWS Horizons, Issue 05/2017, 2017, p.5.

[24] AIHW, *Standardised disability flag*, webpage, 30 August 2017.

[25] D Thompson, K Fisher, C Purcal, C Deeming and P Sawrikar, 2011, *Community attitudes to people with disability: scoping project*, Social Policy Research Centre, University of New South Wales, for the Commonwealth of Australia.

[26] M Randle and S Reis, *Changing community attitudes toward greater inclusion of people with disabilities: A rapid literature review*, for NSW Department of Family and Community Services, 2017.

[27] For example, the VicHealth *Victorians' attitudes to race and cultural diversity* survey, the *National Community Attitudes towards Violence Against Women Survey* and the Australian Government's *Surveys of Community Attitudes to Road Safety.*

[28] S Jones, M Akram, N Murphy, P Myers and N Vickers, *General awareness, knowledge and understanding of autism and social isolation*: Research report for AMAZE, 2017.

[29] DHHS, *Dignity, respect and safer services: Victoria's disability abuse prevention strategy*, 2018.

[30] DHHS, *Information services 17033*, Volume 3: Human Services Policy and Funding Plan 2015-19, update 2017-18; Chapter 4.

[31] NDIA, *ILC Grants*, webpage, 2018.

[32] Victorian Government, *Submission to the Joint Standing Committee on the NDIS*: *Inquiry on the transitional arrangements for the NDIS*, 2017.

[33] DHHS, *Guidelines for the use of the Language Services Credit Line*, 2013.

[34] Case study from M Lowrie's report, *An inquiry into access to Auslan Interpreters in Victorian Hospitals*, DeafVictoria, 2014, p.6.

[35] OPA, *Supported Decision-Making in Victoria: A guide for families and carers*, 2017.

[36] ALRC, *Equality, Capacity and Disability in Commonwealth Laws*, 2014.

[37] Australian Senate Community Affairs References Committee, *Violence, abuse and neglect against people with disability in institutional and residential settings…*, final report, 2015.

[38] T Carney, *Supported Decision-Making for People with Cognitive Impairments: An Australian Perspective?*, Legal Studies Research Paper, No. 15/03, 2015, p.39.

[39] ABS, *National Aboriginal and Torres Strait Islander Social Survey*, 2014-15, Cat. no. 4714.0.

[40] NDIA, *NDIS: Vic Public Dashboard*, 31 March 2018.

[41] DHHS, *Draft Disability action plan 2018-2020*, 2018, p.27.

2 Ensure safety and freedom from violence

Goal: Victorians with disability are safe and free from violence, abuse and neglect.

People with disability have the right to be safe and free from violence and abuse, and to have access to justice if this right is not upheld. In order for this to happen people with disability need strong links to the community and the mainstream service system, and robust protections that are upheld by a fair regulatory system.

Strengthen Victoria’s safeguards for people with disability

Priority actions:

Guarantee and strengthen safeguards to protect people with disability against violence and abuse through the NDIS roll-out and beyond.

Fully implement the recommendations of the Victorian Parliamentary inquiry into abuse in disability services.

Provide support for self-advocacy groups and peer networks for people with disability.

Numerous reviews and inquiries have highlighted the appalling levels of violence, abuse and neglect experienced by people with disability.[42]

The NDIS may help address some of these issues, but it also brings new challenges for safety and service quality. The NDIS Quality and Safeguarding Framework will only apply to NDIS providers and participants,[43] leaving a major gap for people accessing services outside the NDIS. The majority of people with disability will be ineligible for individual NDIS packages, and even those who do qualify for NDIS supports will continue to access mainstream services, such as education and health. These people are still at risk of violence, abuse and neglect.

Maintaining strong and appropriate safeguards outside the NDIS and when accessing mainstream services is an important responsibility of the Victorian Government. A robust quality and safeguarding system provides strong protections to help prevent people with disability from experiencing harm, offers appropriate responses when harm occurs, and promotes high quality service delivery.

During the roll-out of the NDIS and once it has been fully implemented, the current level of safeguards in Victoria must be guaranteed as a minimum. Certainty needs to be provided to the sector so that the roll-out does not lead to greater risk for people with disability, particularly if they are not participants of the scheme. This includes maintaining the Community Visitors program in the Office of the Public Advocate (OPA).[44] The recommendations from the Parliamentary inquiry into abuse in disability services provide a strong framework for ensuring and improving quality safeguards.[45]

Self-advocacy, peer support groups, and other forms of advocacy are also important for preventing violence and abuse.[46] People with disability and advocates stress that these groups are an important mechanism to help people recognise and report cases of abuse, and that increased connections can be a protective factor against violence and abuse. We also heard that providing better support and opportunities for engagement of people in group homes may help to reduce violence between residents, where violence may be related to boredom or lack of engagement.

Priority action: Ensure complaints and reporting processes are independent and easy to use.

People with disability, their carers and families must have trust and confidence in the system – that their rights, complaints and disclosures of abuse will be taken seriously, and that there will be an appropriate response. We still hear too many unacceptable examples of people's reports and experiences being downplayed, questioned, or ignored because of their disability,[47] and there is a view among people with disability that the current Victorian system is a 'toothless tiger,' too focused on conciliation. This is supported by findings from the Senate Community Affairs References Committee.[48]

We have also heard serious concerns from people with disability around repercussions for people making complaints.[49,50] This is particularly concerning because people with disability are often reliant on a range of services in their daily lives, and the risk of their service provision being affected could be enough to prevent them making complaints. This is the case both with disability support services and mainstream services, where we have heard fears that complaining about one aspect of a mainstream service (such as one part of a hospital) would affect the provision of other unrelated health services by the same provider.

It is critical that the processes for reporting complaints are easy to access and understand, and easy to explain to people (such as a 'no wrong door' approach).[51] Oversight should be both independent and seen to be independent, so that it is trusted by people with disability, their families and carers, and advocates. Systems should be strengthened and properly resourced, so that people can be confident their complaints will be investigated and dealt with appropriately.

> “And because you’re a woman with a disability, you’re lower down the rank I suppose than people, especially if you have a memory problem! I have a memory problem where I’ll forget things, so I’m very good at remembering but I can have like a mental block and forget.
>
> And it’s hard when people don’t accept what you have to say and you’ve got other people, like he was classed as my ‘carer’ here and so they’d look to him oh, and he’d discredit me and then they’d not believe what I’d say. And ‘oh, she’s just making this up’. The whole community could not believe that this person could do this. It makes it so much harder for the victim to voice something ‘cause they know nobody’s going to believe them![58]”

Address intersectional violence and abuse

Priority action: Fully fund and implement all recommendations of the Royal Commission into Family Violence.

Family violence causes devastating cumulative and long-term effects, and people with disability – mostly women – can be particularly vulnerable to it. Evidence shows that gender-, disability-based and other forms of discrimination intersect and lead to greater risk of violence.[52,53]

While physical family violence is the form most recognised by the community, other forms of violence – such as coercion, control, humiliation and threats of isolation – are also disproportionately experienced by people with disability and may often be undetected, misattributed or unaddressed.

In Australia, over a third of women with disability have experienced some form of intimate partner violence,[54] and in Canada it is estimated that women with disability are 40 per cent more likely to experience domestic violence than women without disability.[55] For women with disability there are also additional barriers to seeking help and support.

The report from the Royal Commission into Family Violence emphasised the importance of accessible services, improving understanding of disability in the justice system, and improving understanding of family violence and its dynamics within the disability services system.[56] As well as being physically accessible, family violence services need to be approachable, acceptable and appropriate, affordable and available.[57]

Full implementation of the Royal Commission’s recommendations would help to ensure appropriate supports are available to assist women and children with disability experiencing family violence, and to reduce the barriers they face in accessing these supports.

Additionally, service providers should be supported to develop and promote their support materials in accessible formats that people with diverse disabilities can access and understand.

Priority action: Continue funding the Disability Family Violence Crisis Response Initiative after roll-out of the NDIS is complete.

The Victorian Government's Disability Family Violence Crisis Response Initiative provides short-term support to women and children with a disability who are experiencing family violence, to access crisis accommodation, explore longer-term housing options, or to stay safe in their homes and communities.[59] The Initiative has had a positive impact in the lives of many women and children with disability, with an evaluation finding it to be 'overwhelmingly positive'.[60]

The Government has committed to continuing the program until the NDIS has been fully rolled out in Victoria, but the sector is concerned about what will happen to vulnerable women and children after 30 June 2019. The majority of people with disability will not be eligible for the NDIS, and they will still require immediate supports and specialist assistance when experiencing family violence. Even for NDIS participants, there remain serious issues with crisis response services and significant gaps in the NDIS' interaction with other service systems.[61,62]

Guaranteeing ongoing funding for the Initiative will ensure that women and children with disability are able to access the services they need in crisis situations. It will also maintain the valuable connections, networks and collaborations that have been built between the family violence services and disability services sectors over the program's eight years and that speed up the process of providing immediate supports to people when and where they are needed.

Priority action: Develop a comprehensive elder abuse strategy for Victoria that recognises the needs and experiences of people with disability.

Elder abuse is a term encompassing any action that harms or distresses an older person, carried out by someone they know, including physical violence, psychological or emotional abuse, financial abuse, sexual abuse, and neglect.[63] Elder abuse may be committed by paid workers or by family members and friends.

Research indicates that people with cognitive impairment and other forms of disability are more vulnerable to elder abuse.[64] Almost two thirds of clients who reported abuse to Seniors Rights Victoria between July 2012 and June 2014 had some form of disability, with the majority of these physical.[65] Women are also more likely to experience elder abuse.[66]

As part of an integrated approach to improving safety for people with disability, a strong commitment to addressing elder abuse is required of the Victorian Government. This should include developing and implementing a whole-of-government elder abuse strategy that promotes the dignity, agency and autonomy of older people[67] and recognises the impact of intersectional discrimination.

Reduce and eliminate the use of restrictive practices

Priority action: Reduce and eliminate the use of restraint and seclusion and other restrictive practices in government-funded services.

'Restrictive practices' are interventions that limit a person's freedom or rights, with the objective of reducing harm to themselves or others.[68] This includes different types of restraints (such as physical, chemical, mechanical and social) as well as seclusion. Evidence shows that using restrictive practices can have serious long-term consequences for people's health, wellbeing and quality of life,[69]and can make things worse by re-traumatising people.[70,71]

In 2014 the Victorian Government endorsed the National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector [72] but progress towards achieving this goal has been slow, with intervention rates still high and an increasing number of reports in disability services between 2011-12 and 2015-16.[73, 74] Restrictive practices are also still used on people with disability in other services, including schools,[75] hospitals,[76] prisons[77] and the out-of-home care system, where different laws and regulations apply.

The Victorian Government must take a more proactive approach to ending the use of these practices, by implementing the relevant recommendations from the Senate Community Affairs References Committee[78] and the Victorian Equal Opportunity and Human Rights Commission (VEOHRC).[79,80] This includes better oversight and enforcement of reporting requirements, as well as support and requirements for the use of positive behaviour management tools.[81, 82]

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[42] Most recently, the Parliament of Victoria Family and Community Development Committee's *inquiry into abuse in disability services* (2016); the Parliament of Australia Senate Community Affairs References Committee *inquiry into violence, abuse and neglect against people with disability in institutional and residential settings* (2015); and the Victorian Ombudsman's two part report into the *reporting and investigation of allegations of abuse in the disability sector* (2015).

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[44] OPA, Community Visitors Annual Report 2016-17, 2017, p.60.

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[46] DHHS, *Dignity, respect and safer services: Victoria's disability abuse prevention strategy*, 2018; Victorian Ombudsman, *Reporting and investigation of allegations of abuse in the disability sector: Phase 1 – the effectiveness of statutory oversight*, June 2015.

[47] Australian Senate Community Affairs References Committee, *Violence, abuse and neglect against people with disability in institutional and residential settings…*, final report, 2015, p.155; VEOHRC, *Beyond doubt: The experiences of people with disabilities reporting crime – Research findings*, 2014, p.43.

[48] Australian Senate Community Affairs References Committee, *Violence, abuse and neglect against people with disability in institutional and residential settings…*, final report, 2015, p.269.

[49] Victorian Ombudsman, *Reporting and investigation of allegations of abuse in the disability sector: Phase 1 – the effectiveness of statutory oversight*, 2015.

[50] Australian Senate Community Affairs References Committee, *Violence, abuse and neglect against people with disability in institutional and residential settings…*, final report, 2015, p.131.

[51] Victorian Ombudsman, *Reporting and investigation of allegations of abuse in the disability sector: Phase 1 – the effectiveness of statutory oversight*, 2015.

[52] S Dyson, P Frawley and S Robinson, *Whatever it takes? Access for women with disabilities to domestic and family violence services*, final report, ANROWS Horizons, Issue 05/2017, 2017, p.5.

[53] A Didi, K Soldatic, C Frohmader and L Dowse, *'Violence against women with disabilities: is Australia meeting its human rights obligations?', Australian Journal of Human Rights*, 2016, 22(1), pp.159-177.

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[57] S Dyson, P Frawley and S Robinson, *Whatever it takes? Access for women with disabilities to domestic and family violence services*, Final report, ANROWS Horizons, Issue 05/2017, 2017, p.5.

[58] Quote from Michelle, a woman with disability, in D Woodlock, D Western, and P Bailey's report, *Voices Against Violence, Paper Six: Raising Our Voices – Hearing from Women with Disabilities*, WDV, OPA and Domestic Violence Resource Centre Victoria, 2014, p.42.

[59] DHHS, *Disability and family violence crisis response*, webpage, 2017.

[60] Victorian Government, *Coalition's family violence initiative a first for people with disability*, media release, 18 August 2013.

[61] Every Australian Counts, *Fund It and Fix It: Survey results*, 2018.

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[66] The Alliance for an Agenda for Ageing, *An Agenda for Ageing in Victoria*, 2018.

[67] ALRC, *Elder Abuse: A National Legal Response, final report*, 2017.

[68] ALRC, *Equality, Capacity and Disability in Commonwealth Laws*, 2014, p.244.

[69] Amaze, *Position Statement: Restrictive Practices*, March 2018.

[70] Melbourne Social Equity Institute, *Seclusion and Restraint Project Report*, prepared for the National Mental Health Commission, August 2014.

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[73] DHHS, *Senior Practitioner Report 2016-17*, 2018.

[74] Australian Senate Community Affairs References Committee, *Violence, abuse and neglect against people with disability in institutional and residential settings…*, final report, 2015, p.99.

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[82] Australian Senate Community Affairs References Committee, *Violence, abuse and neglect against people with disability in institutional and residential settings…*, final report, 2015, Recommendation 18.

3 Build strong families and relationships

Goal: Victorians with disability can fully participate in life and enjoy healthy families and strong relationships.

When it comes to families, friends, relationships and communities, people with disability have the same needs and aspirations as everyone, but they face a range of barriers. People with disability need appropriate access to sexual and reproductive health services, support with parenting, and a responsive protection system geared towards helping families and preventing problems from escalating into crises. Their families and carers also need appropriate and timely supports.

Increase support for parents

Priority action: Provide greater parenting support for parents with disability.

Raising a family is rewarding but can also be challenging at the best of times, and families with disability face additional challenges.

Parents with disability require the same universal supports as parents without disability, including housing, adequate income, social connection and an informal support network, and may also need specialised supports.[83]

But they often face discriminatory attitudes and beliefs about their parenting capacity,[84] which can create barriers to starting a family, and also affect the support received when parenting.[85] These attitudes – and an assumption of incapacity, especially for parents with intellectual disability – contribute to higher rates of child removal[86] and involvement of the child protection system.

Support should take into account the needs and wellbeing of individuals and the family as a whole, and be available across the continuum, from sexual and reproductive

> It turns out actually that everybody needs support to parent… It turns out that maybe the problem is not with women with disabilities wanting to have children. Maybe the problem is entirely, wholly and solely with the society that we live in.
>
> People seem to think that it is okay for everybody else to need support to parent, but it is not okay for us to need that support… [87]

health, through pregnancy and birth, and as the child grows.[88] A simple referral to a standard parenting program is often not possible for parents with disability as the programs are not designed for inclusivity, or the provider might not have the resources to adapt their program and implementation style.

Wraparound models of care that provide tailored support for women with disability during pregnancy and after birth – such as the Women with Individual Needs Clinic at the Royal Women's Hospital – should be expanded.[89] These approaches are tailored and flexible, building connections and helping to prevent discrimination and isolation.

Self-advocacy groups and other peer networks also build connections and empower parents with disability. For example, the Powerful Parents Self-Advocacy Group provides a peer support network for parents with intellectual disability and undertakes a range of activities including lobbying and awareness-raising.[90]

Priority action: Increase funding for parenting support programs for parents and carers of children with disability.

For parents, families and carers of children with a disability or developmental delay, the daily caring responsibilities and activities can often be time consuming and physically and emotionally demanding, and they can impact parents' employment and career progression.[91] There is a proven link between the wellbeing of parents and carers and the wellbeing of children with disabilities and their siblings.[92, 93]

People with disability stress the importance of supporting parents properly to understand and access the support system and provide opportunities for longer-term capacity building. This includes providing the right information and services at the right time, making sure services are accessible and inclusive, and offering appropriate, evidence-based parenting support programs. Case management and service pathways should also be in place so parents can navigate the service system.

Parent-to-parent peer support programs for parents and carers of children with disability or developmental delay provide an opportunity for sharing experiences, and giving each other support and encouragement. This improves parents' physical and psychological health and coping skills, increases their knowledge, and reduces isolation.[94]

Parenting support programs should be accessible, family-inclusive, and carer-specific. Opportunities for parents to meet other parents without children present are important, as are activities and support for the whole family, including siblings who do not have a disability. For example, MyTime playgroups allow parents to meet while children are involved in facilitator-led activity.[95]

> I've found support groups fantastic. That has been my one thing I look forward to going to so I can speak to other people in the same situation, we can exchange ideas and information and that is one source where I get my knowledge. I want to say these things need to be funded.
>
> I attend [MyTime] which is a group for parents who look after children with disability between 0 and 16. Every term it's like we're not sure whether it's going ahead next term; it could be because of lack of attendance but, again it's finding the time and day that suits most people. It's an ongoing issue of funding and we're not sure if it's on next term. [96]

Longer-term parenting support is also important, as much of the support currently available is short-term and focused on the infant/young child stage. There should be ongoing support for families as children grow and develop, and as parenting needs change and children and families face different challenges.

Improve interactions with the child protection system

Priority actions:

Expand support for children and parents with disability in contact with the child protection system.

Conduct targeted workforce training for child protection workers.

Our social service systems, including child protection and disability services, are often crisis-driven, with real support only offered when a person or family has reached a critical situation and the need can no longer be ignored. For many families with a child or parent with disability, appropriate support is not offered until it is too late, and children enter the out-of-home care system[97] – a system that is already overstretched and not well designed to meet the needs of children with disability.

Research indicates that placing a child in residential care is seven times more expensive than providing a family with respite two days a week.[98] Greater investment in prevention, such as the targeted parenting support programs discussed above, is needed to help families before things reach this point.

Alongside prevention, improvements are needed in the child protection system so it can work more collaboratively with families and act in the best interests of the child. This includes increased funding in the child protection system to ensure services are accessible and appropriate disability support strategies can be offered, without leaning on disability sector funding. More investment is required to build the workforce's understanding of disability and capacity to provide appropriate support, and to reduce caseloads so that workers have time to respond adequately and provide the specialised support required for families with disability.

Active case management is also important, especially for families with multiple and complex needs. People tell us it is more valuable for families to have one worker who case manages the whole family, rather than different workers for different services.

Priority action: Clarify responsibilities between the child protection system and the NDIS.

In many cases, challenges for families are only increasing with the implementation of the NDIS. Advocates and organisations report increasing stress on families of children with disability, inadequate planning and support, and lack of clarity around the responsibilities of the NDIA and state systems.

Greater clarity is urgently required around the roles and responsibilities of different systems, to avoid situations where parents are being asked to relinquish their children, or where this is seen as the only option (see, for example, Samantha's story reported by Victoria Legal Aid[99]).

The Victorian Government should work with the NDIA to clarify and communicate responsibilities, including for children with disability who are not able to live in the family home. One option would be to establish a protocol between the child protection system and the NDIS, such as used to exist between child protection and disability services. This should include 'explicit statements around the roles and responsibilities of the different service agencies'.[100] Provisions should also be included for appropriate support for children who have specialist support needs but are not NDIS participants.

The Federal Government and the New South Wales Government have recently reached an agreement for joint provision of support for children with disability who are not able to live in the family home.[101] A similar agreement could be pursued in Victoria.

Provide comprehensive support for carers

Priority action: Maintain and build on the whole-of-government carer strategy.

Carers play a crucial role in our community, including parents or siblings who care for people with disability, and people supporting their ageing parents. More than 770,000 Victorians are unpaid carers,[102] 31 per cent of whom report living with a disability themselves.[103]

The caring role can be demanding and stressful. Carers can face a range of challenges, including financial pressures, reduced ability to participate in employment, pressure on mental and physical wellbeing, and lack of peer support, information and respite. Things can be even more difficult for people living in regional and rural areas who are often isolated from support and respite services.

By launching its whole-of-government Victorian carer strategy 2018-22 which recognises carers' rights as citizens, the Victorian Government has begun to strategically address the unique and specific needs of people in care relationships across areas such as employment, health, education and financial disadvantage. The strategy reflects the breadth of care experiences, including the unique needs of both young and older carers.

We commend the Government's intention to "monitor and review data from various services to see what progress is being made as" changes are introduced.[104] Similarly, the intention to include carers when conducting annual forums to review the strategy implementation from July 2019 is a positive step in supporting a community of empowered carers.

> At the age of 23 I saw my endocrinologist about migraines. It was her suspicion that they might have been caused by taking the contraceptive pill. The solution, she said, was simple; I was to stop taking it. When I said I was willing to do that, but I'd like to talk to her about other forms of contraception, she was incredulous. She asked me, mouth agape, if I was sexually active. When I confirmed that I was, she laughed. Yes. She actually laughed.
>
> She was unsure about contraceptive options for me, so she wrote me a referral to a gynaecologist. It said: "Stella Young has severe Osteogenesis Imperfecta. Surprisingly, however, she is sexually active and requires contraception." I felt deeply humiliated, as though I had no right to experience sex and to express myself sexually.[111]

However, it would be valuable for the Government to:

- Provide clear timelines for developing new program and service guidelines
- Develop frameworks to connect data from a range of government departments
- Develop a comprehensive community engagement plan
- Ensure carers who are engaged in decision making and monitoring of the carer strategy reflect the diversity of Victoria's carers as well as address the barriers carers can face in engaging with feedback mechanisms
- Establish an independent review of the current strategy commencing in 2021
- Determine the new priorities for the next strategy in 2021.

Parents, siblings, extended family and others play an important role in supporting people with disability throughout their lives. Family and friends provide a level of interpersonal relationship and continuity of support that is not easily substituted by formal service provision. Investing in early intervention and building carers' capacity will improve longer-term outcomes and wellbeing for carers, and better support people receiving care.

Ensure access to sexual and reproductive health services

Priority action: Enhance existing sexual and reproductive health services to ensure they are accessible for people with disability.

Exploring sexuality and forming consensual relationships are important parts of growing up and living full and healthy lives. This includes having access to appropriate information about sexual and reproductive health,[105] as well as the ability to make decisions about one's own body. Sexual and reproductive health information and services are especially important for people with disability as they can face higher risk of abuse than others,[106] but access to these services can be limited.

Historically, available information and programs have focused on the prevention of pregnancy, rather than comprehensive sexual and reproductive health, risking people's human right to bodily integrity.[107, 108, 109]

Lack of funding, inaccessible materials, and negative attitudes can also be barriers.[110]

An inquiry by the Senate Community Affairs References Committee in 2013 found there is 'a shocking lack of resources available for people with disability to assist them with:

- choices about relationships and sexuality, sexual and reproductive health, including contraception and sterilisation; and
- menstrual management.[112]

The inquiry recommended improved education about sexuality and relationships for people with disability as a priority, as well as relevant training for the medical workforce.[113]

Sexual and reproductive health services should be delivered in an inclusive way, so that existing services are enhanced to support people with disabilities, rather than developing a separate, segregated service. Supporting self-advocacy, empowerment and identity is also an important part of a comprehensive approach to sexual and reproductive health. For example, LGBTIQ Victorians with disability can support each other and work together on advocacy through the Rainbow Rights and Advocacy Self-Advocacy Group.[114]

[83] New Zealand Families Commission, *Disabled Parents: Diversity, Experiences and Support Needs*, 2012.

[84] Australian Senate Community Affairs References Committee, *Involuntary or coerced sterilisation of people with disabilities in Australia*, final report, July 2013.

[85] Ibid.

[86] R Mayes, R Tozer, and M Elder, '*An innovative support group for parents with intellectual disabilities whose children have been removed*,' *Developing Practice: The Child, Youth and Family Work Journal*, No. 29, Spring 2011, pp.58-67.

[87] Quote from Kristen, a woman with disability, in the Australian Senate Community Affairs References Committee's *final report into the involuntary or coerced sterilisation of people with disabilities in Australia*, 2013, p.25.

[88] New Zealand Families Commission, *Disabled Parents: Diversity, Experiences and Support Needs*, 2012.

[89] The Royal Women's Hospital, *Women with Individual Needs*, webpage, 2018.

[90] Powerful Parents Self Advocacy Group, *Mission Statement and key initiatives as at May 2015*, Reinforce, 2015.

[91] N Spencer, *'Impacts of caring for a child with chronic health problems on parental work status and security: A longitudinal cohort study,'* Family Matters, No. 95, 2014.

[92] Ibid.

[93] E Schor, *'Family pediatrics: report of the Task Force on the Family,' Pediatrics*, 111(6), 2003, pp.1541-1571.

[94] Orima Research, *Evaluation of the MyTime Peer Support Groups for Parents of Children with a Disability or Chronic Medical Condition*, for Australian Department of Families, Housing, Community, Services and Indigenous Affairs, 2013.

[95] Parenting Research Centre, *MyTime: Supporting parents of children with disabilities*, webpage, 2015.

[96] Carers Victoria, consultations with carers, 2017.

[97] New Zealand Families Commission, *Disabled Parents: Diversity, Experiences and Support Needs*, 2012.

[98] VEOHRC, *Desperate Measures: The relinquishment of children with disability into state care in Victoria*, 2012, p.12.

[99] Victoria Legal Aid, *Submission on Market Readiness to the Joint Standing Committee on the National Disability Insurance Scheme*, 2018.

[100] P Cummins, D Scott and B Scales, *Report of the Protecting Victoria's Vulnerable Children Inquiry*, Volume 1, 2012, Recommendation 21.

[101] The Hon Dan Tehan MP, *Supporting out of home care for children with severe disability*, media release, 8 May 2018.

[102] Carers Victoria, *Take Action for Victorian Carers: Pre-Budget Submission 2016-17*, 2017.

[103] ABS, *Disability, Ageing and Carers, Australia: Victoria, 2015*, Catalogue #4430.0.

[104] Victorian Government, *Recognising and supporting Victoria's carers: Victorian carer strategy* 2018-22, p.30.

[105] UN Convention on the Rights of Persons with Disabilities, *Article 23 – Respect for the home and the family.*

[106] World Health Organization, *Promoting sexual and reproductive health for persons with disabilities*, WHO/UNFPA guidance note, 2009.

[107] World Health Organization, *Promoting sexual and reproductive health for persons with disabilities*, WHO/UNFPA guidance note, 2009, p.7.

[108] Australian Senate Community Affairs References Committee, *Involuntary or coerced sterilisation of people with disabilities in Australia*, final report, 2013.

[109] S Brady and S Grover, *The Sterilisation of Girls and Young Women in Australia: A legal, medical and social context*, commissioned by the Australian Human Rights Commission, December 1997.

[110] World Health Organization, *Promoting sexual and reproductive health for persons with disabilities*, WHO/UNFPA guidance note, 2009, p.7.

[111] S Young, *Submission to Senate Inquiry into the involuntary or coerced sterilisation of people with disabilities in Australia*, 2013, Submission 68.

[112] Australian Senate Community Affairs References Committee, *Involuntary or coerced sterilisation of people with disabilities in Australia*, final report, 2013, p.48.

[113] Ibid, p.49.

[114] Rainbow Rights and Advocacy self advocacy group, *Introducing the Fabulous Rainbow Rights Advocacy Group*, webpage, 2018.

4 Develop accessible journeys and inclusive places

Goal: Victorian places and journeys are welcoming and accessible for people with disability.

Victorian communities should be inclusive, accessible and welcoming for all, but people with disability are often unable to get where they need to go or to experience the benefits of public space because of accessibility barriers. These barriers might be related to transport and physical infrastructure, but can also be the result of other aspects of service design and delivery, and of community attitudes.

> For many years people with disabilities found themselves shut in—hidden away in large institutions. Now many people with disabilities find themselves shut out—shut out of buildings, homes, schools, businesses, sports and community groups. They find themselves shut out of our way of life.[115]

Prioritise and invest in accessible transport

Priority actions:

Undertake an accessibility audit of the entire Victorian public transport system.

Publicly monitor and enforce disability standards for public transport.

Fund a long-term program of accessibility improvements, including for legacy infrastructure.

Access to public transport in Victoria is highly variable and in many cases limited, particularly in rural and regional Victoria. Our system is not currently meeting the requirements of the Disability Standards for Accessible Public Transport 2002. For example, by December 2017, 90 per cent of Melbourne's tram stops were legally required to be accessible, but less than 25 per cent of stops currently meet the target.[116]

It is difficult to get an accurate picture of the levels of accessibility and the barriers that exist

> “I am a wheelchair user and was on a tram in Melbourne. I tried to press the accessible ‘request stop’ button but it wasn’t working. I tried to yell at the driver to stop at the stop that I needed, and others on the tram also tried to get his attention, however he didn’t stop. I then had to wait another 20 minutes on the tram for the next accessible tram stop. I am also vision impaired so once I got off the tram I was completely disoriented, I had no idea where I was. It was stressful and scary to be so lost.[117]”

across the system as a whole, as the system is fragmented and run by different operators. There have been audits of some parts of the system, such as PTV’s audit of train stations (which has not been made public), but so far there has not been a system-wide audit. This makes it difficult to know whether issues are due to a failure to meet the standards, or inadequate standards themselves.

As a starting point, a system-wide accessibility audit should be undertaken by the Victorian Government, examining journeys as a whole, rather than just discrete parts of the system. This would identify gaps, as well as areas of relative strength, and provide a basis for planning, reviewing progress, and exploring whether the transport standards have had any meaningful impact. It would also highlight the different accessibility challenges faced by people in rural, regional and metropolitan areas.

Building on the audit, compliance with the standards should be monitored and enforced, with public data made available. This would provide transparency and greater accountability for services and infrastructure to meet the legal requirements.

Additionally, while there is some movement toward complying with the standards in new vehicles and buildings, there is a large backlog of legacy infrastructure that needs to be brought up to scratch. Long-term funding and planning for this is essential. Lack of funding certainty has affected how resources could be managed and meant there is limited time for good planning and sequencing.[117] The Victorian Government should dedicate an accessible transport investment fund to ensure legacy infrastructure can be retrofitted to maximise public transport access.

Priority action: Continue the Multi-Purpose Taxi Program and expand its scope to include ride-sharing services and community transport.

Some people with disability rely heavily on individualised point-to-point transport services, such as taxis, community transport and ride-sharing services. This can be expensive, particularly in rural and regional Victoria, where transport services are scarce.

This is another area where there is confusion and lack of clarity around responsibilities and support with the introduction of the NDIS. The Victorian Government’s Multi-Purpose Taxi Program (MPTP) subsidises taxi fares for people with limited mobility and provides a ‘lift fee’ for drivers picking up passengers with wheelchairs or mobility scooters.[119]

The NDIS is taking on some responsibility for funding transport services, but people are experiencing difficulty getting enough funding to meet their transport needs.[120] Changes in the Federal Government’s Home and Community Care program also have implications for transport funding and services.

For now, the Victorian Government is continuing to support people with NDIS packages through the MPTP during the NDIS roll-out. The Government should continue to

> My youngest daughter has cerebral palsy. She uses a wheelchair and needs to be hoisted from her chair to the toilet, bed etc. Usually, any outings we do as a family need to be planned around going to the toilet and are much shorter than we would like them to be.
>
> However two weeks ago we went to the Melbourne Zoo having heard that a Changing Places toilet had just been opened.
>
> Well, we felt like a normal family for a change. We didn't have the worry about our daughter drinking too much before we went out, we didn't have to leave our family gathering early, we didn't have to strain our backs lifting her onto a toilet.
>
> What we did do was have a fantastic time knowing we could access a clean, fully equipped toileting facility with ease when we needed to.[125]

ensure people have access to point-to-point transport after the full roll-out.[121]

The MPTP is currently restricted to taxis, and does not cover other forms of individualised transport services like ride-sharing services (e.g. Uber) and community transport. In order to create a level playing field for people with disability, the MPTP should be expanded to include these services. This is likely to trigger an increase in the number of wheelchair accessible vehicles in such services,[122] providing greater choice and flexibility and lower costs for people with disability to travel independently.

Improve accessibility of public spaces

Priority actions:

Ensure public spaces are accessible for people with disability.

Continue to expand initiatives such as Changing Places.

In Victoria it is unlawful for public places to be inaccessible for people with disability,[123] but many places remain fully or partly inaccessible, and a person with disability must lodge a formal complaint for any remedial action to even be considered.

Ensuring accessibility and inclusion are considered in the development of new public spaces and services is critical. To complement this, changes can be made to increase accessibility of existing places, such as adding Changing Places facilities (fully accessible toilets and changing rooms).
These initiatives are well-supported by people with disability and advocates, and in many cases can mean the difference between inclusion and exclusion.[124]
In other cases, organisations themselves

may lead work to improve accessibility, such as the development of sensory maps and social stories for the Melbourne Museum.[126]
The Victorian Government should promote the benefits of accessibility to commercial businesses and other Victorian organisations, and consider contributing to the costs of upgrading the facilities in highly accessed locations.

Mandate universal design

Priority action: Mandate a universal design approach across all government policy, programs and initiatives.

People with disability visit the same places as other Victorians as part of their daily lives – including going to work or school, to the doctor, to buy groceries, to see a movie or watch a sporting match – but they face many more barriers in accessing these places. Lack of access to the environment was identified as a barrier to full participation in the community by more than a quarter of respondents in the *Shut Out* report.[127]
Universal design is a design philosophy that ensures products, buildings, environments and experiences are innately accessible to as many people as possible, regardless of age, level of ability, cultural background, or any other differentiating factors that contribute to the diversity of our communities.[128]

It goes beyond simply meeting accessibility standards or incorporating access features as an 'add-on', instead aiming to maximise use and participation from the first stages of design.

The Victorian Government has committed to taking a universal design approach to all future infrastructure development, but buildings and facilities that cannot be fully used by everybody are still being constructed and refurbished, and services and programs are being designed that exclude some people.

By mandating that universal design principles apply to all government funded building and construction projects, and all publicly funded services, the Victorian Government can model best practice, and ensure publicly funded places and spaces can be used by all Victorians.

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[116] T Jacks, '*Trapped on a 96 tram: No accessible stops added an hour to James' journey*,' The Age, 9 May 2018.

[117] Quote from a woman with disability, through WDV's *Rural Linkages Project consultations*, 2018.

[118] VCOSS, *Creating Accessible Journeys*, 2011, p.24.

[119] Parliament of Victoria Legislative Council, Economy and Infrastructure Committee, *Inquiry into ride sourcing services: Final report*, 2017.

[120] L Michael, '*Unfair NDIS Transport Funding Causing Chaos for Participants*,' Pro Bono Australia, 4 May 2018.

[121] Transport for Victoria, *Multi Purpose Taxi Program*, webpage, 2018.

[122] VEOHRC, *Submission to the Inquiry into Ride Sourcing Services*, 2016, p.11.

[123] VEOHRC, *Disability and accessibility*, webpage, 2018.

[124] Association for Children with a Disability and Victorian Government. *Changing Places: Transforming Lives. Information Guide & Technical Standards*, 2017.

[125] Quote from Angela, the mother of a person with disability, in the Association for Children with a Disability and Victorian Government's *Changing Places: Transforming Lives. Information Guide & Technical Standards*, 2017, p.8.

[126] Museums Victoria, *Melbourne Museum: The Autism friendly museum*, webpage, 2018.

[127] National People with Disabilities and Carer Council, Shut Out: The Experience of People with Disabilities and their Families in Australia, National Disability Strategy Consultation Report, 2009, Commonwealth of Australia, p.42.

[128] DHHS, Universal design: Fact sheet, 2015.

Many people with disability in Australia experience housing and living arrangements which are markedly different to the rest of the population. A large proportion of people over 25 years old live with parents, in group homes or in large congregate or institutional settings.

People with disability are more likely to experience housing stress, are over-represented in housing assistance programs and in the homelessness population, and are under-represented in owner-occupation.[129]

5 Provide affordable and accessible housing

Goal: Victorians with disability live in an accessible and affordable home of their choice.

A safe, affordable and appropriate home is essential for people to live a good life, but across Victoria many people with disability find it difficult, if not impossible, to meet this basic need. In the current housing crisis, barriers for people with disability include lack of affordable and accessible properties in both the private and social housing markets, rental insecurity, and lack of accessible crisis accommodation.

Increase accessible housing options

Priority action: Mandate universal housing standards in all new houses, apartments and other residential buildings.

Victoria has a severe shortage of accessible housing, particularly in rural areas, as our homes have not been built to meet the needs of every Victorian. This limits people's options and can lead to inadequate living situations and poor outcomes.

Universal housing is designed to be used by all people to the greatest extent possible. Homes designed to a universal standard are liveable for the majority of the population and accommodate a range of life circumstances easily and inexpensively.[130] Ensuring universal design elements are included in planning and building codes and strongly enforcing building regulations have been shown to be effective strategies for increasing universal housing stock internationally.[131]

Very simple changes to the building code – such as requiring adequate door widths, a clear access path to the front door and a step-less shower recess – can make homes more easily adaptable to accommodate people's abilities. Adapting a home can be 22 times cheaper with these basic features in place.[132]

In 2009 the Victorian Government completed a Regulatory Impact Statement recommending a Victorian-specific variation to the Building Code of Australia to incorporate these features,[133] however this has not yet been implemented. The Government should proceed with this change to ensure new homes are suitable for every Victorian and to increase the supply of accessible housing.

Priority action: Prevent discrimination and legislate modification rights for people with disability living in rental housing.

Currently, in the event a person with disability can find an affordable private rental property, they may not be able to secure it due to disadvantages on the private rental market: people with disability often live on low incomes, may lack rental history and references, and face discrimination by landlords and real estate agents.[134]

Even if a person with disability secures an affordable rental property, they may be refused permission by their landlord to make necessary modifications to the property in order to live there comfortably. The Victorian Government should amend tenancy laws to prevent landlords from refusing tenants permission to modify properties, where these are reasonably required to support a person's ageing, disability or health condition.

Where funding for necessary housing modifications is not provided through the NDIS (for example, for somebody with a disability who is over 65 years and not eligible for an NDIS package), the Victorian Government should work with the sector and provide appropriate funding support.

Deliver an effective Specialist Disability Accommodation model

Priority action: Advocate to the NDIA to support innovative housing designs and provide more individual housing arrangements.

It is crucial Specialist Disability Accommodation (SDA) funding is used to support independent living arrangements, and more innovative housing models.[135] Research shows that small-scale and dispersed housing produces better outcomes for people with disability.[136]

Shared living arrangements, especially when people are inappropriately matched, can exacerbate behavioural issues and peer to peer abuse, requiring more resources to manage. Even where people with disability are not able to live independently, with the right assistance they may be able to increase their independence and reduce their reliance on paid support workers or 24-hour care.

The sector stresses that innovative housing design should be encouraged for all forms of disability, including for people with intellectual disability and cognitive disability, not just for those with physical disability.

The Victorian Government should use its role through the Council of Australian Governments (COAG) Disability Reform Council to advocate for a transformed model of housing and supports: one which gives people genuine choice and control in their housing arrangements and assists people to live independently.

Invest in accessible social housing and crisis accommodation

Priority action: Build more social housing accessible for people with disability.

For many people with disability – including those dependent on the Disability Support Pension – it is extremely difficult, if not impossible, to find affordable, accessible and sustainable housing in the private home-purchase or rental market. This is precisely the kind of housing market failure that the public and community housing sectors (social housing) are designed to fill.

However, Victorian social housing growth has been stagnant for decades, and is increasingly straining under growing demand, with almost 37,000 Victorian households waiting for social housing.[137] Finding accessible social housing is even more difficult.

Lack of accessible housing can push people with disability into inappropriate living arrangements. Families may combine together to purchase or arrange ad hoc group homes for their children, and people might attempt to live independently in the private sector with inadequate support. Others are forced to live in supported residential services, where they have little control over their housing or care, or live in rooming houses or caravan parks as the only available options they can afford.[139]

The Victorian Government should accelerate growth in Victoria's social housing stock, and ensure that houses are accessible, so that people with disability can find a suitable home. At the same time, better data should be collected around access to social housing for people with disability (such as disaggregating the social housing waiting list to include disability) to provide greater accountability and transparency for the sector.

Kathy is a young woman with an intellectual disability for whom OPA is guardian. Kathy had been on the public housing waiting list for many years. In the meantime, she lived in a boarding house where she felt very unsafe.

On two occasions Kathy was driven out of her room at night due to the inappropriate behaviour of the boarding house owner's son. On another occasion, a fellow resident threatened Kathy with a knife.

Living in the boarding house placed Kathy at the risk of physical and psychological harm. However, the fact that she had a roof over her head meant that she was not a high priority on the public housing waiting list.

After waiting for eight years, Kathy finally got her own public housing flat. Kathy is loving her new home and the incredible difference it has made to her life.[138]

Priority action: Ensure refuges and other crisis accommodation are accessible.

Access to refuges, crisis and transition accommodation (including women's shelters) can be limited for people with disability. Most crisis accommodation is not built to universal design standards,[140] so physical accessibility as well as access to information can be a challenge. The unfamiliar surroundings and lack of privacy can also be a barrier for people with disability, as can transport to the accommodation.[141]

We have heard serious concerns from people with disability, advocates and other organisations around the incidence of young people with disability becoming homeless or at risk of homelessness. Services and accommodation should take into account the needs of young people with disability, and adequate resources should be provided to support this.

Access involves more than just buildings and physical infrastructure – research shows it is also important for family violence services to be approachable, acceptable and appropriate, as well as affordable and available.[142] The Victorian Government should work with refuges and other crisis accommodation services to make sure they are genuinely accessible for people with disability.

These services are already under growing demand and funding pressures, so providing sufficient funding to allow this work to be done is essential. This could include funding all services to develop and implement a disability action plan, covering physical, informational, attitudinal and procedural accessibility.[143]

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[129] I Wiesel et al., *Moving to my home: housing aspirations, transitions and outcomes of people with disability*, AHURI Final Report No. 246, 2015, p.1.

[130] VCOSS, *Universal Housing, Universal Benefits*, 2008, p.3.

[131] Ibid.

[132] B Judd, D Olsberg, J Quinn, L Groenhart and O Demirbilek, *Dwelling, Land and Neighbourhood Use by Older Home Owners*, AHURI Final Report No.144, 2010, p.282.

[133] Victorian Department of Planning and Community Development, *Visitable and Adaptable Features in Housing: Regulatory Impact Statement*, 2009.

[134] I Wiesel and D Habibis, *NDIS, housing assistance and choice and control for people with disability*, AHURI Final Report No.258, 2015, p.17.

[135] VCOSS, *Housing for people with disability: Submission to the Joint Committee on the NDIS and the National Disability Insurance Agency*, 2016.

[136] I Wiesel and D Habibis, *NDIS, housing assistance and choice and control for people with disability*, AHURI Final Report No.258, 2015, p.25.

[137] DHHS, *Victorian Housing Register and transfer list by local area*, 2018.

[138] Case study from OPA, *The Public Housing Needs of People with Disabilities: Submission to the Inquiry into the Adequacy and Future Directions of Public Housing in Victoria*, 2013, p.13.

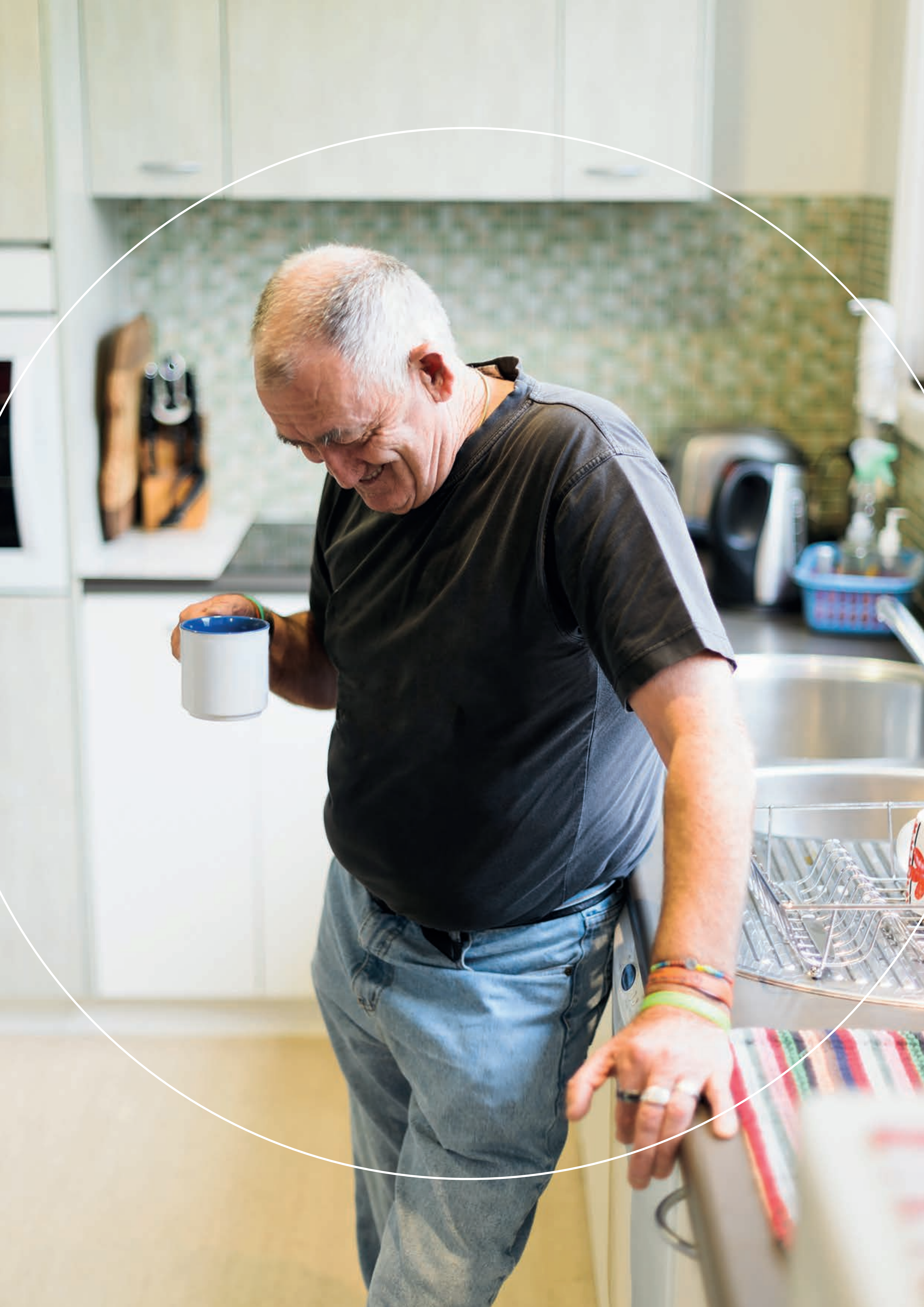
[139] VCOSS, *Housing for people with disability: Submission to the Joint Committee on the NDIS and the National Disability Insurance Agency*, 2016, p.9.

[140] L Healey, *Voices Against Violence: Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities*, WDV, OPA and Domestic Violence Resource Centre Victoria, 2013, p.47.

[141] Ibid, p.47.

[142] P Frawley, S Dyson and S Robinson, *Whatever it takes? Access for women with disabilities to domestic and family violence services: Key findings and future directions*, Compass Issue 05, ANROWS, August 2017.

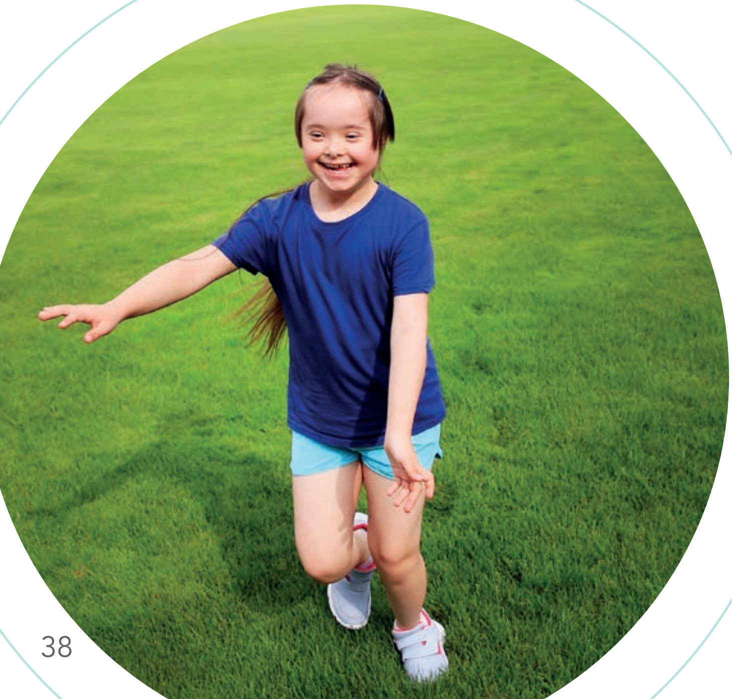
[143] People with Disability Australia and Domestic Violence NSW Inc., *Women with Disability and Domestic and Family Violence Policy and Practice Guide*, 6 March 2015.



6 Support health and wellbeing

Goal: Victorians with disability feel a sense of wellbeing and can exercise their healthcare rights. The Victorian health system is accessible and responsive to the needs of people with disability.

In general, people with disability have worse overall health than people without disability, even in areas of health that are not related to their impairment.[144] This reflects the health system barriers that people with disability face, including discrimination, physical or other forms of inaccessibility, and inadequate knowledge or experience of disability amongst healthcare professionals. There are also strong links between disability, poor physical health and mental health.



Health services, including disability and mental health services, should be delivered using a rights-based approach. This means taking into account the PANEL principles:

- **P**articipation
- **A**ccountability
- **N**on-discrimination, equality and attention to vulnerable groups
- **E**mpowerment
- **L**inkages to human rights standards, progressive realisation of rights and non-retrogression.[145]

> I was once put in a hospital ward where, to get to the bathroom, another patient had to be moved out of the way. If it was visiting hours, his family had to move for me to access the bathroom in my wheelchair, it was really inconvenient. I asked staff if I could be moved somewhere where I wouldn't be inconveniencing another patient and where I would be able to get to the toilet without needing other people to move.
>
> I was treated as if I was asking for special treatment and told that just because I was a private patient didn't mean I could move to a private room. The staff completely didn't listen to what I was asking for, which could have even been solved simply by swapping myself and the other patient around in the room.[146]

Reduce barriers to the delivery of effective healthcare

Priority actions:

Increase health services' and professionals' knowledge and understanding of disability.

Support the development of the peer workforce.

People with disability identify a significant need for better understanding of disability within our fragmented health systems. Currently too many health professionals lack expertise in working with people with disability.

Many people with disability report experiences in health services where they have been ignored, with the health professional talking only to their carer or support worker, which can be frustrating, disempowering, and potentially harmful. This may particularly be the case when a person with disability requires care from health professionals they do not usually see – for example, when going to the hospital or using an ambulance.

Other barriers in hospitals include inconsistency in policies, procedures and knowledge about how to meet the diverse needs of people with disability (including how to book and work with interpreters). This can be even more pronounced in regional and rural communities.

Additionally, both acute and community mental health systems are currently unable to meet the needs of many people with disability, and disability services may not have a strong understanding of psychosocial disability.

The Victorian Government should work with health services and professionals to improve their understanding of the diverse needs of people with disability. An important focus of this, in line with the rights-based approach, should be participation and inclusion: making sure health professionals listen to people with disability, speak directly to them, and take the time to be sure they understand and agree to the health procedures taking place.

All health services, including community health and hospitals, should develop, implement and maintain disability action plans, to improve the accessibility and quality of services for people with disability, and ensure they provide a disability friendly workplace.

Employing peer workers also helps build an accessible and responsive health system. People with lived experience of disability hold valuable expertise about the system, promote hope and recovery and drive cultural change. Peer workers need to receive appropriate training and ongoing support in their roles.

Priority action: Improve services for people with multiple and complex needs, including dual disability.

People with disability and advocates highlight the intersections between various forms of disability, particularly physical or cognitive disability and psychosocial disability, and the lack of appropriate support available in the community.

Despite a growing understanding of the need, there are limited specialist services for people with co-occurring psychosocial and cognitive disabilities. People with cognitive disabilities often experience barriers to mental health care, including communication difficulties, inappropriate diagnosis and having their mental illness symptoms dismissed as behaviour related to their disability (or vice versa). Additional training and targeted services are needed to help health professionals assess and effectively engage and support people with dual disability.

Healthcare professionals also need a better understanding of the links between physical health and disability. For example, common medications prescribed to people with mental illness can have significant side effects that negatively impact on people’s physical health and wellbeing. Healthcare providers should be aware of these types of issues, and work with consumers to avoid or minimise them.

Priority action: Reduce physical and financial barriers to accessing healthcare.

People with disability in regional and rural Victoria face additional barriers to getting health care when they need it. Long waiting times, scarcity of specialist services and inaccessibility of transport all impact on healthcare for regional people. Improving accessible transport options, building the rural health workforce and increasing funding for community health services would help improve access.

Physical inaccessibility of health services also remains a problem. Ageing infrastructure and poor design can make it almost impossible for people with disability to use services. The Victorian Government should fund service upgrades to ensure buildings are physically accessible for people.

High out-of-pocket costs can also act as a barrier to people getting the support they need. People with disability report that high costs of specialist appointments make it difficult to get the reports they need to show eligibility for the NDIS. Similarly, co-payments for pharmaceuticals can be a financial burden for people with disability living on low incomes with multiple health needs. The Victorian Government should work with the Federal Government to explore ways of ensuring healthcare services are affordable for people with disability.

Guarantee service continuity and avoid gaps with the NDIS

Priority actions:

Clarify responsibilities and provide transition funding to fill gaps in the interface between the NDIS and health systems.

Support health services to continue providing services to people with disability until interface issues are resolved.

People with disability can experience a range of complex health needs related to their disability, and the boundary between health- and disability-related needs can be blurry.

Too often people with disability describe cracks in the interface between the NDIS and health services; neither part of the system accepts responsibility for providing a particular service or support, leaving the person stuck in the middle without the help they need. For example, in-home nursing support, discharge planning, rehabilitation support and medication are all areas where the division of responsibilities is at times unclear or problematic.

There are also gaps emerging for people who are ineligible for the NDIS, including people with some chronic illnesses. Some previously available services and supports for this group, like nursing care, are no longer taking new clients or are not available outside of the NDIS.

The Victorian Government should fund a transition package for health services to continue providing services to people with disability until the interface arrangements between the NDIS and state health systems are resolved.

The Government can also continue to work with hospitals and health services to support and encourage good interface practice with the NDIS, including by developing protocols and guidelines. It is also important that systemic issues are identified, tracked and monitored.

Priority action: Provide people with access to psychosocial rehabilitation services outside of the NDIS.

Community mental health support services provide psychosocial rehabilitation and support, helping people with a range of mental health issues stay well, and able to work, study, care for their children and families and participate in community life.

In Victoria, funding has been diverted from existing community mental health support services to the NDIS. However, not everyone with a psychosocial disability is eligible for the NDIS. People with diagnosed mental illnesses or who previously received community mental health support are already being denied NDIS packages because they fail to meet the requirements of a ‘permanent’ diagnosis, or are unable to present the right evidence from doctors and specialists.[147] Additionally, the processes for applying for the NDIS or to have decisions reviewed are complex, time consuming, and can have a negative impact on people’s mental health.

Without community mental health services, people with psychosocial disability risk falling further into crisis, and ending up in hospital or acute care, but already many clinical mental health services across the state cannot meet demand. Too often only the most unwell, or those assessed as a risk to others, can get immediate help. Rather than reducing pressure, we have heard that the NDIS rollout and the resultant loss of community managed rehabilitation services is increasing reliance on clinical services to support people with mental illness.

Additional funding is urgently required to make sure there is a strong psychosocial rehabilitation sector outside of the NDIS across Victoria.

Support choice and control

Priority actions:

Provide people with choice and control over their health and treatment.

Reduce instances of involuntary treatment for people with disability.

People with disability should be supported to make decisions about their own health, wellbeing and treatment.

To make informed choices about their care and treatment, people need access to information about their health and the options available to them. Good health literacy helps people stay healthy, prevent illness and disease and access appropriate health care when they need it. Information about health and healthcare must be made available in a variety of accessible formats, and people need to be provided the opportunity to ask questions and seek further information from well-trained professionals. In some circumstances people with disability, including people with mental illness, can be subject to involuntary medical treatment. Compulsory treatment without consent can impinge on a person's human rights. If forced treatment is required, it should be the least restrictive option necessary to save a person's life or prevent damage to their health.

People with disability should also be supported to develop advance care directives. Advance directives are one way people with disability can make choices and maintain control over their health and treatment. An advance care directive allows a person to make binding decisions about consenting to or refusing future medical treatment while they have capacity to do so.[148] Advance directives can also help people with other issues related to a healthcare crisis, such as responsibility for childcare and identifying appropriate visitors.

There should also be an opportunity for choice around healthcare providers. For example, a woman with disability should be able to choose if she would prefer a female doctor or female-only hospital ward. Evidence shows that mixed-gender wards can make people feel unsafe and risk re-traumatising them.[149]

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[144] VicHealth, *Disability and health inequities in Australia*, Research summary, 2012.

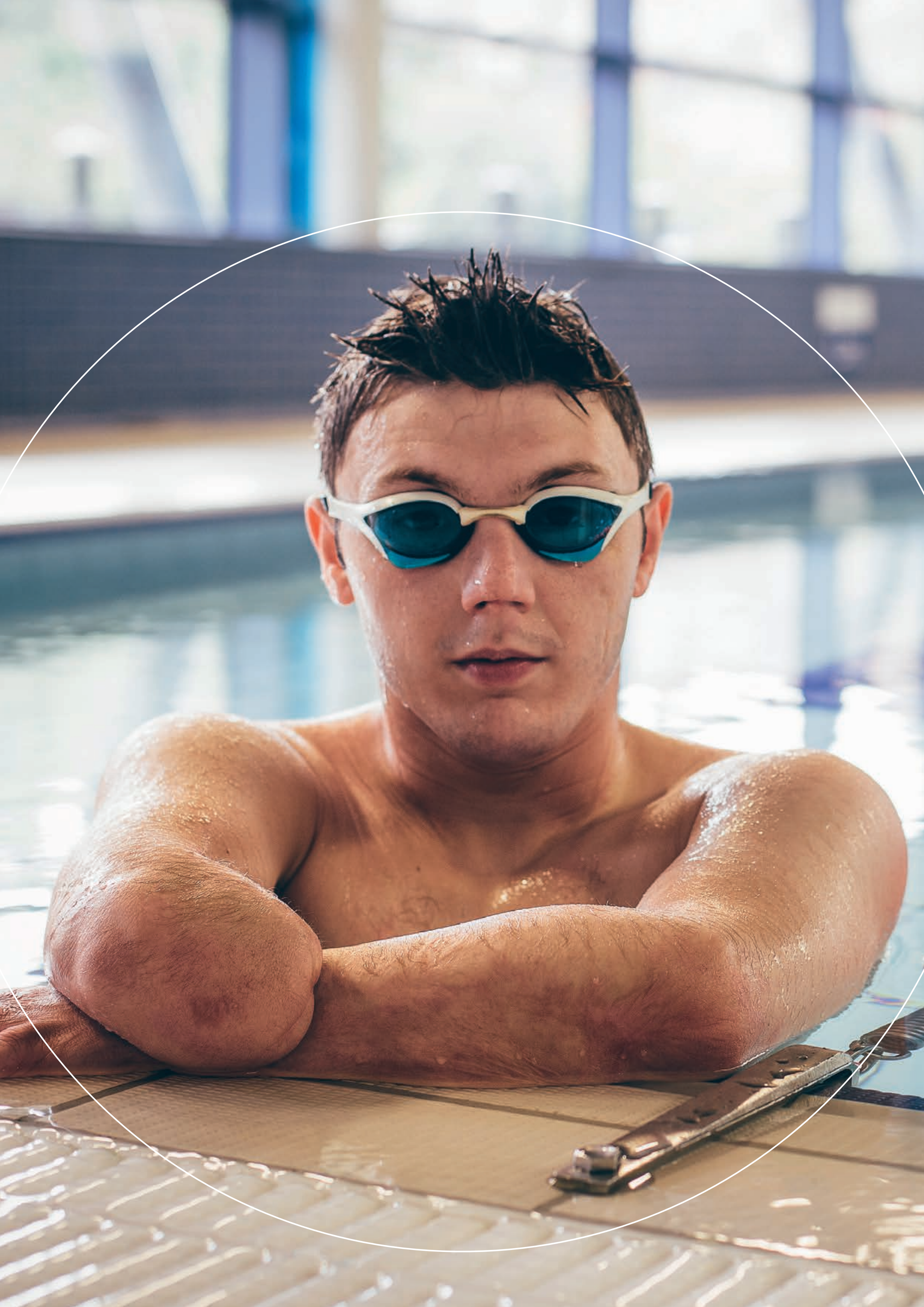
[145] VEOHRC, *From Principle to Practice: Implementing the human rights based approach in community organisations*, September 2008.

[146] Quote from a woman with disability, through WDV's *Rural Linkages Project* consultations, 2018.

[147] The University of Sydney and Community Mental Health Australia, *Mind the Gap: the NDIS and psychosocial disability; Final Report: Stakeholder identified gaps and solutions*, January 2018.

[148] OPA, *Advance care directive*, webpage, 2018.

[149] Mental Health Complaints Commissioner, *The right to be safe; Ensuring sexual safety in acute mental health inpatient units: sexual safety project report*, 2018.



7 Deliver educational equity

Goal: Victorians with disability enjoy the same educational opportunities as everybody else.

Access to quality, inclusive and engaging education is critical to give every child the opportunity to reach their full potential, but significant barriers exist for students with disability in Victoria. These include funding limitations, lack of specialist supports, inadequate teacher training in disability, lack of time for teachers to provide an individualised approach, and discriminatory attitudes. The Victorian Government can take a more active role in impoving our education system for students with disability: by fostering inclusive educational environments, providing needs-based funding, and equipping staff with the knowledge and capacity to support students with disability.

Provide targeted support for students with disability

Priority action: Provide the right support to students with additional needs by reforming the Program for Students with Disabilities and delivering targeted funding support for students with low to moderate needs.

The Victorian Government's Program for Students with Disabilities (PSD) provides needed supplementary funding to schools to support eligible students with disability; however, our consultations highlighted a number of issues with how the PSD currently operates.

Our key concern is that too many students with disability and additional health and development needs are not well supported by the school system. The PSD currently supports roughly 4 per cent of the student population,[150] but around 15 per cent of Victorian government school students are estimated to have disabilities and require reasonable adjustments for their learning.[151]

The learning needs of students who do not receive PSD funding are intended to be covered through the global school budget, but in practice this happens inconsistently. This means in many cases students with low to moderate needs are not being adequately assisted at school and are not receiving equal access to education.[152]

The Victorian Government's own reviews and inquiries[153] show that we need to update the way we provide funding to support students with disability so they can learn and achieve at school. Updating the PSD so that it appropriately supports all students with disability, through a functional and educational needs-based assessment and funding model, will begin to address this.

This shift would also allow consideration of a broader range of factors that influence a child's functioning, including their risk and protective factors, and their educational needs, when assessment and funding decisions are made.[154] This will help to ensure a more efficient, transparent and equitable funding system, supporting children appropriately and better targeting the support available to children most at risk.

Priority action: Implement consistent and appropriate Individual Learning Plans for students with disability.

To ensure every student has the best chance of reaching their full potential, schools and teachers must identify their individual strengths and needs. This requires input from teachers, school staff, parents/carers, students and experts. One way of doing this is to develop Individual Learning Plans (ILPs) for students.

ILPs set out the student's needs, outline the adjustments that can be made to the curriculum, and identify individual learning goals and milestones for the student. Developing individualised plans can help to support better learning outcomes for students with disability, and address the continuing issue of 'low expectations'.[156]

> “…and it's not really fair that you have to…demonise your child in order to get the appropriate funding for them… My occupational therapist wrote two reports. She'd write one for us and one for them. The one for us had the good things, as well as the bad things, and the one for them just had the bad things. That is not fair in the slightest, but it also means that the kids who need support are only getting it if they externalise their behaviours. If they're kids who withdraw and don't cause much bother then they're going to sit there and not get the help they need because they're quiet, because they don't disrupt the class. That's just not right.[155]”

The Victorian Government's recent review of the PSD found there is inconsistency in the way schools currently implement ILPs.[157] This can lead to poor practice, including parents not being sufficiently involved in the process, a lack of focus on educational outcomes, and inadequate support of students' progress. More than a third of respondents to a recent survey reported that their child with disability did not have an ILP in place.[158]

The Victorian Government has committed to introducing new evidence-based guidelines to support teachers in the development of personalised, strengths-based learning plans, and to develop a new support-profiling tool to help identify students' strengths and needs.[159] However, there is confusion in the sector as to the progress of these activities,

> [My son has experienced] fairly constant harassment from other students. Verbal nastiness inside and outside of class, has had food thrown at him during lunchtime, and has had a student intimidate him and follow him home from school. The student filmed his frightened reaction and uploaded it to Snapchat, so other kids at school could make fun of him.[168]

and concerns that the introduction of these new tools would not improve consistency, as they are not compulsory and their use is not mandated.

The Victorian Government should ensure the development of evidence informed ILPs is funded appropriately and embedded in all schools' practice, and that this is monitored to ensure they are being developed and used to support children effectively.

Invest in bullying prevention

Priority action: Develop and implement a tailored prevention program to address the bullying of students with disability.

Young people with special education needs and/or disabilities are disproportionately at risk of bullying.[160] Research shows more than half of students with disability have experienced bullying at school,[161] compared with 25 per cent of the broader student population,[162] and more than half of teachers report witnessing the bullying or harassment of students with disability.[163] Rates of bullying are likely to be higher for students with disability who are Aboriginal or Torres Strait Islander,[164] and may also be higher for students with mild or 'invisible' disabilities.[165]

During consultations we heard first-hand accounts of the long-term impacts of bullying, as well as the significant impact that it can have on students' health, wellbeing and quality of life at the time.[166] This can include leaving school early, self harm, and suicide attempts.[167]

While Victorian schools are required to have bullying prevention policies in place to support students in a safe learning environment,[169] this should be coupled with disability-specific programs that raise awareness of disability, help to prevent bullying and build inclusive attitudes in our schools.[170] Peer education and support, the development of social competence, and a whole-school approach – including partnering with parents and carers – are important features of such work.[171, 172]

Ensure accessible education environments

Priority action: Undertake access audits of all school and TAFE buildings and premises.

People with disability and advocates report that the level of accessibility across our schools – and across facilities within schools, such as playgrounds – remains inconsistent. This can lead to students with disability being excluded from activities and educational opportunities. Almost 40 per cent of respondents to a recent survey reported that students had been excluded from events or activities in school.[173]

Access audits involve examining and assessing buildings and related environments to identify barriers to access for people with a range of

Justin is a young boy with epilepsy, who had been unwell and taken time off school.

During that period of time, his Epilepsy Management Plan and Epilepsy Medication Management Plan lapsed. His mother informed the school that there were no changes to the plans, however when he returned to school they were advised that he could not attend school without current plans.

Justin had already missed a considerable amount of schooling due to being unwell, and this additional barrier caused extra stress for Justin and his family.[180]

different mobility and other requirements.[174] Requiring education services to undertake an access audit would enable the Victorian Government to address our students' physical access to educational opportunities more consistently. The audits would provide a rich source of data on the current state of play across Victoria's schools that would allow the Government to identify strengths and weaknesses and then systematically address gaps through its capital works program. This could be done initially as a once-off in existing education services, and then conducted as part of the planning and development process for new schools and other facilities.

Improve staff awareness of disability

Priority action: Mandate disability awareness and inclusive education training for all staff in the Victorian education system.

Another factor that contributes to inconsistency in school accessibility is that teachers have limited professional learning opportunities around disability.[175] Teacher attitude is a central part of inclusive education,[176] and without consistent high-quality training opportunities, teachers may not be well equipped to understand the needs and strengths of students with disability, provide appropriate supports and deliver education inclusively.[177]

Some progress has already been made, with the Victorian Government introducing changes in response to the PSD review, but there is not enough professional learning around disability and inclusion, which is important to support teachers to stay up-to-date with best practice and advances in the evidence base.[178]

Developing an understanding of ableism and the social model of disability, moving beyond the deficit approach, and engaging in reflective practice are important aspects of training around inclusive education.[179] Similar training opportunities should also be provided for educators in other levels of our education system, including kindergartens and post-school education.

[150] VCOSS, *Review of the Program for Students with Disabilities: VCOSS Submission*, 2015.

[151] DET, *The Education State: Review of the Program for Students with Disabilities*, 2016.

[152] VEOHRC, *Held back: the experiences of students with disabilities in Victorian schools*, 2012.

[153] See, for example, the *review of the Program for Students with Disabilities*, the *Government Schools Funding Review*, and the *inquiry into services for people with Autism Spectrum Disorder.*

[154] VCOSS, *Review of the Program for Students with Disabilities: VCOSS Submission*, 2015.

[155] Quote from Veronica, in the Castan Centre for Human Rights Law's report *Improving Educational Opportunities for Children with Disability in Victoria*, Monash University, 2018, pp.43-44.

[156] CYDA, *Post School Transition: The Experiences of Students with Disability*, 2015.

[157] DET, *The Education State: Review of the Program for Students with Disabilities*, 2016.

[158] CYDA, *Education Survey 2016: National Summary of Results*, 2016.

[159] DET, *Inclusive education for all students with disabilities and additional needs: The Government's response to the Review of the Program for Students with Disabilities*, 2016.

[160] C McLaughlin, R Byers, R Peppin Vaughan, *Responding to Bullying among Children with Special Educational Needs and/or Disabilities: A comprehensive review of the literature*, 2010, University of Cambridge, for the Anti-Bullying Alliance.

[161] CYDA, *Education Survey 2016: National Summary of Results*, 2016.

[162] PricewaterhouseCoopers, *The economic cost of bullying in Australian schools*, 2018.

[163] VEOHRC, *Held back: the experiences of students with disabilities in Victorian schools*, 2012, p.72.

[164] Ibid, p.70.

[165] C McLaughlin, R Byers, R Peppin Vaughan, *Responding to Bullying among Children with Special Educational Needs and/or Disabilities: A comprehensive review of the literature*, 2010, University of Cambridge, for the Anti-Bullying Alliance.

[166] Stopbullying.gov, *Effects of bullying*, webpage, 2017.

[167] S Robinson, *Enabling and Protecting: Proactive Approaches to Addressing the Abuse and Neglect of Children and Young People with Disability*, Children with Disability Australia, 2013.

[168] Quote from a mother of a child with disability, in CYDA's presentation to the Disability Advocacy Resource Unit Advocacy Sector Conversations Forum, *Progress towards an inclusive education for children and young people with disability in Australia*, 15 February 2018.

[169] DET, *Bullying Prevention Policy*, webpage, 7 July 2017.

[170] VEOHRC, *Held back: the experiences of students with disabilities in Victorian schools*, 2012.

[171] C McLaughlin, R Byers, R Peppin Vaughan, *Responding to Bullying among Children with Special Educational Needs and/or Disabilities: A comprehensive review of the literature*, 2010, University of Cambridge, for the Anti-Bullying Alliance.

[172] NSW Department of Education, *Anti-bullying interventions in schools – what works?*, literature review, Centre for Education Statistics and Evaluation, 2017.

[173] CYDA, *Education Survey 2017: National Summary of Results*, 2018.

[174] Irish National Disability Authority, *Improving the Accessibility of School Buildings*, 2012.

[175] DET, *The Education State: Review of the Program for Students with Disabilities*, 2016.

[176] L Carlson, B Hemmings, G Wurf and A Reupert, *'The instructional strategies and attitudes of effective inclusive teachers,' Special Education Perspectives*, 21(1), 2012, pp.7-20.

[177] DET, *The Education State: Review of the Program for Students with Disabilities*, 2016.

[178] Australian Research Alliance for Children and Youth, *Inclusive Education for Students with Disability: A review of the best evidence in relation to theory and practice*, 2013.

[179] K. Cologan, *Inclusion in education: Towards equality for students with disability*, Issues paper, Children and Families Research Centre, Macquarie University, commissioned by CYDA, 2013.

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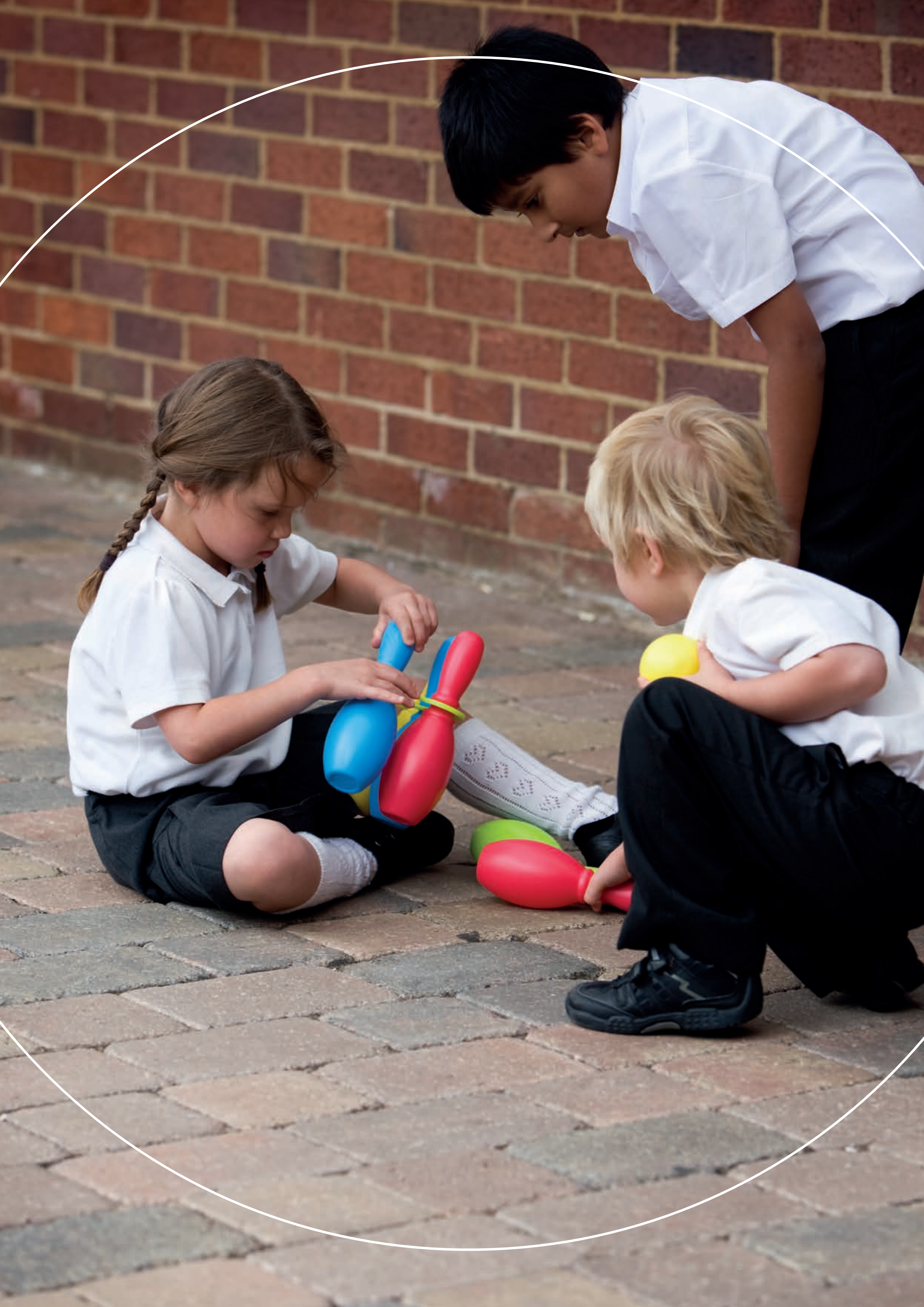


8 Create jobs and support economic participation

Goal: Victorians with disability have a job they enjoy which suits their interests and skills.

People with disability face a range of barriers to securing and maintaining employment, leading to significant under-representation in the workforce.[181] Barriers start at school, with career advisors and staff not understanding the range of career opportunities and pathways available for students with disability, and a culture of low expectations. After school, people with disability can encounter attitudinal barriers amongst employers and the community, and a lack of vocational opportunities and pathways. [182,183] For people who cannot access employment, the Federal Government's social security system provides necessary but insufficient support, and has not kept up with the cost of living.

Promote the benefits of employing people with disability

Priority actions:

Build community awareness of disability and the benefits of employing people with disability.

Provide relevant information and encourage employers to employ people with disability.

Changing community and employer attitudes will be an important part of increasing employment opportunity for people with disability,[184] as negative employer attitudes remain a significant barrier to employment.[185] This includes building employers' understanding of the benefits of working with people with disability,[186] and addressing misconceptions. For example, although there may be assumptions around the medical needs and productivity of people with disability, research has found that people with disability take fewer days off and less sick leave, and have a higher retention rate.[187]

> The school unconsciously sorted students according to perceived capability. This resulted in some students being provided with extra support to pursue employment, while other students were directed to supported employment and day programs.[195]

Public awareness or social marketing campaigns can build community awareness and address some of the misconceptions around people with disability. These sorts of campaigns have been successfully used in the past to raise awareness and understanding of mental illness in the United States, the United Kingdom and New Zealand.[188,189]

The Victorian Government could use a similar campaign to build awareness and understanding of disability across the community. Using data collected through a community attitudes survey (as discussed in Chapter 1), the campaign could be targeted to address particular beliefs or assumptions found to be strongly held in Victoria. The roll-out of the NDIS offers a timely opportunity for a campaign like this, as there is already increased media around disability issues. Various positive initiatives highlighting the benefits of employing people with disability, and their unique individual strengths and interests, are already underway, such as the ABC's 'Employable Me' television show.[190]

The Victorian Government should also develop key resources to support employers to employ people with disability and establish a central place for businesses to go to find relevant information. Targeted education and information sessions for employers at the local level, including building connections with disability organisations, would also be valuable.

Improve career advice for students with disability

Priority action: Ensure career advisors and school staff have the capacity and resourcing to support students with disability to identify and pursue their career goals.

Understanding different career options and navigating post-school pathways can be challenging for many young people, and especially for young people with disability. Although they hold similar goals and aspirations for their future to young people without disability,[191] they often face low expectations about their career options, experience barriers to entering and progressing in tertiary education, and have difficulties securing meaningful employment.[192]

Some of these barriers come from school-based career advice processes. We have heard that both mainstream and specialist schools often assume the best or only option for a student with disability (particularly intellectual disability) is to transition to an Australian Disability Enterprise.[193] Young people with disability also miss out on many of the aspects of traditional post-school planning, such as undertaking work experience, career planning and counselling.[194]

Building career advisors' awareness of opportunities and understanding of the different strengths and interests of students with disability is important. Training should be provided for career advisors and other school staff in mainstream and specialist schools, so they are aware of current opportunities and best practice in developing career pathways for students with disability, and can support students to pursue them. Implementing consistent ILPs will also help schools to build an understanding of each student's interests and needs, and assist in developing appropriate career advice.

Ensure the public sector leads the way

Priority action: Explore and develop career pathways for people with disability in the Victorian Public Service and more widely.

Building effective and appropriate career paths – that do not fall into the trap of low expectations[196] – is another critical piece of the puzzle. People with disability, advocates and organisations report that too often discussion still focuses around jobs for people with disability, rather than careers. It can be difficult for people with disability to enter the workforce, and for those who are in employment, jobs may be poorly paid or inappropriate for their skill level, and career development opportunities may be limited.

More work is required to explore opportunities for career pathways for people with disability. This could include activities like job sampling and internships, or introducing a specialised disability entry stream within the Victorian public service graduate programs.

Despite many promising state and national programs already underway,[197] the Victorian Government has an ongoing and important role to play in this space, and could be a practice leader. The Government should explore the ways it can provide greater support for people with disability transitioning into the workforce, and throughout their career. This could include specialised entry pathways to the public service as well as support for programs that work directly with people with disability and employers to build connections and capacity, and support for transitions.

Priority action: Maintain and build on the public sector employment target.

The Victorian Government has a responsibility to provide an example for business and the community in its employment practices, but currently the Victorian public sector employs people with disability at a lower rate than the broader community. In 2017, 3 per cent of public sector employees reported having a long-term disability which restricts their everyday activities, compared with 5.7 per cent of the Victorian labour force.[198]

The public sector employment target announced in February 2018 – 6 per cent employment of people with disability by 2020 growing to 12 per cent by 2025 – is an important first step and shows the Government is committed to increasing its accessibility and working with people with disability.

Genuine investment and effort needs to be made over the years to 2020, to ensure this target is met and that people with disability in the public service are welcomed and supported throughout their employment. The employment target should then be raised so that it is more in line with the proportion of people with disability in the Victorian population (approximately 20 per cent). The target should also be expanded from government departments and Victoria Police to the entire public sector, including schools and hospitals.

As well as being a great opportunity for the Victorian Government to lead the way, and providing opportunities for Victorians with disability to contribute to our public service, this would also be a practical way of helping to change employer attitudes, by showing other employers how people with disability can be accommodated in the workplace and the significant contribution they can bring.

Priority action: Leverage government procurement processes to support the employment of people with disability.

In 2016-17, the Government spent $16 billion on goods and services to support service delivery and operations, and an additional $9.1 billion on public construction and infrastructure.[200] Given its scale, there is a significant opportunity to add value by using this purchasing to support social positive outcomes. This is known as social procurement.[201]

Social procurement could be used as a way to support the employment of people with disability in organisations from which the Victorian Government buys goods and services. This will send a message to businesses and community organisations supplying the Government that the employment of people with disability is an important priority and brings benefits to individuals, organisations and our broader community.

We commend the Government for including 'opportunities for Victorians with disability' as a key objective in its new social procurement framework.[202] It is a positive start but support for the employment of people with disability should be embedded – not just recommended – across all government purchasing, and should include measureable requirements, not just targets.

Working with established schemes, such as National Disability Services' BuyAbility procurement initiative, could also be explored. This scheme has been successfully implemented in New South Wales but has had more limited uptake in Victoria so far.

> “I know that I am a positive role model, particularly for young people who are short statured. People see me walking around this precinct and get the message that this Department is open to employing people with disabilities.[199]”

Support increased access to social security

Priority action: Work with the Federal Government to support people with disability to access social security, including the Disability Support Pension.

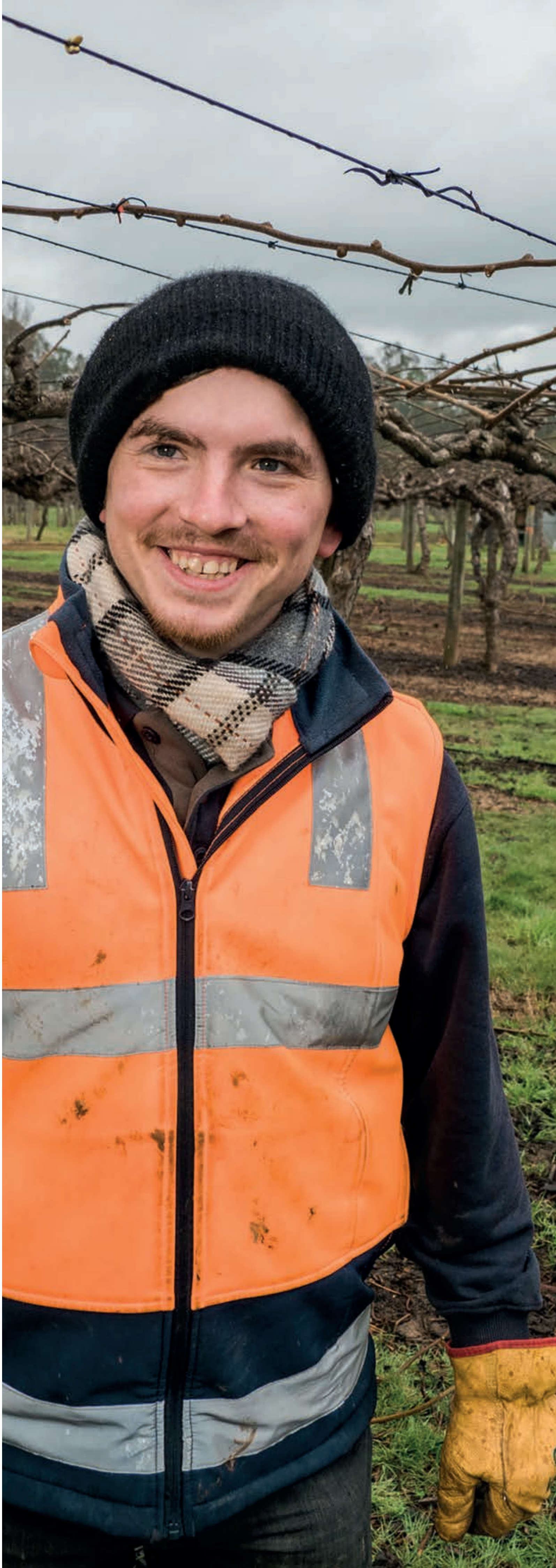
People with disability face much higher risk of poverty than people without disability, with as many as 45 per cent of people with disability living in or near poverty.[203, 204] This is more than double the OECD average.[205]

The difficulties experienced by people with disability in obtaining and retaining employment contribute to this, and many people rely on the Federal Government's social security for their income. This includes the Disability Support Pension[206] and the Newstart Allowance.[207] There are currently around 760,000 people on the Disability Support Pension; however, the eligibility requirements have changed in recent years and fewer people are now able to access it.[208] This means people are relying on the Newstart Allowance, which is far lower and does not adequately cover the cost of living.[209] More than half of people receiving Newstart live below the poverty line.[210]

This is a problem for everybody, but especially for people with disability, who face higher costs of living. A recent study found that these extra costs may add up to several thousands of dollars each year.[211]

Social security payments are managed by the Australian Government, but the Victorian Government has a role to play in advocating for better outcomes for Victorians. The Victorian Government should use its role in the COAG Disability Reform Council to advocate for increased access to social security and more income support for people with disability.

> “Living on the Disability Support Pension can be a bit tough, I can’t go on outings or visit friends if they are too far away, I only go to the shops and appointments. I am very frugal, I spend the winter in one room wrapped in blankets to save on heating, I get all my clothes and household goods from the op-shop and I never buy meat.
>
> I have spent ten months trying to get a work support package, I have skills but need assistance to get a job and it’s just not there. I deliver leaflets to make some money, that works out to about five dollars per hour.[212]”



[181] ABS, Disability, Ageing and Carers, Australia: Victoria, 2015, Catalogue #4430.0.

[182] ARTD Consultants, *Ticket to Work pilot outcomes study: A quasi-experimental evaluation of pathways from school to economic and social inclusion*, for National Disability Services, 2016.

[183] National People with Disabilities and Carer Council, *Shut Out: The Experience of People with Disabilities and their Families in Australia*, National Disability Strategy Consultation Report, 2009, Commonwealth of Australia.

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[187] Australian Safety and Compensation Council, *Are People with Disability at Risk at Work? A Review of the Evidence*, 2007 Commonwealth of Australia.

[188] M Randle and S Reis, Changing community attitudes toward greater inclusion of people with disabilities: A rapid literature review, for NSW Department of Family and Community Services, 2017.

[189] Ibid.

[190] Australian Broadcasting Corporation, *Employable Me*, webpage, 2018.

[191] E Emerson, A Honey and G Llewellyn, *The Well-Being and Aspirations of Australian Adolescents and Young Adults with a Long-Term Health Condition, Disability or Impairment*, The University of Sydney, 2008.

[192] VCOSS, *High expectations and meaningful career advice: VCOSS Submission to the Victorian Parliamentary Inquiry into Career Advice Activities in Victorian Schools*, 2017.

[193] Ibid.

[194] CYDA, *Post School Transition: The Experiences of Students with Disability*, 2015, p.33.

[195] Ibid, p.33.

[196] Ibid, p.33.

[197] These include the Australian Public Service's *GradAccess*, the Victorian Public Service's *entry pathway* for Aboriginal and Torres Strait Islander people, *inclusion traineeships* in the ACT Public Service, the Australian Network on Disability's *Stepping into Internships* program, the *Dandelion Program*, and National Disability Services' *Ticket to Work*.

[198] Victorian Public Sector Commission, *The State of the Public Sector in Victoria 2016-17*, 2018.

[199] Quote from Merry Young in Myriad Consultants' *Case Studies of Employees with a Disability* for DET, 2005, p.38.

[200] Victorian Government, *Victoria's social procurement framework: Building a fair, inclusive and sustainable Victoria through procurement*, 2018, p.3.

[201] VCOSS, *Social Procurement*, briefing paper, 2017.

[202] Victorian Government, *Victoria's social procurement framework: Building a fair, inclusive and sustainable Victoria through procurement*, 2018.

[203] ACOSS, *Poverty in Australia 2014*, p.10.

[204] VicHealth, *Disability and health inequalities in Australia: Research summary*, 2012, p.5.

[205] OECD, *Sickness, Disability and Work: Breaking the Barriers – Australia*, 2010.

[206] Australian Department of Human Services, *Disability Support Pension*, webpage, 12 May 2018.

[207] Australian Department of Human Services, *Newstart Allowance*, webpage, 12 May 2018.

[208] J Norman, *'New Disability Support Pension recipients down by almost 60,000, due to Gillard-led crackdown', ABC News*, 21 February 2018.

[209] P Saunders and M Bedford, *New Minimum Income for Healthy Living Budget Standards for Low-Paid and Unemployed Australians*, SPRC Report 11/17, 2017, Social Policy Research Centre, UNSW Sydney.

[210] ACOSS, *Raise the Rate: Increase Newstart and related payments*, 2018.

[211] S Mitra, D Mont, H Kim, M Palmer and N Groce, *'The hidden extra costs of living with a disability,' The Conversation*, 26 July 2017.

[212] Quote from Rob, a man with disability, in ACOSS' report, *Poverty in Australia 2016*, p.34.

9 Uphold rights in the justice system

Goal: Victorians with disability understand their rights and responsibilities and have access to justice.

Effective and equal access to justice is a human right for people with disability,[213] who are more likely than other Victorians both to experience legal problems and to be the victims of crime. Too often people with disability end up in the justice system because other systems fail to provide appropriate support.

Better outcomes for victims and perpetrators will require making sure systems and procedures are accessible, that people understand their legal rights and obligations, and that people who work in the justice system understand the unique and diverse needs of people with disability.

Ensure equal access to legal information and processes

Priority action: Provide and share information about laws, rights and responsibilities in accessible formats.

It is critical that people with disability have the support they need to understand the law, and their rights and obligations, and to seek justice when it is needed.

An important part of this is making sure that information is provided in a way that is easy for people to understand – for example, Victoria Police has developed a range of resources in Easy English to help people with cognitive disability understand when and how to report a crime.[214]

Enough time should be allowed in interactions to ensure people with disability understand what is happening and what their choices are. Information should also be widely shared among people with disability, their networks, carers, and organisations in the disability sector, especially when laws change.

Priority action: Improve access to legal assistance and strengthen partnerships between legal assistance and disability advocacy services.

Access to legal assistance, including Victoria Legal Aid and community legal centres, helps people address legal problems before they escalate. Across the broader community, under-funding of legal assistance services means many people cannot get free, timely help when they need it. This problem is compounded for people with disability.

Community lawyers, especially duty lawyers, often do not have the time it takes to adequately represent people with disability – who may need more time to understand their circumstances and their rights and responsibilities – or to engage and support families. Funding models must include adequate time for lawyers to provide effective advice and representation to people with disability.

Legal assistance services can also lack expertise in working with people with disability. Improved training and stronger partnerships between legal assistance and disability advocacy services would improve justice outcomes for people with disability.

Priority action: Provide appropriate training for police and judicial officers and strengthen policies and supports that promote a disability responsive system.

People with disability have inconsistent experiences dealing with police and courts. While there are pockets of good practice, communication can be a major barrier, and basic adjustments are not always made, or support offered to people with disability. The lack of an independent police complaints mechanism also makes it difficult for people to enforce their rights, and to address systemic failures within Victoria Police

> “I have epilepsy and also a cognitive impairment, but I don’t like that term. I thought pretty hard about whether to go to the police to report sexual assault. To report a crime you have to step out of yourself, and step into someone else’s body… It wasn’t until I was sitting there and police asked, “Do you want to press charges?” that it hit. I didn’t know there was any other option. I think police need to explain what this means to people. People with disabilities, especially if they have an intellectual disability, might need time to talk to the people who support them and to understand the consequences before they make the decision.[215]”

Processes and frameworks around questioning people with disability and supporting them to give evidence need to be strengthened to ensure people with disability have equal access. People with disability and advocates report that this can be particularly difficult for people with psychosocial disability and/or complex communication needs.

Appropriate training should be provided to judicial officers, in line with Recommendation 175 from the Royal Commission into Family Violence report,[216] and appropriate communication supports should be funded and provided. Agencies without a disability action plan in place (for example, Court Services Victoria) should be required to develop and implement one immediately.

Priority action: Improve access to support services for people who have been the victims of crime.

People with disability face significant barriers in reporting crimes against them, including lack of information about how to do so, feelings of shame, communication difficulties and fear of retribution or that they will not be believed.[217] Providing increased support for people with disability and building the capacity of police and others in the justice system can help to reduce these barriers.

The sector is pleased to see that the Department of Justice and Regulation is currently trialling a program that provides skilled communication specialists in certain cases to work with witnesses who have a cognitive impairment. We will watch the progress of this pilot with interest and hope to see the program maintained and extended.

The Making Rights Reality program at the South Eastern Centre Against Sexual Assault & Family Violence is another example of appropriate support for victims of crime. The program aims to address the barriers to achieving justice faced by adults and children with disability (especially cognitive impairment or complex communication needs) who have experienced sexual assault, and to improve access to supports and counselling,[218] through an enhanced mainstream service.

An evaluation of the pilot in 2014 found it contributed to increased engagement with advocacy and support services, more reports to police, greater access to legal assistance and improved capacity in services generally to work with people with cognitive disability.[219] The pilot program is well placed for a broader state-wide roll out.

Priority action: Review the operation of juries so that people who use interpreting are able to participate in jury duty.

Allowing and supporting people who use interpreting to participate in jury duty would be an important step towards inclusion. As an example, the Australian Law Reform Commission (ALRC) sets out some recommendations around allowing communication assistants to support jurors.[220]

A new law in the Australian Capital Territory means that people with disability are able to serve as jurors if the appropriate support can reasonably be given.[221] Similar legislation should be explored in Victoria, to allow Victorian juries to better represent the full diversity of our community.[222]

Improve support for people in the justice system

Priority action: Improve screening processes to identify people with disability in the criminal justice system.

People in Victoria are not routinely screened for a cognitive disability when they enter prison, and processes for identifying and assessing people in prison are 'haphazard' and inconsistent.[223]

A recent review of the youth justice system found that there are likely to be high rates of disability among young people in the system, but many are undiagnosed, due to 'poor assessment tools and systemic screening of all young people involved with youth justice.'[224]

Identifying a person's disability as early as possible after contact with the criminal justice system would help improve communication and ensure appropriate supports and treatments are put in place in a timely way. Failure to identify disability can also result in people's behaviours being assessed as problematic, without understanding whether and how the behaviours are related to an acquired brain injury or other disability.

Priority action: Review supports available for people who may be considered unfit to stand trial.

Fitness to stand trial laws are intended to avoid miscarriages of justice, where a person is found guilty of a crime even though they are unable to understand the legal process or participate in it. However, a consequence of these laws is that declarations of unfitness to stand trial can lead to people with cognitive impairments and mental illness being detained indefinitely in prisons or secure facilities, or for much longer than they would have been if a conviction had been recorded. This violates a range of human rights, including the right to a fair trial.

A project by the Melbourne Social Equity Institute has found that with appropriate support more people would be able to go to court, reducing the need for unfitness to stand trial determinations and the potential for miscarriages of justice.[225]

> “I was in a way happy about going to jail because I was thinking - sweet I can get help out of this. Well, no, it didn’t work like that at all!
>
> First day I went there, the day I got caught, I went to the doctor/nurse and told them straight up that I got brain injury, got mental health, and I’m on Suboxone. Bad mistake… I may as well say I’m a heroin addict… As soon as I mentioned Suboxone then things changed. They didn’t even want to listen to my brain injury or mental health…
>
> They’ve turned around and thinking, “well what disability? You’re just used to drugs mate you’ll be right…” And what they did was they’d make me drink a little bit of water, open my mouth, hand me a strip, put it under my tongue and show them that it’s gone, stand there for 10 minutes after it’s dissolved then go back - it’s embarrassing and degrading actually.
>
> Well, now everyone in jail can see this, and everybody knows I’m on it so now I’m getting drama off criminals.[229]”

Priority action: Support people with disability who are detained in the criminal justice system.

People with disability are over-represented in the criminal justice system at all points of the process, and particularly in detention. One study found that one third of women and over 40 per cent of men in Victorian prisons have an acquired brain injury, compared with 2 per cent of the general population,[226] and mental health conditions are also prevalent.[227]

A recent Human Rights Watch report showed that prisoners with disability, including Aboriginal and Torres Strait Islander prisoners, are at serious risk of bullying, harassment, violence, and abuse from fellow prisoners and staff. In particular, prisoners with psychosocial disabilities or cognitive disabilities can spend days, weeks, months, and sometimes even years locked up alone in detention or safety units.[228]

There is not enough specialist support for people with disability in the criminal justice system. In the Victorian prison system, there are currently only two specialised units or programs for people with cognitive disability that provide a range of support (including mentoring, life skills, personal development, tailored education courses and adapted offending behaviour programs), and these programs do not have enough places to meet demand.

The youth justice system can also do more to support people with disability. A recent review identified the need for a Youth Justice Disability Framework that embeds a systems approach to identifying and meeting the needs of young people with a disability, including stronger connections with disability services, better referral pathways, appropriate rehabilitation programs, and creating disability support worker positions.[230]

Enhanced diversionary services and community-based options for people with disability would also prevent unnecessary imprisonment.

Priority action: Increase support for people with disability transitioning out of the prison system.

If people leave prison without appropriate transition supports in place, they are much more likely to reoffend and return to prison. The immediate period after release is also a critical time for people's wellbeing, when they are at high risk of health crisis.

Prison is an opportunity to support eligible people to engage with the NDIS system. This requires NDIS and corrections staff to proactively work with people with disability to support them through the assessment process.

Given the high rates of people with disability in prison, it is crucial that people can transition seamlessly to the NDIS when they are released, and that NDIS supports are already in place in the community. However, we understand that the NDIA will generally only engage in planning for community based supports once a person has a known release date. Given many people serve only short sentences, cycle in and out of prison rapidly, or are detained on remand for an uncertain length of time, this leaves many people without appropriate transition support in place.

Victorian Government-funded transition support programs are over-subscribed, generally target only the highest risk offenders, and usually only provide assistance for a month or two after a person is released. Longer-term transition supports that build relationships with people with disability while in prison would help improve outcomes and prevent reoffending.

[213] UN Convention on the Rights of Persons with Disabilities, *Article 13 – Access to justice.*

[214] Victoria Police, *Advice: Accessibility*, webpage, 2017.

[215] Quote from Melanie, a woman with disability, in VEOHRC's summary report, *Beyond doubt: The experiences of people with disabilities reporting crime*, 2014, pp.60-61.

[216] Royal Commission into Family Violence, *Final Report: Summary and Recommendations*, 2016.

[217] Ibid.

[218] South Eastern Centre Against Sexual Assault & Family Violence, *Making rights reality for Sexual Assault victims with a disability*, webpage, 31 July 2015.

[219] P Frawley, *Making Rights Reality: Final Evaluation Report – A pilot project for sexual assault survivors with a cognitive impairment*, La Trobe University, 2014.

[220] ALRC, *Equality, Capacity and Disability in Commonwealth Laws*, ALRC Report 124, 2014, Chapter 7.

[221] K Burgess, *'People with disabilities can now be jurors in Canberra', The Sydney Morning Herald*, 20 March 2018.

[222] Disability Representative, Advocacy, Legal and Human Rights Organisations, *Disability Rights Now: Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities*, 2012, p.81.

[223] Victorian Ombudsman, *Investigation into the rehabilitation and reintegration of prisoners in Victoria*, 2015.

[224] P Armytage and J Ogloff, *Youth Justice Review and Strategy: Meeting needs and reducing offending*, Victorian Government, 2017, p 157.

[225] B McSherry, E Baldry, A Arstein-Kerslake, P Gooding, R McCausland and K Arabena, *Unfitness to Plead and Indefinite Detention of Persons with Cognitive Disabilities*, Melbourne Social Equity Institute, University of Melbourne, 2017.

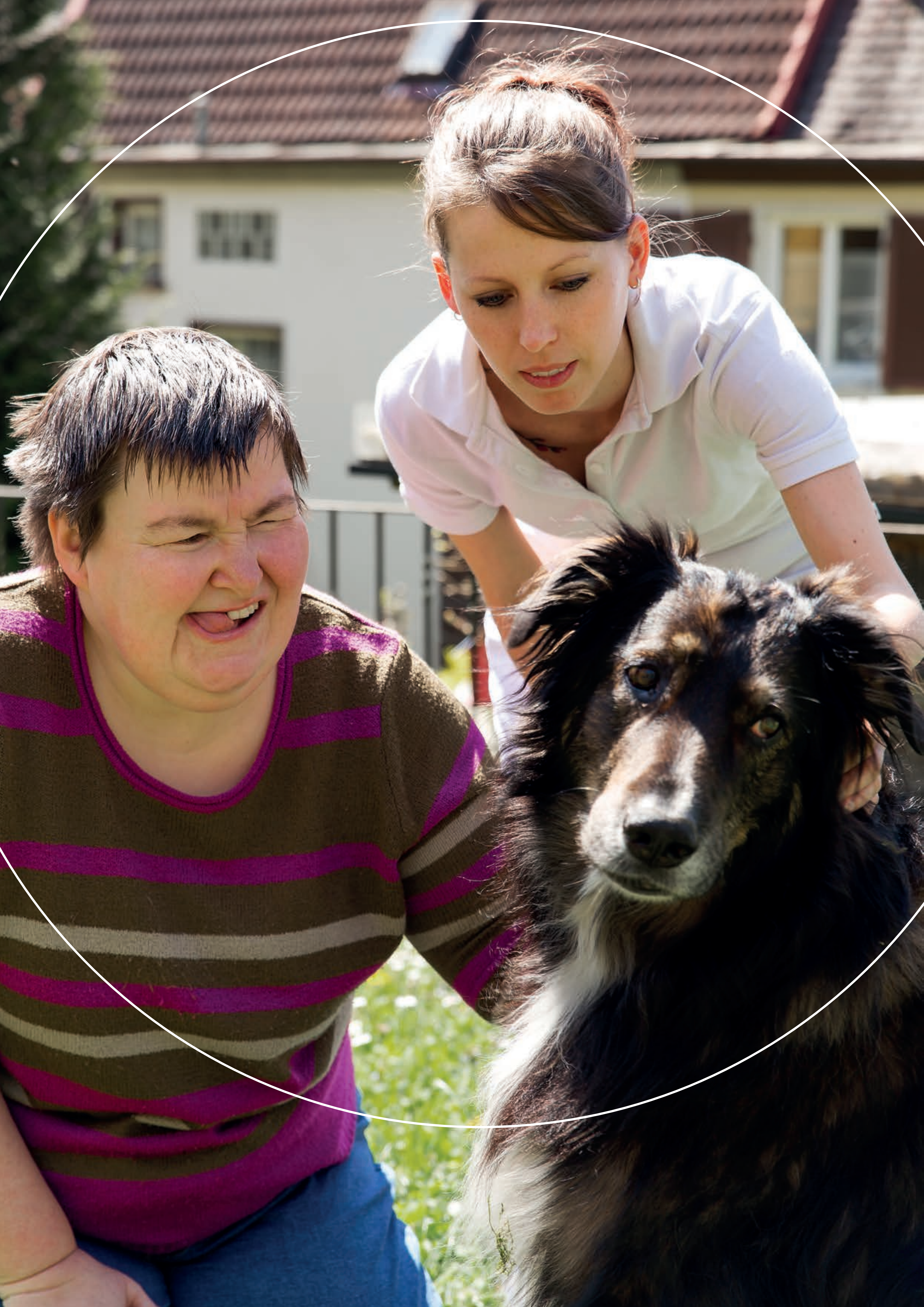
[226] Department of Justice, *Acquired Brain Injury in the Victorian Prison System*, Corrections Victoria Research Paper Series, Paper No. 04, 2011.

[227] Victorian Ombudsman, *Investigation into deaths and harm in custody*, 2014.

[228] Human Rights Watch, *"I Needed Help, Instead I Was Punished": Abuse and Neglect of Prisoners with Disabilities in Australia*, February 2018.

[229] Quote from a research participant with disability, in RMIT Centre for Innovative Justice and Jesuit Social Services' report, *Recognition, Respect and Support: Enabling justice for people with an Acquired Brain Injury*, 2017, p.29.

[230] P Armytage and J Ogloff, *Youth Justice Review and Strategy: Meeting needs and reducing offending*, Victorian Government, 2017, p 157.



10 Nurture a strong disability service system

Goal: Victorians with disability have access to appropriate support that meets their needs.

Access to specialist support is critical for many people with disability, to ensure their specific needs are met and that they are able to participate fully in community life. While the NDIS has brought opportunity and the chance for greater choice and control over services for many people with disability, there are emerging gaps between the NDIS and state-funded services, and for people who are not NDIS participants. Ensuring there is a strong, sustainable workforce to support Victorians with disability is also essential.

Address emerging gaps between the NDIS and other services

Priority actions:

Undertake and publish rigorous mapping to identify gaps in disability and mainstream services during the roll-out of the NDIS.

Provide detail about funding sources for service continuity.

The Victorian Government has promised 'continuity of care' for people with disabilities and their carers during the transition to the NDIS. However, large service gaps are emerging, and lack of certainty around funding is creating distress for people and organisations.

Different communities face added barriers to accessing mainstream and disability services, including Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.

There is also funding uncertainty for emergency and planned respite for carers, and other carer-specific supports, capacity-building supports and information and referral services, such as RuralAccess, MetroAccess and deafaccess services, and the Autism Advisor service under the Helping Children with Autism package.

We understand the Victorian Government is closely monitoring and mapping the service system through the transition to the NDIS. Publishing this information will help inspire community confidence, in line with the Productivity Commission's recommendations.[231] This will also garner attention and help problem-solving for affected communities, including by identifying the appropriate level of government to provide resources.

Priority action: Adequately fund mainstream services outside the NDIS to meet the needs of all people with disability, including those who are not eligible for the NDIS.

NDIS individual funding packages target people with severe and permanent disability, or children under six years with early intervention requirements. By the time the NDIS is fully rolled out, it is expected that approximately 105,000 Victorians will be part of the scheme,[232] leaving around one million Victorians with disability who will require support outside the NDIS.

Funding for many existing state and federal programs is being 'rolled into' the NDIS, leaving few services available for people who do not qualify for an individual package. In particular, emerging and anticipated service gaps exist for mental health consumers, people aged 65 or over, and carers.

It is crucial that people with disability, their families and carers receive high quality services that meet their needs, regardless of their eligibility for NDIS packages. Without adequate support, people's physical and mental health is at risk, and this will likely increase pressure on other health and social services, including the acute health, welfare and justice systems, at potentially greater cost. Inadequate support for people with disability may also increase reliance on family and carers.

As agreed in the National Disability Strategy, ensuring "the broader community and mainstream services and facilities that are part of ordinary Australian life [are] available and fully accessible for people with disability" is a responsibility of all governments.[233] While the NDIS provides disability-related supports for eligible people with disability, the Victorian Government, along with the Australian Government, remains responsible for providing an inclusive and adequately funded mainstream service system, so people with disability and their carers – including those who are not eligible for the NDIS – can access these important services.

Guarantee quality crisis response services

Priority action: Ensure quality crisis response services are available for Victorians with disability, whether or not they are NDIS participants.

The disability and health service systems have changed since the introduction of the NDIS, so government responsibilities are no longer clear cut. This means that some people have fallen through the cracks, getting stuck in a system where nobody will take responsibility for providing adequate services. One area in which this has already become apparent is in crisis response services, including 'provider of last resort' arrangements.

Andrea is in prison for minor charges but she has been on remand for 16 months. Most of this time has been spent in a specialist mental health unit.

Numerous clinical assessments and diagnostic discussions have been held between professionals in regard to Andrea and her ongoing complex presentation. She has a diagnosis of pervasive developmental disorder. A jury has found her unfit to stand trial.

Despite numerous assessments, Andrea remained in custody because no effective discharge accommodation could be found.

With the NDIS rollout, Andrea became eligible for the NDIS and was accepted as a participant. This opened up some new possibilities, however, there are significant limitations on what can be funded by the NDIS when a participant is in prison.

Andrea's guardian experienced significant difficulty in engaging NDIA personnel and was unable to persuade NDIA staff to attend any of her case conferences. This is despite the fact that it is the NDIS which will be required to fund accommodation and support services for Andrea on release and it is only the development of these arrangements which will facilitate her release.

However, a support coordinator and service provider willing to work with Andrea and funded through the NDIS were found. The various agencies involved have now pulled together a support plan that is consistent with the reasonable and necessary adjustments required by the NDIS.

The plan is now awaiting approval by the NDIA and, until then, it cannot be implemented and Andrea must remain in prison. [236]

At the moment, if a crisis happens in the life of an NDIS participant (such as a criminal incident, mental health crisis or family emergency), service providers can withdraw services if they choose, and there is no clear responsibility for government or the NDIS to fill the gap. This has led to people being kept for long periods of time in inappropriate settings, such as hospitals and prisons, because they have nowhere else to go.[234, 235]

The Victorian Government recognises the importance of appropriate crisis response services for people with disability and the need to clarify these arrangements as a matter of priority.[237] The Government should work with the NDIA, the Australian Government and other state and territory governments to urgently clarify responsibilities for the provision of crisis response services, including provider of last resort arrangements.

The lack of appropriate crisis response is also a concern for people who are not NDIS participants, as service response is patchy and poor response risks re traumatising people (such as in the case of poor police response to witnesses). The Government should ensure that appropriate crisis response services are available for all Victorians when and where they need them, regardless of whether they are NDIS participants.

Support development of the disability workforce

Priority actions:

Maintain a full government subsidy for the Certificate IV in Disability.

Develop and promote clear career pathways across the range of roles within the disability sector.

Workforce quality, support and size are key issues for the disability sector. The sector is concerned about challenges facing the workforce with the introduction of the NDIS, including training and development, remuneration, casualisation of the workforce, and opportunities for peer workers and people with disability to participate.

Attracting people into disability services and other social services can be difficult because the general public often knows little about the industry. Retaining workers can also be a challenge because working with people with disability in a resource-constrained environment can be demanding and stressful. Organisations report workers, particularly new entrants to the industry, often 'burn out' and do not stay in the industry.

We welcome the Victorian Government's recent announcement that the Certificate IV in Disability will be free in Victoria from 2019. This should continue in future years, and to complement it the Government could explore further ways to support people with diverse backgrounds and experience entering the workforce, such as through scholarship programs for individuals and grant programs for organisations.[238]

The lack of career paths in the sector has also led to a loss of workers to the public sector and other industries. While some frontline workers may be promoted to leadership positions, there are limited opportunities for promotion and development. The Victorian Government should work with organisations and people with disability to develop and promote career pathways in the sector.

Finding enough funding and time for staff to undertake training and professional development can be a challenge. Where this is available, at the moment organisations are often training their staff in isolation and, as a result, duplication of training programs can occur across the sector. There is an opportunity for the Victorian Government to work with the sector to achieve economies of scale through coordinating and sharing training resources.

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[231] Productivity Commission, *National Disability Insurance Scheme (NDIS) Costs: Study report*, 2017, Recommendation 6.2.

[232] NDIA, *NDIS Victoria roll out: Participant Information Pack*, 2015.

[233] Commonwealth of Australia, *National Disability Strategy 2010-2020*, an initiative of the Council of Australian Governments, 2011, p.13.

[234] Victoria Legal Aid, *Clients and market failure by the NDIS*, webpage, 9 November 2017.

[235] R Morton, *'NDIS abandons disabled to state hospitals'*, *The Australian*, 16 January 2018.

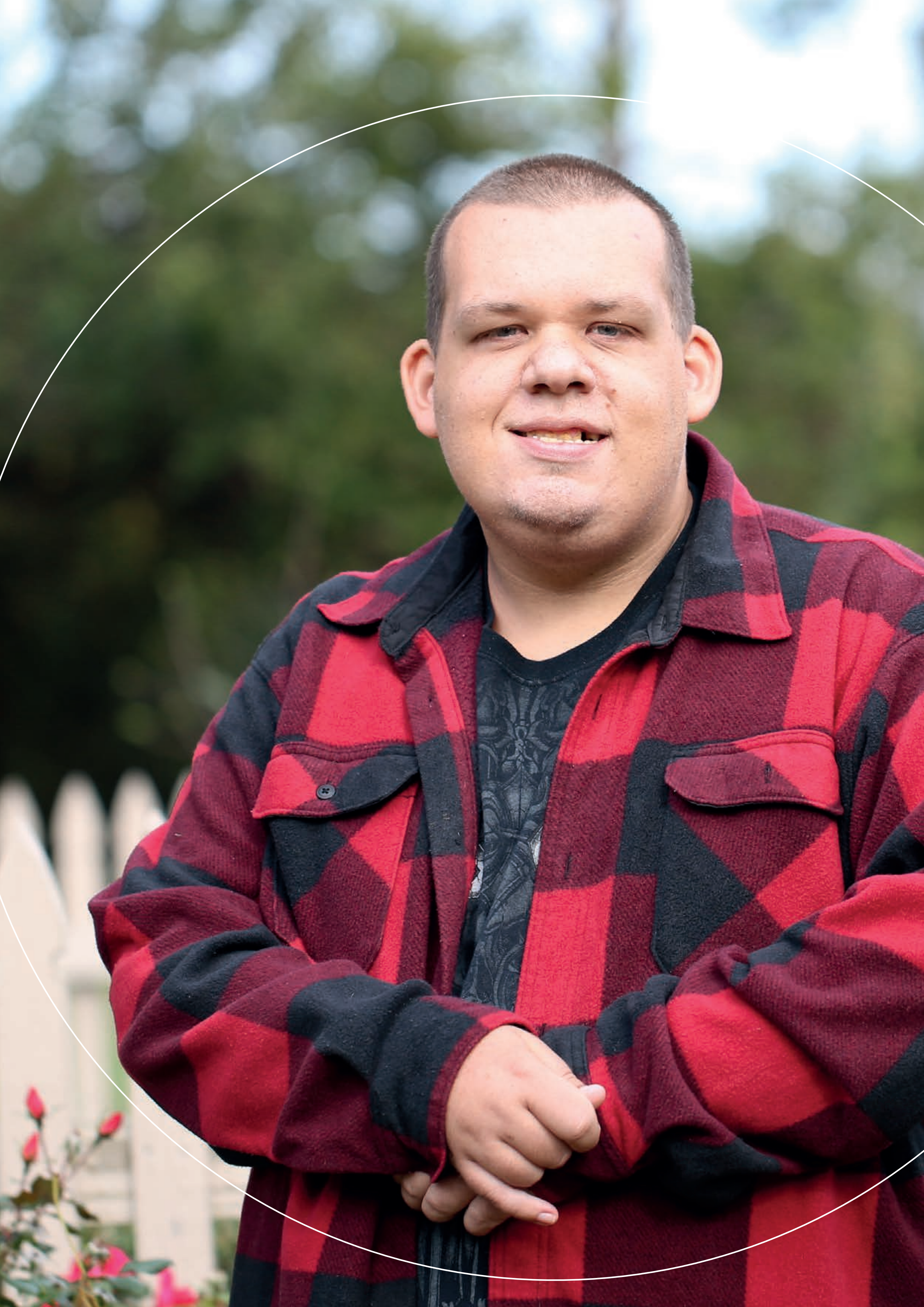
[236] Case study from OPA's Annual Report 2016-17, p.26.

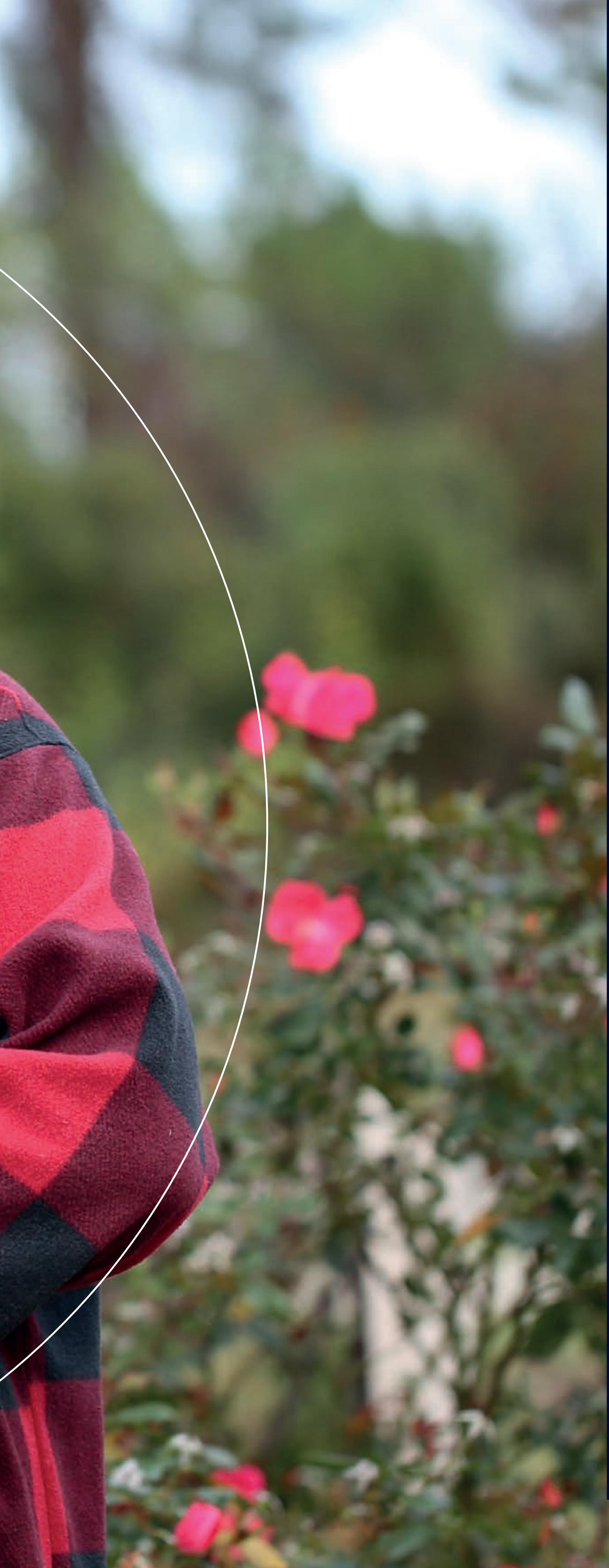
[237] Victorian Government, Submission to the Joint Standing Committee on the NDIS: Inquiry into Market Readiness, 2018.

[238] Future Social Service Institute, *Submission to the Joint Standing Committee on the National Disability Insurance Scheme – Market Readiness*, 2018.

List of abbreviations

ABS	Australian Bureau of Statistics
ACCO	Aboriginal community controlled organisation
ACOSS	Australian Council of Social Service
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
ALRC	Australian Law Reform Commission
ANROWS	Australia's National Research Organisation for Women's Safety
COAG	Council of Australian Governments
CRPD	Convention on the Rights of Persons with Disabilities
CYDA	Children and Young People with Disability
DARU	Disability Advocacy Resource Unit
DET	Victorian Department of Education and Training
DHHS	Victorian Department of Health and Human Services
DSS	Federal Department of Social Services
ILC	Information, Linkages and Capacity Building
ILP	Individual Learning Plan
MPTP	Multi-Purpose Taxi Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
OECD	Organisation for Economic Co-operation and Development
OPA	Office of the Public Advocate
PSD	Program for Students with Disabilities
PTV	Public Transport Victoria
SDA	Specialist Disability Accommodation
TAFE	Technical and Further Education institution
UN	United Nations
VCOSS	Victorian Council of Social Service
VEOHRC	Victorian Equal Opportunity and Human Rights Commission
WDV	Women with Disabilities Victoria





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Victorian Council of Social Service
Level 8, 128 Exhibition Street
Melbourne, Victoria, 3000

empoweredlives.vcoss.org.au

For enquiries +61 3 9235 1000

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