

Feedback on the Department for Health and Wellbeing draft Disability Access and Inclusion Plan (DAIP)

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Background and summary of recommendations

Thank you for the opportunity to provide feedback on the Department for Health and Wellbeing's draft Disability Access and Inclusion Plan (DAIP).

As South Australia's Commissioner for Children and Young People, my mandate is to advocate at a systemic level for the rights, interests and wellbeing of all children and young people in South Australia, particularly those whose voices are not usually heard.

While the draft DAIP outlines some promising goals, I am concerned that it does not specifically mention children and young people. This is despite the requirement under the *Disability Inclusion Act (SA) 2018* for DAIPs to address priority groups living with disability, including children.

Given the Department and SA Health's increased focus on early intervention, prevention and wellbeing, it seems logical that its DAIP should mention children and young people with disability as a group that requires specific consideration and unique responses.

While the Department does not directly deliver health services to the South Australian community, it provides leadership as part of the SA Health portfolio in health reform, research, services, and policy planning and development.

By including children and young people in its final DAIP, the Department can play a leading role in shaping systems, services and policies that are kind, open-minded, caring and non-judgmental for everyone in South Australia, particularly children and young people with disability.

To successfully do so requires the Department to apply a child-centred and disability-aware lens to its work as well as recognising that children and young people are not a homogenous group. Children and young people with disability should not be defined by their disability but by their diverse identities as children and young people and individuals with unique personalities, intellectual and physical abilities, and levels of social, communication and behavioural need.

My office makes the following recommendations to guide the DAIP's implementation and ensure that the Department meets its obligations under the *Disability Inclusion Act (SA) 2018*:

1. **That the timeframes for each action are made more specific with dates rather than the largely "ongoing" or missing timeframes.**
2. **That the final DAIP provides mechanisms for the monitoring and evaluation of the plan to ensure that its "measurable targets" are indeed measured to ensure accountability.**
3. **That the proposed actions related to community engagement and consultation support the participation of children and young people with disability, are developed through a child and youth-friendly engagement process and have actionable and measurable timeframes and targets.**

4. That all proposed actions relating to the Department's feedback and complaints procedures ensure that feedback and complaints mechanisms are child-friendly and accessible and accountable to all children and young people.
5. That the proposed disability awareness training for staff is extensive, meaningful and addresses the needs of children and young people with disability through trauma-informed and child-centred approaches.
6. That the final DAIP include greater collaboration with other agencies and services in SA Health and with key external stakeholders in the youth sector with disability expertise to strengthen the effectiveness of the final DAIP's implementation.

I hope this feedback proves useful. If you would like to discuss anything further, please do not hesitate to contact me.

Yours sincerely,



Helen Connolly
Commissioner for Children and Young People

Submission

- 1. That the timeframes for each action are made more specific with dates rather than the largely “ongoing” or missing timeframes.**

The draft DAIP’s timeframes are primarily “ongoing” or missing. This office is concerned that the term “ongoing” is vague and not defined in the draft DAIP. We recommend that this be replaced with concrete and specific date or date ranges where possible. Where timeframes are currently missing, these gaps should be filled to ensure clarity and accountability.

- 2. That the final DAIP provides mechanisms for the monitoring and evaluation of the plan to ensure that its “measurable targets” are indeed measured to ensure accountability.**

The draft DAIP’s “measurable targets” provide a vague initial guide for implementation. However, many of the targets are missing. Where they are recorded, this office is concerned that they are not measurable.

For example, there is no timeframe or measurable target for Action 11.2 regarding a review of the student placement process to ensure that students with disability are supported through reasonable workplace adjustments or other needs. This office recommends that any review should include the voices of children, young people and students themselves (Recommendation 3).

This office also suggests that a measurable target for this action might include feedback from students as well as consistent data collection and monitoring of the provision of adjustments or other actions to support disability-related needs. An actionable timeframe for this review to commence might be January 2021, with the implementation of any recommendations arising from the Review commencing in December 2021.

Other actions that would also benefit from more specific and measurable targets and a focus on children and young people with disability include:

- Action 1.1, which commits to facilitating access of people with disability to community events and facilities; and
- Action 11.1, which commits to exploring pathways for people with disability to access meaningful volunteering opportunities that support pathways into SA Health.

- 3. That the DAIP’s proposed actions related to community engagement and consultation support the participation of children and young people with disability, are developed through a child and youth-friendly engagement process and have actionable and measurable timeframes and targets.**

The Department’s draft DAIP includes several actions to facilitate the engagement of people living with disability, including the establishment of a Disability Engagement Group (DEG) and a Diversity and Inclusion Advisory Committee (Actions 3.1 and 5.1), a Supported

Decision-Making policy and practice framework (Action 4.1) and other consultation and engagement practices and toolkits (Actions 6.1 and 6.2).

However, none of these initiatives mention children and young people with disability. Including children and young people as a priority group for engagement would not only strengthen the Department's focus on early intervention and prevention but also ensure that it meets its obligations under the *Disability Inclusion Act SA (2018)*.

In our office's view, the earlier that children and young people are involved, the better embedded they are in the process. Their input should also inform the development of the Department's training for staff (See Recommendation 5).

Children and young people want to be listened to when it comes to decisions that affect their lives, not just as individuals with disability but as children and young people. The diverse and unique views, lives and experiences of children and young people often differ from adult assumptions.

Children and young people with disability should therefore not only be asked about any issues and barriers they face but they should also be given the opportunity to articulate which issues are most important to them and included in the development of strategies and solutions to address these issues. To do this may require greater collaboration with other agencies in the SA Health portfolio as well as external youth-focused organisations with disability expertise (see Recommendation 6).

Finally, this office has concerns about the proposed Disability Register to "assist in identifying people with lived experience for committees and advisory groups". If the Department collects any identifying information about children and young people with disability, it must ensure it respects every child's rights to privacy, dignity and information by:

- explaining what information is being collected and why (as well as any related policies or procedures) to the child, young person and their families and carers;
- only using collected information for the stated purpose; and
- providing reasonable supports to facilitate the genuine inclusion and participation of this group rather than to merely pay "lip service".

4. That all actions relating to feedback and complaints ensure that the Department's feedback and complaints mechanisms are child-friendly and accessible and accountable to all children and young people.

The proposed audit and review of the Department's feedback and complaints mechanisms should review how these processes and information about them are accessible to children and young people with disability.

This office notes that several actions in the draft DAIP focus on feedback and complaints procedures (Actions 1.3, 3.2, 7.6 and 7.7). Rather than being confined to the number of complaints received, the targets for these actions should measure the quality and accessibility of mechanisms for children and young people with a range of disabilities and disability-related needs.

The proposed reporting and analysis of customer feedback (Action 1.3) should not be limited to disability-specific feedback or “feedback relating to accessibility” but rather to all complaints, feedback and suggestions from children and young people.

Children and young people have consistently told me that they want organisations to be transparent by ensuring that young people who voice their concerns or opinions are informed about the outcome of their feedback or complaint. They want staff to be kind, respectful, and open-minded and they want to know that the organisation has the capacity to deal with issues properly, completely and with discretion.

Opportunities to provide feedback and make complaints should be well promoted and offered in a range of formats to accommodate for varying levels of literacy, communication needs and physical and intellectual disability.

If, for whatever reason, the Department is unable to respond appropriately to a complaint, staff should be equipped to refer the child or their family to an appropriate service who can help. Once a complaint has been lodged or feedback received, it should be taken seriously, acted upon and used to continuously improve the Department’s leadership role in health research and health service and policy planning and reform.

5. That the proposed disability awareness training for staff is extensive, meaningful and addresses the needs of children and young people with disability through trauma-informed and child-centred approaches.

This office welcomes the review of existing disability awareness training that is due to be completed in January 2021. It is also promising to see that a “consideration of intersectionality” and “cultural factors” will be included in this revision. However, while the DAIP defines intersectionality in broad terms, it does not mention how age can intersect with disability to contribute to discrimination.

This office therefore recommends that in order to successfully implement draft DAIP Action 2.3 (ensuring people with lived experience are consulted about training content), this training should:

- Address how children and young people have diverse needs that often differ from adults and therefore require different responses;
- Focus on children’s rights and trauma-informed practice;
- Be developed and delivered by or in collaboration with the disability sector and other agencies with disability expertise (See Recommendation 6); and
- Improve attitudes and responses of staff across all services.

6. That the final DAIP include greater collaboration with other agencies and services in SA Health and with key external stakeholders in the youth sector with disability expertise to strengthen the effectiveness and sustainability of the final DAIP’s implementation.

The responsibility for the actions in the draft DAIP currently sits largely internally within the Department and only occasionally with other SA Health agencies or services. Greater

collaboration could be identified in the final DAIP and is likely to improve the chances of proposed actions meeting their proposed targets.

The following table demonstrates how potential partnerships are central to the success of proposed actions and outcomes.

Potential partners	Relevant proposed actions and improved outcomes
Youth sector organisations and youth-focused organisations with disability expertise	<p>Action 4.3: Keeping abreast of new initiatives in inclusiveness</p> <p>Action 5.2: Monitoring and responding to national and state-wide matters affecting the health and wellbeing of people with disability</p> <p>How well the Department can monitor and keep informed about new initiatives in inclusiveness and issues affecting people with disability, particularly children and young people, depends on:</p> <ol style="list-style-type: none"> How well the Department engages with community members and organisations, particularly children and young people (see Recommendation 3) and How well the Department collaborates with agencies, service providers and organisations with youth and disability expertise. <p>To this end, it is promising that the Department acknowledges Vision Australia as a potential “dedicated organisation” in draft Action 4.3.</p>
Other SA Health agencies and services, including Local Health Networks (LHNs); disability service providers; community organisations; Department for Innovation and Skills; Other health providers and businesses	<p>Action 11.1: Volunteering and work opportunities</p> <p>To successfully explore pathways for people with disability to access meaningful volunteering opportunities that support pathways into SA Health (Action 11.1), the Department should:</p> <ul style="list-style-type: none"> specifically explore pathways for young people with disability; ensure that these pathways are open to all young people; and that young people are supported through the provision of reasonable adjustments or other means. <p>This requires collaboration between the Department’s Workforce Services and other SA Health agencies and services, including LHNs, as well as other potential partners across government and the community, including community organisations and disability service providers, other health providers and businesses and the Department for Innovation and Skills.</p>