

Australian Disability Royal Commission
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Dear Commissioners

drummond street services response to Promoting Inclusion Issues paper

drummond street services (ds) are writing in response to the commission's issues paper regarding *Promoting Inclusion*. The purpose of this brief submission is:

- to comment and respond to some of the Issues Paper questions and themes and;
- contribute to guiding the design of services responding to the intersectional needs of people with a disability.

Through our involvement in the *Royal Commission into Institutional Responses to Child Sexual Abuse* and the subsequent National Redress Scheme, **drummond street services** have built substantial practice experience and evidence in service support that respond to the wholistic needs of people who experience the impacts of complex trauma. We have continued this process in our work as a provider of Disability Royal Commission frontline counselling and support services for people with disabilities, their families, carers and support workers who are affected directly and indirectly (e.g. vicarious trauma) by the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. Through this work and listening and centring people's stories and experiences, we know that survivors have unique and important insights into what recovery means to them and what supports they (and their families and communities), need.

Lived experience perspectives has been foundational to the development of our trauma-informed care framework and is a key factor in the adoption of a co-production model for all our support services related to the impacts of institutional abuse, redress, family violence and now the disability royal commission processes. This is in recognition of the nexus between things such as poor mental and physical health, substance abuse, family violence, complex trauma and histories of abuse, neglect and exploitation. Our approach also accepts the long-term impacts of complex trauma on whole families, including poor outcomes for both children and adults, and the risk of transmission of intergenerational trauma.

We welcomed the acknowledgement in point g) of the ToR of the Royal Commission's inquiry which states "... people with disability have specific needs, priorities and perspectives based on their personal circumstances" and that experiences of violence, abuse, neglect and exploitation are influenced by 'age, sex, gender, gender identity, sexual orientation, intersex status, ethnic

origin or race, including the particular situation of First Nations people and culturally and linguistically diverse people with disability’¹.

drummond street adopts the definition of people with disability as per Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD). This includes people with ‘...long-term physical, mental, intellectual or sensory impairments’². People as described in the Convention are contextualized within a social model of disability. Meaning, that ‘disability’ is the result of the interaction between people living with impairments and environments with physical, attitudinal, communication and social barriers.

drummond street strongly support the implications of the **social model of disability** that physical, attitudinal, and social environments must change to enable people living with disabilities to participate in society on an equal basis with others³. We also believe a primary way to improve inclusion is to address broader ranging discrimination, attitudes and disadvantages people experience based on other key identities and characteristics.

We welcomed the *Royal Commission* and its intent to explore and respond to the needs of marginalized groups and those people with disability who face barriers to safety, equitable participation and appropriate services due to intersectional identities. Our agency’s Vision includes ensuring our services are safe, trauma-informed, person-centred, community-led and integrate expertise with the lived experiences of our diverse communities. We bring this lens to our support of and participation in the *Royal Commission* processes.

Finally, I would like to take this opportunity to express my appreciation to the Commission for its call to Government for a 17-month extension of the Commission process, and the Chairs successful advocacy for the introduction of legislation to protect the confidentiality of submissions beyond the life of the Royal Commission. drummond street will continue to work with Government throughout the Royal Commission’s deliberations, respond to recommendations on behalf of the communities we support, and advocate for equitable outcomes for all people who are impacted by the Commission processes.

I welcome contact regarding queries you may have pertaining to this response.

Regards



¹ Promoting inclusion Issues paper, December 2020 p.2,

² Convention on the Rights of Persons with Disabilities, 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008) art 1; note also art 2 ‘Definitions’.
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html>

³ People With Disability Australia – Social Model of Disability (website accessed 23.3.21) <https://pwd.org.au/resources/disability-info/social-model-of-disability/>

Karen Field
Chief Executive Officer

WHAT DOES INCLUSION MEAN TO YOU?

drummond street notes the barriers to inclusion listed on page three of the Issues paper, and the position that an inclusive society for people with disability *values* difference and *respects* the dignity and equality of all human beings ⁴. However, we view 'inclusion' as *more* than the belief all people have equal social, economic and cultural rights regardless of their 'race', ethnicity, class, gender, age, religion, gender or sexual identity and/or disability. *Rather* the concept of inclusion requires demonstrative action to ensure all people are free from discrimination and to exercise their rights.

We also note the Committee on the Rights of Persons with Disabilities highlighted inclusion as it may exist in different areas of life ⁵. We strongly agree with the Committee that 'inclusion is the result of a process and commitment to eliminating barriers' ⁶. **We believe this requires sincere and genuine efforts to dismantle systems and structures which constrain the resources, opportunities and power available to people and that enable discrimination.**

WHAT MAKES AN INCLUSIVE SOCIETY AND WHAT ARE SOME CHARACTERISTICS OF INCLUSIVE SOCIETIES?

Exclusion and marginalisation processes can be complex, multidimensional or intergenerational, where 'risks' and 'vulnerabilities' manifest as discrete and connecting forms of exclusion. These processes can also occur in specific geographic locations, neighbourhoods and/or be experienced by specific social groups and cohorts that can remain or shift over time. Social determinants of health remain heavily influenced by division and exclusion practices of discrimination and marginalisation, negative stereotypes and socio-economic disadvantages.

Through our program delivery, co-production practices, research, advocacy, and as espoused through our sustained commitment to Social Justice values, **drummond street** recognises intersectionality as intersecting social and legal systems which produce discrimination and disadvantage for people who, by virtue of belonging to particular and multiple groups, fail to be recognized ⁷.

⁴ Gerard Quinn and Theresia Degener, Human Rights and Disability: The current use and future potential of United Nations human rights instruments in the context of disability, United Nations Press, Geneva, (2002), p 15.

⁵ Promoting inclusion Issues Paper December 2020 p. 5

⁶ Promoting inclusion Issues Paper December 2020 p. 5

⁷ Crenshaw, Kimberle () "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989: Iss. 1, Article 8. Available at: <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>

In a human services context, intersectionality can be a useful way of thinking and practicing that produces inclusion and safety for consumers and staff and; can inform practice by linking systemic factors to the effects on individual well-being, taking a whole-of-person approach to client work. Intersectional perspectives enable a full range of 'issues' to be identified as they arise, rather than focusing on a siloed 'cohort need', or a specific 'illness' or 'problem'.

While it is important to recognise disadvantages due to disability, it is also important to recognise some people with disabilities contend with more marginalisation than others. Therefore, we agree with the Committee's position that it is vital to transform 'culture, policy and practice to accommodate the differing requirements and identities of individuals with disability' ⁸ and that this is a key aspect of creating inclusive societies.

drummond street propose the following actions and approaches can support the achievement of a more inclusive society.

- ensure more equitable distribution of resources, including within service systems.
- examine spheres of influence and power to raise the voices of Lived Experience and diverse representation of people with intersectional experiences (e.g. recruit people of Lived Experience in positions of authority or decision making that determine and shape policy, service design, political priorities, funding models, research and service implementation)
- dismantle systems and structures which constrain the resources, opportunities and power available to people. This must be at the forefront of policy, planning, design and implementation of all responses to the needs of people with a disability.
- raise collective community awareness and acknowledge the need to dismantle systems and structures which constrain resources, opportunities and power available to people or that enable discrimination.
- ensure all steps to reduce and prevent discrimination towards a 'cohort' such as people with a disability also apply an intersectional lens to reduce other forms of discrimination they may face.

LIVING AT THE INTERSECTIONS - LGBTIQ+ POPULATIONS

As an example, to respond further to the Issues paper, we know through our work that LGBTIQ+ people with disabilities experience a lack of access to and quality of service provision from both the disability and LGBTIQ+ service sectors. Some issues faced by LGBTIQ+ people include:

⁸ Promoting inclusion Issues Paper December 2020 p. 5

- LGBTIQ+ specialist services may lack inclusion of, and responsiveness to the needs of LGBTIQ+ people
- LGBTIQ+ people with disabilities may face barriers to employment, based on their LGBTIQ+ identity, their disability, or a combination of the two
- LGBTIQ+ people with disabilities often experience social exclusion and/or discrimination in LGBTIQ+ communities as well as the broader community
- LGBTIQ+ service sectors can have inconsistent understandings of the disability advocacy sector and disability rights issues

drummond street believe awareness-raising and capacity-building activities delivered by LGBTIQ+ people with disabilities about their experiences could help to shift exclusionary and discriminatory attitudes within LGBTIQ+ communities making them more inclusive as well as improve inclusion in service provision and the broader community.

CASE STUDY: drummond street's recent project (2019 – 2020) Advocacy at the Intersections (AAI) was in collaboration with the Disability Advocacy Resource Centre (DARU). This was a co-production-based training initiative that involved the co-design of: a training module and zoom/face to face training about LGBTIQ+ disability access/inclusion, and the production of tip sheets and video resources on access/inclusion by LGBTIQ+ People with Disabilities (PWD).

The target audience was both LGBTIQ+ service sector, LGBTIQ+ communities and the disability advocacy sector. The co-delivery component of AAI included LGBTIQ+ people with disabilities, people working in LGBTIQ+ organisations and disability advocacy organisations as key stakeholders and equal partners. AAI gave primacy to the employment of a Lived Experience workforce of LGBTIQ+ people with disabilities to co-deliver the training and drive the project progress.

Key project objectives were to:

- *Increase disability advocacy sector capacity to include and respond to the needs of LGBTIQ+ PWD*
- *Increase LGBTIQ+ service sector capacity to respond to the advocacy needs of LGBTIQ+ PWD*
- *Educate LGBTIQ+ communities on LGBTIQ+ PWD inclusion*
- *Create opportunities for employment and professional development of LGBTIQ+ PWD*
- *Strengthen links between disability advocacy and LGBTIQ+ service sectors to improve collaboration*

- *In the long term, increase LGBTIQ+ PWD experiences of inclusion within, and access to LGBTIQ+ communities*

As a result of the evaluation and outcomes of this project, and considering the most meaningful approaches to creating cultural shifts, drummond street services know there is transformative potential in investing in communities themselves so they are positioned as leaders in their own changemaking. Secondly the positive impacts of our co-production model during this project and the use of lived experience workforces were evidenced through the following: the final products, interviews/focus groups with Co-design Group members and project team, post-reflective surveys (including demographic data), project feedback, and participant/staff outcomes.

HOW CAN SUPPORTS FOR PEOPLE WITH A DISABILITY BE PROVIDED IN A WAY THAT IS CONSISTENT WITH PROMOTING AN INCLUSIVE SOCIETY?

There is an increasing focus by governments and policy makers on co-design in the aim to create inclusive services. While this is positive, we believe there needs to be a greater holistic co-production approach to incorporate models that:

- *span co-planning, co-design, co-delivery and co-review across services and programs*
- *implement workforce strategies which further incorporate a peer or 'lived' experience lens (rather than just consultative only processes at the beginning of a project or change process).*
- *recognise and address structural barriers to participation (e.g. poverty, un/underemployment, social isolation, discrimination).*

Co-production processes are based on the premise that service and program outcomes are enhanced through sustained and ongoing engagement, partnership and empowerment of community members and service-users. Participants in drummond street's AAI project identified and highlighted a number of helpful approaches to co-production which are relevant to health and human service/systems design and sector policy development.

These were to:

- **Build evidence** by sourcing learnings from the service systems and community experiences of people with disabilities.
- **Co-Plan** together with key stakeholders, community partners, target populations and service users.

- **Co-design using Co-produced program logics** that include program content, activities and intended outcomes.
- **Ensure programs have a human rights orientation** and that this orientation shapes data collection including methods and outcome measures.
- Ensure **co-design** genuinely **builds both individual and community capacity**.
- **Co-review using key stakeholder appraisal** and that this contributes to performance and quality improvement.
- **Use project and program outcomes and evaluations** as evidence for future and ongoing delivery of services and programs.
- Ensure co-production processes are **both evidence-informed, and evidence building**.

LIVED EXPERIENCE WORKFORCE MODELS

drummond street strongly supports the view that more diverse voices are needed in decision-making, service design and delivery, including dedicated governance and leadership positions for people of Lived Experience in organisations and government agencies.

Specifically, there is a lack of health and human services sector employees of diverse backgrounds who experience multiple, compounding forms of discrimination and health and wellbeing inequalities. Poor workforce diversity impedes efficient or appropriate engagement with these cohorts, despite their greater support needs, further entrenching disadvantage.

In recognition of these issues, **drummond street** has built innovative Lived Experience workforce models through our Youth Services, Parenting Support, Family Violence and Survivors of Institutional Abuse programs and is leading evidence building in this area.

Our Lived Experience models were developed in recognition of the place of peer work in supporting recovery from complex trauma and adversities. All of our Lived Experience workforce models target marginalised groups, including the unique intersectional experiences of individuals from multiple groups, such as:

- women (both trans and cis women)
- youth
- First Nations people
- people living with a disability
- people from culturally diverse communities (particularly of migrant/refugee experiences)
- people of colour
- LGBTIQ+ communities

CASE STUDIES

A Maternal and Child Health Peer Network

drummond street developed a peer network model with the goal to employ people with disabilities who have used Victorian Maternal and Child Health and Early Years services. This model focuses on First Nations, LGBTIQ+ and culturally diverse communities. The work of the network is to develop a training and mentoring package targeting maternal and child services, playgroups and other early childhood settings across 9 metropolitan LGA's to embed Lived Experience and inclusive practices within service delivery.

Independent Disability Support Service Peer Practitioner Workforce

drummond street recruited LGBTIQ+ Disabled Peer Practitioners in our Independent Disability Support Service (Disability Royal Commission Support Service) for people impacted by the Disability Royal Commission. This was in response to high numbers of LGBTIQ+ people with disabilities seeking assistance through this program. These Peer Practitioners connect clients to both the LGBTIQ+ and disability communities and provide therapeutic, affirming support.

There is great potential through workforce innovation to increase inclusion for people with disabilities in service delivery, socioeconomic participation and the broader community. Building emergent evidence in lived experience practice is also vital. Particularly where these strategies increase workforce diversity to reflect that of communities who need services, and also where they enhance program outcomes. Government funders, policy makers and sector leaders (both public and private) should prioritise Lived Experience workforce models that have demonstrated capacity to:

- *engage communities who face barriers to support services*
- *promote job opportunities for populations who face barriers to employment and/or further education*
- *increase workforce diversity and organisational competencies with marginalised groups*
- *are developed using holistic co-production models*
- *build knowledge and are evidence based*

CREATE NON-SEGREGATED SERVICE OPTIONS

Reducing the segregation of services and creating equitable access to a wider range of supports compliments human rights principles, can create societal wide cultural shifts and increase inclusion for people with disabilities. The presumption that people with disabilities are best served by disability-specific service systems results in separation between people with disabilities from their peers. It is important to resist and build alternatives to segregated service models with institutional traits.

This includes shifting sufficient resources and attitudes so both mainstream; and specialist service settings such as ‘population’ targeted (e.g. LGBTIQ), or ‘needs’ targeted (e.g. family violence, drug and alcohol or trauma counselling services) can provide genuinely inclusive services for people with disabilities with high or complex needs. Examples of segregationist responses that require alternatives include ‘special schools’, nursing homes, ‘sheltered workshops’ and care homes.

It should not be presumed a certain level of disability or support needed means it is impossible for a person to access settings like mainstream schools, workplaces, recreational facilities, or to age in place within community. For example, more training and emphasis within service standards to increase capability to work with people with highly prevalent disabilities could enable many more people to access support beyond disability specialist services.

HOW CAN INCLUSION IN SOCIETY BE MEASURED, MONITORED AND REPORTED ON? WHAT DATA IS AVAILABLE THAT COULD BE USED?

drummond street believes there needs to be additional improvements in statistical data on diverse groups and an intersectional approach to data collection. This needs to include analysis of big data collections (household, whole population data), ‘cohort specific’ data (LGBTIQ+ examples: Private Lives⁹, Writing Themselves In¹⁰) and service level data. We believe through our work with marginalised groups there also needs to be an increase in trust built within communities about what data is used for and what the benefits of it will be.

This requires workforce training initiatives to improve the capacity in a wide range of sectors on how to appropriately collect data on intersectional identities/characteristics, to collect data in ways that recognise people’s communication needs, and *use service data instruments in ways that engender trust and are respectful*. It would also be highly beneficial to engage Lived Experience researchers and form pathways to employment in the research field for those facing barriers to further education – particularly people with disability who experience intersectional forms of discrimination. **drummond street recommend the exploration of/and increasing the evidence base in effective workforce models that enable attainment of higher education eligibility criteria for marginalised groups; including flexible, targeted student placement schemes with a view to increasing data collection, research and evaluation capacity.**

⁹ Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3: The health and wellbeing of LGBTIQ people in Australia. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University

¹⁰ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) Writing Themselves In 4: The health and wellbeing of LGBTQ+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University

It has been identified in a Senate Community Affairs Reference Committee Inquiry in 2015 ¹¹ and elsewhere ¹² that further evaluation and improvements of current data collections are required to build evidence around types of violence and abuse towards people with disability. As part of this review drummond street believe it is important to identify cohorts within disabled populations who are most marginalised, such as those listed in point g) of the ToR and that this supports the identification of broader yet crucial information such as where people with disability are attending services as well as what their intersecting needs and outcomes are.

CONCLUSION

drummond street welcomes the *Royal Commission's* focus on inclusion and the impacts of discrimination and barriers related to intersectional characteristics. However, crucial to the goal of increasing inclusion is not only looking at the impacts of structural and systemic barriers, but actively removing them in collaboration with communities, particularly those that are most marginalised. Similarly, there needs to be an increase in public accountability around the impacts service design has on responding to the wide breadth of challenges faced by people with a disability, their families and loved ones.

This requires going beyond adjusting the 'business as usual' processes to respond to the unique needs of 'cohorts'. Rather it requires a human-rights focused cultural, attitudinal and behavioural shift that demonstrably places primacy on collaboration and holistic co-production with people with disabilities and their communities. Recognition of the unique skills people with a disability have to offer and the wisdom that intersecting lived experiences can bring will result in greater inclusion for many.

¹¹ Senate Community Affairs References Committee. (2015). Violence, abuse and neglect against people with disability in institutional and residential settings. Pgs. 37 - 40

¹² 'We count what matters, and violence against people with disability matters', 2015, Kavanaugh, A., Robertson, S., & Cadwallader, J. in The Conversation (accessed online 27.3.19)