



**Submission by the Australian Association of Social Workers**

**National Disability Strategy**

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## **Executive Summary**

The Australian Association of Social Workers (AASW) is the professional body of social workers in Australia.

The AASW plays a key role in advocating for the most vulnerable groups in society, including people with disabilities and those who care for them. The social work profession is committed to maximising the well-being of individuals, families and the community in socially inclusive communities, which emphasise principles of social justice, respect for human dignity.

In carrying out their professional tasks and duties, social workers strive to act in ways that give equal priority to respect for human dignity and worth and the pursuit of social justice. This commitment is demonstrated through service to humanity, integrity and competence, which characterise professional social work practice.

The AASW is the national organisation for social workers in Australia, who are involved in the delivery of a range of community services including disability, health, and family, child welfare income support, in the public, private and not for profit sectors.

AASW members provide a range of services to people living with disabilities, their families and carers including advocacy, grief and loss counselling, family therapy, access to resources and programs, crisis support, as well as encouraging and seeking to empower individuals and their families to take control of their lives.

The Association welcomes the opportunity to contribute to the Government's consultation on the National Disability Strategy and would be pleased to provide further advice if appropriate.

## 1. Introduction

### **AASW supports the work and central position of disability organisations**

The AASW and its members work to support, assist, advocate on behalf of, encourage and empower people with disabilities, their families and carers to give voice to their experiences, needs, wants and desires. Working from a human rights framework, the AASW and by extension AASW members recognise individuals' right to self determination, autonomy, right to be free from discrimination, to housing, employment, education, social, cultural and religious freedoms.

In contributing a submission to the National Disability Strategy consultation process, the AASW does not seek to speak on behalf of people with disabilities, but rather to articulate the crucial role social workers play in supporting and assisting people with disabilities, their families and carers to overcome the many barriers inhibiting and prohibiting them from participating in society, culturally, economically and socially. In addressing disadvantage, deprivation, exclusion and marginalisation, governments must continue to reshape cultural, social, political, economic and environmental paradigms to reflect the diversity of Ability within the Australian community.

Injustice, inequity, poverty and disadvantage are common to people with disabilities. The AASW and its members work to encourage and empower people with disabilities to take control of their lives, to expect and demand their human rights. In addressing the questions contained within the Discussion Paper, the AASW wishes to enunciate the following principles.

## 2. The greatest barriers confronting people with disability participating in the Australian community

The AASW strongly supports the Australian Coalition for the Ratification of the UN Convention on the Rights of Persons with Disabilities<sup>1</sup> (The Coalition) submission to the National Disability Strategy and joins the Coalition and others in welcoming the Government decision to commence development of a National Disability Strategy.

The Association and its members note that people with disability continue to face discrimination and significant systemic barriers to full inclusion and participation in Australian communities and the social, economic and cultural life of the nation.

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<sup>1</sup> The Coalition's members include ACT Disability Advisory Council, ACT Disability and Community Services Commissioner, Australian Federation of Disability Organisations, Blind Citizens Australia Brain Injury Australia, Deaf Australia (formerly Australian Association of the Deaf), Deafness Forum Disability Australia Ltd, Disability Council of NSW, Disability Council of Queensland Disability Resources Centre, Disability Studies and Research Institute, Intellectual Disability Rights Service Housing Resource and Support Service, Mental Health Council of Australia, National Association of Community Legal Centres, National Association of People Living with HIV/AIDS, National Council on Intellectual Disability, National Disability and Carers Ministerial Advisory Council, National Ethnic Disability Alliance, National Seniors Australia, NSW Disability Discrimination Legal Centre, People living with HIV/AIDS NSW, People with Disability Australia, Premier's Disability Advisory Council (Tasmania), Public Interest Advocacy Centre, Physical Disability Council of Australia, Queensland Advocacy Incorporated, Victorian Equal Opportunity & Human Rights Commission, WA Ministerial Advisory Council on Disability, Women with Disabilities Australia

The AASW strongly endorses the Government decision to base the National Disability Strategy on the UN Convention on the Rights of Persons with Disabilities (the Convention). The speedy ratification of the Convention in July this year was welcomed by disability and human rights organisations however we note that ratification of the Convention does not mean that Australia already fully complies with it in practice.

The UN Convention provides a clear framework for the changes that are needed to make sure that the human rights for people with disability in Australia are protected, respected and fulfilled. It also gives Governments, the non-government sector and Australian community the opportunity to improve our knowledge about how well the rights of people with disability are respected in Australia.

To meet its obligations under the International Covenant on Civil and Political Rights, Australia must ensure that the civil and political rights of people with disability are immediately respected, protected and fulfilled. Like others, the AASW is aware that there is substantial work to be done in this area.

There is also a great deal of work that needs to be done to ensure that the economic, social and cultural rights of people with disability are respected, protected and fulfilled.

The AASW perceives the National Disability Strategy as an opportunity to translate the UN Convention into an action plan relevant to Australia. The Association is aware that work on this has already commenced. This year, the Human Rights Indicators for People with Disability resource, developed by Queensland Advocacy Incorporated, was developed through an extensive process of research and consultation.

The AASW acknowledges the Coalition's positive response to this resource as providing a valuable starting point for turning the UN Convention into strategies that can be developed, adopted and monitored in Australia.

### **3. Actions to be undertaken to support the full participation and engagement of people with disabilities in the Australian community.**

#### **The National Disability Strategy should involve States and Territory governments, with Commonwealth leadership**

We note that the Commonwealth Government is committed to developing the National Disability Strategy in co-operation with State and Territory Governments and will work with them to develop a monitoring and reporting framework.

Many areas of policy, programs, services, law and regulation relevant to the rights of people with disability are administered partly or wholly by State and Territory Governments. However, the Commonwealth Government is responsible for ensuring Australia's compliance with its international responsibilities, and so has a particular opportunity and responsibility to provide leadership in all areas of the implementation of the Convention.

This includes:

- assisting State and Territory Governments to develop strategies to ensure that they fully respect, protect and fulfil the rights of people with disability as recognised in the Convention; and,
- ensuring accountability and effectiveness through development of monitoring and reporting arrangements for these strategies.

We support the Coalition recommended strategies to be pursued by the Commonwealth including:

1. To ensure that the needs of people with disability are considered in relation to all mainstream policy areas, and to promote Commonwealth-State/Territory co-operation, the National Disability Strategy should require each Ministerial Council to conduct an audit of Convention compliance and to develop an action plan to progress all issues identified.
2. Priority should be given to assessing the compliance against the Convention of all National frameworks and strategies, for example, the National Community Crime Prevention Programme and the National Council to Reduce Violence against Women and their Children.
3. The National Disability Strategy should include a commitment to achieving equitable outcomes for priority population groups including women with disability, Aboriginal people with disability and people from culturally and linguistically diverse backgrounds with disability.
4. The National Disability Strategy should include significantly enhanced resourcing for disability representative and legal and advocacy organisations to participate in the development and monitoring of implementation actions.
5. The National Disability Strategy should include a commitment for each Commonwealth Department and agency to develop a disability strategy based on the Convention that addresses each Department's and Agency's specific responsibilities and also those issues that are common to all agencies, including:
  - employment practices, including targets for opportunity and participation by people with disability;
  - accessible premises;
  - accessible communications;
  - accessible procurement; and,
  - effective consultation with people with disability.
6. The National Disability Strategy should also include the same commitment from each State and Territory on behalf of its Departments and Agencies.
7. The National Disability Strategy should establish a body with responsibility for ensuring co-ordination within Government. The role of this body would be to work in consultation with disability representatives, legal and advocacy organisations and advisory bodies to:
  - Identify actions needed under the Convention that are cross-departmental;
  - Promote information about effective strategies across jurisdictions and to local government, the private sector and other organisations;
  - Co-ordinate the development of Australia's initial comprehensive report on its compliance with the Convention (due by August 2010); and
  - Co-ordinate an ongoing process of feedback between reporting under the Convention and the further development of the National Disability Strategy and measures for implementation of the Strategy in all areas.

## 4. Immediate goals and medium term strategy and reporting

The AASW supports the Coalition's recommendations that the National Disability Strategy is developed using a staged and reflective process, with the Strategy updated and revised as we learn more about Australia's compliance with the Convention.

As the matters covered by the Convention (and therefore the National Disability Strategy) are broad, it is unlikely that even with the extensive consultations being undertaken we will know by early 2009 everything we need to know in order to develop comprehensive strategies for implementation of the Convention. This is particularly the case in relation to the development of indicators and targets for full and (where relevant) interim compliance with the Convention and the measures to need to be adopted to achieve these targets.

Moreover, a number of relevant policy and program reviews of critical importance are currently being undertaken by the Federal Government that will not report for some months. This includes the tax system review chaired by Dr Ken Henry and the pensions and welfare review chaired by Dr Jeff Harmer. In other areas covered by the Convention, it appears that broad policy and programme reviews will be needed.

Notwithstanding this, a National Disability Strategy that is finalised in early 2009 can contain meaningful commitments, including:

- The adoption of the strategies outlined in section 3 above; and,
- A commitment to address any and all measures identified in the course of the current consultation process that are required by the Convention and are capable of immediate action.

## 5. Hidden barriers and gaps in the proposed National Disability Strategy

### Domestic and Family Violence

Women with Disabilities are twice as likely to experience domestic and family violence as women without disabilities.

The power imbalance that exists within domestic and family violence relationships is magnified when a person with disability is the subject of violence directly or indirectly.<sup>2</sup>

Women seeking to escape violence, who have disabilities themselves or children with disabilities are not catered for in the current SAAP crisis accommodation options.

Women and children escaping domestic

***Common reflections of AASW members working with women with disabilities and mothers of children with disabilities seeking to escape domestic violence***

*Mother raising two children, both in their teens, one child has profound disabilities, requiring 24 hour care, specialised schooling and health care. The Father has a long history of extreme violence and alcoholism. All family members have suffered domestic and family violence at his hands; however the Mother has few options. She has been told she will not be able to access crisis accommodation due to her child's needs, alternative options of staying with friends and family are similarly impossible. As the child with disabilities grows, there are a range of increased needs in terms of equipment, support, home care and the like. Due to the daily violence, the Mother and child without disabilities struggle to survive each day. The impacts here are multiple: the child without disabilities has been fundamentally comprised; the Mother has been continually beaten physically and emotionally, has been undermined due to society's failure to support her and the children leaving the situation; and the child with disabilities is further marginalised and excluded.*

<sup>2</sup> Salthouse (2007) *Completely Knocked Out: Australian perspectives on disability, disempowerment and domestic violence*

<http://www.wvda.org.au/salthousedv07.htm>

This provides a comprehensive overview of the impact of domestic and family violence, on women with disabilities and mothers of children with disabilities

and family violence are often forced to flee the region and / or State or Territory, masking their identities, with the assistance of Centrelink, policing, welfare, education and health care agencies. This may mean remaining silent on databases such as electoral rolls, Centrelink, and others. Some women and children may change their names by deed poll, reducing the likelihood of them being 'tracked down' by violent perpetrators and their associates. In some circumstances these actions are viewed by authorities and others, as the only viable option of guaranteeing women and children's safety. For women with disabilities and mothers of children with disabilities, these protective actions are often not adequate due to limited health care, respite and education services available, making it too easy for perpetrators and associates to track women and children.

Currently Women with Disabilities are not represented on the National Council for Violence against Women and Children. The AASW urges the government to immediately appoint a representative/s of Women with Disabilities to the Council to ensure that the soon to be released National Strategy to stop Violence against Women and Children reflects the reality of women with disabilities and Mothers of children with disabilities.

The AASW calls for the Government to ensure any change to funding for the provision of crisis accommodation, through the release of the Homelessness White Paper provide options for women with disabilities escaping violence and Mothers of children with disabilities escaping violence.

## **Child Well-Being**

Ensuring the well-being of children of people with disabilities raises a number of complex ethical issues. The rights of people with disabilities need to be counterweighed by the rights of the child. AASW social workers report the need to tread carefully when working with people with an intellectual disability in particular. The AASW and its members embrace and respect the right of all people to choose to have children; however the child does have innate rights of its own. Provision of appropriate community and family supports assist all parents, and particularly those parents with disabilities.

The Government's response to the Discussion Paper, "*Australia's Children: Safe and Well. A National Framework for Protecting Australia's Children*", must focus on early intervention and prevention programs, with specialist programs and resources targeted to people with disabilities who are parents. Supporting parents, able bodied and disabled, to promote child safety and well-being is the best defence to child abuse and neglect.

Opportunities need to be available to support, encourage and empower people with disabilities to be the primary carer for children including the provision of services to both the extended family and the person with the disability, around practical parenting skills, counselling and how to be a supportive family.

Able bodied parents of children with disabilities also confront significant challenges during the course of their parenting. The many additional expenses associated with promoting the healthy development of a child with disabilities, together with the 24 hour care which is often required with limited opportunities for respite care, place significant stresses on parents, extended family members and other siblings. One of the risk factors around child abuse and neglect is that the child has a disability. The stress on the family (both emotional and financial) is significant and family breakdown, abuse, domestic and family violence and / or child abuse are not uncommon in these families. Protective and preventive measures and community based programs need to be put in place so that all members of the family are supported and assisted in developing positive family relationships. Unfortunately some children with disabilities and their families come to the attention of State Child Protection authorities, policing and justice agencies. AASW social workers regularly work with children with disabilities who are the subjects of care and

protection orders. Many of these children are unable to reside with their family of origin due to identified risk, and are instead cycled through a series of foster and / or kin carers, often as a result of the small numbers of appropriate foster carers and the needs of the children. These patterns do not support long-term positive educational, social and health care developments, further condemning these children to multiple factors of disadvantage, poverty, deprivation and social exclusion.

In light of the Commonwealth Government's commitment to establish a National Framework to Protect Australia's Children, it is critical that the framework addresses these issues.

## **6. AASW specialist expertise – advocacy on behalf of people with disabilities, their families and carers**

The AASW and its members have expertise in working directly with children and people with disabilities, their families and carers across a range of Commonwealth and State and Territory policies and programs as well as in the non-government and private sectors. AASW members often work with individuals and families during times of extreme crisis – “propping individuals and families up” in extremely difficult circumstance where multiple factors of disadvantage, deprivation, isolation and exclusion co-exist.

Social workers are employed by a range of employers across the disability services spectrum, including Commonwealth, State and Territory governments, non-government organisations, private sector employers, hospitals, educational institutions and others. In these roles social workers are required to deliver multifaceted, seamless services to children, individuals, families and carers within tight timeframes, resource constraints and crisis situations. The list of services regularly provided by social workers to clients range from supporting and assisting clients access resources (across a range of organisations, institutions and levels of government); addressing grief and loss issues; family relationship issues; positive parenting as well as acting as an advocate for clients to within organisations; to other organisations; government departments (Commonwealth, State and Territory); educational institutions, hospitals and other health related services.

Identifying and appropriately assessing clients' immediate and long term needs are critical, as many individuals and families present with multiple issues and are often experiencing crisis and a range of complex and interrelated issues.

Some families require only short-term assistance; others will be supported and assisted by social workers during their entire life journey.

Through our members who deliver these direct services to people with disabilities, their families and carers, AASW has identified a number of key barriers to people with disability face to participating fully within the community.

### **Limited housing choices available to people with disabilities**

At the moment, especially in some States and Territories, there is a push for adults with disability to move out of group homes and live in the community. Whilst this may be a positive step for many people and their families and carers, there are a number of clients who would prefer to continue in group homes. In keeping with the Convention, it is AASW's opinion that it is a principle of self determination that clients and their families have a wide range of choices about accommodation. This and other housing issues are exacerbated due to the limited housing options available to people with disabilities, their families and carers. As the case studies highlight

public and community housing options for people with disabilities are minimal, and it is impossible for women and children escaping domestic and / or family violence to access SAAP crisis housing options.

***A case currently being handled by an AASW social worker:***

*John is a 46 year old man who suffers from MS. He is on the Disability Pension and called MS Society requesting assistance with his housing situation as his current rental property was being sold and he was required to vacate the property.*

*Skyrocketing rental prices meant that he was unable to afford another private rental property with his current income. Having established community networks and friendships, it was his preference to remain in or around the area he was in. As a person with MS this was important for John emotionally, psychologically and mentally.*

*Prior to his diagnosis, John was working full-time as a tradesman and was doing quite well. However, John ceased his employment following his diagnosis partially due to his MS symptoms which included reduced walking capacity and marked fatigue but also due to the fact that he was feeling victimised at work and made fun of for his disability.*

*When I first spoke with John, he was less than one week away from having to vacate the property he was renting. He had already tried a few different housing and accommodation agencies, all of whom were not very helpful and some of which told him to call back when he was actually without a home. John expressed to me his frustration as he felt that everywhere he turned he was "coming up against brick walls".*

*I myself as a worker attempted calling different housing and accommodation agencies in which most of the responses received (when I finally got a hold of them) were to redirect me to other agencies!*

*At the time of writing, John is currently staying at the home of a friend and sleeping on their couch. This current accommodation is not only unsuitable and inappropriate for someone without a disability but even more-so for someone like John with a disability of MS, and who requires special accommodation needs such as step-less entry into the shower due to mobility issues. As it turns out, this particular accommodation which John is currently residing does have a step into the shower recess which results in John being unable to use the shower without being at risk of falling. As such, John has resorted to taking showers at the local pool.*

*When asked how he felt about all this, John's response was "well, it's not ideal but it beats sleeping in the car".*

This case study highlights the need for the government to take a closer look and put more consideration into the issue of accommodation and housing for people with disabilities, for people such as John and for many others in similar situations. As the AASW member commented, "I suppose that is the saddest part of it all, the fact that this is not a once off case; that John is not the only one experiencing or facing homelessness". There are far too many people within our society today who suffer from a disability and who are facing difficulties with housing due to increasing rental costs, low incomes and services that either will not or do not have the capacity to be responsive to their needs. Everyone deserves the right to affordable accommodation and much more than just a band-aid solution that "beats sleeping in the car".

**Reflections of AASW social worker working with a person with disabilities:**

*Last year I assisted an older woman who had had a stroke 10 years previously and was left with one-sided weakness and in a wheelchair. She was renting privately and had used up all her savings (she had previously been a successful music teacher). When I met her, she had been unable to get out of her flat unless she was physically assisted – this situation had a ten year history. As her rent continued to climb her daily struggles had increased.*

*She was severely limited in seeking alternative, cheaper housing as she was very limited in being able to pay for attendant care to support her. Accessing transport to view potential properties presented many problems as maxi-taxi drivers would usually wait outside and leave without her as most were reluctant to assist her to manage the 3 internal steps. The process of having to travel in a taxi to rental agents to pick up leaving \$50 deposit, continue on in the taxi to the view the potential property and then go back to the rental agents and then return was a significant barrier, particularly as very few real estate agents were in easily accessed offices in the first place!*

*Any accessible flats she did manage to find and apply for would invariably result in unsuccessful outcomes as increasingly she would be outbid by others offering higher than advertised rent. Stuck on a disability pension and dwindling superannuation funds she just could not compete.*

*This woman told me in quite a rational and matter of fact way that she had given herself another 6 months of struggle before she would kill herself as she felt there were just no other options.*

*Fortunately together we were able to apply for a fully modified community flat that she moved in to mid 2007. She visibly shed 10 years! She told me she had washed her hair for the first time in 10 years unassisted. She left me with the comment "I am me again, thanks."*

*For the first time in the 10 years she actually had the confidence and self esteem to reach out to some friends she had not seen since before her stroke and renewed ongoing contact.*

*This woman now spends most of her time out of doors as she has an accessible back deck where she gardens, alternatively she wheels out to the front which opens on to the street and speaks to passers-by who stop to chat to her and admire her enormous cat and beautiful tiny front garden. She now feels able, to if not accept, the event that happened to her, but to adjust her life accordingly. She has a balance of positive experiences where before all was very bleak and she was completely shut out.*

## **A qualified and professional workforce**

Children and adults with a disability often have a number of agencies involved in their lives. The capacity of staff to empower, encourage and support people with disabilities is directly linked to the level of training ongoing supervision and career development for employed staff. As with other parts of the social work sector there is a lack of training and ongoing support for employed staff. In addition the sector continually struggles to recruit and retain qualified and professional staff. A disability workforce strategy urgently needs to be developed addressing issues of respite care, the non-government workforce and support workers in group homes as well as the broader issue of recruitment and retention of staff.

## **Universal access**

In implementing the United Nations Convention of the Rights of People with Disabilities, universal access must be enforced. People with disabilities should not be locked out of employment, educational, social, cultural and political activities due to being unable to access buildings. People with disabilities, their families and carers have the right to access housing, sporting and other activities, recognising that people with disabilities are a diverse group and all their needs must be met.

## **Anomalies across States and Territories**

Travel subsidies differ across States and Territories resulting differing levels of service provision being available dependent upon the State or Territory in which children and people with disabilities live. For some, their incapacity to travel to large cities due to inadequate financial resources condemns them to substandard health care, reduced educational and employment opportunities, compounding disadvantage, isolation, exclusion, deprivation and marginalisation.

## **Concluding comments**

The AASW welcomes the opportunity to contribute to the Australian Government's consultation on the National Disability Strategy and would be pleased provide further comment and advice on these issues. As noted in our submission it is critical that the government address the identified gaps in the National Disability Strategy, namely Domestic and Family Violence and Child Well-Being. To honour its commitment to implement the Convention, the government must move immediately to appoint a representative of Women with Disabilities to the National Council of Violence against Women and ensure that the soon to be released National Framework to protect Australia's children addresses the complex issues surrounding children disabilities, and children of parents with disabilities.