**Department of Health and Human Services**

**Draft Disability Action Plan 2018-2020**

**Children and Young People with Disability Australia**

**Submission – July 2018**

**INTRODUCTION**

Children and Young People with Disability Australia (CYDA) congratulates the Department of Health and Human Services on the development of their inaugural Disability Action Plan 2018-2020 and welcomes the opportunity to provide feedback on the draft.

The following comments will focus on issues and sections of the draft Disability Action Plan (the Draft Plan) that are of primary relevance to children and young people with disability.

**CHILDREN AND YOUNG PEOPLE WITH DISABILITY AUSTRALIA**

CYDA is the national representative organisation for children and young people with disability, aged 0 to 25 years. The organisation is primarily funded through the Department of Social Services and is a not for profit organisation. CYDA has a national membership of 5300 and a growing social media presence with 22 500 followers across the three major platforms of Facebook, Twitter and LinkedIn.

CYDA provides a link between the direct experiences of children and young people with disability to federal government and other key stakeholders. This link is essential for the creation of a true appreciation of the experiences and challenges faced by children and young people with disability.

CYDA’s vision is that children and young people with disability living in Australia are afforded every opportunity to thrive, achieve their potential and that their rights and interests as individuals, members of a family and their community are met.

CYDA’s purpose is to advocate systemically at the national level for the rights and interests of all children and young people with disability living in Australia and it undertakes the following to achieve its purpose:

* **Listen and respond** to the voices and experiences of children and young people with disability;
* **Advocate** for children and young people with disability for equal opportunities, participation and inclusion in the Australian community;
* **Educate** national public policy makers and the broader community about the experiences of children and young people with disability;
* **Inform** children and young people with disability, their families and care givers about their citizenship rights and entitlements; and
* **Celebrate** the successes and achievements of children and young people with disability.

**FEEDBACK**

**What do we mean by disability? (pg. 7)**

While CYDA welcomes the acknowledgment of diversity of disability, this discussion of intersectionality does not include specific consideration of children and young people with disability.

CYDA is of the view that this section should include reference to children. This section should be strengthened by acknowledging age, in particular children, as sitting within diversity of disability. Further, we recommend that consideration of children is specifically included the draft in all references to diversity.

**Infographic – Disability increases with age (p. 9)**

CYDA notes that this infographic does not include statistics relating to children with disability. Australian Bureau of Statistics data shows 12.9% of children aged 0-14 are children with disability[[1]](#footnote-1). It is noted this is higher than rates shown in the infographic for 15-24 years. Not including this data is misleading and excludes the experience of children and young people with disability from the plan.

It is strongly recommended that the above 0 -14 data is included in the final Disability Action Plan.

**Victoria and the National Disability Insurance Scheme (p. 11)**

CYDA questions why this section of the Draft Plan is not dedicated to the National Disability Strategy (the Strategy). This is puzzling given the stated purpose of the Strategy to “guide governments at all levels…to consider the needs and rights of people with disability”[[2]](#footnote-2).

The discussion of the National Disability Insurance Scheme (NDIS) is seen as important and extremely significant. It is important however to represent and acknowledge that this is an action under the National Disability Strategy. The NDIS in itself is not the overarching policy of primary signature to this plan.

CYDA acknowledges that the Strategy is identified as part of the policy environment on page 10 of the Draft Plan however it is believed that the Final Disability Action Plan should include a section on the Strategy. This would acknowledge Victoria’s responsibilities under the plan and provide a clear focus for action.

In addition, CYDA believes that the Disability Action Plan needs to better articulate how it will interface with the actions of different portfolios. For example, the Draft Plan includes actions relating to housing[[3]](#footnote-3). CYDA questions how consistency between portfolios will be ensured and how different department’s compliance with the actions and priorities set out in the Plan will occur.

**Sports and recreation 11.4 (p. 33)**

CYDA questions why this Inclusion Awareness Program is using a diagnostic model to focus on specific cohorts. Any disability confidence training provided by the Department should utilise the social model of disability, rather than a medical or diagnosis model.

**Emergency Management (p. 33)**

While acknowledging the high level nature of this plan, CYDA is concerned about the generalist nature of this section. CYDA believes that the Plan would be strengthened by clearly articulating how these initiatives will be inclusive of people with disability. Clearer direction will provide a better focus for departmental action and provide a stronger basis for evaluation.

**Consultation**

As a broad principle, touching on all areas of the Draft Plan, CYDA believes that consultation of people with disability is critical. Consultation should take place during planning as well as during the review stage.

CYDA believes the Disability Action Plan could be strengthened by articulating a commitment to consultation in line with the above principles, this includes when consultation will be undertaken and who will be included.

**The Enablers Network (p.13)**

CYDA congratulates the Department on supporting a public service network for people with disability and the inclusion in ongoing consultation. However, CYDA wishes to raise questions regarding the representative nature of this group. It is believed that it is critical this network is representative of the diversity within disability. It is important to ensure intersectional considerations are represented within any consultation mechanism or body. This should be supported by transparent information about diversity within the network and information concerning how people with complex needs are supported to provide their input.

**Technology 1.2 (p.19)**

CYDA believes that it needs to be clearly articulated in this section who will be consulted in the design stage of new ICT developments. Will the department exclusively consult the Enablers Network or will there be broader consultation of people with disability? As stated above, CYDA strongly recommends ensuring diversity of disability is fully represented in this network.

**Health Promotion 9.3 (p.31)**

CYDA believes that the follow-up impact evaluation should include students and families, in addition to schools. To accurately evaluate the effectiveness of a program the voices of children and young people with disability and their family’s needs to be included and recognised as a critical informant of this evaluation process.

**Accessibility as a right**

The *Convention on the Rights of Persons with Disabilities* (CRPD) clearly articulates the right of people with disability to have access, on an equal basis with others, to the physical environment, transportation, information and communication as well as other services and facilities[[4]](#footnote-4).

CYDA believes that the Draft Plan does not adequately recognise accessibility as a fundamental right of people with disability and the final Disability Action Plan would be strengthened by acknowledging this across stated aims, actions and outcomes.

**Communications and Media (p.20)**

CYDA believes that the stated aim of this section should read ‘*ensure the accessibility of departmental communications and media’* rather than *‘improve’*. As set out above, accessibility is a right of people with disability and this should be reflected in the Plan. It will also provide a better baseline for monitoring and review of the Plan.

Similarly, CYDA believes that 3.6 should read *‘Build and ensure internal capacity to translate communications into Easy English’*, rather than simply ‘build’.

**Communication and Media 3.5 (p.20)**

CYDA is concerned about the role of disability champions in this section. It is important that the aim of ensuring accessibility is progressed as a workplace condition afforded to all employees. We feel that instead of progressing this aim, ‘disability champions’ positions accessibility as something ‘extra’ or ‘optional’.

**Spotlight on the department’s disability employment strategy (p.21)**

CYDA strongly advises the Department that they need to be careful the actions they take are not inadvertently condescending to people with disability. Many people with disability may not want or need a workplace buddy. In line with universal design principles, which are specifically mentioned in this draft[[5]](#footnote-5), mentoring and employee support should be a program for all employees that is inclusive of people with disability, as opposed to a something that is ‘extra’ or has an isolated focus on people with disability.

**Abuse and Neglect**

CYDA is pleased that the Draft Plan includes Year 1 actions in relation to reducing the prevalence and impact of abuse and neglect for children with disability.

Children and young people with disability are significantly more vulnerable to abuse and neglect than their peers without disability. Research undertaken by CYDA found that children and young people with disability experienced abuse and neglect at rates significantly higher than their peers who do not have disability[[6]](#footnote-6).

Further, other available research show that children with disability are 3.4 times (31% as compared to 9%) more likely to be abused than children without disability[[7]](#footnote-7). The risks for “*children with severe disabilities were even higher with respect to the number of incidents reportedly experienced, the severity of the reported sexual acts, the use of force, and the tendency for physical injuries to be inflicted during the abusive incidents*”[[8]](#footnote-8).

Communication difficulties and high behavioral support needs have also been found to increase vulnerability to abuse, as they pose significant barriers to children communicating that abuse has occurred[[9]](#footnote-9).

These findings are supported by the recently released Human Rights Commission report *A Future without violence: Quality, safeguarding and oversight to prevent and address violence against people with disability in institutional settings* notes that children with disability are disproportionately vulnerable to certain forms of violence, abuse and neglect[[10]](#footnote-10). This includes restrictive practice, forced sterilization or abortion and sexual violence[[11]](#footnote-11).

**Children and disability 19.2 (p. 44)**

CYDA understands that there is limited data around the number of children and young people with disability in out of home care. In particular, for many children in these circumstances there may not have been a formal diagnosis.

CYDA is therefore concerned and have questions regarding how this section will be implemented and monitored. It is critical that data in this area is disaggregated by age and disability. It is believed that the Disability Action Plan should include actions as to how this data collection can be progressed. Additionally the lack of formal diagnosis for many children and young people needs to be acknowledged. And considered in related actions and reforms in this area of work.

**Family Violence 15.7 (p.42)**

Supporting and following on from the comment regarding data above. CYDA strongly recommends that data collected using the Standard Disability Identifier, in particular in the Support and Safety Hubs’ Customer Relationships Management system, can be disaggregated so that children and young people with disability are accurately represented.

Once again CYDA congratulates the Department on the development of this inaugural Disability Action Plan and thanks the Department for the opportunity to provide feedback.

If you would like to discuss any aspect of this submission further, please do not hesitate to contact CYDA.

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1. ABS Survey of Disability, *Aging and Carers, Australia: First Results* (2015), Table 1.3 [↑](#footnote-ref-1)
2. *National Disability Strategy 2010-2020*, p. 15 [↑](#footnote-ref-2)
3. Department of Health and Human Services, *Draft Disability action plan 2018-2020* (2018), 15.3, p.42 [↑](#footnote-ref-3)
4. *Convention on the Rights of People with a Disability*, Article 9 [↑](#footnote-ref-4)
5. Department of Health and Human Services, *Draft Disability action plan 2018-2020* (2018), p.17 [↑](#footnote-ref-5)
6. Robinson, S (2012*), Enabling and Protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, p. 10 [↑](#footnote-ref-6)
7. Knutson et al. (2000), *Maltreatment and disabilities: A population based epidemiological study*, p 1257 [↑](#footnote-ref-7)
8. Hershkowitz et al. 2007, *Victimization of children with disabilities*, p. 633. [↑](#footnote-ref-8)
9. Skarbek et al. 2009, *Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education*, p. 157. [↑](#footnote-ref-9)
10. Human Rights Commission, *A Future without violence: Quality, safeguarding and oversight to prevent and address violence against people with disability in institutional settings* (2018), p. 16 [↑](#footnote-ref-10)
11. Ibid [↑](#footnote-ref-11)