

advocacy for **inclusion**

Submission to
ACT Budget Consultation 2012 - 13

Advocacy for Inclusion
February 2012

About Advocacy for Inclusion

Advocacy for Inclusion acknowledges the Ngunnawal people as the traditional owners of the land on which we work.

Advocacy for Inclusion provides individual, self and systemic advocacy services for people with disabilities. We provide information, education, and representation to effectively advocate for positive and inclusive outcomes for people with disabilities.

We act with and on behalf of individuals in a supportive manner, or assist individuals to act on their own behalf, to obtain a fair and just outcome for the individual concerned.

Advocacy for Inclusion works within a human rights framework and acknowledges the *United Nations Convention on the Rights of Persons with Disabilities*, and the *ACT Human Rights Act*.

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This submission has been informed through consultations with members of the ACT Disability Advocacy Network and other community sector stakeholders. It is also informed by the advocacy practice of Advocacy for Inclusion and other ACT Disability Advocacy Network members.

February 2012

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1. Summary of Recommendations

A New Paradigm for Disability

Recommendation 1: people with disabilities must be central to all program and policy development which affects them through their representative and advocacy organisations.

Recommendation 2: immediately undertake ACT level preparatory work towards the implementation of a NDIS.

Recommendation 3: do not consider the NDIS as the sole solution to the current levels of exclusion experienced by people with disabilities. Changing social assumptions and prejudice still requires urgent and substantial attention separate to the NDIS.

Recommendation 4: that the ACT frames its budget, and develops all programs and policies, using the social model of disability. This should be extended to the provision of all government funded services, including non-government agencies. A social model approach would see the addressing of barriers through a needs based model, rather than repeatedly assessing whether a person has a disability, to what extent, and whether they “deserve” assistance.

The Voice of People with Disabilities

Recommendation 5: all ACT DAN members must be consistently informed, included and consulted, with appropriate formats and mechanisms, during the development and implementation of legislation and policies and any other decision-making processes which will impact on people with disabilities. This includes the current NDS and NDIS implementation work being done at the ACT level.

Recommendation 6: whenever consultations, forums and program or policy development processes are held people with disabilities through their representative and advocacy organisations should comprise at least 50 per cent of participants.

Preparing for a National Disability Insurance Scheme

Recommendation 7: all work undertaken in the development and implementation of the National Disability Insurance Scheme, at the ACT level must include people with disabilities through their representative and advocacy organisations comprising at least 50 per cent of participants.

Recommendation 8: that the ACT move immediately to a model of individualised funding as part of its preparation for the NDIS.

Recommendation 9: that the ACT proactively pursue supported decision making through training programs for people with disabilities, and the education of public officials and other stakeholders. This should happen alongside continuing support for disability advocacy and training in self-advocacy and supporting self-advocacy.

Recommendation 10: that the ACT undertakes a trial of supported decision making similar to the current trial underway in South Australia.

Recommendation 11: that all legislative review processes ensure that the law is not an impediment to supported decision making occurring, even if it is not explicitly referred to.

What Won't Happen Under a National Disability Insurance Scheme

Specific Funding Request – Recommendation 12: that the ACT Mental Health budget provide funds for ongoing self-advocacy training (to a level of \$65,000 per year) for people with disabilities, and those around them, as part of the response to reducing the high rates of mental illness of people with disabilities.

Recommendation 13: a stronger awareness and understanding of the public authority obligations of disability service providers requires immediate and ongoing attention to ensure the right of people with disabilities to have a relationship is realised.

Recommendation 14: Advocacy for Inclusion reiterates its recommendations of 2009 and 2010 – ongoing parenting support services are urgently needed which recognise the nature of the disabilities of the parents, their right to parent, and the need for ongoing support appropriate to each individual's disability and rights.

Recommendation 15: Care and Protection workers should be part of the RED Framework pilot Inclusion and Awareness Training induction program for all ACT Government workers.

Recommendation 16: that the *Domestic Violence and Protection Orders Act 2008 (ACT)* be amended to incorporate the NSW definition of household to provide greater security for people with disabilities by recognising that they are also subjected to domestic violence in their living circumstances and should expect the same protection as other members of the community.

Continuing Gaps in Services

Accommodation¹

See Appendix 1

Further Gaps in Services

Education

See Appendix 2, recommendation 14.

Employment

See Appendix 2, recommendations 16, 17 and 18.

Transport

See Appendix 2, recommendations 12, 13 and 18.

Support Services

Recommendation 17: that “one government” becomes the reality of service provision not the exception, and that a “no wrong doors” approach is developed to the provision of disability support services.

¹ ACT Disability Advocacy Network – Submission to the Legislative Assembly for the ACT, Standing Committee on Health, Community and Social Services Provision of Social Housing Inquiry, November 2011, <http://www.parliament.act.gov.au/committees/index1.asp?committee=115&inquiry=1022&category=14>

The Disability Advocacy Sector

Research and Policy Capacity

Recommendation 18: that the ACT government substantially increase its commitment to systemic advocacy funding to ensure research is undertaken, and to enable consumer representatives to fulfil the demands placed upon them.

Government Compliance Processes

Recommendation 19: the ACT government should align transparency and accountability mechanisms across all departments and funding areas to remove repetition. Any quality or accreditation process undertaken for one funding area should be applicable to all.

Recommendation 20: that the ACT work proactively at aligning federal and ACT transparency mechanisms to minimise repetition.

Consultation

Recommendation 21: the ACT government introduce a black period of 4 to 6 weeks for community consultation over the Christmas/New Year period in order to recognise the need for considered quality comment, and to respect good practice community sector management.

Recommendation 22: consultation and comment periods must abide by Community Engagement Strategy expectations and must be available in appropriate and alternate formats at the same time as other documentation is released.

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2. Introduction

The future for people with disabilities is about self-determination. People with disabilities want to run their own lives, make their own decisions, be independent, and have the appropriate supports and resources to do so. Just like other members of the community.

Two key mechanisms to ensure this outcome are individualised funding and supported decision making structures. Neither of these mechanisms currently drives policy or community development in the ACT and we are rapidly falling behind the rest of Australia as a result.

A New Paradigm for Disability

Australian governments have made substantial progress on disability policy over the past year. The launch of the *National Disability Strategy* and the Federal Government's acceptance of the Productivity Commission's investigation into a National Disability Insurance Scheme (NDIS) are major steps forward in identifying the significant disadvantage still faced by people with disabilities. In the ACT, as elsewhere, a great deal of this disadvantage remains hidden as people are unable to participate in community life and continue to be invisible.

Additionally, the voice of people with disabilities remains small amidst the loud voices of other interest groups who have greater capacity to be heard. It is this voice which should, and must, be driving all policy and program development across all areas of disability reform. Unfortunately governments still struggle to consult, include, and respect the voice of disability representative and advocacy organisations: the real experts in disability.

Recommendation 1: people with disabilities must be central to all program and policy development which affects them through their representative and advocacy organisations.

The great danger which could arise from recent substantial policy development is to make the mistake of waiting for a NDIS as a solution to all problems for the disability community. Given that the scheme is not to be fully implemented until 2017 this cannot be allowed. Work must continue now across a range of critical areas to progress the rights and inclusion of people with disabilities. Preparing people with disabilities for the scheme should also commence immediately, regardless of the final structure and form that the NDIS takes, as substantial work is needed to ensure the NDIS supports people with disabilities to the extent that is intended.

The ACT can, and should, be undertaking specific NDIS implementation work without waiting for the Federal Government to take the lead. Some work has been done to support services to prepare, but this should be extended to preparing people with disabilities for greater autonomy under a scheme which is proposed to deliver self-directed funding options.

The human rights approach to disability service provision is still in its infancy. This work can, and must, continue now to improve the current service system and ensure people with disabilities have better options. Once the NDIS becomes a reality, this approach will assist services to be more flexible and attractive within the new paradigm.

There are also a number of critical areas which will not be realised as a consequence of the NDIS or any similar scheme: for example, the lack of self-determination of people with disabilities; the high level of violence; and, the continuing social assumptions which deny basic rights such as the right to have a family and be a parent, or the right to be educated in mainstream schooling. These areas need addressing separately and there is a possibility that they will fall by the wayside as resources and energy are committed to the more tangible goal of the NDIS.

Recommendation 2: immediately undertake ACT level preparatory work towards the implementation of a NDIS.

Recommendation 3: do not consider the NDIS as the sole solution to the current levels of exclusion experienced by people with disabilities. Changing social assumptions and prejudice still requires urgent and substantial attention separate to the NDIS.

One of the most under developed areas requiring urgent attention is support for the self-determination of people with disabilities. Support for self-advocacy has been minimal and inconsistent in the ACT, yet a great many of the 410,000 people Australia wide targeted for Tier 3 support under the NDIS have very low or no self-advocacy capacity. Work should be underway now to address this. Even if the NDIS were never realised, growing the self-advocacy capacity of people with disabilities will increase independence, community engagement and mental health and wellbeing. It will also improve the levels of independence of a group that is substantially dependent. This approach will also contribute to reducing the support levels, and associated costs, required.

“The key future direction for all disability funding must be to support the independence of people with disabilities, regardless of their disability diagnosis, in line with the social model of disability and Australia’s obligations under the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD). Over time this will enhance the ability of people with disabilities to engage in the full range of community life, and reduce their reliance on disability specific services that are separate to the broader community.”²

Rather than focussing on assessments and eligibility there must be a shift to a needs analysis model which addresses barriers – in line with the CRPD. If a person is already recognised as having a disability then they should not be subjected to further eligibility assessments. What is needed is an understanding of the supports required, not the specifics of whether a person has a disability. This approach can be used now and will prepare the way for the NDIS. It will also save significant funds which are currently spent on assessment, which many people with disabilities are subjected to repeatedly as they work to put together a package of appropriate supports and services.

Recommendation 4: that the ACT frames its budget, and develops all programs and policies, using the social model of disability. This should be extended to the provision of all government funded services, including non-government agencies. A social model approach would see the addressing of barriers through a needs based model, rather than repeatedly assessing whether a person has a disability, to what extent, and whether they “deserve” assistance.

“The voice of people with disabilities must be supported to ensure that services and supports are built, governed, and delivered by the people who use them. There is currently a very low level of involvement by people with disabilities at all levels of service delivery, including employment, management and governance. To redress this exclusion will require a serious commitment by government and the community to training, recognition, and support.”³

The *ACT Human Rights Act 2004*⁴ recognises international instruments; including the UN *Convention on the Rights of Persons with Disabilities* (CRPD)⁵ and other treaties that Australia is party to. Many of these instruments carry an expectation of a continuing improvement in the lives of people with disabilities including inclusion in the community, access to employment and education opportunities and, fundamentally, the ability to live as other members of the community do.

² *Submission to ACT Budget Consultation 2011-12* - Advocacy for Inclusion, December 2010

³ *Submission to ACT Budget Consultation 2011-12* - Advocacy for Inclusion, December 2010

⁴ *Human Rights Act 2004* <http://www.legislation.act.gov.au/a/2004-5/default.asp>

⁵ UN Convention on the Rights of Persons with Disabilities - <http://www.un.org/disabilities/default.asp?navid=14&pid=150>

3. The Voice of People with Disabilities

“In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, **through their representative organizations.**”⁶

Australian governments, including the ACT Government, are yet to meaningfully embrace the concept of people with disabilities being the experts in their own matters. This is evidenced by a recent national meeting of disability representative and advocacy organisations conveying the following message to Senator Jan McLucas (Parliamentary Secretary for Disability) who attended the meeting to hear the views of the group:

“a. As clearly stated in the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD) and in the *National Disability Strategy* (NDS), it is critical that people with disability and their representative and advocacy organisations are fully and actively involved at all stages of planning, implementation and monitoring for both the NDS and NDIS.

“b. This Forum of representative and advocacy organisations of people with disability will propose a strategy for how we want to work with government to ensure a good outcome for people with disability – We are the experts!

“c. We want a truly National Approach – the same rights and a good life wherever you live.

“d. We want resourcing to strengthen the capacity of independent disability advocacy and disability representative organisations to enable them to play a central role in the development of the NDS and NDIS.”⁷

This meeting was attended by members of the ACT Disability Advocacy Network (ACT DAN) and the message is supported by them.⁸

The inclusion of the voice of people with disabilities in all matters affecting them remains ad hoc in the ACT. Genuine consultation with representative and advocacy organisations is not uniform, and is often not supported with the timely availability of alternative formats, or mechanisms which better support the involvement of people with disabilities - despite the Community Engagement Strategy. It is not uncommon for representative or advocacy organisations to find themselves the lone voice within a room of many service providers and an associated peak body. This must cease.

Recommendation 5: all ACT DAN members must be consistently informed, included and consulted, with appropriate formats and mechanisms, during the development and implementation of legislation and policies and any other decision-making processes which will impact on people with disabilities. This includes the current NDS and NDIS implementation work being done at the ACT level.

Recommendation 6: whenever consultations, forums and program or policy development processes are held, people with disabilities through their representative and advocacy organisations should comprise at least 50 per cent of participants.

⁶ UN Convention on the Rights of Persons with Disabilities, Article 4.3 - <http://www.un.org/disabilities/default.asp?navid=14&pid=150>

⁷ Joint meeting of Organisations of People with Disabilities and Advocacy Organisations, 22 November 2011. *Message to Senator Jan McLucas.*

⁸ ACT DAN members who attended were: Advocacy for Inclusion, ADACAS, People with Disabilities ACT, and Women with Disabilities ACT. The ACT Council of Social Service and the ACT Mental Health Community Coalition did not attend.

4. Preparing for a National Disability Insurance Scheme

Consulted in Establishing Scheme

As with all other areas of program or policy development, people with disabilities must be consulted, engaged and employed in the development of the NDIS, through their representative and advocacy organisations.

Any bodies which are established at the ACT level to work towards the Scheme must comprise at least 50 per cent people with disabilities who are connected to a representative voice for their community. Where there is no current knowledge of appropriate people with disabilities representative organisations should be consulted about who might be appropriate.

The National Disability Insurance Scheme is intended as a new paradigm in disability care and support in Australia, but this will not be realised unless the existing barriers and exclusions are consciously addressed and overcome. This means that existing consultative mechanisms must be reassessed and changed accordingly.

Recommendation 7: all work undertaken in the development and implementation of the National Disability Insurance Scheme at the ACT level must include people with disabilities, through their representative and advocacy organisations comprising at least 50 per cent of participants.

Preparing for Self-directed Funding

The Productivity Commission report into *Disability Care and Support* expresses a clear view that funding should be based on a self-directed model in which people with disabilities carry a large part of the decision making and choice about what supports are put in place and who will deliver them⁹. Otherwise, the report says, it will simply result in the retention of the existing system with more funds.

A fundamental element in the Productivity Commission's report is the notion of choice and self-direction. This clearly reflects the intention of Article 3 of the CRPD which calls for "respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons".¹⁰

Unfortunately this intention will not occur without substantial preparation of people with disabilities, the people around them, and ongoing support to make it happen. The NDIS Tier 3 target group of people with disabilities fully includes those currently under substitute decision making orders, whose lives are substantially organised and directed by other people, and who have little or no current skills in making choices. There is yet to be any meaningful discussion, or preparation, to train this group of people to take advantage of the new paradigm which the NDIS is intended to offer. Curiously, however, substantial funds have been committed to support service providers to adapt to the new environment. This inequity must cease.

One of the continuing areas of prejudice in our community is the unspoken assumption that people with disabilities will not make their own decisions, or cannot participate in their own decisions, particularly those with cognitive disabilities. Prejudice against the self-determination of people with disabilities is very strong and will take conscious effort to overcome. Only a proactive approach will suffice.

⁹ Productivity Commission 2011, *Disability Care and Support*, Report no. 54, Canberra. Page 10.

¹⁰ UN Convention on the Rights of Persons with Disabilities, Article 3 - <http://www.un.org/disabilities/default.asp?navid=14&pid=150>

Specific work needs to start immediately on building the self-advocacy and decision making capacity of people with disabilities around the elements of the NDIS; for example, how to select a service provider, the basics of money, or identifying what type of housing is preferred. In particular, those who are most unengaged¹¹ and disempowered by current substitute decision making systems must be at the forefront of any work in preparation for the NDIS. This will need to be ongoing for some years leading up to and throughout the roll out of the Scheme so that the implementation of the NDIS provides the actual change that people with disabilities expect and want.

Further work can be undertaken immediately in the ACT by moving to a model of individualised funding. This will assist in building a system that is NDIS ready for both consumers and services. Other Australian governments are pursuing this path as part of their preparations for the NDIS as evidenced by the joint South Australian and Federal government announcement:

“The South Australian Government’s commitment today to move towards a model of individualised funding for people with disability is a significant step towards improving disability services and getting the state NDIS ready.”¹²

“When people get to choose how their disability funding is spent, great things can happen, particularly when people exercise the right to live an ordinary valued life”.¹³

Recommendation 8: that the ACT move immediately towards a model of individualised funding as part of its preparations for the NDIS.

Supported Decision Making

Alongside the expectation of CRPD Article 3 is the obligation for countries that have ratified the Convention (including Australia) to support people with disabilities to exercise these rights and to adjust legal frameworks to ensure the CRPD becomes reality.

Australia, including the ACT, currently works within a system of substitute decision making. In other words: guardianship. This is a system which assumes that a person with disability is unable to, or cannot be trusted to, make their own decisions and someone else must do it for them. Guardianship is structured as a binary concept – a person is considered to either have capacity or they don’t.

In the experience of Advocacy for Inclusion many ACT guardianship orders are “plenary” orders, or full orders. This means that the Guardian has full substitute decision making power over the person with disability for all aspects of their life. These arrangements can be in place for 40 or 50 years throughout the adult life of the person under the order.

Additionally, in the experience of advocacy organisations, many people with disabilities may not require such guardianship orders but could be served by time limited orders covering specific issues (for example, a specific legal or financial matter), alongside mechanisms to support their other decision making.

The South Australian Public Advocate’s Office is currently undertaking a trial project in supported decision making:

“Supported Decision Making is for people who may need help with decision-making because of a disability. The South Australian trial aims to study supported decision making

¹¹ The term “unengaged” is used to apply to people who have never had an opportunity to be engaged, as opposed to “disengaged” which implies a former level of engagement that no longer exists.

¹² Senator Jan McLucas/Mark Butler MP, *Working with South Australia to get NDIS ready* 19 December 2011

¹³ Robbi Williams, CEO of Julia Farr Association in: *Purple Orange Alert: Biggest opportunity yet for South Australians living with disability to be in control*, 19 December 2011 3:52 PM

when it is offered to people who have had a brain injury, stroke, intellectual disability or a neurological condition affecting decision making.

“The United Nations *Convention on the Rights of Persons with Disabilities* expects that people should make their own decisions wherever possible, and that if they need help, they should get the support that they need to make decisions. The aim is to provide support, instead of appointing another person to make decisions for them.

“The South Australia project is trialling an approach to Supported Decision Making, in which a person nominates one or more people that they know, to act as a supporter. An extra person “a monitor” helps with the process, and identifies problems if they occur.

“The supporter can be a trusted family member or friend. The supporter can then assist a person make their decisions about health care, where they live, support services, work, leisure and lifestyle matters.”¹⁴

Recently the UN Committee which oversees the CRPD examined how Spain is implementing the Convention and provided Concluding Observations recommending a way forward. A significant statement within those Observations was:

“that the State party review the laws allowing for guardianship and trusteeship, and take action to develop laws and policies to **replace** regimes of substitute decision-making by supported decision-making, which respects the person’s autonomy, will and preferences. It further recommends that training be provided on this issue to all relevant public officials and other stakeholders.”¹⁵

These Observations provide clear guidance on how to interpret the CRPD. They also are clear on how to implement the Convention.

Moving towards a community where supported decision making is the daily experience of people with disabilities will take time, training, and commitment, but there is an expectation that Australia will do this as it implements its obligations under the *Convention on the Rights of Persons with Disabilities*, so mechanisms and structures must be developed.

The ACT must build an expectation of supported decision making into all disability planning processes, particularly given the impending NDIS and the expectations of the CRPD. Additionally, supported decision making must become a possibility under ACT law so that existing structures can be used by those who wish to move towards this model. While specific legislation or explicit legislative references may not yet occur, the law should not be an impediment to supported decision making occurring, and any review of legislation should incorporate the possibility of it as part of the transition to a future supported decision making regime.

Recommendation 9: that the ACT proactively pursue supported decision making through training programs for people with disabilities, and the education of public officials and other stakeholders. This should happen alongside continuing support for disability advocacy including training in self-advocacy and supporting self-advocacy.

Recommendation 10: that the ACT undertakes a trial of supported decision making similar to the current trial underway in South Australia.

Recommendation 11: that all legislative review processes ensure that the law is not an impediment to supported decision making occurring, even if it is not explicitly referred to.

¹⁴ Office of the Public Advocate, South Australia: http://www.opa.sa.gov.au/cgi-bin/wf.pl?pid=&hi=&mode=show&folder=../html/documents/09_Publications/Supported%20Decision%20Making&file=1-Summary%20of%20Supported%20Decision%20Making.htm

¹⁵ United Nations Committee on the Rights of Persons with Disabilities (2011), *Concluding observations of the Committee on the Rights of Persons with Disabilities: Spain* http://www.ohchr.org/Documents/HRBodies/CRPD/6thsession/CRPD.C.ESP.CO.1_en.doc

5. What Won't Happen Under a National Disability Insurance Scheme

There are numerous areas where the rights of people with disabilities are not adequately exercised, or supported. The implementation of a National Disability Insurance Scheme will not address this; rather it may mask the need to continue working towards CRPD implementation by focussing all available resources elsewhere.

Self Determination

Disability advocacy organisations provide advocacy for some of the most marginalised, isolated, and excluded people in our community. These are often people who are afforded no real voice of their own, have little or no involvement in making day to day decisions about themselves, and who have minimal opportunities to engage in the community.

A further large cohort of people with disabilities has some level of community engagement, but no experience or skills in either self-advocacy or consumer representation. With no support to develop these skills as young people they are left by the wayside. This perpetuates exclusion for people with disabilities and the world remains inaccessible to them.

In late 2010 the Australian Institute of Health and Welfare (AIHW) outlined the alarming level of people with disabilities living with mental illness which is significantly higher than for the rest of the population.¹⁶ Disability advocacy organisations are aware of the silencing of people with disabilities either through community prejudices, a lack of self-advocacy ability, or isolation and fear. The connection between the silencing of people with disabilities and their rate of mental illness is stark. Urgent measures are needed to overcome it.

Mental illness in people with disabilities is under-treated, under-identified and dealt with less effectively than it should be. For many service providers, all matters relating to people with a disability are handled by Disability Services who may not be trained in dealing specifically with mental illness. Mental health services do not have skills in disability and refer people back to Disability Services. In the ACT there are few mental health services which comfortably respond to people with disabilities. Apart from the specific Dual Disability Unit, which responds to a very small number of specifically assessed cases in a narrow band of eligibility, there is no service which has an understanding of the lives of people with disabilities and their mental health and wellbeing needs.

In May 2011, ACT Health and the Australian National University issued a paper on mental health and wellbeing in the ACT.¹⁷ Despite a large demographic break down and research across a range of population groups, this paper refers to people with disabilities only once: as a cause of mental illness in carers. Yet “almost half (48%) of people with severe or profound disability have mental illness, compared to 6% of people without disability.” “Over 40% of these people had seriously considered committing suicide, with 18% attempting suicide”.¹⁸ Around 20-35% of people with intellectual disability will experience mental illness during their lifetime.¹⁹

Mental illness for people with disabilities has been highlighted as an unmet need in Australia with Dr Maria Tomasic, President of The Royal Australian and New Zealand College of Psychiatrists

¹⁶ Australian Institute of Health and Welfare 2010. *Health of Australians with disability: health status and risk factors*. Bulletin no. 83. Cat. no. AUS 132. Canberra: AIHW.

¹⁷ Morris, L. J., Prior, S. L., Anstey, K. J., Butterworth, P., Tait, R. J., Jacomb, P., and ACT Government Health Directorate (2011). *Mental Health and Wellbeing in the ACT*. Health Series No. 54.

¹⁸ Australian Institute of Health and Welfare 2010. *Health of Australians with disability: health status and risk factors*. Bulletin no. 83. Cat. no. AUS 132. Canberra: AIHW.

¹⁹ Disability SA, Department for Families and Communities (2008). *Intellectual disability and mental illness (Dual disability)*.

acknowledging that “people with both intellectual disabilities and a mental illness often fall through the service gaps between the health and disability systems and their considerable needs are not addressed.”²⁰

There is also “apparent under-identification of mental health conditions in” people with physical disabilities.²¹

Causes and Risk Factors

Causes and risk factors identified for mental illness in the ACT population are even more applicable to people with disabilities:

- Stressful life events including “serious illness, injury or assault..., serious problem with a close friend, neighbour or relative”
- High job insecurity
- Financial hardship
- Obesity or being overweight
- Lack of physical activity
- Medical conditions including arthritis, epilepsy and heart trouble.²²

Other risk factors which are prevalent in the population of people with disabilities include:

- Living in group households (such as supported accommodation) – nearly double the risk
- Marital status – those who have never married have double the risk of mental illness of those who are married. Those who are separated or divorced are more than twice as likely to have an affective disorder
- Employment status – unemployment gives a 50% higher risk than those who are employed, and as evidenced recently by Price Waterhouse Coopers the rates of disability unemployment are significant²³
- For those people who don’t have contact with friends their risk of mental illness doubles²⁴
- “Chronic medical conditions are associated with serious psychological distress.”²⁵

There are also a number of factors which specifically contribute to the higher rates of mental illness for people with disabilities including:

- “Fewer support networks and friendships
- Increased experiences of loss, rejection, isolation
- Increased likelihood of social disruptions and segregation
- Low self-esteem
- Lack of control over one's life
- Poorer ability to manage stress
- Poorer problem solving and conflict resolution skills^{26, 27}
- More vulnerable to stress and use less effective coping strategies.²⁸

²⁰ Royal Australian and New Zealand College of Psychiatrists (accessed 25/8/11). *Intellectual disability mental illness is an unmet need* <http://www.ranzcp.org/latest-news/intellectual-disability-mental-illness-is-an-unmet-need.html>

²¹ Hagiliassis, N., DiMarco, M., Gulbenkoglou, H., Iacono, T., Larkin, H., Watson, J. (no date, accessed 25/8/11) *The Bridging Project: Physical disability and mental health*. InPsych, August 2005. <http://www.psychology.org.au/publications/inpsych/bridging>

²² Morris, L. J., Prior, S. L., Anstey, K. J., Butterworth, P., Tait, R. J., Jacomb, P., and ACT Government Health Directorate (2011). *Mental Health and Wellbeing in the ACT*. Health Series No. 54.

²³ Price Waterhouse Coopers (2011), *Disability expectations: Investing in a better life, a stronger Australia*

²⁴ Australian Bureau of Statistics (2007) *National Survey of Mental Health and Wellbeing: Summary of Results*

²⁵ Morris, L. J., Prior, S. L., Anstey, K. J., Butterworth, P., Tait, R. J., Jacomb, P., and ACT Government Health Directorate (2011). *Mental Health and Wellbeing in the ACT.*, page 66, Health Series No. 54.

²⁶ Disability SA, Department for Families and Communities (2008). *Intellectual disability and mental illness (Dual disability)*.

²⁷ Pappas, Ruth and Frize, Matt (2010). *Intellectual Disability Mental Health First Aid Manual* http://www.mhfa.com.au/cms/wp-content/uploads/2011/02/2nd_edition_id_manual_dec10.pdf

Despite this evidence there is no apparent recognition of the mental health and wellbeing needs of people with disabilities in ACT mental health programs or the ACT mental health budget. Some ACT community mental health programs specifically exclude people with disabilities, including playgroups, parenting support groups, and others. This insistence on the segregation of people with disabilities exacerbates the isolation and powerlessness that many experience.

The Importance of Self Determination

Self-determination and self-advocacy have been shown to have a positive effect on mental health for people with disabilities. More empowered people with disabilities who feel able to speak up, be heard, and take an active role in controlling their lives are less likely to experience mental illness.

Education and training in self-determination and self-advocacy skills is an integral part of the process of “strengthening individuals”.

People with disabilities often miss the basic self-advocacy path that the broader community experiences as they grow up. Learning these skills later is both challenging and rewarding, but it also requires ongoing reinforcement so that people who are using a newly learned skill are able to develop it into an inherent skill. Basic individual self-advocacy training, followed by participation in a self-advocacy course, is only the beginning of a long journey.

For many people with disabilities this will be a journey of years and decades. It will not be a quick fix to achieve greater numbers of people with disabilities capable of self-advocacy, or a sudden reduction in mental illness rates, but over time it will assist in improving the lives of people with disabilities. Following years of low support for training it will take many years to achieve resilient outcomes, but the long term rewards are clear: greater independence for people with disabilities.

While some ongoing funding was provided from 2011-12 for self-determination training and support²⁹, there is still a shortfall to be addressed to ensure that this area of critical concern, which has been underfunded for a long time, is responded to. It is now time for the mental health budget to recognise and respond to the very high levels of mental illness in people with disabilities. At present it does not and this must change.

“In 2008 the Parliamentary Agreement made between the ACT Labor and ACT Greens parties made it a goal of the current government to allocate 12% of the health budget to mental health, and to ensure that 30% of the mental health budget is allocated to the community (not-for-profit) sector by the year 2012.”³⁰

This growth funding should provide for ongoing support for the mental health and wellbeing needs of people with disabilities by directly supporting their self-determination.

Self-advocacy support for people with disabilities cannot be provided in an ad hoc or project fashion, rather there must be a continuing availability to ensure the skills learned are retained and

²⁸ Chan, J., Hudson, C., Vulic, C. (2004). *Services for adults with intellectual disability and mental illness: Are we getting it right?* Australian e-Journal for the Advancement of Mental Health 3(1)
www.auseinet.com/journal/vol3iss1/chanhudsonvulic.pdf

²⁹ In 2011-12 Disability ACT recognised the need to work in the area of self-advocacy with ongoing funds of \$50,000 per year provided to Advocacy for Inclusion. This is the only current funding allocated in this area in the ACT after many years of no funding at all.

³⁰ ACT Government Budget Submission 2012-2013, Mental Health Community Coalition ACT, December 2011.
http://www.mhccact.org.au/cms/media/user_uploads/budget_submissions/FINAL%20budget%20submission%20for%202012-13.pdf

grown. In addition, this will improve capacity for people with disabilities to engage at the broadest level with the impending NDIS.

Specific Funding Request – Recommendation 12: that the ACT Mental Health budget provide funds for ongoing self-advocacy training (to a level of \$65,000 per year) for people with disabilities, and those around them, as part of the response to reducing the high rates of mental illness in people with disabilities.

Respect for Home and Family

Respect for home and family (CRPD, article 23), is an unrealised right for many people with disabilities, particularly those who live in supported accommodation, or who rely on support in their day to day lives.

Advocacy organisations are regularly asked to become involved where people are denied the right to have a relationship, to live with their partner, or to have children and be parents. Fundamentally this is about changing the community's attitude towards people with disabilities and the way they live their lives. There remains an assumption that people with disabilities are asexual beings who will never form relationships, and that this won't change.

Ensuring that disability accommodation providers and support services fulfil their obligations as public authorities under the ACT *Human Rights Act* is a critical first step in addressing this area. Yet the level of awareness and understanding of how public authority obligations apply to services is not robust. This is evidenced by the regular requests for advocacy assistance by people with disabilities across a broad range of services, including supported accommodation providers. This must be remedied to ensure the rights of people with disabilities are supported to the greatest extent possible under existing mechanisms.

Recommendation 13: a stronger awareness and understanding of the public authority obligations of disability service providers requires immediate and ongoing attention to ensure the right of people with disabilities to have a relationship is realised.

Supporting people with disabilities whose children have been removed into kinship or out of home care constitutes a large proportion of individual advocacy cases. Advocacy organisations are regularly approached by individuals, and by Care and Protection, to become involved when a parent, or their child, has disability. There remains a lack of understanding and support for parents with disabilities, and the experience of disability advocates is that most parents with disabilities are loving parents who are doing their best. It is extremely rare to see parents who have been abusive towards their children; rather they try hard and cannot understand why this is not good enough.

The ACT urgently needs parenting supports for people with disabilities to fulfil their right to be parents, and to retain their families. "*States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.*"³¹

With the continuing absence of support services for parents with disabilities there is clearly no genuine attempt being made to fulfil these obligations under CRPD Article 23. The only option

³¹ UN Convention on the Rights of Persons with Disabilities, Article 23 (4) - <http://www.un.org/disabilities/default.asp?navid=14&pid=150>

available to Care and Protection, in the absence of appropriate services, is to remove children into out of home care: the most expensive, traumatic, and interventionist option.

This continuing practice illustrates the continuing prejudice against people with disabilities being parents, and the need for community awareness raising. It also illustrates the need to better train and support Care and Protection workers in disability inclusion and awareness.

Recommendation 14: Advocacy for Inclusion reiterates its recommendations of 2009 and 2010 – ongoing parenting support services are urgently needed which recognise the nature of the disabilities of the parents, their right to parent, and the need for ongoing support appropriate to each individual’s disability and rights.

Recommendation 15: Care and Protection workers should be part of the RED Framework pilot Inclusion and Awareness Training induction program for all ACT Government workers.

Freedom from Exploitation, Violence and Abuse

Is it the case that our community has come to accept that a certain amount of violence is “normal” for people with disabilities? This might seem a harsh question but responses to violence in its many forms have been few and far between. Sadly many people with disabilities are not even aware that what is happening to them is actually violence or abuse.

Many people with disabilities live in situations, or with people, not of their choosing. Others are unable to get the level of support or care they need and are forced to rely on people who are physically or sexually abusive. Some are living in high density housing complexes where their neighbours prey on them or vilify them continually and they can become very isolated.

Tenants in disability group homes are some of the most vulnerable and isolated people living in the ACT. Unfortunately, as in other domestic situations, violence occurs in disability group homes. It is particularly concerning that many tenants in disability group homes are not living in circumstances of their own choosing and can become distressed by being “stuck” in a living situation that they do not want.

The lack of available group housing also forces many to agree to an option they might not otherwise choose, or to stay in a situation that they need to get out of.

“In July 2010, the United Nations Committee on the Elimination of Discrimination against Women (CEDAW Committee) made a series of concluding observations and recommendations about Australia’s compliance to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). This included raising its concern about the high level of violence experienced by women with disability, particularly those living in institutions or supported accommodation.

“Importantly the Committee recommended that Australia address, as a matter of priority, the abuse and violence experienced by this group of women with disability. These concerns and the call for immediate action are echoed in *Accommodating Violence: The experience of domestic violence and people with disability living in licensed boarding houses*.³² This report sheds light on the hidden issue of domestic violence for a group of women who are too often overlooked in the disability sector and hidden from domestic violence initiatives and services.

³² People with Disability Australia, *Accommodating Violence: The experience of domestic violence and people with disability living in licensed boarding houses* – September 2010

“While the issue of domestic violence against women continues to gain prominence in government strategy and community consciousness, until now, the same cannot be said for the experience of women with disability living in residential and service settings. Here, domestic violence from co-residents or staff is an issue rarely recognised yet highly prevalent.”³³

The experience of domestic violence is a daily lived experience for many people with disability who speak of physical violence, sexual assault, verbal abuse, living in fear of the threat of harm, as well as acts of intimidation and financial exploitation, having services or activities withheld, and suffering retribution for decisions, choices or complaints they have made.

While the above-mentioned report refers to NSW, the situation in the ACT in supported accommodation is starkly similar. People with disabilities live with daily violence. It seems to be systemically accepted, or staff are simply inured to it after years of having no alternative to offer. While the NDIS may provide broader housing options for people with disabilities it will not overcome the acceptance of violence in their lives, the lack of recognition of violence as violence – particularly domestic violence – and the different ways that violence is experienced by people with disabilities; for example, chemical restraint, withholding of aids and equipment, continual belittling and demeaning treatment, threats to remove children, etc. Nor will the NDIS address the continuing acceptance of group or congregate living environments as appropriate for people with disabilities.

Unlike NSW, the ACT does not recognise the current living environments of many people with disabilities in domestic violence law, so it is difficult to support people subjected to violence to find alternate accommodation. This must change. The *Domestic Violence and Protection Orders Act 2008 (ACT)* does not recognise the types of relationships which occur in disability group homes.

Additionally, the relationships of other people with disabilities who live in the broader community may also not be covered, including those relying on paid or unpaid carers who are not family members, or those living in other group arrangements. While assault laws might cover some of these circumstances, the protections available to assault victims are not the same as for those who have experienced domestic violence, and the available responses are less robust.

This is particularly the case for people with disabilities who are heavily reliant on group houses or social housing as alternatives are very limited and can take a long time to manifest. Recognising that a person must have an immediate alternative to their current housing is an urgent imperative which advocacy organisations commonly face, but there is no immediate alternative for people with disabilities, and their circumstances are often not recognised as unusual or urgent while they are not seen as domestic violence.

Recommendation 16: that the *Domestic Violence and Protection Orders Act 2008 (ACT)* be amended to incorporate the NSW definition of household to provide greater security for people with disabilities by recognising that they are also subjected to domestic violence and should expect the same protection as other members of the community.

³³ Advocacy for Inclusion – *The Advocate*, June 2011

6. Continuing Gaps in Services

Accommodation

The largest single ongoing challenge for many people with disabilities in the ACT is finding appropriate and supportive living environments. Many people with disabilities take years to find accommodation, are forced to live in situations that are not suitable for them, or are forced to live with others not of their choosing. This causes other pressures and difficulties for individuals, their families, community services and the wider community.

This ACT Disability Advocacy Network submission to the ACT Legislative Assembly Standing Committee on Health, Community and Social Services inquiry into the provision of social housing raised a number of issues in relation to the provision of social housing grouped into 5 themes: see appendix 1.

Further Gaps in Services

Other key ongoing areas of shortfall are:

Education

Support for students with disabilities in mainstream schooling is still ad hoc. It requires regular ongoing advocacy support, and is a cause of substantial stress on the families concerned. See Appendix 2, recommendation 14.

Employment

The recent Price Waterhouse Coopers report³⁴ on the lack of employment for people with disabilities is a stark reminder of the need to consider employment more holistically. Without appropriate supports and services to be a reliable employee, without adequate transport, and without community/employer attitude adjustments employment will remain a pipe dream and/or a source of difficulty and distress for many people with disabilities. See Appendix 2, recommendations 16, 17 and 18.

Transport

The ACT still presents major transport challenges to people with disabilities. Transport is unavailable, inconsistent, not supported, or inaccessible. This is one of the most important elements in community inclusion, yet people with disabilities are expected to wait for many years until even one part of the transport system is fully accessible and reliable. Would any other group in the community be asked to wait several years for a job or an education? See Appendix 2, recommendations 12, 13 and 18.

Support services

The NDIS is expected to substantially address the current shortfalls in support services. Until its implementation, though, consistent attention will still need to be applied to ensure people with disabilities live with dignity. There will also be people who continue to fall through gaps and need a more proactive and coordinated response to their needs. The current system relies on individual people with disabilities and their families/carers, being highly proactive. For many this is not possible and they go without.

There remains reluctance for directorates and organisations to take the responsibility for resolving a person's difficulties, yet for the individual concerned they simply want a solution. In a system of "one government" this is unacceptable.

Recommendation 17: that "one government" becomes the reality of service provision not the exception, and that a "no wrong doors" approach is developed in the disability sector.

³⁴ Price Waterhouse Coopers (2011), *Disability expectations: Investing in a better life, a stronger Australia*

7. The Disability Advocacy Sector

Research and Policy Capacity

The disability advocacy sector comprises advocacy organisations and consumer representative organisations. In the ACT this is only a small sector with no peak body, unlike many other sectors which have a plethora of service providers, plus a state based peak attached to a national peak. All of the disability advocacy organisations in the ACT are strongly connected with national peak bodies, and through them with national sectors; however, at the ACT level the resources and capacity remain small.

Over recent years the ACT government has proactively supported the sector in a range of new areas including funding for systemic advocacy provision, support for self-advocacy training, and acknowledgement of the ACT Disability Advocacy Network (ACT DAN). This is critical to realising the obligations it has under the CRPD to consult people with disabilities through their representative and advocacy organisations; however, as mentioned above, this consultation is still inconsistent.

The lack of a peak body results in the sector struggling to perform an ongoing and robust research role, despite the ACT DAN understanding where research needs to be undertaken and how it might support an understanding of improved service provision. Naturally some work is undertaken but at a critical time in the development of disability policy and programs, and the obligation to understand the implications of a human rights approach to disability, ACT people with disabilities are unable to properly or fully engage in national and local discussions across the broad range of areas currently being addressed. Rather they are forced to identify which processes to disengage from.

With the current plethora of large and critical consultative and policy development processes this is effectively ensuring that ACT people with disabilities are being denied engagement at a crucial time.

Recommendation 18: that the ACT government substantially increase its commitment to systemic advocacy funding to ensure research is undertaken, and to enable consumer representatives to fulfil the demands placed upon them.³⁵

Government Compliance Processes

The disability advocacy sector appreciates the provision of government support through ongoing funding. Unlike many other areas of community work, we are unable to source large or regular donations and philanthropic support. It is often the case that our voice is to the forefront of new concepts and as such it can be challenging.

Government funding carries with it certain obligations and expectations. Once again, this is expected and accepted by the sector. Recently, though there has been an increased number of compliance processes placed upon organisations. This is onerous and places other funded work at risk by forcing organisational priorities back to office administration and away from frontline services.

Some organisations have multiple quality standards process (Commonwealth and ACT), external audits followed by pre-qualification processes, accreditation, and questions about business continuity. All of these processes are transparency and accountability mechanisms which are expected in any organisation of good practice; however, multiple simultaneous processes which

³⁵ *Submission to ACT Budget Consultation 2011-12 - Advocacy for Inclusion, December 2010*

repeat those being required by other departments is not good practice. Now that the ACT has moved to “one government” it would be expected that a single process should suffice across all funding bodies, and that coordination of the frequency of processes would also be possible. For example, if prequalification is undertaken in one directorate then it should apply across all areas of ACT government.

Additionally, organisations may undergo an accreditation or external audit process at the ACT level and then be asked to undertake another one with a Commonwealth funding body within a short period. This looks distinctly unprofessional and indicates a lack of communication and coordination between federal and ACT departments working in the same areas.

Recommendation 19: the ACT government should align transparency and accountability mechanisms across all directorates and funding areas to remove repetition. Any quality or accreditation process undertaken for one funding area should be applicable to all.

Recommendation 20: that the ACT work proactively at aligning federal and ACT transparency mechanisms to minimise repetition.

Consultation

The ACT government must respect the needs of community sector organisations and workers. In recent years there have been multiple large consultation processes and requests for comment over the Christmas/New Year period. This conflicts completely with the good governance and management expectations mentioned above as it places an expectation on organisations to operate continually without allowing workers to use their leave or to have a break.

Community sector managers are highly conscious of the health and safety of their workers, and of the financial risk a large leave liability places upon their organisations. This is particularly critical for small organisations such as those in the disability advocacy sector. Managing these risks is good practice management and contributes to better quality outcomes across all areas.

Without a substantial increase in the size of the disability advocacy sector (which probably won't happen soon) the ACT government must recognise that it cannot continue to place unacceptable demands on organisations for consultation and comment.

A black period of 4 to 6 weeks over Christmas/New Year should be introduced which closes consultation 10 days before Christmas and does not allow for resumption until mid to late January.

Additionally, any consultation process must be available in alternate and appropriate formats at the same time as other documentation is released. Anything less than this is an exclusion of whole groups within the community. For people with disabilities this is particularly unacceptable and illustrates a token approach to consultation which is simply insulting. For example, all documentation on the ACT Treasury website for the budget consultation 2012-13 is only available in pdf format, when website accessibility guidelines state clearly that other formats should be provided.

Recommendation 21: the ACT government should introduce a black period of 4 to 6 weeks for community consultation over the Christmas/New Year period in order to recognise the need for considered quality comment, and to respect good practice community sector management.

Recommendation 22: consultation and comment processes must abide by Community Engagement Strategy expectations and must be available in appropriate and alternate formats at the same time as other documentation is released.

8. Conclusion

Many advances have been made in the area of disability policy and programs over recent years. The challenge now is to turn towards planning for the future, particularly with the introduction of a National Disability Insurance Scheme. It is time to cease reacting to current circumstances and the past.

The National Disability Strategy outlines solid ways forward towards implementing the *Convention on the Rights of Persons with Disabilities*, but it is up to people with disabilities, governments and organisations to embrace the challenge of building a rights focussed system to ensure that people can finally live as they choose to live.

Central to the implementation of current strategies is the need to embrace individualised funding and supported decision making frameworks. Without them we will simply be entrenching the existing system, except perhaps with more funds in it.

New approaches will take time and commitment. They will also require consistent and well-structured resources provided over several decades as we work towards making current policies become reality.

9. Appendix 1: Accommodation Recommendations

Recently the ACT Disability Advocacy Network made a submission to the ACT Legislative Assembly Standing Committee on Health, Community and Social Services inquiry into the provision of social housing.

This submission raised a number of issues in relation to the provision of social housing grouped into 5 themes:

1. The housing process
2. Communication
3. Availability
4. Maintenance
5. Disability supported accommodation

Overarching these themes is the need to recognize housing as a human right. In international law housing is understood to be a human right:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."³⁶

We recognize that poor housing conditions have a direct impact on aspects of other rights, many of which are protected by the ACT Human Rights Act, including the right to health, to education, to safety, to public participation, to exercise of civil and political rights, access to justice and the right to be free from discrimination. There is currently another process underway considering extending the ACT Human Rights Act to include housing as a human right.

Specific issues with the housing application system include:

- There is a lack of transparency in the housing process.
- Applicants are not supported appropriately within Housing ACT to navigate the system.
- The process of applying is onerous – particularly for vulnerable people.
- Urgent cases are not dealt with in a timely manner.
- A definition of homelessness is not applied evenly
- If someone is acknowledged as having a disability by Centrelink then they should not have to provide further medical evidence to housing as both agencies share information and already rely on each other's data for other matters.³⁷

³⁶ *Universal Declaration on Human Rights*, Article 25

³⁷ ACT Disability Advocacy Network – *Submission to the Legislative Assembly for the ACT, Standing Committee on Health, Community and Social Services Provision of Social Housing Inquiry*, November 2011, <http://www.parliament.act.gov.au/committees/index1.asp?committee=115&inquiry=1022&category=14>

The ACT DAN submission made the following recommendations:

Recommendation 1: that the priority housing list reflect actual levels of need for priority housing rather than an artificial cap.

Recommendation 2: that the inquiry includes provision of supported housing to people with disabilities within the terms of the inquiry.

Recommendation 3: that Housing ACT review all policy and procedure in light of their stated objectives of client focus, responsiveness to individual circumstance and alleviating disadvantage.

Recommendation 4: ACT DAN recommends that the inquiry support the inclusion of economic, social and cultural rights, such as housing, as rights under the ACT Human Rights Act.

Recommendation 5: that the inquiry investigates alternate non-onerous methods that might be adopted for provision of evidence of ability to sustain a tenancy.

Recommendation 6: that Housing ACT makes the philosophical and organisational shifts necessary to become a 'human services provider' in its approach rather than continue to focus on tenancy.

Recommendation 7: that Housing ACT implements a training program to improve communication skills of staff and increase understanding of the role of advocates.

Recommendation 8: that Housing ACT amends policy and procedure to ensure that applicants and tenants receive timely, relevant and accessible information about their service.

Recommendation 9: that the ACT Government as a matter of urgency, increase the stock of appropriate public and community housing to meet the demand.

Recommendation 10: that the ACT Government increase to 80% the proportion of new public and community housing provided which conforms to the Liveable Housing Design voluntary code for accessibility, and to achieve 100% by 2020.

Recommendation 11: that people with disabilities who are unable to find suitable properties in the private rental market be considered eligible for public housing.

Recommendation 12: that the in-house Occupational Therapy model ensure that client needs are accessed independent of budget considerations.

Recommendation 13: that processes for maintenance approval and payment be streamlined.

Recommendation 14: that the inquiry set up a task force to develop a set of protocols for properly negotiating with clients with disabilities.

10. Appendix 2: Summary of 2010 Outstanding Recommendations

Advocacy for inclusion made several recommendations in our Submission to ACT Budget Consultation 2011-12 (December 2010) which are yet to be responded to. These are reiterated here to provide a reminder of continuing areas of need for people with disabilities:

Recommendation 1: that the ACT frames its budget, and develops all programs and policies, using the social model of disability. This should be extended to the provision of all government funded services, including non-government agencies. A social model approach would see the addressing of barriers through a needs based approach, rather than focussing on diagnosis and assessment specifics.

Including the Voice of People with Disabilities

Recommendation 2: that the ACT Government funds 2 FTE equivalent individual advocacy positions, to match Commonwealth individual advocacy funds, in line with most other state and territory governments, and ensure current demand can be met.

Recommendation 3: ongoing self-advocacy training and resource development is fully funded as a matter of urgency. This will target those who are currently least able to participate in making decisions about their lives. See 2012-13 recommendation 10 for further detail.

Recommendation 4: ongoing consumer representation training and support is funded, which focuses on building individual capacity and supporting consumer representatives to undertake their work.

Recommendation 5: ongoing leadership and governance training and support is funded to ensure the continual emergence of new leaders and a broader range of disability voices participates at all levels of decision making.

Recommendation 6: that the ACT government substantially increase its commitment to systemic advocacy funding to ensure research is undertaken, and to enable consumer representatives to fulfil the demands placed upon them.

Supporting the Rights of People with Disabilities

Recommendation 10: that all Care and Protection workers attend compulsory induction training in disability awareness and the rights of people with disabilities, specifically the right to be parents. *The ACT PS implementation of the RED Framework provides a capacity to address this. Care and Protection workers should be a pilot component of this work.*

Recommendation 12: that the WAT Consortium recommendations are implemented as a matter of urgency to ensure at least one source of reliable and safe transport is available to people with disabilities in the ACT. *A review of taxi services for people with disabilities, introduced following the Price Waterhouse Coopers 2010 study, must still be undertaken as scheduled after 2 years regardless of the difficulties that have been experienced in finding an operator for the central booking service.*

Recommendation 13: that funding bodies recognise transport as a specific extra cost for all projects, programs and consultations which aim to include people with disabilities.

Recommendation 14: that the recommendations made in the Advocacy for Inclusion submission to the Legislative Assembly inquiry into the needs of students with disabilities be implemented.

Recommendation 15: people with disabilities must be directly asked what form of accommodation they prefer, they must be better supported to achieve that accommodation, and they must be supported to maintain the associated services which result in stable accommodation.

Recommendation 16: that government employment policy focus on improving the transport system and providing general supports for people with disabilities so that they are able to sustain employment, rather than focussing entirely on getting people into jobs.

Recommendation 17: that employers, and workplaces, are encouraged to undertake inclusion and awareness training. All employers, organisations and agencies in receipt of ACT Government funding should be required to undertake inclusion and awareness training as part of their funding obligations.

An Accessible Community

Recommendation 18: community hubs must be established on arterial public transport routes, and in town centres, particularly those which house organisations that engage with people with disabilities.

An Inclusive Community Sector

Recommendation 21: that cultural awareness training is mandatory for all disability services staff, including improved skills in supporting cultural identity.

ADVOCACY CONTINUUM

