

Towards an inclusive DHHS

Feedback on the DHHS draft Disability Action Plan
2018-2020

20 July 2018



About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

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VCOSS acknowledges the traditional owners of country and pays its respects to Elders past and present.

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Introduction

The Victorian Council of Social Service (VCOSS) welcomes the Department of Health and Human Services' (DHHS) development of its inaugural Disability Action Plan (DAP), and we appreciate the opportunity to provide feedback on the draft.

This document sets out our feedback on the draft – initially our overall feedback and suggestions, followed by feedback on each of the “Department outcomes framework domains” identified in the draft.

Our feedback has been developed following consultation and discussion with VCOSS members.

We would be very happy to discuss our feedback with the Department.

Overview

VCOSS and our members welcome the development of the draft Disability Action Plan 2018-2020 as an important step in improving health and wellbeing outcomes for Victorians with disability, and supporting social inclusion.

Our member organisations have identified a number of opportunities for building on the current draft.

At a higher level, some people we spoke to found the document somewhat difficult to read and understand. There are many intersecting components, and at times the language can be confusing. While much of this is clearer in the Easy English version, simpler language in the longer version (e.g. perhaps just “domains” rather than “Department outcomes framework domain”) could help to clarify some of the current confusion. Some members also noted that it is not clear who the target audience for the DAP is – including whether it is intended to be more internally-focused, or more targeted at community members.

Greater clarity around timing and monitoring of the activities in the DAP would be welcome (monitoring and accountability is discussed further on page 5). For example, it is not clear when “Year 1”, as identified in the draft, would begin – whether this would be based on financial years, or whether it would begin once the DAP is publicly launched. This limits the community’s ability to monitor activity under the plan. More information about proposed actions in Years 2 and 3 would also be welcome.

An option would be to provide targeted goals for the life of the DAP (2018-2020), supported by specific, measurable and progressive actions to be taken each year to achieve these goals. If future actions are not able to be incorporated in the current iteration of the DAP, our members noted they would appreciate the opportunity to be consulted around these as early as possible, to allow more time to consider options and provide feedback.

Further to this, regarding consultation around the DAP and around DHHS initiatives and programs more broadly, we are pleased to see that direct consultation with people with disability is mentioned throughout the document. We note that it is important for the Department to consult with people from diverse backgrounds with disability as part of these consultations. This includes young and older people, Aboriginal and Torres Strait Islander people, those from culturally and linguistically diverse backgrounds, LGBTIQ people, and people living in rural and regional areas.

It is also important to recognise the different needs of people with multifaceted identities and the way that intersecting stigma and discrimination can impact people’s lives. Our members report that intersecting stigma continues to be a barrier to employment and inclusion for people with disability in marginalised communities, including people living with HIV.

We note that many of the actions identified in the draft are activities to which DHHS has already committed, and some have already been achieved. In our view, the development of the DAP provides a strong opportunity for additional work to be undertaken to improve accessibility for people with disability.

Finally, there is a lack of discussion around carers in the current draft. Carers play an important role in the lives of many people with disability, and many people with disability are carers themselves. There is an opportunity to consider the needs and experiences of carers throughout the document, in both focus areas – for example, recognising the importance of a flexible work environment at the Department for people with caring responsibilities, and recognising the support needs of carers in the community when developing and implementing DHHS programs.

Connecting data, indicators, and action areas

VCOSS and our members have noticed that in various places throughout the document, there could be greater connection and linkages between data, indicators, action areas and outcomes.

For example, at the start of the “Department outcomes framework domain” sections, a range of statistics have been included to illustrate some of the barriers facing people with disability in our society. Our members have noted that the action areas under each domain are not necessarily directly related to the statistics chosen, or that the connections could be more clearly explained. In the introduction to Domain 1, Focus area 2 (p.24), for example, statistics around housing and participation in sport are provided. It seems that these would be a better fit for the Domain 2, Focus area 2 section (p.30).

Additionally, our members were interested to see the results from People Matters survey listed on page 15, however the actions throughout focus area 1 in the draft were not seen to address the key challenges identified here. We recognise that the actions in this draft are intended to be the first year actions of a three year plan, however it would be interesting to see the short term actions linked to longer term goals around addressing the issues identified through the People Matters survey and other statistical tools referenced in the draft. This would also support monitoring and accountability around the DAP, as progress against the various indicators and statistics could be measured in the medium and longer term.

Embedding focus areas from the DHHS disability employment strategy in various sections throughout the draft is a positive step. Feedback from some of our members was that the current format of including this information, with pull-out boxes rather than embedded in the tables, was confusing as it was not clear whether they are also Year 1 actions, and at times there is limited information or specificity around the actions (e.g. “improving access to internal and external training and e-courses” (p.48) is quite vague). Including the employment strategy focus areas and actions in the same format as others would help to enable measurability, increase accountability and reduce confusion for the reader.

Reflecting the NDIS transition

A key gap identified in the draft DAP is discussion of the broader context for Victorians with disability at the moment, with the transition to the National Disability Insurance Scheme (NDIS). While we recognise that the NDIS is not within the scope of DHHS, the service environment is greatly affected by the NDIS and there are ongoing challenges for the Department and people with disability in navigating the interfaces between the two systems.

Many people are currently receiving support from various DHHS programs or DHHS-funded programs, but there is little certainty or communication around what will happen after June 2019. DHHS has an important role in supporting the Victorian community to transition, and is undergoing many changes itself as a result of the NDIS.

There is an opportunity to add a fifth “Department outcomes framework domain” to the DAP, around transition to the NDIS. Our members have suggested this could include discussion of the many programs that are transitioning, and provisions for continuity of services. For example, there is concern funding for valuable services that help people with disability in local communities across Victoria (such as information services, community mental health services,¹ the State-wide Equipment Program (SWEP)² and the DHHS community building program³) is being transitioned to the NDIS and that these services will cease.

Measuring and reporting on progress

Measuring and reporting on progress was identified as a key opportunity for building on the current draft. Our members noted that the current framing of the actions in the draft does not lend itself to easy measurement, and there is little allowance for measurement of the indicators.

As an example, looking at Domain 1, the specified actions use language like “provide support”, “consult with people with disability”, “engage employees”, “increase online resources”, “work with key sector partners”, and “implement a range of reforms”. While these are all welcome and important steps, it is not clear what actions they would actually involve –for example, how will support be provided? How will people with disability be consulted or employees engaged? Additionally, without any benchmarking of the current state of play it will be very difficult to measure progress. In comparison, action 7.1 uses clear language and quantifies the number of customer interface locations to undergo Scope’s Communication Access accreditation program. This is a clear, measurable action for Year 1.

Introducing greater clarity, specificity, and measurability into the actions identified throughout the draft would help to target activity under the DAP, maintain momentum, and enable greater accountability. There is an opportunity to use the work that has already been undertaken by the Department around the State Disability Plan and the recently released 2017 annual report. Many of

¹ N Hancock, A Bresnan, J Smith-Merry, J Gilroy, I Yen and G Llewellyn. *NDIS and Psychosocial disability – the Victorian Story: Insights and Policy Recommendations from Expert Stakeholders*. 2018, Report prepared for Psychiatric Disability Services of Victoria and SalvoConnect.

² <https://services.dhhs.vic.gov.au/nodestatewide-equipment-program>

³ <https://services.dhhs.vic.gov.au/community-involvement-making-communities-more-inclusive>

the indicators in the draft DAP are aligned with State Disability Plan indicators, and so the measures identified in the annual report could also be used in the DAP.

In the current draft there is no commitment to report publicly on progress against the DAP. Annual updates to the DAP are mentioned, however there is limited information about the review process and how this would be publicly reported. We would welcome increased transparency around how progress will be measured and communicated back to people with disability in the community.

We note that the DAP refers to Section 38 of the *Disability Act 2006* (on page 10). Section 38.3 in the *Disability Act 2006* states that “a public sector body must report on the implementation of their Disability Action Plan in its annual report.” This should be noted in the monitoring and accountability section of the DAP and adopted by the Department.

We are pleased to see that “updates on the Disability Action Plan will be provided through departmental communication channels to maintain momentum and to ensure a continued focus on disability inclusion” (p.53), however it is not clear whether this will be internal or public communication. It is also not clear whether there will be opportunities for people with disability and the community to provide feedback on implementation and progress of the DAP, which would be welcomed by VCOSS and our members.

Victorians are connected to culture and the community

Communications and media

Members noted the importance of emphasising that media and imagery around people with disability should be positive and empowering, to reduce stigma around disability rather than reinforce stereotypes (regarding action 3.7, p.20).

Refugees

For this section, our members emphasised the importance of ensuring that services are culturally appropriate and that the refugee community is aware of and understands the services that are available. They noted that support should be provided to organisations working with people from refugee backgrounds to develop culturally appropriate and accessible services, as this can be a significant cost for community organisations.

Further detail around how DHHS will “work with key sector partners” would be welcomed (regarding action 4.1). For example, does this involve providing resources or training opportunities, networking, other forms of support, or all of the above?

Our members also noted that while a focus on refugees is important, there is an opportunity to include specific indicators and actions around services for other people with disability from culturally and linguistically diverse backgrounds.

Aboriginal self-determination

Access to the NDIS is not mentioned in this section, but Aboriginal and Torres Strait Islander people are currently underrepresented in the NDIS, and there is an opportunity for DHHS to support Aboriginal and Torres Strait Islander people in Victoria to engage with and access the Scheme. It is also important to ensure that DHHS is responsive to feedback from Aboriginal and Torres Strait Islander communities and that there is an avenue for communities to provide a response back to the Department.

Victorians are healthy and well

Health services

VCOSS and our members are pleased to see that a two-pronged approach has been taken to working with health services to improve opportunities and accessibility for people with disability – increasing employment of people with disability in the sector, and improving service delivery for people with disability.

We have several suggestions around potential additions to this section, which are outlined below.

The action areas identified in this section speak to the importance of working with health services to improve accessibility and inclusion, so we would suggest adding the following Departmental outcomes to this section:

- Services are appropriate and accessible in the right place, at the right time
- Services are safe, high quality and provide a positive experience.

Additionally, there could be an opportunity to include more specific indicators related to health services (for example, the percentage of Victorian health services with a Disability Action Plan in place). A quality standard could also be considered for Disability Action Plans in health services. Supporting the implementation of Disability Action Plans within health services (action 8.2) should also include the allocation of resources to assist effective implementation.

One of the key priorities around health and wellbeing identified through other VCOSS consultations is improving health services' and health professionals' knowledge and understanding of disability. We have heard many examples of situations in which people with disability had poor experiences, or experienced poor outcomes, because of a lack of sufficient understanding of disability in our health system. We would strongly support the addition of an action around DHHS working with health services and health professionals to improve their understanding of the diverse needs of people with disability.

The provision of community mental health services and other services for people with psychosocial disability was not discussed in this section or throughout the draft. This is a key concern for the sector as funding for community mental health services transitions into the NDIS, and we would welcome recognition of the importance of mental health services as part of increasing physical health and promoting health and wellbeing for Victorians with disability.

Finally, in several places throughout the draft our members noted the importance of intersections between DHHS' work, and that of other departments and agencies. In this section, members suggested DHHS could work with DEDJTR around access to transport for people with disability, as lack of (appropriate) transport can be a key barrier for people trying to access health services.

Health Promotion

In this section members noted that promoting good oral health for people living in community residential units is positive, but that work also needs to be done to improve access to dentists and reduce the dental waiting list (regarding action 9.1).

Housing

Our members stress that access to affordable and accessible housing is a key priority for Victorians with disability.

In addition to the housing estate renewal projects mentioned in action 13.1, we would like to see a commitment from DHHS to build more housing that is affordable and accessible for people with disability, and in areas where they can access their community. We note that the need to increase housing is acknowledged in the selected indicator for this section. We would also welcome the incorporation of platinum liveability standard into some properties as well.

Regarding action 13.2, while we recognise that quality of housing is very important, we note that the maintenance of existing housing stock is core business for DHHS, and not necessarily a specific action for the DAP.

Victorians are safe and secure

This section provides specific feedback around the indicators and action areas identified in Domain 3.

DHHS Community of Practice on Disability

VCOSS and our members welcome the development of a DHHS Community of Practice on Disability, and we see several suggestions to strengthen the language in action 14.1.

We note that the current language around this action area (“establish a Community of Practice...”) is quite narrow, and we would welcome increased scope regarding ongoing maintenance and promotion of the Community, and ensuring its work is effective. We note that action 14.1 is a Year 1 action only, and that therefore these activities may be foreseen for Years 2 and 3.

Currently this action is very internally focused, and we see an opportunity for the Community of Practice to increase engagement with the broader disability community and those with lived experience. This will support the Department’s efforts to achieve lasting culture change. To enable broader cultural changes, our members identified an opportunity for DHHS to champion this work across the Victorian Government and the community sector, not just within the Department.

Finally, it is not clear how this Community will relate to the VPS Enablers Network, and we would be interested to see further information on this point.

Family violence

Our members were pleased to see that family violence has been included as a key area in the DAP. This is another section where they identified an opportunity for DHHS to work with other departments and agencies (in this case, the Department of Justice and Regulation and Corrections Victoria) around improving service pathways and providing appropriate support for people with disability who have experienced and perpetrated family violence.

Regarding action 15.5, we understand this has already been achieved (and commend DHHS for this achievement). Our concern is that the Disability Family Violence Crisis Response Initiative is scheduled to cease when the NDIS roll-out in Victoria is complete (30 June 2019).⁴ However, the majority of people with disability will not be eligible for the NDIS and 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’

⁴ https://www.vic.gov.au/system/user_files/Documents/ndis/Responding-to-people-with-a-disability-experiencing-family-violence- April-2017.doc

interaction with other service systems.⁵ We would support DHHS to continue funding this important initiative after the roll-out of the NDIS is complete.

Disability safeguards

Numerous reviews and inquiries in recent years have highlighted the high levels of violence, abuse and neglect experienced by people with disability.⁶ The NDIS may help to address some of these issues, but it brings new challenges for safety and service quality. Our members noted that the current level of safeguards should be retained in Victoria, as a minimum. This was reflected in consultations for the Collaborative Systemic Disability Advocacy Project.

Additionally, we note that the only action in this section relates to the development of an online information hub. It is important to recognise that not everybody is able to access online information, for a variety of reasons. There may be opportunities to explore other ways of disseminating relevant information (such as working directly with services so they can provide clients with information about avenues for complaints and reporting, or accessing advocates).

There is also an opportunity in this section to reflect the Victorian Government's commitment to preventing violence and abuse against people with disability, by adding discussion of relevant actions from *Dignity, respect and safer services: Victoria's disability abuse prevention strategy*.⁷

Primary prevention of all forms of violence against women

Evidence shows that gender and disability-based discrimination can intersect and lead to greater risk of violence for women with disabilities,⁸ and we are pleased to see actions in the draft around the prevention of violence against women.

There is an opportunity to be more specific about the actions that will be taken to build capacity in the disability sector and in regional women's health services around this important issue. For example, will training sessions be delivered to regional women's health services? Will resources be developed and disseminated to organisations working in the disability sector? A greater level of detail here, as elsewhere in the draft, would assist with monitoring and accountability.

Additionally, our members noted the importance of changing the attitudes that underpin violence against women as part of primary prevention, including working with children and young people. There may be opportunities to work with others in this area that DHHS could explore (for example, working with Respect Victoria, the new prevention agency, or working with the Department of Education and Training around its Respectful Relationships program).

⁵ Every Australian Counts, *Fund It and Fix It: Survey results*, 2018; Victoria Legal Aid, *Explainer – the NDIS and the need for a provider of last resort*, webpage, 9 November 2017.

⁶ 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).

⁷ DHHS, *Dignity, respect and safer services: Victoria's disability abuse prevention strategy*, 2018.

⁸ 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.

There may also be an opportunity to collect data around the rates of interpersonal violence against women with disability in Victoria, as there is currently limited data available,⁹ and this would assist in defining the scale of the issue as well as measuring progress.

Parents and children with disability

VCOSS and our members welcome DHHS' work to improve connections between the child, youth and family services sector, the NDIS, and the disability community (actions 18.1 and 18.2).

Members noted that other sectors, such as housing and homelessness services, also need this support.

Our members also identified an opportunity in this section for DHHS to work with the Department of Justice and Regulation around youth and adult justice. At the moment people with disability are too often ending up in the justice system because other systems fail to provide appropriate support, and there is an opportunity for greater collaboration and investment in upstream responses.

Organisations stressed the importance of continuity for young people with disability across different services, including the NDIS, child protection, and youth justice. It is important that each party, including young people themselves, understands the roles and responsibilities of each agency and department. There is also an important role for advocates in helping young people navigate these interfaces.

Our members were interested to see the addition of action 19.1, but were not clear on what it would actually involve, or what it would mean for child and family services. Further information would be welcome, as we recognise there is an urgent need for the provision of appropriate crisis supports for people within and without the NDIS.

Improving the evidence base

VCOSS is pleased to see DHHS commit to using the Standard Disability Identifier (SDI) and embedding its collection into administrative datasets. This provides valued information and helps to identify gaps in access, which can be used by DHHS to plan and deliver more inclusive services.

Because this is such an important action, and is stated to be "a key priority of this disability action plan" (p.46), we see an opportunity for it to be embedded in the DAP as an indicator/action, rather than as a standalone box. Inclusion of the SDI in all DHHS administrative datasets could be an indicator across 2018-2020, with progressive actions listed for each year. For example, Year 1 actions could be a pilot, or introducing the SDI into a small number of datasets. Additional datasets could then be included in Years 2 and 3, so by 2020 each DHHS administrative dataset includes the SDI. Embedding the action in this way would reflect DHHS' prioritisation of this issue, and enable greater monitoring and accountability.

⁹ Women with Disabilities Australia, *Background paper for the National Symposium on Violence Against Women and Girls with Disabilities*, 25 October 2013. Available at http://www.stvp.org.au/documents/STVP%20Background%20Paper_FINAL.pdf, accessed 22 May 2017; 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.

Victorians have the capabilities to participate

This section provides specific feedback around the indicators and action areas identified in Domain 4.

Procurement

VCOSS and our members strongly support social procurement, and using government procurement practices to increase the employment of people with disability. There is an opportunity to include greater information in action 20.1 around the specific activities DHHS will undertake to support the implementation of the whole-of-government social procurement framework, as this is currently unclear.

Changing Places

VCOSS members are strongly supportive of this section of the DAP as the actions are tangible and have a significant impact on inclusion. Further information around some of the actions would be welcome – for example, how will DHHS “continue to promote the Changing Places concept across government and the private sector” (action 21.2)? Will this be through information on the intranet, briefing materials for staff, and/or through staff networks and development opportunities?

Our members noted that some accessible facilities in Victorian public spaces were built before the Changing Places standards were introduced, and as such are not considered to be Changing Places facilities, even though they are accessible. They noted that there is a potential role for DHHS to promote these facilities as well, as they are not currently included in databases/online maps (so people may not realise they are available and may be unnecessarily excluded from participating in certain activities or accessing certain places).

Voice and leadership

Our members noted that the action areas in this section focus more on indicator 4.4.2 (increase leadership opportunities), rather than indicator 4.4.1 (increase involvement in civic activities). Additional actions could be considered to increase civic engagement, for example, working with local government to support or deliver local community-building activities and work around social inclusion.

Regarding the current actions in this section, organisations emphasised the importance of ensuring people are given a meaningful voice at the table – this includes making sure they have the appropriate support they need to participate equally, and that the rest of the group will take their views on board.

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