



Submission to the Victorian State Disability Plan Discussion Paper

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Introduction

The Salvation Army is sometimes not thought of as a 'disability service provider' yet we work with thousands of people across the state who have a disability.

People with a disability are at increased risk of poverty, poor education and employment outcomes, and violence. Intersections with gender and race can further compound these vulnerabilities. Many of the people with a disability who we support experience multiple disadvantages on top of those listed above, which can put these individuals beyond the capacity of mainstream disability services. These disadvantages may include mental illness, addiction and substance abuse, homelessness, involvement with the justice system and/or child protection and lacking supportive family and social networks. We are particularly concerned about this group of people with disabilities and how this State Disability Plan might benefit or further exclude them.

People with disabilities are some of the most disadvantaged, isolated and excluded people in our communities and we welcome the Victorian Government's commitment to make our society more inclusive. Disability is largely a social construct brought about by a society which structures itself to fit the needs of the majority to the exclusion of a minority. Thus we have a social responsibility to deconstruct discriminatory services, procedures and attitudes.

Themes

The four themes listed in the discussion paper provide helpful reference points: Active Citizenship, Rights and Equality, Economic Participation and Making the Most out of the NDIS. However, we do feel that these four themes would be better placed as high-level principles pointing towards long term outcomes for the Plan. These principles could be the compass to measure the Plan's success. If, by 2020, we have not come any closer to achieving outcomes that demonstrate that these principles are embedded in our society, our strategies for achieving them must be reassessed.

The meanings of 'Active Citizenship' and 'Rights and Equality' need to be clarified. 'Active Citizenship' conjures up ideas of voting and participation in government and local councils. This is important, but it misses a broader view of 'citizenship' or perhaps 'participation', which includes simple things such as having friends and being able to go out with them; differences that greatly contribute to a person's quality of life. Furthermore, 'Rights and Equality' is so broad that it is easy to lose focus of basic rights to education, housing, healthcare, transport and a liveable income that are routinely being denied to people with a disability. In fact, it is the very denial of these rights that prevents people with a disability from being 'active citizens.' The Plan needs to specifically recognise and tackle these basic barriers to participation.

While we are broadly supportive of the principles listed in the discussion paper, several components are missing that we feel need to be included in a good State Disability Plan:

- A clear articulation of what the State Government's role is in this State Disability Plan;
- Clear benchmarks and data against which to measure the Plan's success;
- Adequate reference to the diversity of the disability community and spectrum of varying capabilities and vulnerabilities;
- An acknowledgement of families, friends and carers of people with disabilities and the role they play in supporting and enabling people with disabilities to achieve the articulated outcomes; and
- Sufficient reference to previous inquiries, Ombudsman and Auditor General reports relating to disability, as well as how current reforms will consider the needs of people with a disability.

The State Government's Role

The Victorian Government delivers universal services such as education, health, justice, housing, transport and planning. People with disabilities struggle to access all of these services and have poorer life outcomes as a result. Yet there is no mention in the discussion paper of the Victorian Government's specific role in making the services it provides to the Victorian community equally accessible to Victorians with a disability.

The discussion paper asks several times what the Government can do to make a difference. The answer is that the Victorian Government must make the universal services it provides equally accessible for people with disabilities. In addition, the Victorian Government must make a firm commitment to not shy away from providing services to people with a disability where the NDIS does not meet their needs.

The NDIS is a huge reform and great opportunity. However, there are concerns in the community sector that it is being viewed as the silver bullet to a broken system, instead of the add-on it is supposed to be. The discussion paper asks how Victorians can get the most out of the NDIS. The answer to this question is for the state to provide inclusive and accessible mainstream services, so the NDIS can be used to fill small gaps in the system, not huge ones.

We are pleased to see the discussion paper acknowledge that mainstream services need to be accessible because 'people with a disability will continue to receive services from the mainstream system' and that not everyone with a disability will qualify for the NDIS. However, the current rate at which mainstream services are accessible for people with disabilities is not promising. Our concern, as a member of the NDIS trial in Barwon, is that statements like the one above are not translating into increased accessibility and, despite rhetoric to the contrary, unrealistic hopes are being pinned upon the NDIS.

The existence of the NDIS will not fix the fact that students with disabilities are regularly excluded from public education because they are too difficult for mainstream schools to support. The NDIS also cannot

fix the fact that one to two thirds of people in our prisons have an intellectual disability, acquired brain injury (ABI) and/or mental illness.¹ The NDIS will also not fix the fact that people with disabilities are at increased risk of poverty and homelessness from poor education and employment rates and high housing prices. It will not fix the fact that children in state care have high rates of cognitive impairment and physical disability and as many as 62 per cent have a mental illness as a result of abuse.² It will not fix the fact that there is a severe shortage of accessible housing stock that meets the needs of people with a disability. It will not fix the fact that women with disabilities are at increased risk of family violence and abuse but yet the family violence sector remains under resourced to be able to support women with disabilities.

If the Victorian Government does not increase the performance and accountability of universal services to meet the needs of its citizens with a disability, the money put into the NDIS will not be able to maximise people's quality of life. If the Victorian Government wants to make a difference through this Disability Plan, it must hold all government departments to account for delivering accessible universal services.

Benchmarks and data

In the absence of a public evaluation or report on the previous Disability Plan, there is little to build upon in order to guide this current Plan's direction.

Basic but significant barriers like access to buildings and transport still exist which prevent people with disabilities from fully participating in their communities. We recognise that some work has been done. However people with disabilities still experience exclusion in everyday activities, such as trying to access the numerous alleyway cafes and bars that Melbourne is known for. There appears to be no robust data or evaluation explaining why such basic barriers have not been addressed by the previous Disability Plan and how these challenges might be overcome this next time around.

There is also no data on which to benchmark and measure success. Some interesting statistics are mentioned in the discussion paper such as the number of people with disabilities on public sector boards, who play sport, who live in poverty and state housing, and are employed. However, it is not clear if these statistics are meant to be benchmarks for success. These sorts of statistics could be used, but they have a narrow focus and need to be expanded to more fully measure quality of life.

It is unclear how accountability for change will be communicated, measured or enforced from this discussion paper. Local Councils are required to have disability strategies, yet it is not clear how the impacts of these strategies are measured and communicated or how these local strategies fit with the State Disability Plan or national efforts. Whatever data is generated, it should be made publicly available to ensure accountability and transparency.

¹ R McCausland *et al.* 2013. *People with mental health disorders and cognitive impairment in the criminal justice system Cost-benefit analysis of early support and diversion*. University of NSW. and N Rushworth. 2011. *Out of Sight, Out of Mind: People with an Acquired Brain Injury and the Criminal Justice System*, prepared for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

² <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>

Spectrum of Capability

The Discussion Paper says it is inclusive of all people with a disability. It is an aspirational statement but we feel that the discussion paper and such a comment fails to recognise the diversity within the disability community. The nuance of what the four guiding themes mean to different people with a disability and what needs to be done to achieve those outcomes for each individual is not articulated in the discussion paper. The steps and supports needed to help a person with multiple and complex needs to achieve active citizenship, equality and economic participation will be very different to the steps needed for a person who is already a strong self-advocate.

As mentioned, The Salvation Army generally only works with people who have a disability if they also have multiple and complex needs and have fallen through the gaps of the mainstream system. One of the most common disabilities we work with is a cognitive impairment, which the discussion paper and companion documents point out garners some of the most extreme stigma and community isolation. Mainstream disability services are often not equipped to cope with individuals with cognitive impairments who also struggle with substance abuse and mental illness. The additional presence of an alcohol related brain injury (ARBI), dementia or personality disorder makes it particularly difficult for services to unpack the needs of such a complex client group. Combine this with homelessness and an almost complete lack of family or social support, and it is not uncommon for individuals to be misdiagnosed or fall out of the service system and receive no diagnosis at all, which in turn makes them unable to access the NDIS.

We hope that this Disability Action Plan will go some way towards reconstructing our society to be an inclusive place for all people with a disability. However, we remain concerned about the Plan's ability to reach the people who use our services. We feel that this plan should focus on removing some basic barriers to community participation. Universal design principles should be applied in new communities, housing and transport in order to remove physical barriers to participation. For individuals with cognitive impairments and/or mental illness, community groups need to be available in all neighborhoods and to be more varied in order to accommodate for different levels of ability. For people on the margins of society, community groups like drop in centres and lunches may be the only place they have a sense of community and belonging. Such places can provide a stepped approach back into society and towards 'active citizenship' through participation, volunteering and/or training and employment. When they are well managed, they can also be pathways into service systems.

Families, Friends and Carers

Throughout the discussion paper there was no mention of the families and friends who care and support people with disabilities. In the face of inaccessible mainstream systems, discrimination and isolation, families and friends play a critical role in advocating for and supporting their loved ones. Carers of people with disabilities also face limited opportunities for community participation and are more susceptible to poverty, homelessness, poor health and an inability to work due to caring responsibilities. Carers are an important part of the disability community. The State Disability Plan needs to consider the

role that carers play in supporting their loved ones to achieve the desired outcomes and the supports that carers themselves need to make this happen.

It also needs to be recognised that while carers play a critical role in the lives of many people with a disability, not every person has a support network. Our experience of the NDIS trial is that services need to be heavily engaged with individuals who are applying for the NDIS in order to get an appropriate support package. For individuals with cognitive impairments and/or mental illness, who have no family or support network, this service engagement is critical. Many individuals within this cohort distrust the service system and are reluctant to engage. It can take time to build the trusting relationship needed for services to be able to guide an individual through the NDIS assessment process. The NDIS and State Disability Plan should not assume the existence of family or carer support, nor can they ignore it. A successful disability system should be flexible enough to support each individual with a disability within the context of their individual circumstances regardless of how much support they have.

Previous reports

A number of reports into allegations of abuse in disability services and poor social inclusion for people with disabilities have been made in the last several years. Yet the discussion paper gives little indication as to how the recommendations in these reports might be met through the State Disability Plan. There are also numerous reforms happening in Victoria including family violence, gender equality, housing, mental health, youth and the state care. All of these reforms will have an impact on people with a disability and have a role to play in reducing barriers to social participation and equality. The State Plan should articulate how people with disabilities will be considered and included as part of these reforms.

Conclusion

Having a disability is only one component of who a person is. Yet too often it becomes the defining feature, affecting every aspect of a person's life, simply because services and systems are not universally accessible. Everyday experiences are difficult and become experiences of exclusion when they do not need to be.

The Victorian Government needs to commit to a whole of government approach that clearly articulates how it will make the social services it provides accessible and inclusive for people with disabilities. Government departments need to be held to account for making the services they provide accessible by regularly providing public data and reporting against clear and transparent benchmarks. Finally, The Victorian Government needs to un-categorically commit to supporting the most vulnerable people with disabilities - namely those with multiple and complex needs who struggle to qualify for the NDIS. The NDIS will not fix systemic gaps in the service system. A wide range of community and other support services needs to exist outside of the NDIS which people can access regardless of their diagnosis or ability. We welcome the Victorian Government's continued commitment to making our communities inclusive for people with a disability and look forward to the upcoming State Disability Plan.