VICTORIAN STATE DISABILITY PLAN 2013–2016

COMPANION DOCUMENT

State Government Victoria

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Throughout the Victorian state disability plan 2013–2016 the term Aboriginal refers to both Aboriginal and Torres Strait Islander people.

Aboriginal is used in preference to Indigenous; however Indigenous is retained when it is part of the title of a report or program.

The Victorian state disability plan 2013–2016: three documents

The **Victorian state disability plan 2013–2016** (the plan) is one of a suite of three documents:

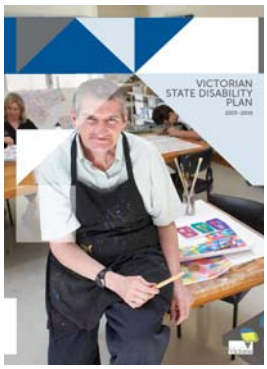
- the **Victorian state disability plan 2013–2016**
- the two-yearly implementation plans of the **Victorian state disability plan 2013–2016**
- the companion document to the **Victorian state disability plan 2013–2016.**

Together, these three documents describe the background to and thinking behind the whole-of-government, whole-of-community approach of the plan. They spell out in detail the actions that will be taken to achieve the plan's vision of:

An inclusive Victorian society that enables people with a disability, their families and carers to fulfil their potential as equal citizens.

The three documents are a resource for everyone in Victoria: across public and private sectors, not-for-profit organisations, communities and individuals. They act as a guide to the concerted effort that will be needed inside and outside the Victorian Government if the plan is to be successful.

Victorian state disability plan 2013–2016



The **Victorian state disability plan 2013–2016** articulates the government's view for the future and sets a clear direction for the next four years.

At the centre of the plan is the framework, which outlines the vision and principles of the plan, the long-term goals, shorter-term outcomes and four-year strategies that guide the two-yearly implementation plans.

The plan describes how we will monitor our progress and the results of our actions, allowing us to make adjustments if needed and enabling greater transparency and accountability.

Two-yearly implementation plans

The implementation plans contain the concrete actions that will be taken in each two-year period of the **Victorian state disability plan 2013–2016**.

The first implementation plan will run from 1 January 2013 to 31 December 2014. At the end of the first plan, the second implementation plan will be released and will cover the years 2015 and 2016.

Renewing the implementation plans every two years gives us flexibility to respond to changing needs and to the results of monitoring.

Companion document

The companion document provides the context for the plan. It maps the relationships between this plan and other government policies, gives a statistical snapshot of Victorians with a disability, their families and carers, and summarises the results of our consultations on the draft plan.

All three documents can be downloaded from the Department of Human Services website at: www.dhs.vic.gov.au.

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Overview of the companion document

Structure

The **Victorian state disability plan 2013–2016: companion document** has three sections.

The first section shows how the **Victorian state disability plan 2013–2016** is situated within a network of obligations, legislative requirements and a range of Commonwealth and state government policies that work across the spectrum of areas relevant to people with a disability, their families and carers.

For instance, the plan links directly to higher level initiatives such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the **National disability strategy 2010–2020** and the **Disability Act 2006**. It complements others, such as national and state-based Aboriginal, violence and mental health frameworks and system reforms.

The second section is an outline of the key demographics and current status of people with a disability, their family and carers in Victoria that provides a statistical context for the whole-of-government, whole-of-community approach of the **Victorian state disability plan 2013–2016**.

The third section is a summary of the feedback from the consultation on the **Draft Victorian state disability plan 2013–2016** held from 4 June to 11 July 2012.

Feedback was received from a broad range of stakeholders including people with a disability, their families and carers, staff from the disability sector, mainstream service providers, local councils, state government and advocacy organisations.

Section one: Policy linkages

The **Victorian state disability plan 2013–2016** is linked to a range of international, national and state-level requirements, obligations and policy initiatives. The plan is in some cases a vehicle for meeting obligations, such as those in the United Nations Convention on the Rights of Persons with Disabilities and the **National disability strategy 2010–2020** and in other cases works together with policies that have complementary goals, such as the Victorian Indigenous Affairs Framework.

United Nations Convention on the Rights of Persons with Disabilities

In 2008, Australia signed up to the United Nations Convention on the Rights of Persons with Disabilities– a rights-based approach that provides more choice, control and independence for people with a disability. The **Victorian state disability plan 2013–2016** assists Victoria to meet its obligations as a signatory to the UNCRPD.

Victorian Disability Act 2006

The **Victorian state disability plan 2013–2016** is a requirement under the **Victorian Disability Act 2006**.

The Disability Act focuses on enabling people with a disability to more actively participate in the life of the community, an approach closely aligned to that of the **Victorian state disability plan 2013–2016**.

People who are eligible for services as defined in the Disability Act are a focus of the **Victorian state disability plan 2013–2016** throughout and particularly in the continuing reforms to the specialist disability services system.

National disability strategy 2010–2020

The Council of Australian Governments' national strategy has been endorsed by the federal and all state and territory governments. It is a national approach to enabling people with a disability to fulfil their potential and participate as equal citizens in society.

The National disability strategy 2010-2020 has a strong focus on making the mainstream system more responsive to people with a disability and their families and carers. The **Victorian state disability plan 2013–2016** describes how Victoria will put the national strategy into practice.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) represents a once in a generation reform which will benefit all Australians. The NDIS aims to give greater certainty of support to people with disability, their families and carers into the future. A NDIS fully implemented along the lines of the productivity commission's recommendations would provide lifelong support for eligible people who have a severe and profound disability.

Victoria's Barwon area, covering the City of Greater Geelong, the Surf Coast Shire, the Borough of Queenscliffe and the Colac-Otway Shire, is one of the first launch sites for a National Disability Insurance Scheme (NDIS). From 1 July 2013, people with disability in the Barwon area will start to

have their needs assessed and will begin receiving reasonable and necessary care and support under the NDIS. These supports will be tailored to the goals and needs of the individual, with the person with disability at the centre of the planning process.

The vision, principles and goals of the **Victorian state disability plan 2013–2016** align with the stated aims of an NDIS. The reforms to the service system in the **Victorian state disability plan 2013–2016** enable greater choice and control and better access to the mainstream for eligible people with a disability, and will complement the proposed reforms under an NDIS.

Disability Discrimination Act 1992

The **Disability Discrimination Act 1992** became Commonwealth law in 1992. It makes it illegal to discriminate in areas such as employment, education, access to premises and provision of goods and services against someone if they have a disability.

The **Victorian state disability plan 2013–2016** supports the Disability Discrimination Act by lessening, preventing or removing barriers to participation across areas of everyday life.

Victorian Charter of Human Rights and Responsibilities Act 2006

The **Victorian Charter of Human Rights and Responsibilities Act 2006** (the Charter Act) became law on 25 July 2006. The preamble to the Charter Act outlines its founding principles, recognising that all people are born free and equal in dignity and rights.

The Charter Act aims to ensure human rights are valued and protected within government and the community. The **Victorian state disability plan 2013–2016** has a strong focus on upholding rights, compatible with the Charter.

Carers Recognition Act 2012

The purpose of the **Carers Recognition Act 2012** is to recognise, promote and value the role of carers and care relationships. The Carers Recognition Act is based on eleven principles that organisations must consider when developing policies and providing services. The Carers Recognition Act aims to raise the profile of people in care relationships in the community and ensure that carers can be appropriately involved in the treatment of and planning for, the people for whom they care.

The **Victorian state disability plan 2013–2016** recognises that, family relationships are generally characterised by interdependence, care and support of one another, but the role of the family carer of a person with a disability can go well beyond typical family support. Sometimes the caring role becomes a source of stress and can lead to poor outcomes for the whole family. The plan supports the legitimate and positive involvement of the family carer directly. In addition, the benefits brought to people with a disability by the **Victorian state disability plan 2013–2016** will reduce the burden on family carers.

Victorian Aboriginal Affairs Framework 2013–2018

The Victorian Aboriginal Affairs Framework (VAAF) 2013–2018 sets priorities, achievable outcomes and a strategic reform agenda for the next 6 years. It continues a whole-of-government outcomes framework for driving policy, service system and programmatic responses across the government and Victorian communities. The VAAF recognises that clear governance, better coordination and strong cooperation are critical to delivering effective and measurable improvements in outcomes.

The VAAF contains a number of indicators with associated targets as well as a commitment to monitor a number of key indicators. This includes a commitment to monitor the proportion of Aboriginal people with a disability receiving disability services. As such, there is a consistency between the VAAF and the **Victorian State Disability Plan 2013–2016** to improve outcomes for Victorian Aboriginal peoples.

Reform of the Mental Health Act 1986

The reform of the **Mental Health Act 1986** aims to:

- establish a contemporary legal framework for compulsory mental health treatment by repealing the Act and replacing it with modernised legislation
- deliver a patient-centred, rights-based, least restrictive and recovery-focused approach to treatment for people with mental illness
- establish supported decision making to ensure patients have a greater opportunity and support to participate in treatment decisions
- minimise the use and reduce the duration of compulsory treatment.

The aims and objectives of the reform of the Mental Health Act reflect the objectives of the **Victorian state disability plan 2013–2016**, which focuses on the rights of the person to make decisions about how they want to live their life.

Victoria's Action Plan to Address Violence against Women and Children

The central tenet of **Victoria's Action Plan to Address Violence against Women and Children** is that violence against women and children in any form, in any circumstance and in any community is unacceptable.

The plan reflects the Victorian Government's commitment to preventing violence happening, holding perpetrators to account for their actions and providing support to women and children who experience violence. Within the plan, women with disabilities are recognised as one of the most vulnerable groups of women and are included in relevant initiatives.

The Action Plan engages a range of Government areas and will also be driven through partnerships with community sector organisations.

Seniors

The **Elder abuse prevention and response guidelines for action 2012–2014** focus on protecting the health and wellbeing of older Victorians through:

- increased community awareness of elder abuse

- empowerment of older people through the increased awareness of their legal, financial and societal rights and the provision of advice on protective measures
- active engagement by professionals through increased capacity to identify and respond to elder abuse
- coordinated multi-agency support provided by relevant services to older people experiencing elder abuse.

Services Connect

The Victorian Government's new human services system connects services around the needs of individuals and families with the long-term aim of reducing disadvantage in Victoria.

Services Connect builds on the strengths of the existing system while working to make the change from a traditional welfare approach to a more personalised and holistic response centred on the individual and their economic and social connections and opportunities.

Services Connect will provide different levels of support, with the flexibility to alter the level of support as people's circumstances change, so that we can better respond to need and can target resources more effectively.

Five principles underpin the new system:

1. People are at the centre of everything we do.
2. People in need should have access to the right support, provided in a cost-effective way.
3. All parts of the human services system should work together.
4. A skilled workforce is key to a more integrated system and to better client outcomes.
5. Victorians who access our services will be valued, respected and treated fairly at all times.

Section two: Statistical context

Key points

- In 2009 Victoria had an estimated population of around 5.4 million people, of which an estimated one million, or 18 per cent of the population were people with a disability.[1]
- The rate of disability for Aboriginal Victorians in 2008 (46.3 per cent) was over twice that of the general Victorian population in 2009.[2]
- People from culturally and linguistically diverse (CALD) communities are slightly more likely to have a disability than other Victorians (22 per cent compared with 18 per cent in the general population).[3]
- People with a disability are likely to leave school earlier than their peers without a disability. In 2009 the highest level of educational attainment of an estimated 26 per cent of Victorians aged 15 to 64 with a disability or long-term health condition was completion of year 10 or below, compared with 18 per cent of people in the same age group without a disability or long-term health condition.[4]
- In 2009 an estimated 36 per cent of all people with a disability Australia-wide owned homes with mortgages compared with 45 per cent of people without a disability.[5]
- In 2007–08 an estimated 43 per cent of Australians with a severe or profound core activity limitation reported moderate and high or very high distress levels, compared with 6 per cent of Australians with no disability.[6]
- In 2011, 42 per cent of male prisoners and 33 per cent of female prisoners who completed a comprehensive assessment as part of a study in Victorian prisons had an acquired brain injury, this compares with 2% of people with an ABI in the general population.[7]
- In Victoria in 2009 an estimated 26 per cent of people with a profound core activity limitation used a computer in the previous 12 months, compared with 76 per cent of people without a disability.[8]
- In 2009 an estimated 48 per cent of Victorians aged 15 to 64 with a disability were employed compared with 78 per cent of Victorians without a disability.[9]
- In Victoria in 2009 the estimated median income of people with a disability was $305 gross per week, compared with $592 for people without a disability.[10]
- In 2009 an estimated 29 per cent of people with a profound or severe disability in Victoria reported that they could not access public transport, and 16 per cent reported that they could access some but not all forms of public transport.[11]
- In 2009 an estimated 40 per cent of primary carers were engaged in the labour force compared with 64 per cent of Victorians who are not carers.[12]

Background

The statistical outline of the current status of people with a disability, their family and carers draws on the most reliable, comparable and valid statistical data that is readily available. It is not intended as a comprehensive or detailed analysis of the circumstances of people with a disability in Victoria.

Where possible, data on Victorians with a disability is compared with that of Victorians who do not have a disability. When Victorian data is not readily available, the companion document draws on Australian data, if it can be extrapolated to Victoria.

The data in the companion document confirms that people with a disability are a diverse group with differing needs that may change over time, and also that all people with a disability are vulnerable to disadvantage across all domains of life and in all stages of life.

Sources of information

The main sources of information used in the companion document are:

- the Australian Bureau of Statistics (ABS) **Survey of disability, ageing and carers 2009**
- the ABS **Census of population and housing 2006**
- the ABS **General social survey 2010**
- service data collected and reported by government departments, including data collected by state-funded disability services
- research reports from the Australian Institute of Health and Welfare, based on the above data
- other research reports when data is not available from the above.

Qualitative data is not used in the companion document. It was, however, used extensively to inform the **Victorian state disability plan 2013–2016** and implementation planning in order to reflect the complex and differentiated social reality of everyday life for people with a disability, their families and carers. Leisure

Data limitations

Comparability between and across data sources

Each of the sources of information used in the companion document was developed for a different purpose, which determines the definition of disability used and how the data was collected. Because of these variations, it is often not possible to directly compare data from one source with data from another. In addition, surveys can be revised from one year to the next so that it is sometimes not possible to directly compare data from the same source from one year to the next.

Gaps

There are gaps in the existing data on disability, so that a full picture is not possible using even the most reliable data sources.

People with a disability in Victoria

How people with a disability are counted

The Australian Bureau of Statistics **Survey of disability, ageing and carers** (SDAC) is the official estimate of the number of people with a disability in Victoria and is the major source of statistics on carers. The most recent SDAC survey was undertaken in 2009.

Figure 1 gives the definitions of disability used in the SDAC 2009 and the associated prevalence estimates for Victoria.

The SDAC does not estimate the number of people living in Aboriginal communities or very remote areas.

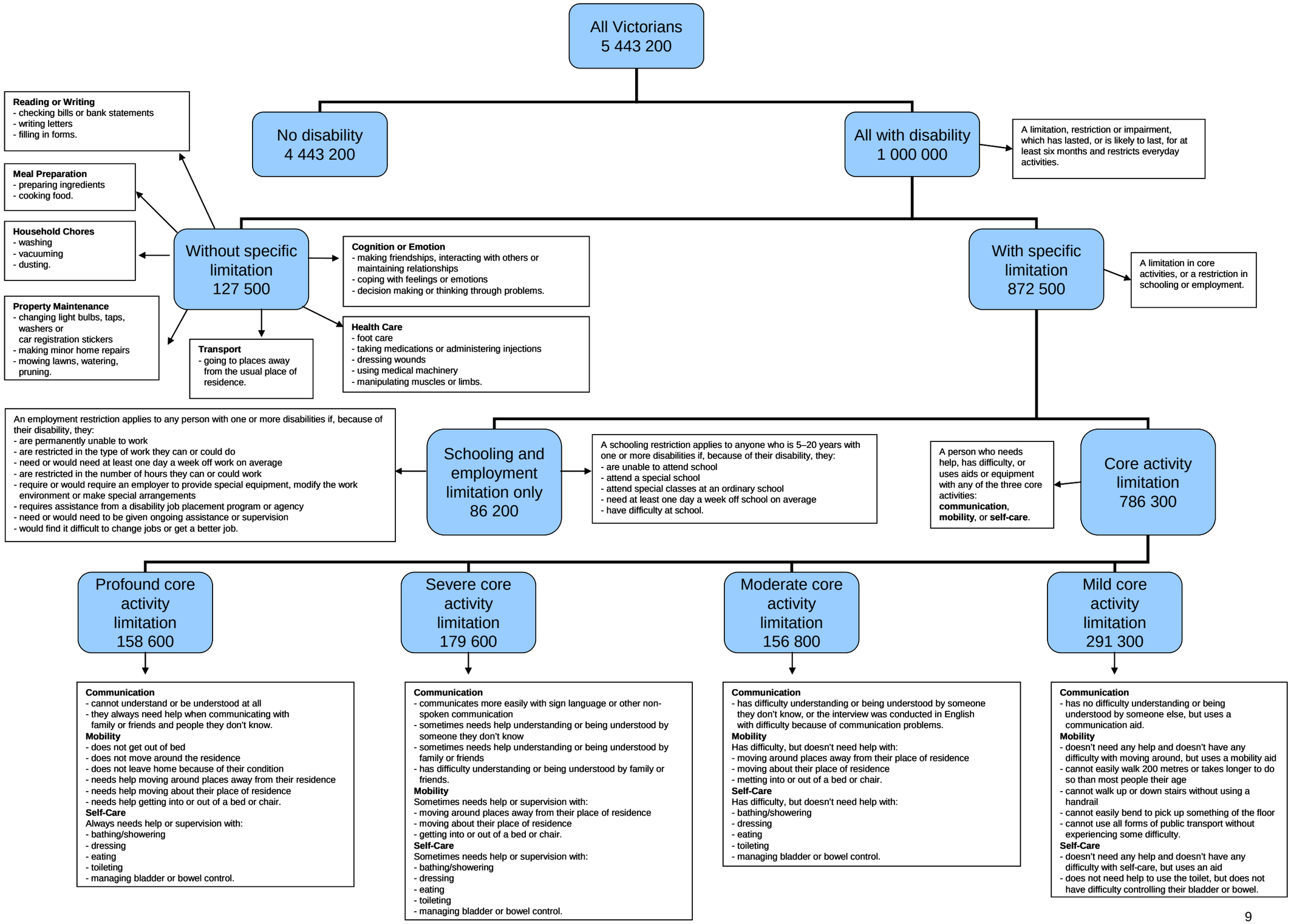
Other sources of data are referred to in this section. They often use a different definition of disability from that in the SDAC. Where other data is used, a reference is given to the definition applying in that case.

The Australian Bureau of Statistics' **Census of population and housing** (the census) defines disability by asking a series of questions on self-care, communications or mobility.

The questions asked in the SDAC are more detailed and result in a broader definition of disability, covering more people than that in the census. In the census, the population of people with a core activity limitation is the same as the SDAC population of people with a profound and severe disability.

Service data presented later in this document gives the number of people who receive services, not people who are eligible for services. People who may be eligible for services under the NDIS are not presented in Figure 1.

Figure 1: Estimated number of people with a disability in Victoria as defined within the **Survey of disability ageing and carers 2009**

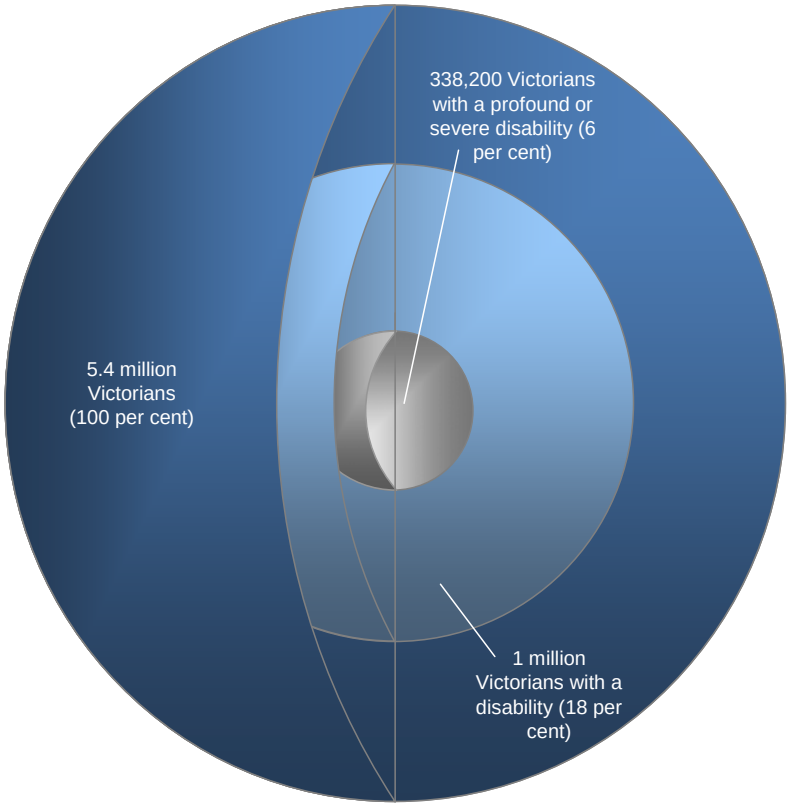


Demographics

Prevalence and trends

In 2009 Victoria had an estimated population of around 5.4 million people, of which an estimated one million, or 18 per cent of the population, were people with a disability as defined by the **Survey of Disability Aging and Carers** (Figure 2).[13]

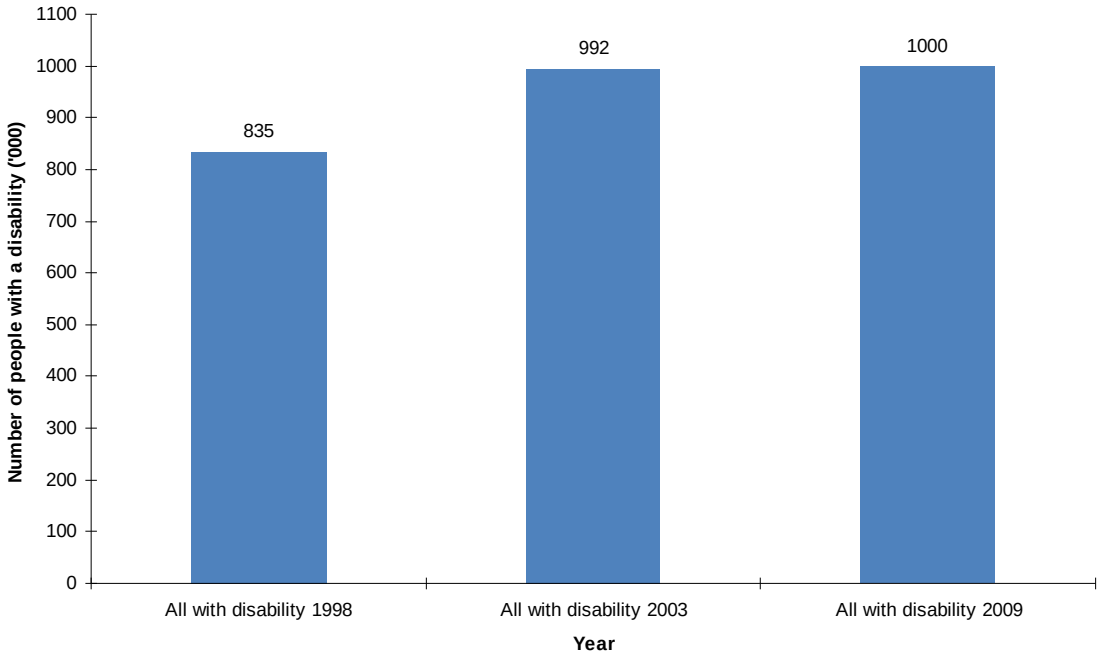
Figure 2: Diagram representing population of people with a disability in Victoria



Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

Figure 3 shows there was a lower rate of increase in the estimated population of people with a disability between 2003 and 2009.[14, 15] The Australian Bureau of Statistics suggests that this could be due to a decrease in the proportion of people with physical conditions, such as musculoskeletal conditions (for example back pain) and asthma.[16]

Figure 3: Trend in estimated number of Victorians with a disability 1998–2009



Source: Australian Bureau of Statistics 2010, **Disability, ageing and carers, Australia: summary of findings**, cat. no. 4330.0, ABS, Canberra.

Age and sex differences

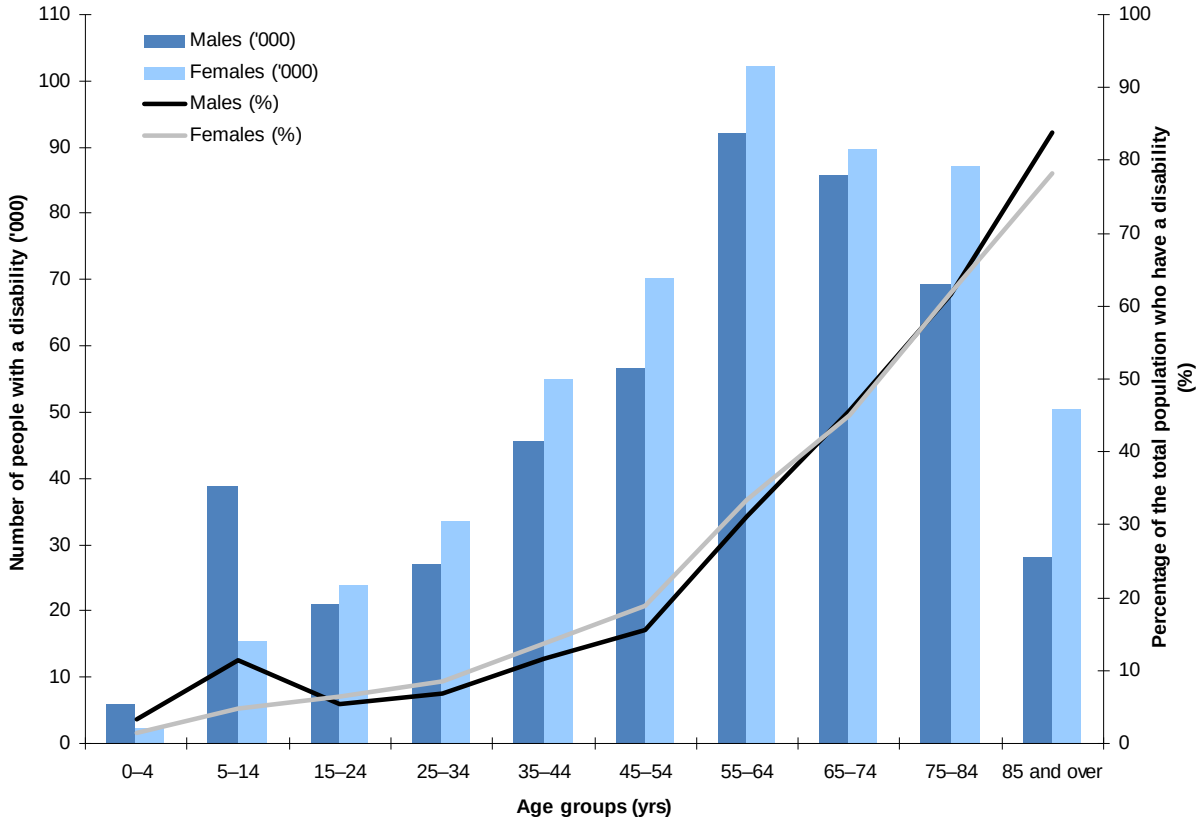
Figure 4 shows the age and sex differences in the number and percentage of people with a disability. The columns show the number of males and females with a disability, the line shows this as a percentage of the total population.

Apart from a peak in boys aged 5–14 years, disability rates were below 10 per cent among people aged less than 35 years, before climbing gradually throughout middle age.[17]

After 50 years of age the prevalence of disability rose considerably, from 20 per cent in the 45–54-years age group to more than 80 per cent among people aged 85 years or over.[18]

There was a higher estimated number of women with a disability across age ranges, except for the 0–4 and 5–14-year-old age group.[19] There is, overall, little difference in rates of disability between the sexes.

Figure 4: Estimated number and percentage of male and female Victorians with a disability in 2009



Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

Diversity

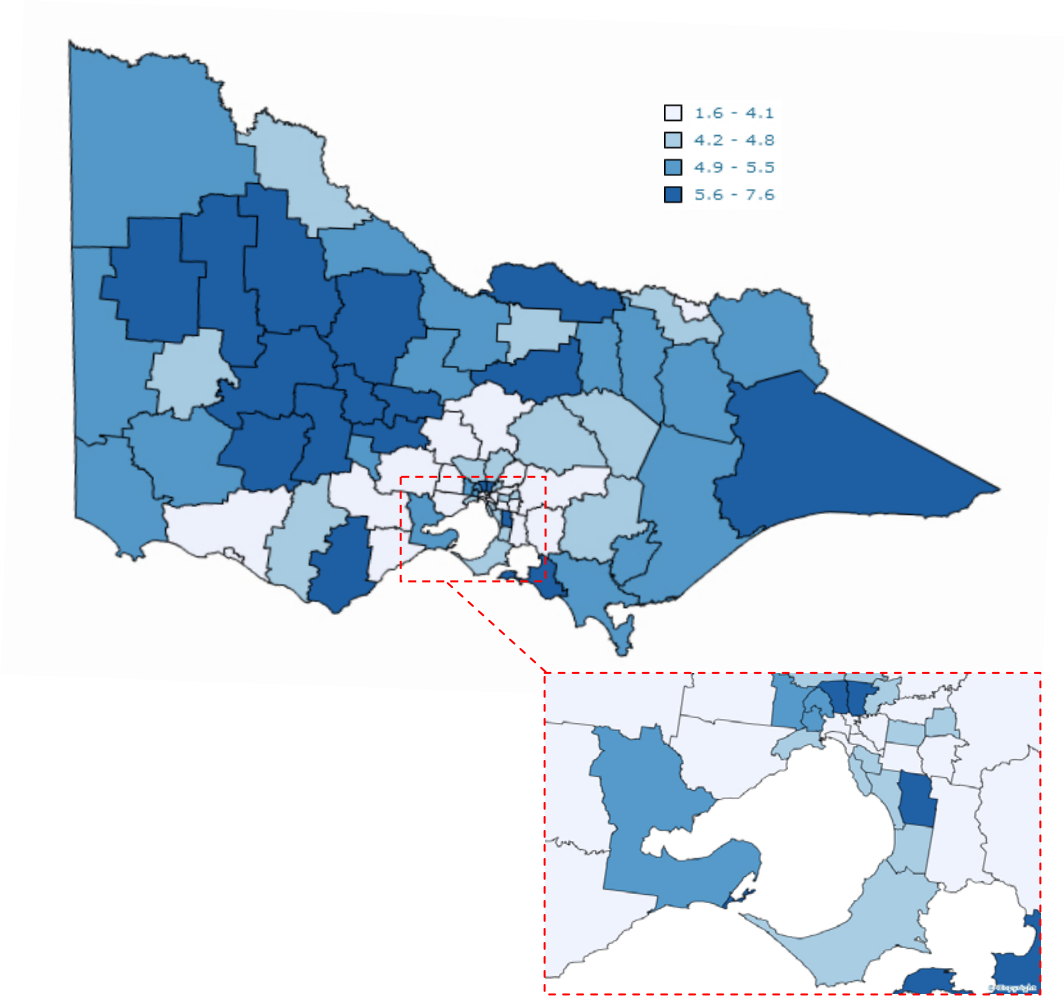
The rate of disability for Aboriginal Victorians in 2008 (46 per cent) was over twice that of the general Victorian population in 2009 (18 per cent).[20]

People from culturally and linguistically diverse (CALD) communities are slightly more likely to have a disability than other Victorians (22 per cent compared with 18 per cent in the general population).[21]

Geographic distribution

Distribution of people with a disability is not consistent across Victoria (Figure 5). The proportion of all people with a disability is higher in rural and regional Victoria (22 per cent) than in the major cities (17 per cent).[22] The same trend applies for people with the need for assistance with a core activity, which is 4.3 per cent in metropolitan Melbourne, compared with 5 per cent outside Melbourne.[23]

Figure 5: Map of percentage of Victorian population reporting a core need for assistance in 2007.



Source: Australian Bureau of Statistics 2007, 'Core activity need for assistance by age by sex', table b17, **Census of population and housing, basic community profile: Victoria STE2**, cat. no. 2001.0, ABS, Canberra.

Education and learning

Education is the foundation on which many other freedoms and rights are built. Without education, people may not be able to fulfil their potential, to contribute meaningfully to society and gain employment.

Education provides the knowledge and the means for people to advocate for themselves, their families and their communities, and to take more control of their daily lives and their future.

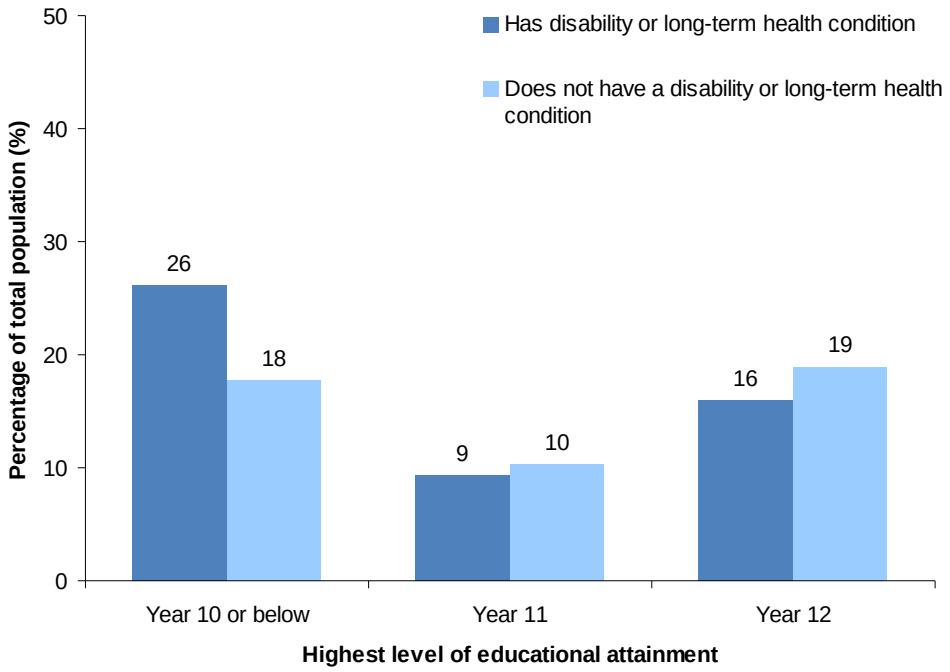
For many people with a disability, adult education or opportunities for lifelong learning are especially important. For instance, people who have a lifelong or acquired learning difficulty may need ongoing retraining of skills.

Participation at school

People with a disability are likely to leave school earlier than their peers without a disability. Figure 6 shows that in 2009 the highest level of educational attainment of an estimated 26 per cent of Victorians aged 15 to 64 with a disability or long-term health condition was completion of year 10 or below, compared with 18 per cent of people in the same age group without a disability or long-term health condition.[24]

In 2012, there were 76 specialist schools in Victoria attended by 45 per cent of students with a disability in Victoria.[25] The remaining 55 per cent attended mainstream schools.

Figure 6: Estimated highest level of educational attainment by population subgroup in Victoria in 2009.

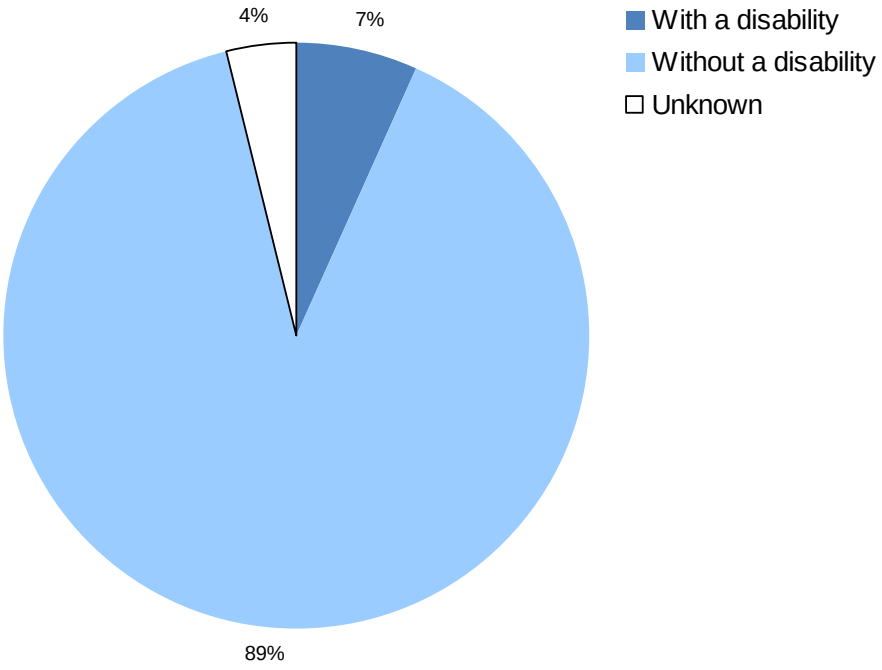


Source: Australian Bureau of Statistics 2010, **Survey of education training and experience 2009: Victorian tables**, cat. no. 6278.0.55, ABS, Canberra.

Participation in vocational education and training

Figure 7 shows that 7 per cent of vocational education and training (VET) students in Victoria in 2010 reported having a disability.[26]

Figure 7: Students with a disability participating in VET programs in Victoria in 2010

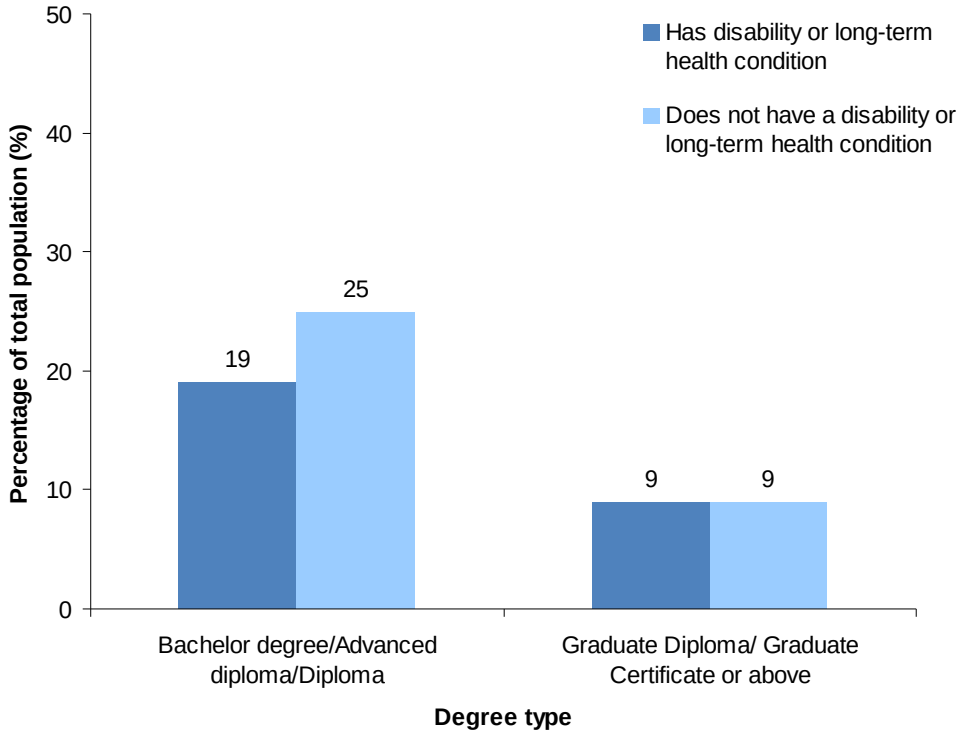


Source: National Centre for Vocation Education Research 2012, **Students and courses 2011**, NCVER, Adelaide.

Completion of university education

Figure 8 shows that an estimated 19 per cent of Victorians with a disability or long-term health condition have a bachelor degree or above; compared with 25 per cent of people without a disability or long-term health condition.[27]

Figure 8: Estimated rates of higher education completion by disability status



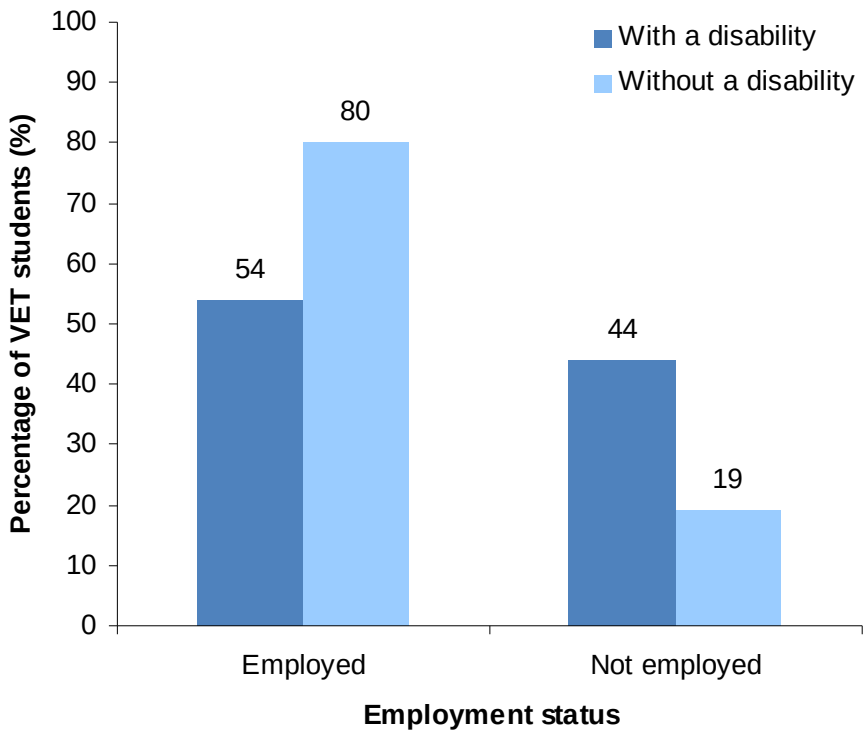
Source: Australian Bureau of Statistics 2010, **Survey of education training and experience 2009: state and territory tables**, cat. no. 6278.0.55, ABS, Canberra.

Education outcomes

There is very little available data on education outcomes for students with a disability.

Based on the National Centre for Vocation Education Research (NCVER) **Student outcomes survey 2012** an estimated 54 per cent of students with a disability attained employment after training, compared with 80 per cent of students without a disability (Figure 9).[28]

Figure 9: Estimated employment after training of VET students with and without a disability



Source: National Centre for Vocation and Education Research 2012, **Student outcomes survey 2012**, NCVER, Adelaide.

Housing

Housing is critical to achieving other important life goals, such as maintaining relationships, staying healthy, getting an education and gaining employment.

Home ownership

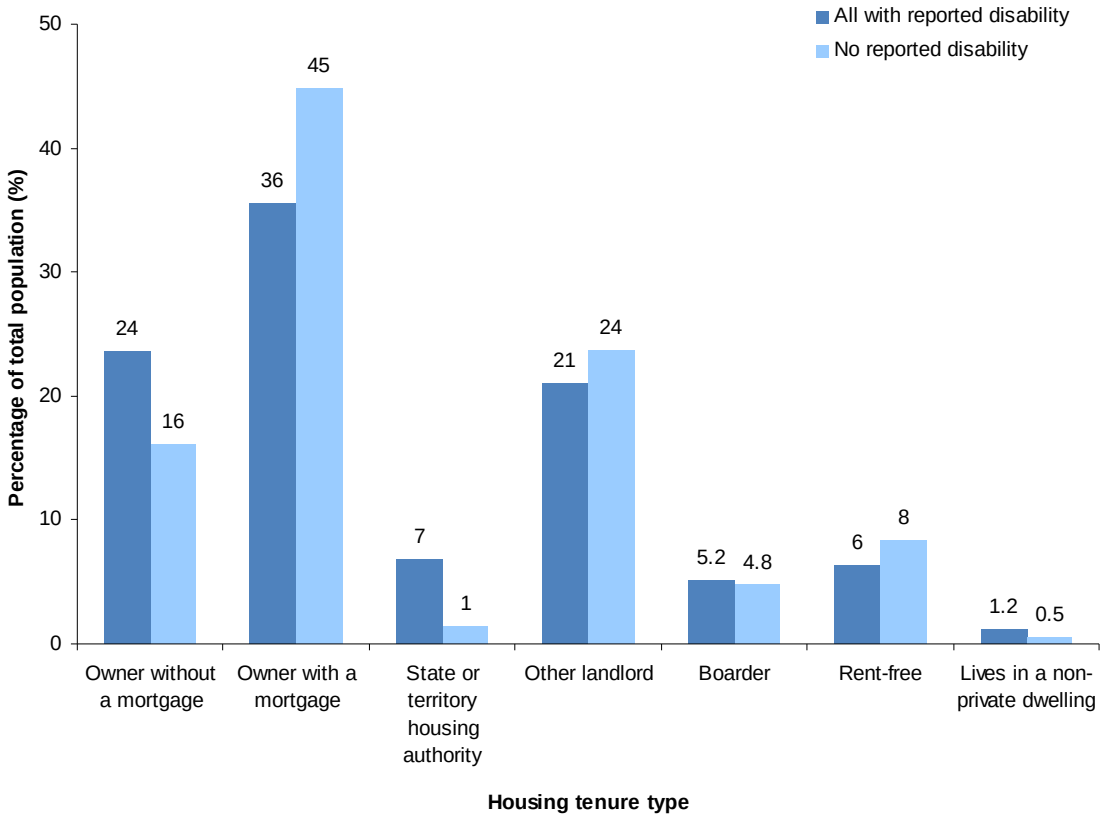
In 2009 an estimated 36 per cent of all people with a disability Australia-wide owned homes with mortgages compared with 45 per cent of people without a disability (Figure 10).[29]

Renting and boarding

In Victoria in 2009, 28 per cent of people with a disability lived in rented accommodation, compared with 25 per cent of people without a disability (Figure 10).[30]

Figure 10 shows that in 2009, 7 per cent of Victorians with a disability rented from a state housing authority compared with 1 per cent of people without a disability.[31]

Figure 10: Estimated proportion of people's housing tenure type by population subgroup in Victoria in 2009



Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

In 2009, an estimated 12 per cent of Victorians with profound core activity limitation lived as boarders, compared with 5 per cent of people with no reported disability, and 18 per cent of Victorians lived rent-free compared with 8 percent of people with no reported disability.[32]

Supported accommodation

In Victoria in 2009, an estimated 1 per cent of people with a disability lived in a non-private dwelling, such as a group home.[33]

Homelessness

Research conducted under the National Homelessness Research Agenda found that homelessness is more prevalent among the population of Australians with a disability.[34] However, there is no reliable information regarding homelessness among the Victorian population of people with a disability. Homelessness Australia have drawn attention to the fact that more detailed data is needed with respect to disability and homelessness to understand how supports can be better delivered.

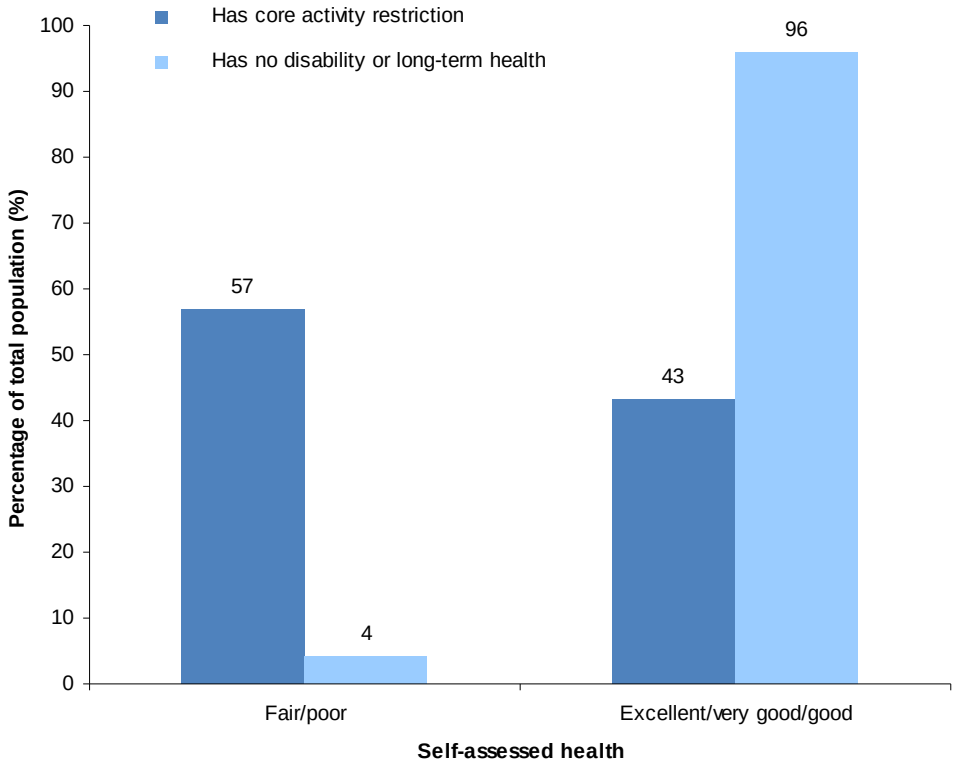
Health and wellbeing

It is important that people with a disability attain the highest possible health and wellbeing outcomes throughout their lives.

Self-assessed health

Figure 11 shows that in 2010, an estimated 43 per cent of Australians with a core activity limitation rated their health as excellent/very good or good and 57 per cent as fair or poor, compared with 96 per cent and 4 per cent respectively of Australians without a disability.[35]

Figure 11: Estimates of self-assessed health status by population subgroup in Victoria in 2010

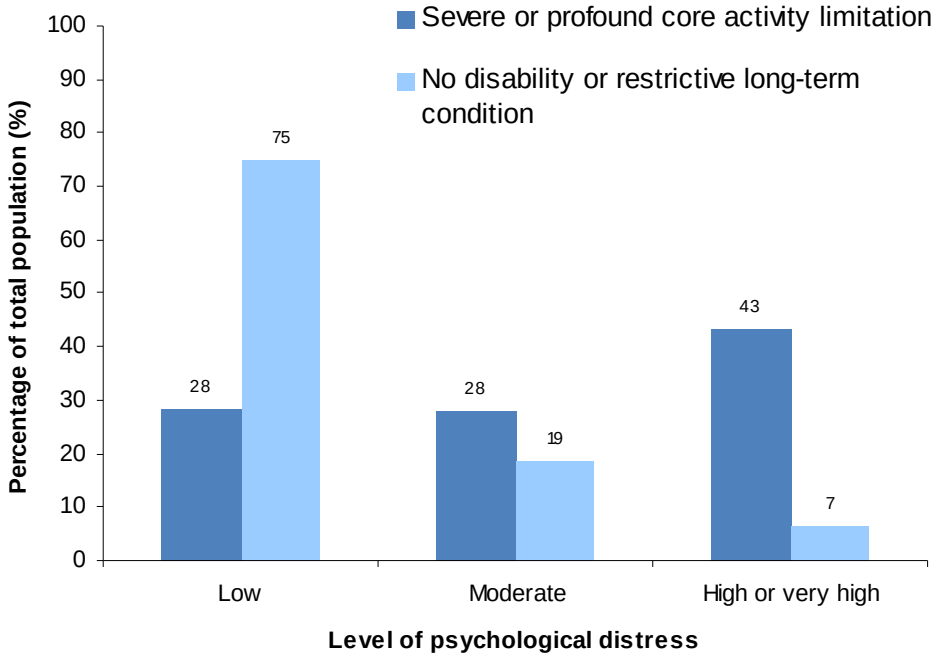


Source: Australian Bureau of Statistics 2012, **General social survey: Victoria 2010**, cat. no. 4159.05, ABS, Canberra.

Wellbeing

In 2007–08, an estimated 43 per cent of Australians with a severe or profound core activity limitation reported moderate and high or very high distress levels, compared with 6 per cent of Australians with no disability (Figure 12).[36]

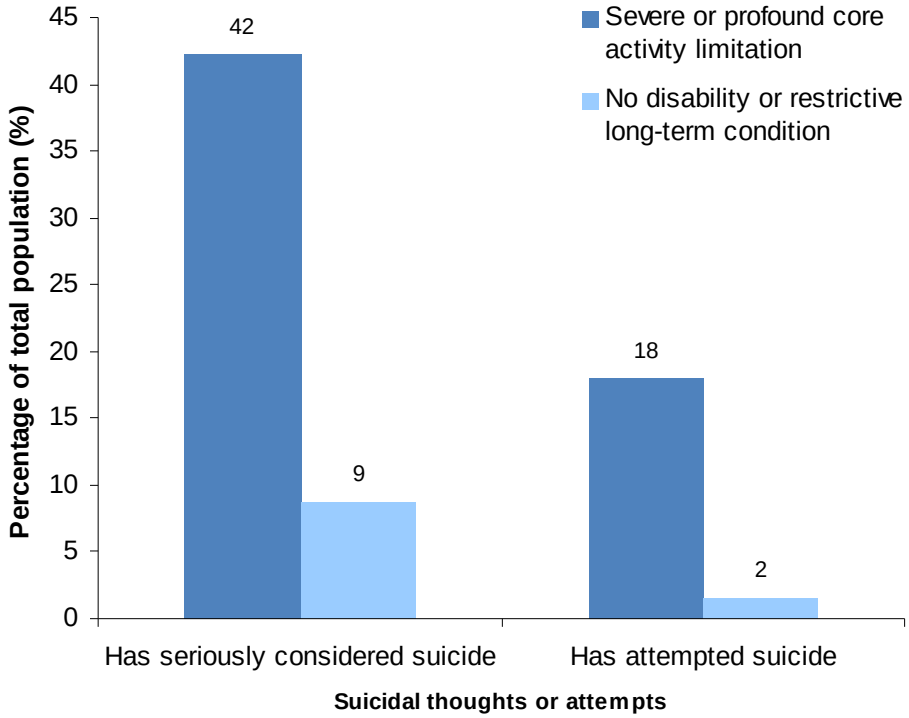
Figure 12: Estimated percentage of total population's level of psychological distress by population subgroup Australia-wide in 2007–08



Source: Australian Institute of Health and Welfare 2010, **Health of Australians with disability: health status and risk factors**, bulletin no. 83, cat. no. AUS 132, AIHW, Canberra.

Figure 13 shows that in 2007–08, an estimated 43 per cent of Australians with a severe or profound core activity limitation had seriously considered and 18 per cent attempted suicide, compared with an estimated 9 per cent and 2 per cent respectively of Australians with no disability.[37]

Figure 13: Estimated percentage of total population with suicidal thoughts and attempts by population subgroup Australia-wide in 2007–08



Source: Australian Institute of Health and Welfare 2010, **Health of Australians with disability: health status and risk factors**, bulletin no. 83, cat. no. AUS 132, AIHW, Canberra.

Lifestyle indicators

In 2007–08, Australians with a severe or profound core activity limitation, when compared with people with no disability, were:

- more likely to be overweight or obese – an estimated 69 per cent compared with 58 per cent of people without a disability[38]
- less likely to exercise – an estimated 43 per cent compared with 31 per cent of people without a disability[39]
- more likely to smoke cigarettes daily – an estimated 31 per cent compared with 18 per cent of people without a disability.[40]

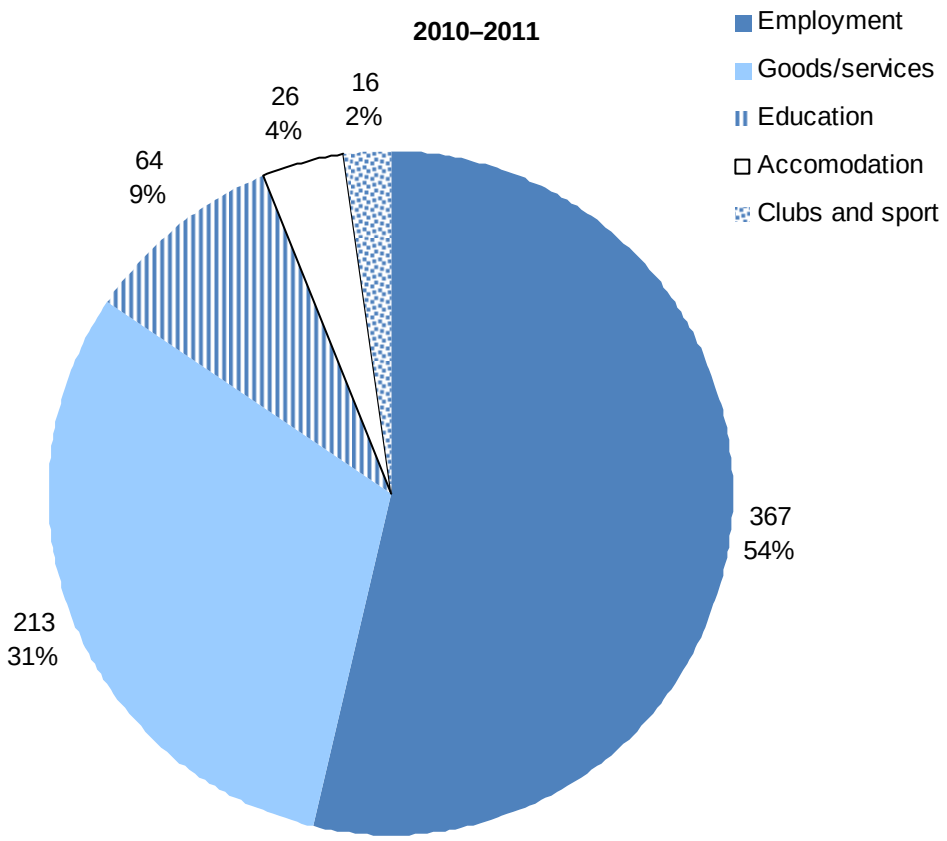
Rights and justice

Discrimination

In 2010–11, the proportion of complaints of discrimination based on disability/impairment to the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) was approximately 20 per cent.

Figure 14 shows that the highest areas of complaint based on disability/impairment were employment and goods/services.[41]

Figure 14: Areas of complaints to the VEOHRC by people with disability/impairment



Source: Victorian Equal Opportunity and Human Rights Commission 2010, **Equal Opportunity and Human Rights Commission annual report 2010–11**, State Government of Victoria, Melbourne.

In 2009–10, the most common area of complaint under the Disability Discrimination Act was goods, services and facilities (865 complaints) followed by employment (859 complaints).[42] The Human Rights and Equal Opportunities Commission reports that discrimination occurs in all stages of gaining employment, including in applying for work, the recruitment process, undertaking a role and workplace culture.[43]

Involvement in the criminal justice system

A 2011 Victorian study found that 42% of male prisoners and 33% of female prisoners of the sample who had completed a comprehensive assessment had an acquired brain injury (ABI), though the ABI was mostly mild in nature; this compares with 2% of people with an ABI in the general population.[44]

Prisoners are more likely to have mental health problems than other members of the community and significantly more likely to have a serious mental illness such as schizophrenic illness or major depression.[45]

A study by the Victorian Department of Justice in 2007 found that a different approach was required to better address the needs of prisoners with an intellectual disability; for example, this group had greater difficulties in securing appropriate accommodation upon release.[46]

Community participation

Feeling safe

In Victoria, in 2009, an estimated 27 per cent of people with a core activity limitation reported feeling safe or very safe walking alone in their local area after dark, compared with 58 per cent of people without a disability.[47]

Accessible information and communication

Access to information and communication technologies can be an important means to connect with other people. However, computer and internet use is lower among people with a disability compared with people without a disability.

In 2009 in Victoria, it was estimated that 26 per cent of people with a profound core activity limitation used a computer in the previous 12 months, compared with 76 per cent of people without a disability. Also, it was estimated that 20 per cent of people with a profound core activity limitation used the internet in the previous 12 months compared with 65 per cent of people without a disability.[48]

Economic security

Employment

Australia-wide in 2009, 69 per cent of people with a disability had one or more specific employment restrictions. Of these, 27 per cent were permanently unable to work.[49]

In 2009, an estimated 48 per cent of Victorians aged 15 to 64 with a disability were employed compared with 78 per cent of Victorians without a disability.[50]

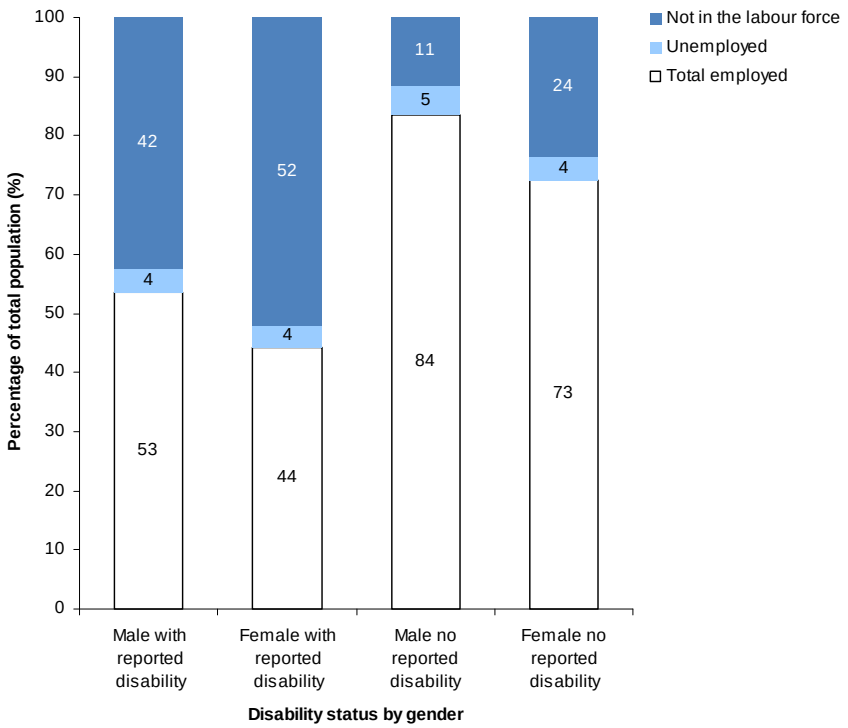
Figure 15 shows the labour force by disability and sex in Victoria in 2009. The labour force is made up of people who are employed and people who are looking for work.

The disparity in labour force participation between people with a disability and people without a disability is 30 per cent.[51]

The disparity in labour force participation between men and women with a disability is 10 per cent, which is smaller than that between men and women without a disability, which is 12 per cent. [52]

Over time the labour force participation rate for people with a disability has been increasing at a lower rate than that of people without a disability. From 1998 to 2009, the estimated rate of increase in labour force participation for people with a disability was 4 per cent compared with 9 for people without a disability.[53, 54]

Figure 15: Labour force status by sex by disability subgroup in Victoria in 2009



Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

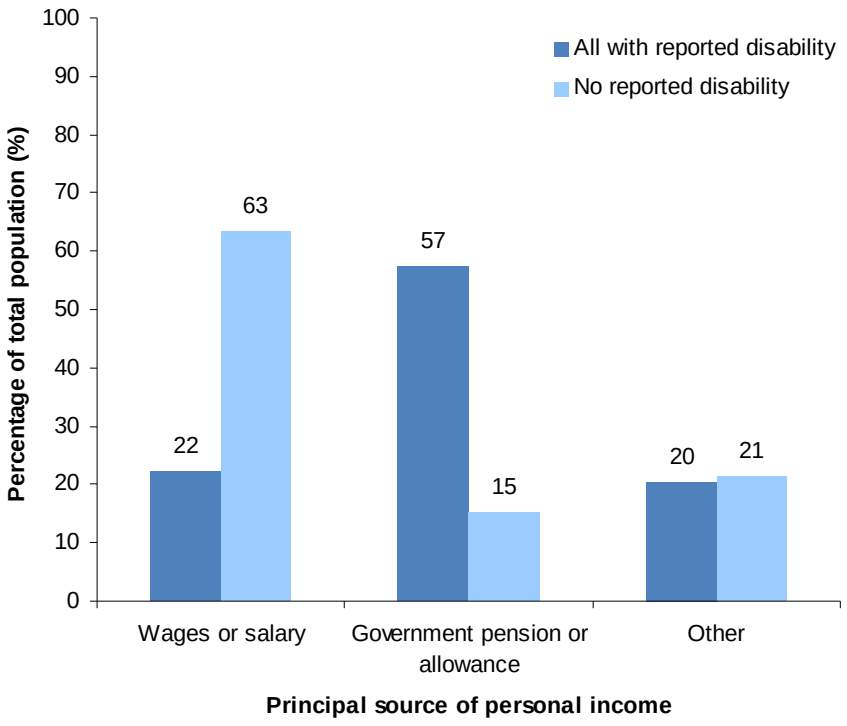
Income

Figure 16 shows that in 2009, an estimated 57 per cent of Victorians with a disability reported a government pension or allowance as their principal source of income, compared with 15 per cent of Victorians without a disability.[55]

In Victoria in 2009, the estimated median income of people with a disability was $305 gross per week, compared with $592 for people without a disability.[56]

Estimates of income in 2009 indicated that households including a person with a disability are over-represented (28 per cent) in the lowest household income quintile.[57]

Figure 16: Estimated principal source of personal income by population subgroup in Victoria in 2009

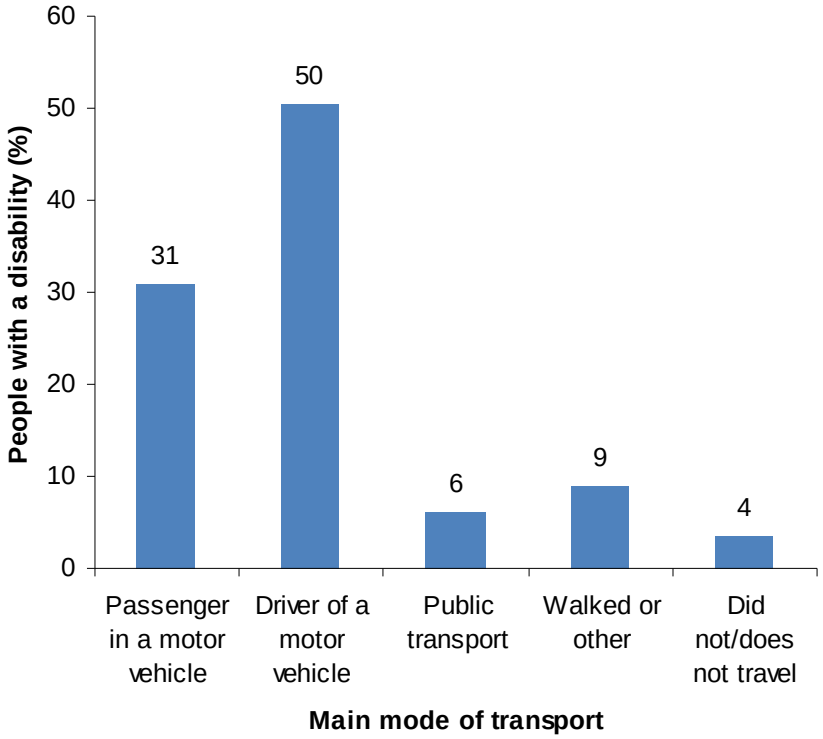


Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

Transport

Figure 17 shows that in 2009, an estimated 81 per cent of Victorians with a disability used motor vehicles as their main mode of transport, either as a passenger (31 per cent of people with a disability) or as the driver (50 per cent of people with a disability).[58]

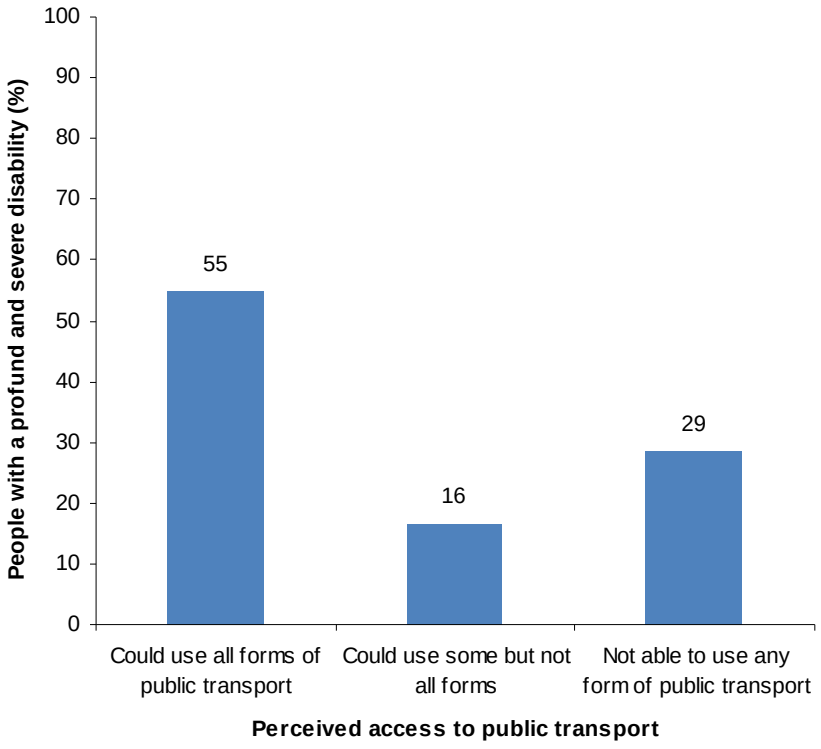
Figure 17: Estimates for main mode of transport for all people with a disability in Victoria in 2009



Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

Figure 18 shows that in 2009 an estimated 29 per cent of people with a profound or severe disability in Victoria reported that they could not access public transport, and 16 per cent reported that they could access some but not all forms of public transport.[59]

Figure 18: Estimates of perceived access to public transport in Victoria in 2009 by people with a profound and severe disability

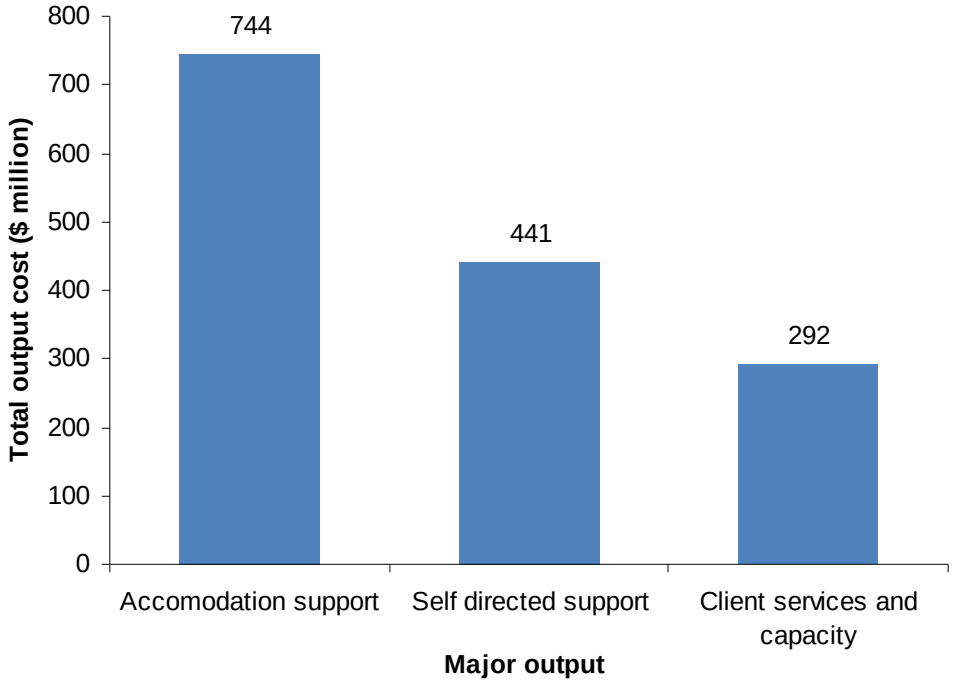


Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

The disability service system

Figure 19 shows the Victorian Department of Human Services' projected budget of $1.48 billion in the 2012–13 financial year for disability services. The highest expenditure will be on accommodation support, followed by self-directed support.[60]

Figure 19: Victorian State Government budget expenditure on disability services 2012–13

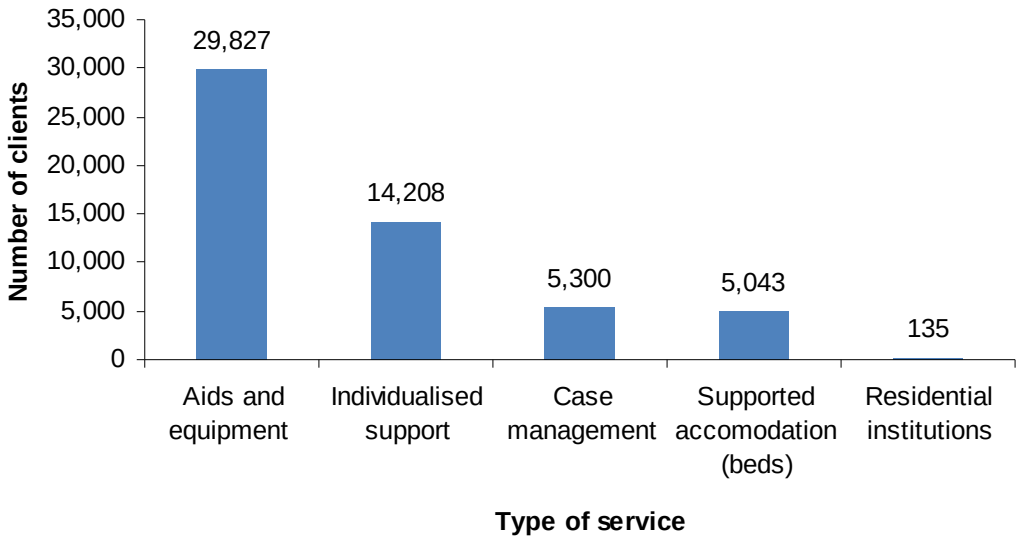


Source: Department of Treasury and Finance 2012, **Budget paper no. 3**, State Government of Victoria, Melbourne.

According to the Productivity Commission's report on government services released in January 2012, a total of 52,387 Victorians aged 0–64 years received disability support services primarily through the Victorian State Government.[61] Over 300 organisations are currently registered with the Department of Human Services to provide disability support services and over 70 per cent of these are community service organisations.[62]

Figure 20 shows that, of the target number of people to receive specialist disability services funded by the Department of Human Services Disability Services Division in 2012–13, most will be provided with aids and equipment, followed by individualised support.[63]

Figure 20: Target number of people receiving specialist disability services funded by Disability Services Division in Victoria in 2012–13

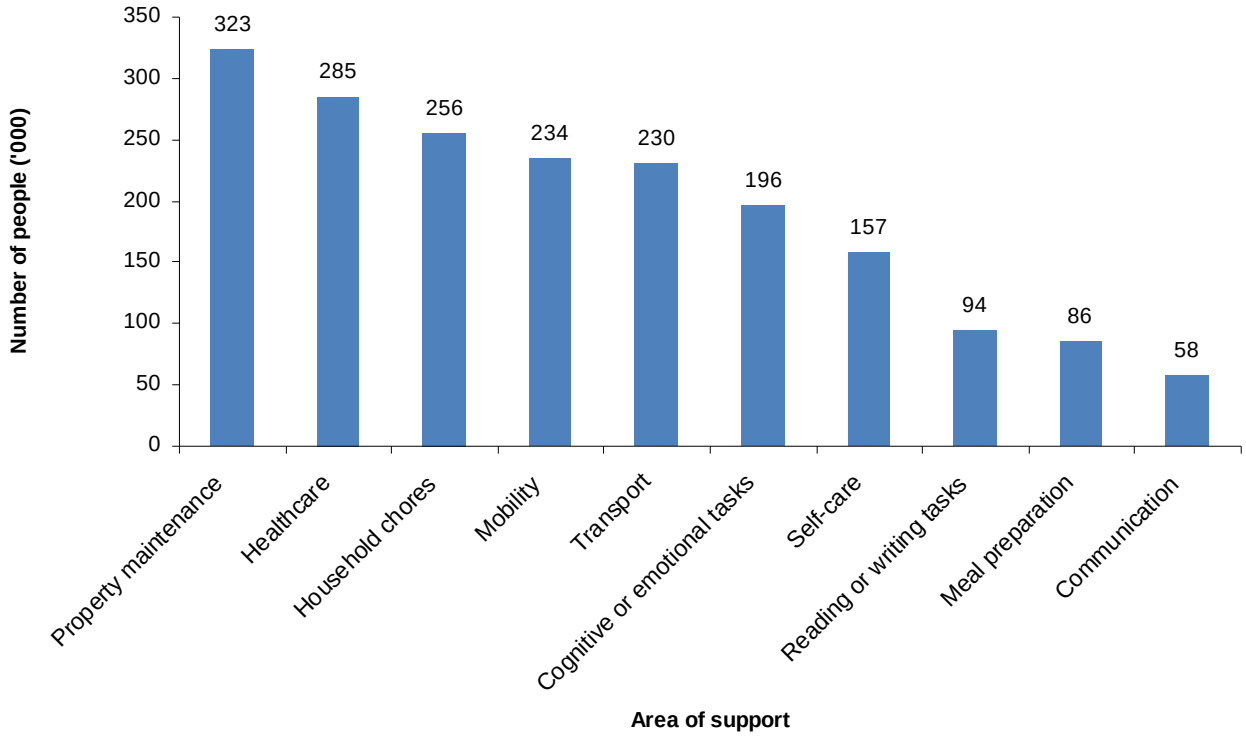


Source: Department of Treasury and Finance 2012, **Budget paper no. 3**, State Government of Victoria, Melbourne. Please note that 'Aids and equipment' includes people over the age of 65 and 'Individualised support' does not refer to individual support packages.

Meeting the need for assistance

Figure 21 shows that in 2009 it was estimated that the most common type of assistance needed by all Victorians with a disability was property maintenance followed by healthcare, household chores, mobility and transport.[64]

Figure 21: Estimates of types of assistance needed by all people with disability in Victoria in 2009



Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

In 2009 there were an estimated 597,400 Victorians with a disability with a need for assistance. An estimated 44,000 people did not receive the assistance they required to undertake daily tasks such as: self-care; moving around; communication, cognitive or emotional tasks; healthcare; accessing transport; household chores; property maintenance and meal preparation.[65]

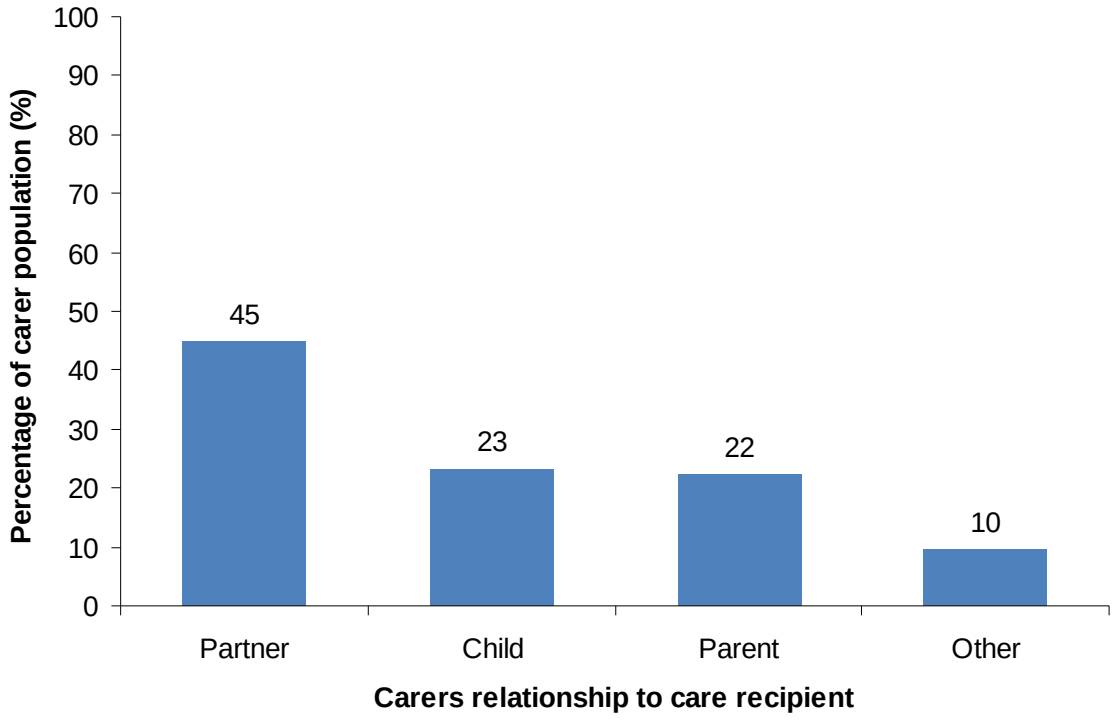
Family and friend carers

In 2009 it was estimated that adults aged 55 to 64 and adults aged 65 to 74 are the two age groups most likely to be carers in Victoria (24 per cent).[66]

Women in Victoria aged 18 to 74 are more than twice as likely to be a primary carer than are men of the same age (an estimated 5 per cent of the total population of women aged 18 to 74, compared with 2 per cent of men).[67]

Figure 22 shows that most people in a caring role are providing support to a member of their family. In Victoria in 2011 an estimated half of all carers were partners of the care recipient, almost a quarter were children, and just over a fifth were parents of the care recipient.[68]

Figure 22: Relationship of carer to care recipient for the estimated percentage of primary carers in Victoria in 2009

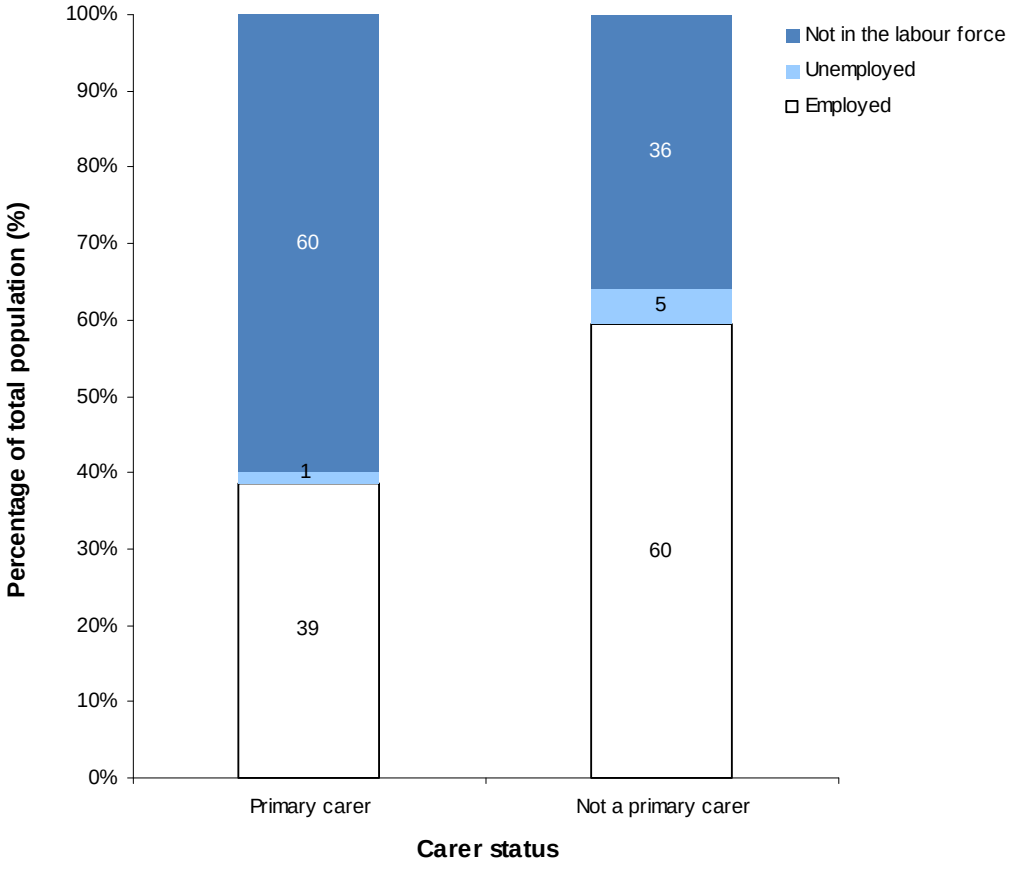


Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

People with a disability are also carers. In 2011, the estimated rate of disability in Australia among primary carers aged 15 to 45 years was 25 per cent.[69]

Figure 23 shows that in 2009 an estimated 40 per cent of primary carers were engaged in the labour force compared with 64 per cent of Victorians who are not carers.[70]

Figure 23: Estimates of labour force status of carers and non-carers in Victoria in 2009



Source: Australian Bureau of Statistics 2011, **Disability, ageing and carers, Australia: state tables for Victoria**, cat. no. 4330.0, ABS, Canberra.

Section three: Consultation summary

Section three summarises the feedback received on the **Draft Victorian state disability plan 2013–2016** (the draft plan). Feedback was received over a six week period from 4 June to 11 July 2012 and included written and verbal responses from a broad range of stakeholders including people with a disability, their families and carers, staff from the disability sector, mainstream service providers, local councils, state government and advocacy organisations.

Purpose of the consultation

The purpose of the consultation for the draft plan was:

- to support the development of the **Victorian state disability plan 2013–2016**
- to provide an opportunity for stakeholders to engage in the process and contribute to development of the **Victorian state disability plan 2013–2016**.

The consultation process allowed for the different interests and priorities of stakeholders and was designed to encourage constructive discussion.

Methodology

Feedback was received through a range of methods, including both face-to-face and written feedback. A total of 484 people provided face-to-face feedback through forums including:

- nine consultations for people with a disability, families and carers
- three sector consultations
- one local government forum
- one advocacy forum
- five targeted consultations for Aboriginal Victorians
- four focus groups, including people with complex communication needs, intellectual disability, autism, acquired brain injury, deaf-blind people, and families.

In addition, 159 written submissions were received from both individuals and organisations.

Key strengths

There was strong support for the plan's intent and overall framework. Respondents particularly supported:

- the vision, principles and breadth of the policy directions
- the emphases on personal choice, a holistic approach and putting people with a disability at the centre
- the presentation of the plan, and particularly the jigsaw diagram because it illustrated the interconnection of policy directions
- the goal to break down silos through the whole-of-government approach
- the monitoring and evaluation framework

- the implementation plan.

Key concerns

Throughout the consultation period some concerns were consistently raised by individuals and organisations. These included:

- the plan needed more detail, particularly regarding respondents requesting actions with clear timelines and accountabilities, and queries about the resourcing of actions
- the language needed to be stronger in the sense of providing sufficient leadership, commitment or focus on empowerment or human rights
- barriers to participation as a result of attitudes or practices within the mainstream community
- challenges in the disability sector, including workforce capacity, adequacy of individual support packages, need for additional respite, quality of programs and the implementation of a National Disability Insurance Scheme
- the necessity of affordable and accessible housing as a precursor for social and economic participation
- the issue of rights of people with a disability, including upholding rights, feedback mechanisms, supporting advocacy and meeting legislative obligations under the **Equal Opportunity Act 2010**.

Policy direction feedback

Policy direction 1: A strong foundation for learning, jobs and health

Where feedback referred to a particular policy direction, much of this feedback related to ‘Policy direction 1’. Health, education and jobs were viewed as critical foundations for all other forms of participation and social engagement. Housing was also seen as critical, and many respondents strongly suggested that housing should be moved to this policy direction as a foundation of a good life. Other frequently raised issues included:

- increasing the capacity of staff in mainstream health, education and employment spheres to better understand and respond to the needs of people with a disability
- personal examples by people with a disability of discrimination in schools, hospitals and workplace environments
- the importance of all people with a disability having the opportunity to reach their full potential.

Policy direction 2: Protecting rights and promoting participation

The rights of people with a disability, families and carers were frequently raised in the context of the framework and overall tone of the plan. Frequently raised issues included:

- recognition of human rights, and supporting people with a disability to exercise these rights
- the importance of advocacy, including self-advocacy and leadership opportunities for people with a disability
- accessibility of communication and information, including information relating to services and supports.

Policy direction 3: Access to neighbourhoods, spaces, buildings and transport

Respondents believed that the definition of access was too narrow and needed to be expanded to include access to information and technology, interpreters and alternative forms of communication. Physical access also continues to be an ongoing issue and there was support for increased emphasis on improving physical accessibility. Housing was seen as a critical issue that should be raised earlier in the plan. Frequently raised issues included:

- the need for affordable, accessible housing
- ongoing issues in accessibility of public transport
- access to public space including natural environments.

Policy direction 4: A contemporary approach through system reform and continued work towards a viable National Disability Insurance Scheme

Many respondents had the impression that policy direction four was focused solely on preparation for a National Disability Insurance Scheme (NDIS). They expressed concern that reform of the existing system may be neglected

Frequently raised issues included:

- queries about a NDIS and its implementation
- capacity of the system including capacity of staff
- the needs of carers, especially regarding ageing carers and the need for respite.

Glossary

General

Aboriginal	The term Aboriginal refers to both Aboriginal and Torres Strait Islander people. Aboriginal is used in preference to Indigenous. Indigenous is retained when it is part of the title of a report, program or quotation.
Accessible	Goods, services, facilities or information that can be acquired, used or understood by all people regardless of impairment. In the building and planning system 'accessible' can have a different meaning in the context of the Access to Premises Standards.
Barriers	Barriers are the characteristics of goods, services, facilities, attitudes or information that prevent their use or understanding by all people regardless of their impairment.
Built environment	All buildings, spaces and products that are created or modified by people. It includes homes, schools, workplaces, parks/recreation areas, greenways, business areas and transportation systems. It extends overhead in the form of electric transmission lines, underground in the form of waste disposal sites and subway trains, and across the country in the form of highways. It includes land-use planning and policies that impact urban, rural and suburban areas.
Council of Australian Governments	The peak intergovernmental forum in Australia made up of the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association.
Disability Act 2006	The **Disability Act 2006** replaced the **Intellectually Disabled Persons' Services Act 1986** and the **Disability Services Act 1991** and outlines a stronger whole-of-government, whole-of-community response to the rights and needs of people with a disability, and a framework for the provision of high quality services and supports for people with a disability. Section 37 of the **Disability Act 2006** requires the development of a state disability plan as at 1 January 2013.

Disability action plan (DAP)

Disability action plans can assist organisations to remove barriers to access, including in employment, community participation and negative attitudes, for people with a disability.

The **Disability Act 2006** requires Victorian public sector bodies to prepare a DAP to:

- reduce barriers to persons with a disability accessing goods, services and facilities
- reduce barriers to persons with a disability obtaining and maintaining employment
- promote inclusion and participation in the community of persons with a disability
- achieve tangible changes in attitudes and practices that discriminate against persons with a disability.[71]

Public sector bodies include the ten state government departments, statutory authorities and statutory corporations.

Disability discrimination

Disability discrimination means to treat someone with a disability less favourably than someone without a disability. This discrimination can be direct (for example, refusing to allow a person, because of a disability, to enrol in a course they are eligible for) or indirect (such as requiring everyone to complete a job application form that cannot be completed by a person with a disability).

Mainstream system

Refers to the services, supports and resources that are available to all members of the community. These services may be provided by government, private and community sectors and include health services, the transport system, education and training, employment, justice, housing, parks and public spaces, shops, recreation and leisure facilities.

National Disability Insurance Scheme

A National Disability Insurance Scheme aims to provide eligible Australians with disability access to reasonable and necessary care and support.

National disability strategy

The **National disability strategy 2010–2020** is a ten-year national plan for improving life for Australians with disability, their families and carers.

The Disability Services Commissioner

The Disability Services Commissioner provides a free and confidential complaints resolution process for complaints about disability service providers. The commissioner works with people with a disability to resolve complaints about disability service providers, and works with disability service providers to improve outcomes for people with a disability.

Respite services

Services that enable carers to take a break from their caring responsibilities.

Specialist system

All disability services funded through the Department of Human Services and other government-funded programs, services and supports that may be available to eligible people with a disability. This includes support for people with an autism spectrum disorder, building on the previous **Autism state plan**.

United Nations Convention on the Rights of People with a Disability (CRPD)[72]

The convention intends to ensure the full array of civil and political, economic, social and cultural rights to people with a disability. It came into force on 3 May 2008.

Universal design

Universal design means that products and the built environment are designed to be visually pleasing and usable to the greatest extent possible by everyone, regardless of their age, ability or status in life.

Carers

Carer
ABS SDAC 2009

A person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term health conditions or persons who are elderly. This assistance has to be ongoing, or likely to be ongoing, for at least six months.

Formal care
ABS SDAC 2009

The terms formal care and formal assistance/provider are used interchangeably. The ABS defines formal care as help provided to persons with one or more disabilities by:

- organisations or individuals representing organisations (whether profit or non-profit making, government or private)
- other persons (excluding family, friends or neighbours as described in informal help) who provide assistance on a regular, paid basis and who were not associated with any organisation.

Informal care
ABS SDAC 2009

The terms informal care and informal assistance/provider are used interchangeably. The ABS defines informal care as unpaid help or supervision that is provided to persons with one or more disabilities or persons aged 60 years or over living in households.

It only includes assistance that is provided because of a person's disability or because they are older. Informal assistance may be provided by family, friends or neighbours.

Primary carer
ABS SDAC 2009

A person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities or aged 60 years and over. The assistance has to be ongoing, or likely to be ongoing, for at least six months and to be provided for one or more of the core activities of communication, mobility or self-care.

People with a disability

Autism spectrum disorder

Autism Spectrum Australia describes autism as:

'Lifelong developmental disabilities characterised by marked difficulties in social interaction, impaired communication, restricted and repetitive interests and behaviours and sensory sensitivities.'[73]

Disability
ABS Census 2006

When the Victorian state disability plan 2013–2016 refers to the ABS **Census 2006**, the definition of disability is 'people (who report) needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more) or old age'.

This is comparable to the profound/severe core activity limitation from the **Survey of disability, ageing and carers 2009**.

Disability
ABS SDAC 2009

When ABS data from the **Survey of disability ageing and carers 2009** is used, the definition of disability is: 'A person has a disability if they report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes:

- loss of sight (not corrected by glasses or contact lenses)
- loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used
- speech difficulties
- shortness of breath or breathing difficulties causing restriction
- chronic or recurrent pain or discomfort causing restriction
- blackouts, fits, or loss of consciousness
- difficulty learning or understanding
- incomplete use of arms or fingers
- difficulty gripping or holding things
- incomplete use of feet or legs
- nervous or emotional condition causing restriction
- restriction in physical activities or in doing physical work
- disfigurement or deformity
- mental illness or condition requiring help or supervision
- long-term effects of head injury, stroke or other brain damage causing restriction
- receiving treatment or medication for any other long-term conditions or ailments and still being restricted
- any other long-term conditions resulting in a restriction.

Core activity limitation
ABS SDAC 2009

There are four levels of core activity limitation based on whether a person needs help with, has difficulty with, or uses aids or equipment for any of the core activities (communication, mobility or self-care). A person's overall level of core activity limitation is determined by their highest level of limitation in these activities. The four levels of limitation are:

- profound
- severe
- moderate
- mild.

Profound core activity limitation
ABS SDAC 2009

The person is unable to do, or always needs help with, a core activity task.

Severe core activity limitation
ABS SDAC 2009

The person:

- sometimes needs help with a core activity task
- has difficulty understanding or being understood by family or friends
- can communicate more easily using sign language or other non-spoken forms of communication.

Moderate core activity limitation
ABS SDAC 2009

The person needs no help, but has difficulty with a core activity task.

Mild core activity limitation
ABS SDAC 2009

The person needs no help and has no difficulty with any of the core activity tasks, but:

- uses aids and equipment
- cannot easily walk 200 metres
- cannot walk up and down stairs without a handrail
- cannot easily bend to pick up an object from the floor
- cannot use public transport
- can use public transport, but needs help or supervision
- needs no help or supervision, but has difficulty using public transport.

Profound and severe disability

See the definitions of profound core activity limitation and severe core activity limitation.

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[6] Australian Institute of Health and Welfare 2010, 'Adults aged 18–64 years: psychological distress(a) by disability status, 2007–08', table a20, **Health of Australians with disability: health status and risk factors**, bulletin no. 83, cat. no. AUS 132, Canberra.

[7] Department of Justice 2011, **Acquired brain injury in the Victorian prison system**, State Government of Victoria, Melbourne.

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