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Dear Committee Members,

We thank you for the opportunity to provide a submission to the inquiry into social inclusion and Victorians with a disability.

about inclusion melbourne

Inclusion Melbourne is a professional community support organisation that provides services to people with an intellectual disability, helping them to create more enjoyable and rewarding lives and participate fully in the community. Inclusion Melbourne was established in 1950 and remains the only registered disability support provider to have transformed its services during the life of the previous Victorian State Disability Plan (2002-2012) resulting in the sale of our premises and the delivery of all of our supports within the community, alongside community members.

Our vision at Inclusion Melbourne is for people with intellectual disability to live in an inclusive community, where everyone has the same opportunities to participate in community life and to take their place in society as respected citizens.

We believe our role as a disability support provider is to encourage and enable people with disability to achieve and maintain a valued quality of life. We achieve this by supporting people to create highly personalised and flexible lifestyles based on their needs and desires. To achieve this we encourage people to participate in activities and develop relationships with people within their local community.

our response

Inclusion Melbourne welcomes the Victorian Parliament's inquiry into social inclusion and Victorians with a disability and we trust that the Final report will assist Victoria in identifying the nature and scale of relative inclusion / exclusion and identify a wide range of strategies that will support and enhance participation of Victorians with a disability in the economic, social and civil dimensions of our society.

Inclusion Melbourne believes that the three largest barriers that citizens with disabilities face in our State today are:

1. Low expectations
2. Segregation (social exclusion)
3. Poverty

A culture of low expectations commences early in our society – formed by people with a disability, their families and the wider community. Segregated education appears to prepare students for segregated working environments. It also sends the message to the wider community and other students that students with disabilities are different and need to be educated separately-what we see often becoming the "tyranny of low expectations."

Our view is that low expectations lead to segregation, which leads to permanent and intractable poverty. According to figures from the Australian Bureau of Statistics, the number of people with a disability participating in the workforce has fallen in the past 20

years; with only 53% of people with a disability participating in the workforce in 2012, yet 83 per cent of people without a disability participated in the workforce in the same survey. Currently Australia ranks almost at the bottom for workforce participation of people with disability among OECD nations.

Further, the recent Productivity Commission report 'Deep and Persistent Disadvantage' highlights that people with a disability remain among the poorest group of Australians. If low expectations lead to segregation, we suggest the starting position must be to remove barriers and encourage inclusion.

Many funds intended to support people with disability to live, work and engage in their communities continue to be misdirected to support services that produce the exact opposite outcomes. As a result, thousands of individuals continue to receive services that result in further segregation, impede individual progress, and create additional barriers for individuals to successfully participate in society. In pursuing employment opportunities, a misplaced belief that young adults with a disability cannot work is used to validate their segregation, whether through differentiated work environments or through industrial agreements that permit salaries below minimum wage.

Ultimately, people with intellectual disability are capable yet vulnerable citizens who are trapped in lives of relative isolation and poverty. Both the legality of sub-minimum wages for those who work and the income restrictions of the disability support pension and other related entitlements make it impossible for these people to earn a meaningful income, making poverty intractable.

The laws and attitudes that both support and trap people with disability were created for expectations that have proven to be outdated. While the civil rights of other minority groups have been championed, systemic and societal discrimination against people with intellectual disability is still acceptable in this country. It is time to modernize our systems and include the unknown tens of thousands of Victorians who live with intellectual and developmental disabilities into our communities, our workplaces, our classrooms and our economy.

responses to specific questions

3.1 What needs to happen to ensure that people's individual disability and experience are accounted for in efforts to increase their social inclusion?

In order for the inclusion of all Victorians with a disability to take place, several changes must occur within the sector, the broader community and in policy. These are detailed throughout this submission and include: enhanced reporting and measurement of inclusion at a societal and organisational level; consistency in best practice and the application of research; reform of the interaction between government, disability support providers and local community, and government support and funding for community development to allow for implementation of inclusive practices across all sectors and social spheres.

3.2 How should 'social inclusion' for Victorians with a disability be defined?

The very essence of inclusion requires there to be one definition of social inclusion for all Victorians, regardless of ability. For Victorians to develop the collective impulse to include others, a shift is required in individuals' and communities' ability to assess risk; understand difference; quickly and accurately interpret interactions in which a person requiring support is present, and make decisions that err on the side of inclusion rather than excessive caution. This shift involves education, experience, training, as well as personal development on the part of all Victorians – whether this be at a person's local shops, place of employment, educational institution, on public transport or at a sports match.

Social inclusion for people with a disability therefore requires a transformative adjustment in the minds of the rest of the general population and cannot truly occur solely wherever people with a disability live their lives. Social inclusion is the state in which all of a society's institutions and systems, including the vast majority of its population, have integrated and internalised values and principles of inclusion such that they pose no barriers to opportunity, and access for the society's constituents, regardless of ability, age, physiology, sexuality, gender, race or economic status. This definition of inclusion also entails the requisite support for a person to be free from harm and exploitation.

3.3 What is the difference between the concepts of 'social inclusion' and 'participation' in the context of people with a disability?

Increased participation does not necessarily preclude continued segregation, nor does it ensure any standard or quality of life for a person with a disability. It is still possible for exclusion to remain despite being more physically or socially present or active in the community. Participation may indicate that a person receives support and funding to be present in education and/or employment during the daytime. However, the same person may live in a supported accommodation environment where personal freedom is curtailed due to administrative or staffing limitations. Likewise within the educational or employment context, the person may be supported in personal care or note-taking, however colleagues or other students may inadvertently exclude the person from activities due to poor or misinformed attitudes about the person's capabilities. We are aware of a man who, in three years of open employment with a single employer, has never been invited to attend a staff meeting or social event with his colleagues.

In practice, inclusion would look like a full life that is engaged in, a part of, and contributing to the community. It is the difference between visiting one's local community and being **welcomed** as a vital and recognised member of that community. An improved government response to inclusion would also allow for a level of differentiation based on what is required to create functional support for an individual. Unlike the entrenched patterns of segregation that exist in our society, differentiation is not synonymous with discrimination.

3.4 What does social inclusion for Victorians with a disability look like now?

Neither the Australian Bureau of Statistics nor any Victorian Government department currently collects the types of data that would allow one to properly observe the status, or gauge the quality, of the inclusion of Victorians with a disability within our society.

At present, inclusion for people with disability is largely dependent upon, and determined by, the skills, knowledge and resources closest to the person – particularly in the person's immediate support network. Broad social inclusion for people with a disability has not yet been achieved. Key infrastructure and robust community support are required if the successful outcomes currently seen intermittently in largely family-governed arrangements are to be scaled up.

Social participation is one vital component of inclusion that may be overlooked if broad social inclusion is confused with participation in employment or education alone. Figures around social participation in the Productivity Commission's 2013 report – [Deep and Persistent Disadvantage](#) – are alarming:

- 80% of people with a disability have not had a visit from friends or family in the last 3 months.
- More than 50% of people with a disability have not had a phone call in the last 3 months.

- 18% of people with a disability have had no social contact with another human in the last 3 months.

4.1 What are the barriers to meaningful social inclusion for Victorians with a disability?

Inclusion of people with a disability in 2014 is varied and patchy. Inclusion Melbourne is proud to support people with an intellectual disability to be genuinely welcomed and included across their breadth of their lives. However, many people also experience and witness isolation and its effects.

Mistaken or outdated attitudes, knowledge, assumptions, values and paradigms, despite often being coupled with good intentions, lead to exclusion. This is frequently exemplified by community responses to the challenging or misunderstood behaviours of some people with a disability.

Furthermore, while significant and visible changes have been made to Victoria's physical and systems infrastructure to allow increased access for people with a disability, many barriers to inclusion are hidden in the minutiae of the current disability support system and require rethinking rather than rebuilding.

Within the sector, diagnostic overshadowing still occurs frequently. For instance, there is often the view that poor mental health (and its associated behaviours) is intrinsically comorbid with intellectual disability, while the causal relationship between mental health and social exclusion is ignored. In addition, highly overrepresented challenging behaviours are also erroneously identified as being comorbid. A lack of appropriately skilled practitioners and support services results in further withdrawal or removal from wider society due to a risk management or containment approach.

Turning to citizenship, people with a disability are often excluded from exercising their rights as equal members of society. Many do not have the legal ability to inherit or receive gifted wealth in their own name, consequently preventing home ownership. There is no framework, legislative directive, or prescribed pathway that encourages people with an intellectual disability to vote, despite the availability of several best-practice choice-making and preference-elicitation methods.

The requirement to be eligible to vote, outlined in the Commonwealth Electoral Act, is that the person has a sound mind, that is, that they are capable of understanding the nature and significance of voting. The definition of "sound mind" is ambiguous. Disability Rights Now, a 2012 report developed by Australia's peak disability and civil rights organisations, found that an "excluded until proven capable" approach to "soundness of mind", coupled with unchallenged attitudes in the community, has led to an alarmingly high number of people with an intellectual disability not being enrolled to vote. The report also found that increased funding and enforcement were required to combat this situation.

Australian Institute of Health & Welfare data for 2011-12 indicates there are over 150,000 Australian adults with an intellectual disability or autism spectrum disorders accessing government funded supports. Limiting the ability for this segment of the Australian population to make informed decisions at the polling booth based on dated views of inhibited cognitive ability tells a lot about the way a society determines whether someone is able or informed. This is because cognitive ability does not negate a person's ability to have a well-defined value system in the same way that a powerful intellect does not ensure a person will have superior ethical or moral opinions about socio-political matters.

In addition to the practical and systematic limitations that prevent participation and full citizenship, poor community attitudes and structural barriers in the funded support system prevent people with a disability from expressing some of their most fundamental

human yearnings – particularly sexuality, spirituality and the desire to initiate and develop relationships. Whether residing in supported accommodation or a family home, many people with a disability do not have support to maintain sexual relationships or engage in sexual activities, including physical support for positioning or the use of contraception.

Many of the poor attitudes towards people with an intellectual disability that proliferate in broader society are due to a lack of community knowledge around communication styles and social interaction.

There is perhaps a bigger picture that must also be acknowledged in the context of an inquiry. This is that within our communities, Victorians hold a wide range of views to support their vision of people with disabilities. To illustrate:

- Charity involves wonderful intentions including a celebration of people with a disability, and can attract significant philanthropy, however a charitable philosophy implies an underlying assumption that people with disability can never be part of the mainstream, and must be pitied; the charity model also implies the notion of gratefulness for services received, rather than viewing full inclusion as a human right.
- Similarly, the medical model views disability as a set of physical or neurological impairments and may not consider the disabling impact of one's environment or the glass ceilings created by a society that views people with a disability as disqualified or exempt from participation.

Both the medical and charitable models of viewing disability may entail an emphasis on welfare or tragedy and become excessively preoccupied with duty of care while ignoring dignity of risk. Dignity of risk, in conjunction with duty of care, is a vital ingredient in social inclusion. Social exclusion, however, leads to psychological damage that has far greater capacity to cause harm in the long term. Well-intentioned but outdated models of disability lead to practices that have poor long-term outcomes.

Recognition must be given to the fact of the diversity of perceptions within our community that exist of people with disability in Victoria. Therefore, it is recommended that this inquiry give thought to methods of ensuring a coherent Victorian understanding of people with a disability, thus enabling an appropriate social, cultural, government and policy response that is in line with the UN Convention on the Rights of People with Disability, the National Disability Strategy, and the Victorian State Disability Plan that then provides a foundation from which government can more easily implement appropriate responses to support people with disability.

4.2 In what ways do Victorians with a disability participate in the economic, social and civil dimensions of society?

At every level, and in every community, people with a disability contribute where and when they have the desire, and the necessary supports in order to be able to do so. In each case, participation requires the assurance of appropriate access to reliable transport, contact persons, health or other support services and other related resources that will allow the person to be physically safe and present at the site of their participation.

4.3 What do you see as the emerging issues for Victorians with a disability over the next 20 years and how might these influence their social inclusion?

As the NDIS is implemented across Australia, the coming years will likely see the majority of funding directed to ensuring the system is adequately harnessed, with a focus on individualisation and the direction of funds towards personalisation of supports. This will overshadow community building and the strengthening of engagement at the community level.

Demographic shifts within our society will greatly impact upon people with disability. An ageing workforce coupled with a growth in demand for workers in both the disability sector and the aged care sector from a shrinking pool of potential workers, will result in shifts in how support is provided. Some of this will be met through technological advances, such as remote access to medical monitoring and assistance; however this will not address the needs of social inclusion. Conversely, the shrinking pool of people of traditional working age (as described in the [intergenerational reports](#)) will provide additional opportunities for people with disability to engage with, and enter the workforce. The disability and private sectors will be tasked with developing more sophisticated workplace supports and embracing a more inclusive workplace culture.

A greater focus on evidence based practices holds promise for improving those supports provided through the NDIS. A key challenge for people with intellectual disability will be on the identification and development of an understanding of the provision of functional supports, as opposed to the traditional notion of attendant care. Therefore a key question yet to be considered is: "What skills are required by an effective worker to enable successful community and social inclusion for people with intellectual disability?"

If a text-to-speech application makes a vision-impaired person functional, one must ask what supports and skills are required to achieve the same level of function for a person with intellectual disability. Rather than employing minimally skilled attendant carers whose services have been procured using the cheapest possible hourly funding, what is required is a recognition of the value of sophisticated support structures that incorporate dynamic resourcing and professional support staff.

Equally, protectionist and paternal values that may be currently held by disability support providers will increasingly be shown to be unworkable in an era of embracing a human rights approach that embodies social inclusion values.

4.4 How effective have awareness campaigns been in improving social inclusion for people with a disability in Victoria?

A significant contributor to the current public awareness about social inclusion for Victorians with a disability is the media's representation of abuse within the disability sector. This is far from ideal as it draws attention to minimal standards of care rather than aspirational aspects of social inclusion.

Otherwise, there has not been an integrated campaign to social inclusion for people with a disability. Campaigns around physical access, participation, physical disability and discrimination have been moderately effective, however a larger picture of social inclusion as previously described has not been clearly communicated. There has never been a single coherent campaign linking inclusion of people with disability to the inclusion of CALD people, LGBTI people and people with mental health issues.

An area for consideration is a coordinated top-down and bottom-up approach that involves all funded disability support providers engaging at the local level, that is supported by an overarching statewide or regionally based campaign strategy, and which incorporates elements of education, awareness, opportunity and involvement.

4.5 How can social inclusion and the participation of people in the community be effectively measured?

Inclusion can be better measured by improving data collection and identifying relevant markers and variables for analysis, including analysis of the conditions and circumstances associated with specific types of disability. For example, intellectual disability has the highest number of people receiving support with the greatest expenditure while experiencing the poorest outcomes.

In recognising the scale of the issue it should be noted that there are currently more pages devoted to reporting on the environmental outcomes (20 pages) of the Department of Human Services than to the more than a billion dollars invested in the disability support system (2 pages). Inclusion Melbourne believes that the most logical place to measure social inclusion would be via refinement of the items in the Australian Census that currently measure functional limitation. Further reporting could also be added to the AIHW Minimum Data Set that is completed by funded organisations, including explicit measurement of outcomes such as supporting the establishment and maintenance of relationships with people other than family or paid staff.

For examples of effective measurement of inclusion in the context of a disability support organisation, see comments about Inclusion Melbourne's Service Quality Indicators in the response to 4.6, below.

4.6 What tools can be used to determine if there have been improvements or changes in the levels of social inclusion for people with a disability over time?

Inclusion Melbourne's Service Quality Indicators measure the quality, delivery and personalisation of the supports we deliver. These reports measure the location of supported activity, the presence of other people in those environments and the types of support provided, explicitly measuring paid vs volunteer vs natural supports. Inclusion Melbourne then utilises internal targets to drive the organisation to achieve inclusive opportunities for people (eg. that no greater than 50% of support be provided by paid staff, or that our community development activities lift the level of natural supports by 10% over a 2 year period). Our Service Quality Indicator (SQI) reports then also serve as a valuable method of tracking progress as well as providing data demonstrating the added value derived from Inclusion Melbourne's investments in community development, which add approximately 50% additional value to the effectiveness of the support packages of the people supported by the organisation.

5.1 To what extent have the inclusion and participation of Victorians with a disability been advanced following the introduction of the Disability Act 2006 (Vic)?

The Disability Act was implemented alongside a worldwide growth in the personalisation of disability support services which had commenced under the previous Intellectually Disabled Persons' Services Act 1986. Inclusion Melbourne is uncertain as to the direct effects that flow from the Act as opposed to those that flow from greater awareness of new ideas, developments and technologies that have come from other sources. It should be noted that a report commissioned by the Department of Human Services in 2009 and completed by PricewaterhouseCoopers found that "Since the launch of the State Plan (2002 -2012) there has been progressive reorientation of Disability Services and industry redevelopment, with a focus on providing more individualised responses and approaches... The shift is less apparent for SSA services." Furthermore they reported that "There are also real cost pressures arising in supporting the sector in achieving this shift". This report found significant underfunding and that the formulas for developing unit costs had failed to adapt to the changes in service delivery for providers. This funding shortfall of \$15 million for day services providers has never been addressed by government and has been subsequently compounded by the following four factors:

- a) rates of indexation being less than CPI and the government's own forecasts for CPI;
- b) reduction of the amount of funding being indexed, from 100% down to 80%;
- c) failure to acknowledge costs of additional regulation and independent monitoring;
- d) continuation of the use of the Vermont Support Needs Assessment to allocate funding to school leavers, which is the largest group of people receiving new support packages each year. The assessment is defined by the publisher as a tool which "aims to consistently and reliably identify the support needs of people with disabilities participating in programs delivered in a group setting".

Despite this, Inclusion Melbourne believe that there has been an increase in participation for Victorians with a disability in their local communities. As noted in several of the above responses, some of this has led to inclusion, however some has led to exclusion. Where participation has been coupled with adequate consultation with families and support networks, strong planning, and support from an educated broader community, inclusion has often resulted.

5.2 What impact has the Disability Act 2006 (Vic) had on the social inclusion of people with a disability with respect to Victorian government services?

The extent to which social inclusion of people with a disability in the context of Victorian government services has been impacted by the Disability Act 2006 has been dependent on the willingness of government departments to translate and action the details of the Act in a manner that produces concrete change. The development of four-yearly state plans does not appear to be governed by a prescribed process that allows for timely and robust consultation, nor even recognition and promotion of the plan, as evidenced by the release of the current plan, without fanfare, on the last or second last working day before Christmas, with barely a week before failing to meet the legislative requirement. One would have thought that if the plan was highly regarded by Government, it would have had a public release by the Premier in an event that captured the media's attention, rather than in the unfortunate position of being released in a manner that has come to be known as 'putting out the trash'. If the responsible Minister either does not give it due weighting and consideration, or alternatively is unable to garner the support of cabinet colleagues for the release of a vital document that lays down the foundations for the inclusion of some of Victoria's most vulnerable citizens, then what example does this set for ministers, departmental secretaries and departmental officers? This example alone highlights the risks that exist that Victorian government services do not harness best practice in engaging people with a disability.

6.1 How effective are services and initiatives designed to enhance the social inclusion of Victorians with a disability?

At present, local governments in Victoria produce Access and Inclusion plans and Health and Wellbeing Plans without being compelled to develop specific disability plans. These two types of plan are not necessarily developed using underlying disability or inclusion frameworks and often fail to acknowledge links or causality between mental health issues, intellectual disability, sexuality, cultural and linguistic diversity, age, gender or the issue of social exclusion. Inclusion Melbourne's direct organisational experience of participation in consultation forums suggests that much of the consultation behind such plans is not adequately recorded nor does it follow a predefined structure that will ensure best-practice disability frameworks are followed. Outcomes for local government and MetroAccess/RuralAccess programs should be measured, audited, and reviewed annually. The funding for MetroAccess/RuralAccess programs provides a powerful lever and we would suggest that this funding be conditional on achieving tangible local outcomes. Further, while we acknowledge their current location within local government, where it is clear that particular councils or shires have not made advances in inclusion when compared against other localities, this funding should be put up for competitive tendering and opened up to the community sector.

Access to education for people with a disability once represented a positive step towards participation. Unfortunately, many of these programs and institutions now conflict with best-practice and even hinder social inclusion. Segregated education, particularly at primary level, and segregated vocational training entitlement schemes now prevent many people with a disability from interacting with the general population and vice versa. The resources and energy required to develop parallel segregated programs will be better spent on building capacity for better support systems and more inclusive mainstream educational institutions and workplaces. Victoria should consider leveraging the NDIS to

begin to dismantle its specialist schools, instead working towards integrating specialist resources into the mainstream, resulting in savings to the state budget while at the same time increasing the exposure of all young people to young people with a disability, and providing a common ground for interaction, leading to reduced barriers later in life.

6.2 What other sectors and sections of the community should have a greater role in improving the social inclusion of Victorians with a disability?

The bulk of Victorians' commercial and private engagements take place in the private sphere and therefore it is through amendments to regulation and development of public awareness campaigns and advocacy that change will occur in the private sector. Positive reinforcement through financial incentive is also an important option to consider in promoting inclusive practice in the private sector, such as consideration of payroll tax relief to small and medium enterprises who employ people with disability. Similar schemes have proven very effective in other jurisdictions in increasing the level of employment for people with disability and have the additional effects of increasing inclusion, improving social harmony and the psychological and physical and financial benefits that flow from the satisfaction of paid employment.

Greater consideration should also be given to the addition of social inclusion as a content area in primary and secondary school education, particularly in the areas of civics and social studies education around social movements, civil rights and politics.

6.3 Are there examples of good practice in advancing social inclusion and participation driven by local government and the community sector?

There are many examples of good practice in advancing social inclusion and participation that have been driven by the community sector. Unfortunately, without an explicit driver encouraging the community sector, in resource constrained environments, many organisations focus on delivering the highest possible quality services that they are contracted to provide, often at the expense of their broader social mission. Recent examples of exercises undertaken by Inclusion Melbourne include:

- Working individually alongside people with a disability utilising a highly personalised approach in over twenty of Melbourne's local government areas to establish inclusive activities for people in their own neighbourhoods, ranging from supporting people to work at the cinema, to volunteering at the National Museum of Sport at the MCG, to hosting a stall at the local craft market to sell handmade crafts, through to supporting volunteering in gardening within local public parks and gardens, opportunity shops, public and private schools and participating in community choirs. With over two decades of experience in personalising approaches for people we know that these opportunities can be sourced and supported, providing they are based on a person's skills, interests, strengths and opportunities that exist within the community when people search for them. The best results are always achieved when we focus on a single person per location or opportunity, encouraging others already occupying that space to come forward and view newcomers as another person to welcome and embrace, rather than as a person belonging to a group that is best supported by professional staff, who can often act as a barrier to inclusion
- Establishing a volunteer supporter service, which has trained over 350 people to work alongside people with disability, and currently supports approximately 200 people in volunteering on a regular basis with people in dozens of locations across Melbourne each week.
- Working with corporate partners (notably ashurst and Bankmecu) to materials and deliver education to corporate Victoria on concepts surrounding inclusion and the roles and opportunities available to the corporate sector in building inclusiveness
- Developing guides for community groups on how to include people with intellectual disabilities as volunteers and members in local sporting and cultural associations ([Include me!](#))

- The giving of time and resources to support community education, or the provision of expert advice to government fora at local and state levels
- Establishing a partnership with the City of Port Phillip utilising the removal of graffiti as a mechanism for demonstrating the contributions people with disability can make to a local community while at the same time placing these people in the centre of the community, in highly visible and heavily trafficked areas to support interaction and inclusion

7.1 What needs to happen in the implementation of the National Disability Insurance Scheme to improve the social inclusion of Victorians with a disability into the future?

Most people with a disability who engage with the disability support system complete a planning process with subsequent periodic reviews. There is scope for this process to include the voices of several advocates from the person's circle of support, and this does indeed occur in many cases, however there is also potential for planning to be inadequate and inappropriately brief. The creation of person-centred plans is one of the prime mechanisms available to people with a disability to ensure that their interests, preferences, dreams, goals and yearnings are accurately elicited, taken seriously, and actioned.

While Inclusion Melbourne has been a strong supporter of the creation of the NDIS, the organisation believes the new scheme will require refinement during the trial period to ensure that people with a disability experience equal access (equity) as well as equal opportunity (equality) while they seek to find support to reach their goals, dreams and full inclusion using the NDIS.

Inclusion Melbourne, in association with the Centre for Applied Social Research at RMIT University, researched and developed a resource as part of the federally funded NDIS Practical Design Fund projects. *It's My Choice!* (<http://www.inclusionmelbourne.org.au/resources/choice/>) features five printed guides and three short films. The project's specific goal is to integrate world's best practice around choice-making with the new NDIS processes. The content in the guides has been designed for diverse audiences including people with a disability, their families and carers, disability support providers and social researchers. This material provides comprehensive guidance for people with a disability and their supporters to adequately engage in pre-planning activities that will allow them to get the most out of their interaction with the NDIS. Without this assistance, people with a disability become severely disadvantaged as they attempt to navigate the market system that is the NDIS.

Alongside the NDIS, Victoria should give consideration as to how to support community development activities, such as providing volunteer induction on communicating with people with a disability, disability awareness training and other relevant materials to encourage volunteering and community strengthening activities.

Further, as described above, Victoria should give consideration to utilising the opportunity of the NDIS to encourage mainstream education and reduce the numbers of people being educated in parallel and segregated settings.

7.2 What should be the role of governments and the community sector in increasing social inclusion for Victorians with a disability?

Social and community influences such as social support networks, high quality relationships, feelings of attachment and having a perceived sense of control over one's life, are very important factors in ensuring inclusive societies, which offer both protective and preventative benefits. Factors relating to living and working conditions (for example access to employment, educational attainment, access to housing and health care services, vibrant and safe communities) play a significant role in delivering advantage. However, community inclusiveness is also strongly influenced by factors at the macro

socio-economic, cultural and environmental level. Some of these can be more easily adjusted than others and the prevailing attitudes, values and beliefs that are expressed through the dominant culture can be hard to shift

All levels of government have a role to play in reducing the barriers to social inclusion, from identifying need and delivering specific responses to changing culturally embedded attitudes. Keys to seeking social inclusion are advocacy and empowerment, partnership and collaboration, access and equity, participatory decision making, and innovation in service delivery based on the best evidence available.

Government's objective through social inclusion should be to improve wellbeing and address disadvantage in ways that look beyond one's level of economic and material resources. Social inclusion can serve to improve opportunities and remove barriers so that more (ideally all) people can participate in the types of activities that most Victorians take for granted. Material resources can be the main barrier to participation in these activities, but so can lack of skills and knowledge, ill-health, poor relationships, cultural barriers and isolation. Some people experience multiple interconnected barriers. Where this occurs, policy should seek to focus on the disadvantage collectively, rather than dealing with individual issues. It is here that it is important to recognise the vital role of a professional community support sector delivering responses that may occur via facilitating access to mainstream services or through targeted initiatives.

7.3 In what way could collaboration between government departments, organisations, services and the community sector be improved to enhance social inclusion for people with a disability?

The creation of a market in relation to the provision of supports to people with a disability will hamper efforts to improve collaboration between organisations, although it should be noted that there are many strong collaborative activities and networks that have been established by, and for, the community sector with high levels of trust and information sharing that extends from entirely volunteer run services through to organisations with annual revenue exceeding \$50million. Through its restructure, the Department of Human Services has largely withdrawn from this space, thus losing access to regular updates from the sector.

Within the commercial sphere, it is noted that a relationship manager is one that works hard to effect a building of relationship for mutual benefit, and it has been suggested that the Department of Human Services could adopt a relationship management approach to engaging with organisations, thus avoiding an adversarial image and building virtuous partnerships that create space for shared learnings.

8.1 What needs to happen to improve the social inclusion of Victorians with a disability into the future?

It is our belief that to improve the social inclusion of Victoria's with a disability we must maintain a continued focus on reducing inequality and the conditions that support exclusion.

We thank the Family and Community Development Committee for raising and enquiring into this important matter and for the opportunity to provide input to this work.

This submission was prepared for Inclusion Melbourne by:



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