

# DISABILITY ADVOCACY BY THE NUMBERS

Statistics from July 2012 to June 2016

Victorian Office for Disability Advocacy Program

Quarterly Data Collection



Prepared by the Disability Advocacy  
Resource Unit (DARU)

July 2017

## **About DARU**

The Disability Advocacy Resource Unit (DARU) is unique in Australia as a dedicated resource unit funded to work with disability advocates to promote and protect the rights of people with disability. DARU is delivered by a partnership between the Victorian Council of Social Service (VCOSS) and Disability Advocacy Victoria (DAV).

We develop and distribute resources to keep disability advocates informed and up-to-date about issues affecting people with disability in Victoria. We organise forums to provide opportunities for a co-ordinated approach to issues of concern, and provide professional development opportunities and undertaking capacity building projects.

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DARU recognises the traditional owners of our land, and pays our respect to Elders past and present.

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## Acronyms

**ABI:** Acquired Brain Injury

**DARU:** Disability Advocacy Resource Unit

**DHHS:** Department of Health and Human Services

**DSP:** Disability Support Pension

**LGBTI:** Lesbian, Gay, Bisexual, Transgender and Intersex

**NDIS:** National Disability Insurance Scheme

**NDIA:** National Disability Insurance Agency

**PSD:** Program for Students with Disability

**QDC:** Quarterly Data Collection

**UNCRPD:** United Nations Convention on the Rights of Persons with Disabilities

**VCAT:** Victorian Civil and Administrative Tribunal

## Executive summary

Disability advocacy is acting, speaking or writing to promote, protect and defend the human rights of people with disability. Disability advocacy helps ensure the human and legal rights of people with disability are promoted and protected so they can fully participate in the community.

The work of disability advocacy organisations is not always well understood. This document seeks to provide information about disability advocacy using data provided by the Victorian Government's Office for Disability from the organisations it funds for disability advocacy.

Data from disability advocacy organisations indicated over the four years from July 2012 to June 2016:

- The most common advocacy topics reported were around disability services and the NDIS, education, accommodation, legal issues and health, in order of frequency

- The number of people requesting disability advocacy around disability services and the NDIS increased by 70 per cent in 2014–15 and 2015–16 compared with the previous two years
- Requests for assistance with legal issues more than doubled over the four year period
- There was a decline in requests for assistance with family issues, and leisure and recreation issues over the four year period.

Over the same period, disability advocacy organisations reported providing advocacy to:

- 892 people in any given 3-month period
- Slightly more men and boys than women and girls
- Rising numbers of young people with disability aged 15–24
- 3.3% were from an Aboriginal or Torres Strait Islander background, and 9.3% were from a culturally or linguistically diverse background.

### Types of disability advocacy

**Self-advocacy:** undertaken by a person with disability representing themselves. Support and training for self-advocacy is available through community-based groups

**Individual advocacy:** undertaken by a professional advocate, under direction by a person with a disability to prevent or address instances of unfair treatment or abuse

**Group advocacy:** involves advocating for a group of people with disability, such as a group of people living in shared accommodation

**Citizen advocacy:** where community volunteers advocate for a person with a disability, such as an intellectual disability, over the long-term, supported by a Citizen Advocacy organisation

**Systemic advocacy:** involves working for long-term social changes to ensure the collective rights and interests of people with disability are served through legislation, policies and practices

**Legal advocacy:** where a lawyer provides legal representation in the justice system, or gives legal advice to people with disability about discrimination and human rights

## › Using this report

This document seeks to provide information about disability advocacy using data provided by the Victorian Government's Office for Disability from the disability advocacy organisations it funds. Disability advocacy is also funded by the Australian Government through the National Disability Advocacy Program, but data from that program is not included in this report.

The report links disability advocacy services with the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD), and the commitments in *Absolutely Everybody: State Disability Plan 2017–20*.

The UNCRPD, ratified by Australia in 2008, contains traditional human rights concepts which are general protections found in other thematic human rights conventions. It outlaws discrimination in all areas of life, including employment, education, health services, transportation and access to justice. The Convention has added, modified and transformed traditional rights concepts to give them a more specific disability focus. It has added detailed disability-specific interpretations to some of these 'traditional' human rights concepts.<sup>1</sup> Protection of the human rights of people with disability is at the cornerstone of the work of disability advocacy, hence why the services and data is linked to the relevant sections of the Convention throughout this report.

*Absolutely Everybody: State Disability Plan 2017–20* sets out the Victorian Government's vision, goals, priorities and actions for Victorians with disability. It contains government commitments for change to enhance the lives people with disability and support their full participation in community life.

The report provides basic data on the number, characteristics and advocacy issues of people using disability advocacy services.

This report also contains case studies provided by organisations, which illustrate the nature and impact of disability advocacy services. The case studies have been de-identified, disclosing neither the clients nor the organisations providing advocacy services.

Information from this report may also be useful for organisations in planning their service delivery and advocacy. It is also useful to identify common trends in issues faced by the sector to target resourcing and systemic advocacy efforts.

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1 The Convention of the Rights of Persons with Disabilities, The Australian Human Rights Commission, <https://www.humanrights.gov.au/news/speeches/convention-rights-persons-disabilities>

## › Data integrity

The data in this report applies only to people recorded as part of the Victorian Government's Disability Advocacy Program. Organisations providing the data may support additional clients using other funding, and there are also other disability advocacy organisations that provide similar services, but are not funded through this program. These additional clients and services are not covered by this data collection process, and are not included in this report.

This report should be read understanding the limitations of the data provided. There are a number of data integrity issues that affect how the data can be interpreted.

Information provided by the Office for Disability to the Disability Advocacy Resource Unit (DARU) has been de-identified to maintain the privacy and confidentiality of individuals with a disability.

DARU has only received the data presented here in aggregated form. The data has been aggregated and verified by the Office for Disability.

Data was not provided to DARU for all fields in the Quarterly Data Collection process for the Advocacy Program. All primary data provided to DARU has been reported in this document.

The data is not clearly and consistently reported by disability advocacy organisations. For example, organisations did not record:

- The gender of 47 per cent of their clients
- The age of 43 per cent of their clients

Similarly, the data does not allow us to identify the proportion of clients for whom Aboriginal or Torres Strait Islander status or cultural and linguistic diversity was not recorded.

The advocacy topics recorded by organisations are, at times, unclear. Organisations may report multiple advocacy issues for the same client, and in some cases, may not identify an advocacy issue for every client. We cannot tell from the data whether advocacy issues were not recorded, or multiple issues were recorded for the same person. It is also not clear that organisations are recording the same types of advocacy issues in the same categories, with many issues open to interpretation as to which category they may belong.

In 2014–15, the disability advocacy quarterly data collection began collecting data on the National Disability Insurance Scheme (NDIS) as a separate issue to 'disability services'. These have been added together for the purposes of this report to maintain continuity over the four year period.

The issues of data integrity are addressed in more detail in a separate companion document to this report, the *Data Integrity Supplementary Report*.

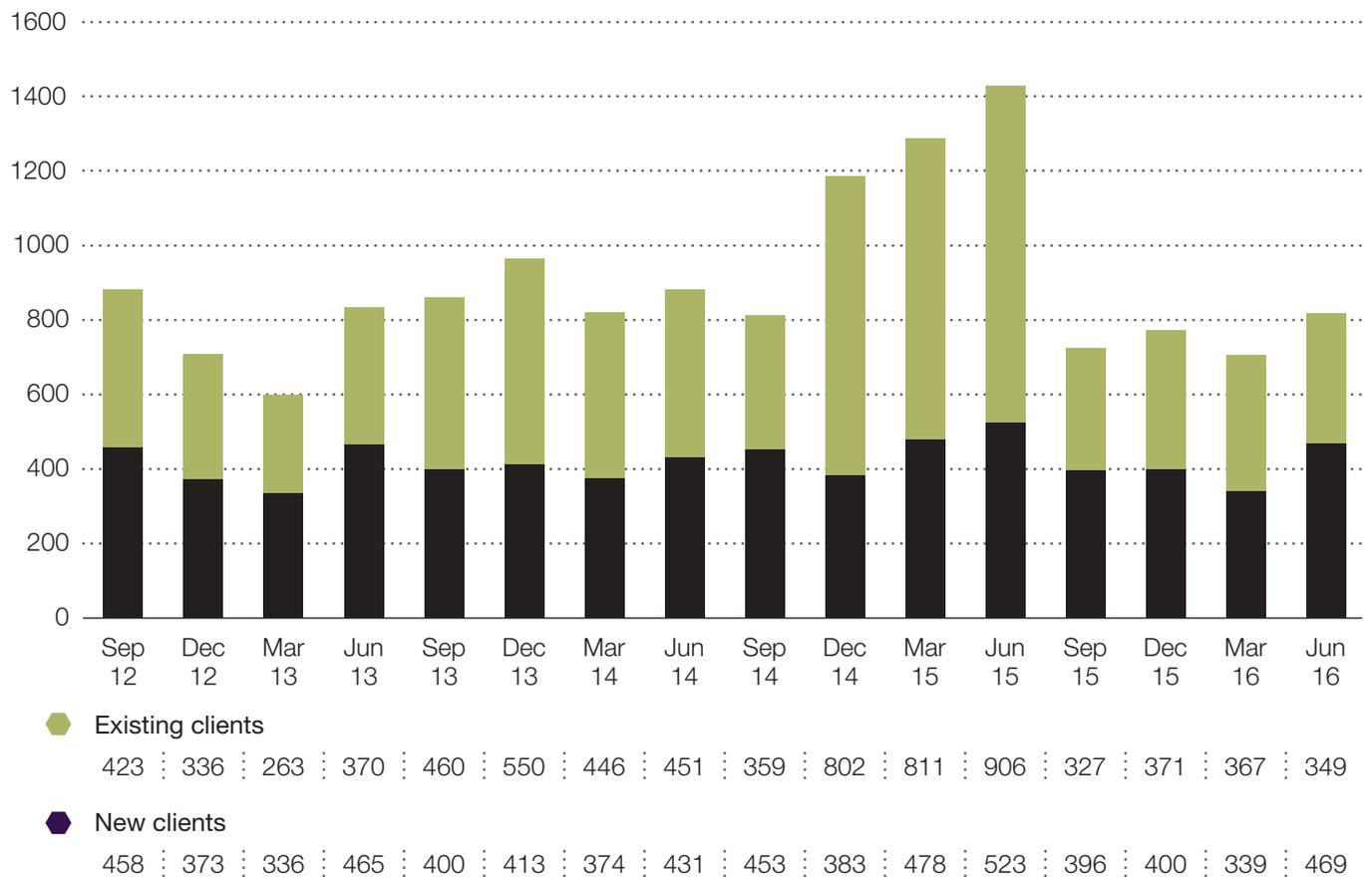
# 1 People receiving disability advocacy services

Between July 2012 and June 2016, in any given three month period, disability advocacy organisations reported providing services, on average, to 892 people, of whom:

- 418 were classed as new service users<sup>2</sup>
- 474 had commenced with their service in a prior quarter.

**Figure 1: People receiving disability advocacy services, quarterly, 2012–2016**

Number of people



<sup>2</sup> The Office for Disability advises that service agreements with the advocacy organisations provide an annual target of individuals for the financial year. For the purposes of this target, an individual is counted once, regardless of the number of supports received during financial year and that if a client's support episode occurs over two financial years, they are counted in each year's count.

There are no observable trends in this data. This is unsurprising, as DARU understands the target number of clients was unchanged over the reporting period. The target in the Victorian State Budget for disability advocacy is 1700 clients each year,<sup>3</sup> translating to approximately 1 in 600 Victorians with disability. The target has remained unchanged for many years, despite significant population growth. As a result, we observe little change in the number of people provided with services.

Given the high proportion of “existing” clients receiving services, it is clear that a large proportion of people are receiving services for an extended period of time. Disability advocacy organisations advise that people are highly variable in their needs, and while some people present with an issue that can be resolved relatively quickly, many require support for an extended period of time, and require significant resources to assist.

Disability advocacy organisations report they do not have capacity to meet current demand from people seeking assistance. Some organisations report lengthening waitlists, while other organisations report periodically closing intake of new clients due to lack of capacity.

The Victorian Government recently announced a \$1.5 million investment through the *Disability Advocacy Innovation Fund* to support organisations to implement strategies to:

- engage diverse and isolated people with a disability
- address demand and gaps in service delivery
- undertake systemic advocacy to reduce specific barriers to social, economic and civic participation
- Strengthen mainstream consumer protections for people with a disability.

The Victorian Government has also stated “longer-term action and investment will ensure that Victoria has a strong and sustainable disability advocacy and self-advocacy sector into the future.”<sup>4</sup>

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3 Victorian Government, *Victorian Budget 16–17*, Budget paper number 3, 2016, p.258

4 Victorian Government: *Government Response to the Inquiry into Abuse in Disability Services*, 2016, p.3

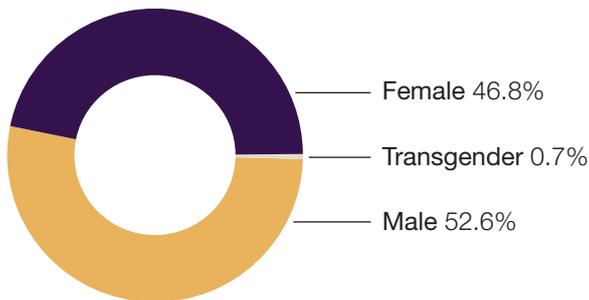
# 2 Identified characteristics of people receiving disability advocacy services

Victorian disability advocacy Quarterly Data Collection includes questions on the gender, age and cultural background of people receiving disability advocacy services.

## 2.1 Gender

Of those clients whose gender was recorded, organisations reported providing services to slightly more men and boys than women and girls over the four year period (figure 2).

**Figure 2: Recorded gender of people receiving disability advocacy services, 2012–2016**



This pattern is consistent across reporting periods, with more men and boys recorded receiving services than women and girls in all but one quarterly reporting period (figure 3).

This gender difference observed is consistent with evidence fewer women access disability services<sup>5</sup> despite slightly more women (18.6%) than men (18%) having a disability<sup>6</sup>. There are a number of potential reasons for this difference, including a community expectation that women receive support from family rather than services, or those agencies referring people to advocacy services are more engaged with men.

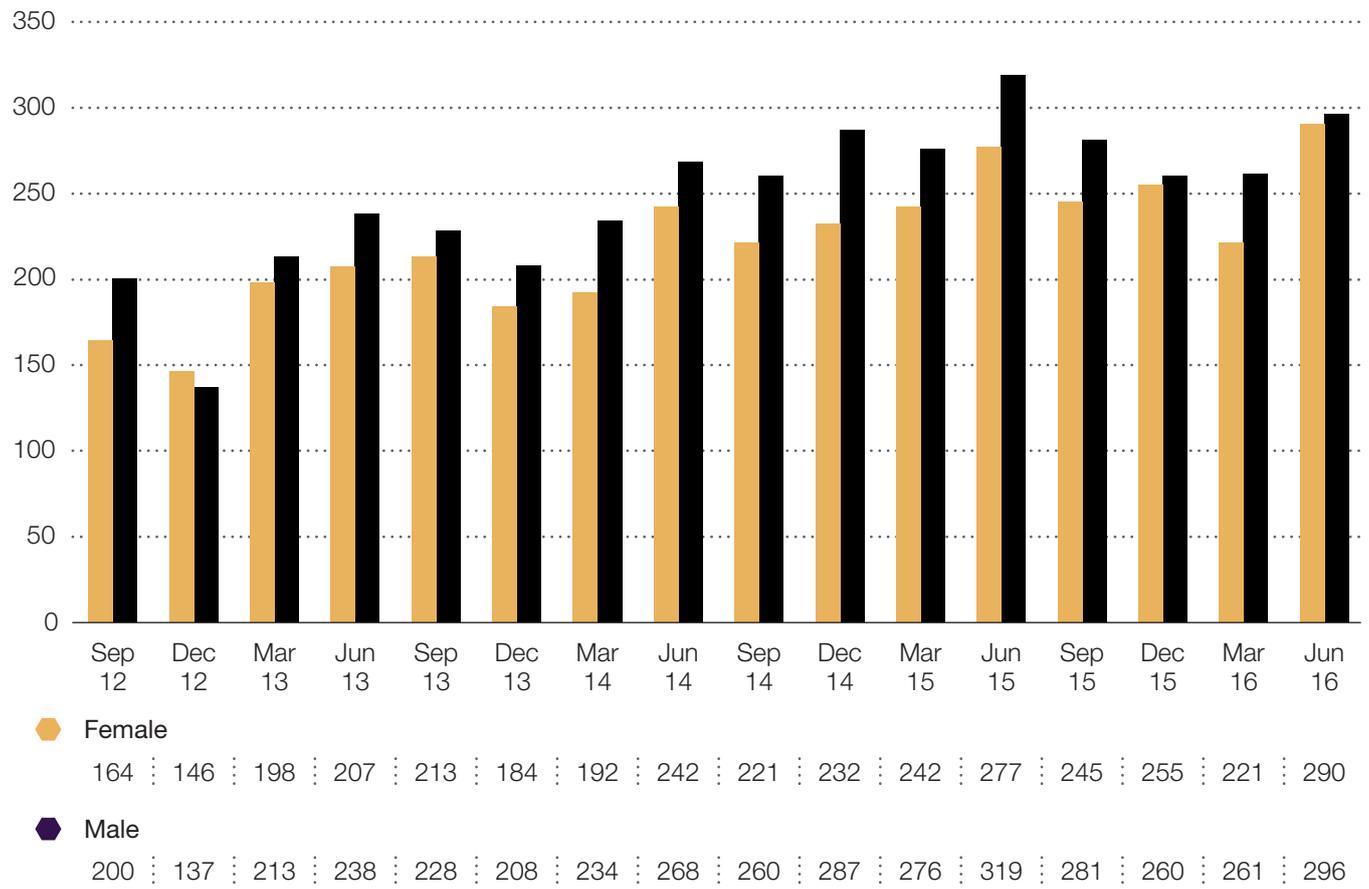
Further information about gender issues are discussed later in this report.

5 K Howe, *Violence Against Women With Disabilities – An Overview of the Literature*, Women with Disabilities Australia, 2000.

6 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings, 2015*, Cat. No. 4430.0, 2016.

**Figure 3: Recorded gender of people receiving disability advocacy services, quarterly, 2012–2016**

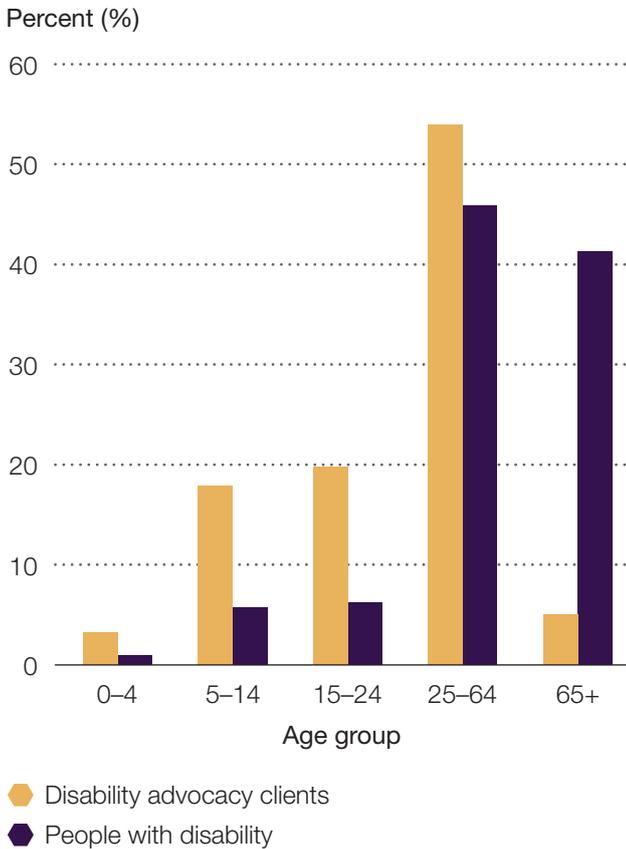
Number of people



## 2.2 Age

Of the people whose age was recorded, the majority receiving disability advocacy services are aged 25–64 (figure 4).<sup>7</sup>

**Figure 4: Recorded age group of people using disability advocacy services, 2012–2016**



Proportionately, people aged under 65 are more likely to use disability services. People over the age of 65 represent only 4.7 percent of disability advocacy service users, but account for 41.3 percent of people with disability (figure 4).

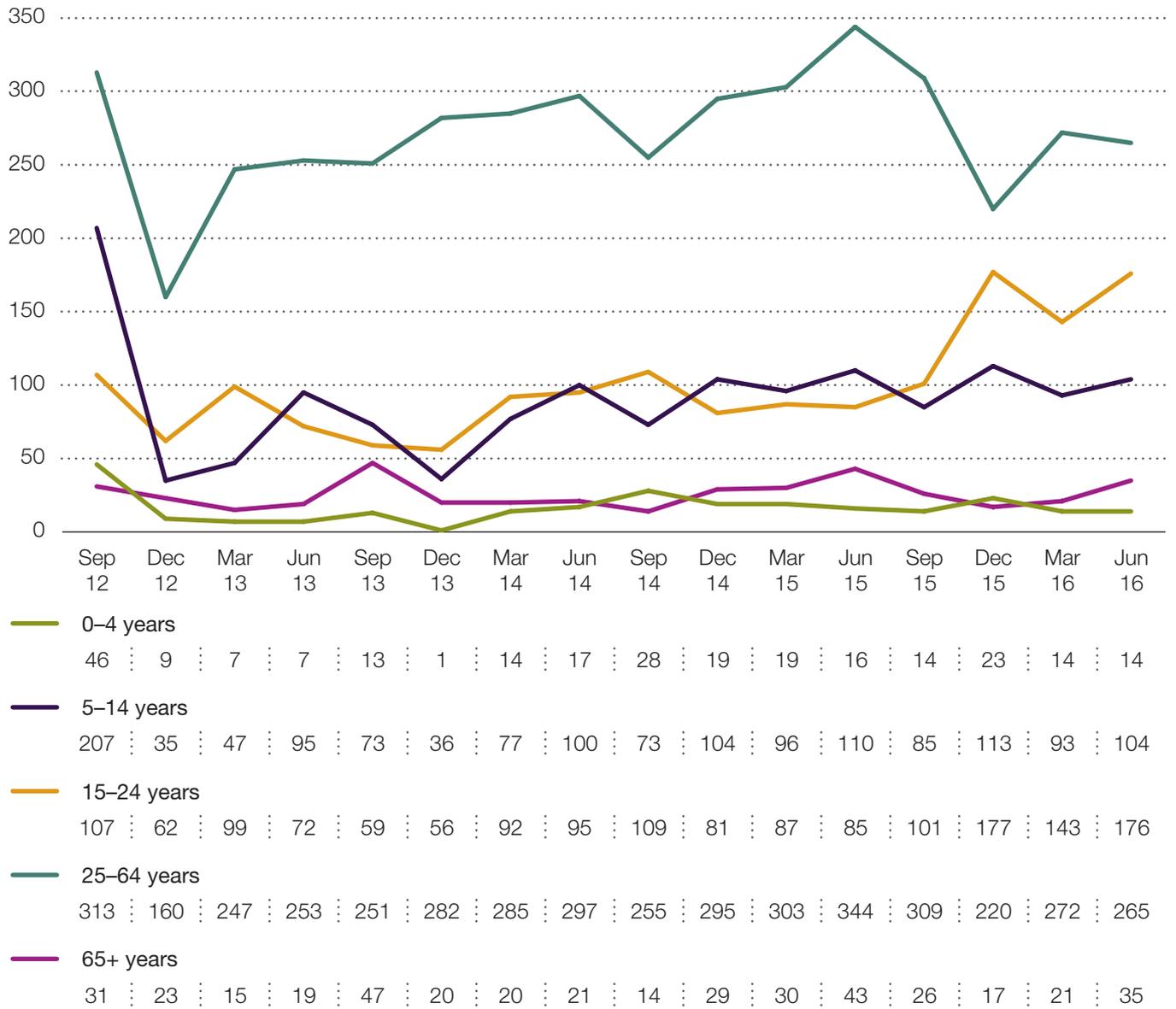
We can speculate that the low number of people with disability aged 65 or over may be due to them receiving services from the aged care service system, or because they approach organisations advocating for older people in addition to disability advocacy services. They may also not identify as having a disability, and may associate their impairments with the ageing process.

There is a noticeable increase in the number of young people aged 15–24 receiving disability advocacy services in the final three quarters of the data series (figure 5). This is only three quarters of data, and additional data will be required to determine if this is a continuing trend.

<sup>7</sup> Figures for age profile of people with disability are from Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Victoria, 2015*, Data Cube 44300DO002 2015, Cat No. 4430.0, 2016.

**Figure 5: Age of people receiving disability advocacy services**

Number of people



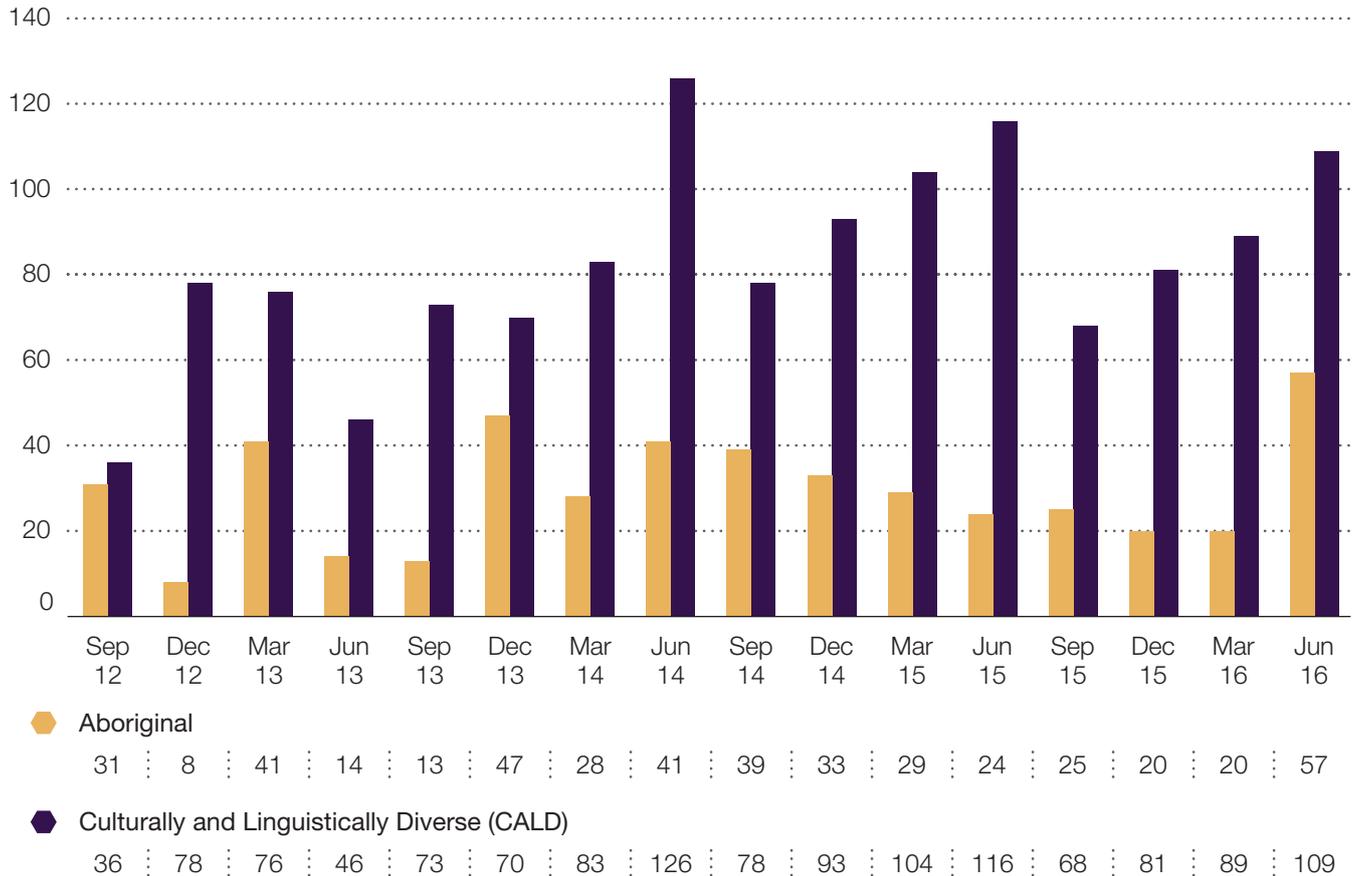
## 2.3 Aboriginal and Torres Strait Islander and culturally diverse groups

On average over four years, disability advocacy organisations recorded 3.3 per cent of clients as being from an Aboriginal or Torres Strait Islander background.

On average over four years, disability advocacy services recorded 9.3 per cent of clients as being from a culturally or linguistically diverse background.

**Figure 6: Cultural background of people receiving disability advocacy services**

Number of people



The number of Aboriginal and Torres Strait Islander and culturally diverse people varies from quarter to quarter, but there is no observable trend or pattern.

## ➤ Aboriginal and Torres Strait Islander and culturally diverse people in the State Disability Plan

The Victorian State Disability Plan 2017–20 commits to a range of activities to support Aboriginal health and wellbeing, including:

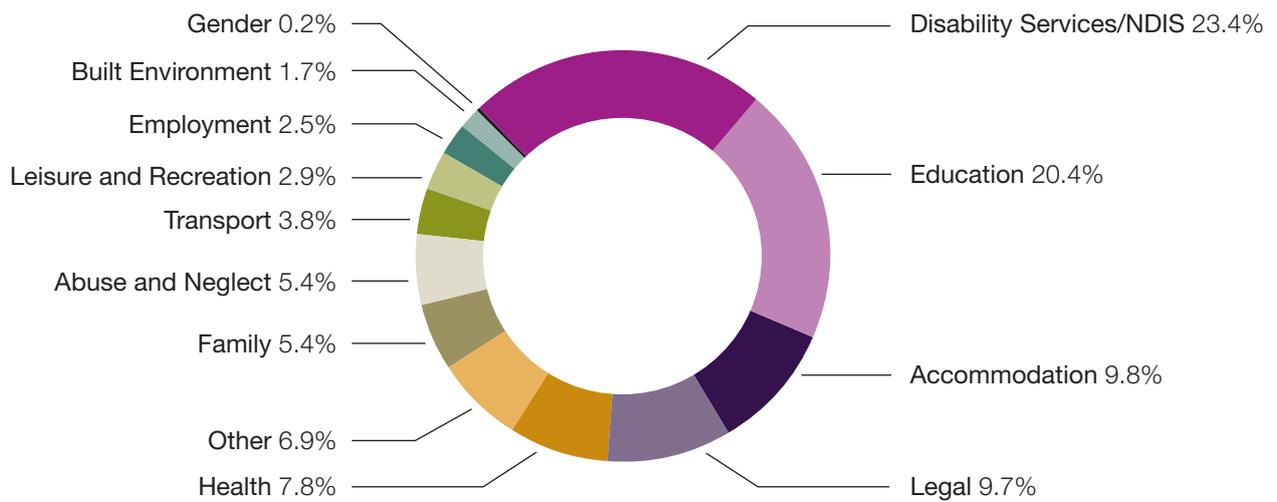
- Working with the National Disability Insurance Agency to implement strategies to support Victorian Aboriginal communities during transition by fostering and supporting self-determined, place Aboriginal disability coordination and planning networks
- Exploring options for expanding the Balit Narrum model for Aboriginal disability networks
- Support and build the disability service capacity of Aboriginal Community Controlled Organisations

The Plan also commits to work with partners to better respond to the needs of people with a disability from refugee backgrounds, including working with key partners and supporting the Victorian Refugee Health Network. It also includes targeted strategies to engage and provide advocacy support to diverse and hard to reach groups of people with disability.

# 3 Advocacy issues

The quarterly data collection nominates 12 advocacy topics for organisations to record the type of issues faced by people receiving disability advocacy, plus a miscellaneous category of 'other'.

**Figure 7: Frequency of advocacy issues 2012–2016**



Over the period from July 2012 to June 2016, there are observable increases in reports of people requiring assistance with disability services and the NDIS, and legal issues. We also observe a decline in the number of people requiring assistance with family issues, and leisure and recreation issues. Other issues are generally either stable in their reporting frequency, or fluctuate, with no clear trend evident.

**Table 1: Trends in advocacy issues**

Advocacy issue	Average reports per quarter 2012–16	Trend
Disability services/NDIS	184	 increasing
Education	160	 fluctuating, no trend
Accommodation	77	 generally stable
Legal	76	 increasing
Health	61	 generally stable
Family	42	 declining
Abuse and neglect	42	 generally stable
Transport	29	 generally stable
Leisure and recreation	23	 declining
Employment	19	 generally stable
Built environment	14	 generally stable
Gender	1	 no trend

## 3.1 Disability services and the NDIS

During 2012–16, in any given three month period, disability advocates on average assisted 184 people with issues about disability services and the NDIS.

### Disability advocacy issue: Disability Services and the NDIS

<b>Number</b>	184 people on average per quarter
<b>Trend</b>	▲ increasing
<b>Rights under the CRPD</b>	<p>Governments will ensure:</p> <ul style="list-style-type: none"> <li>• persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community (article 19)</li> <li>• access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost (article 20)</li> <li>• they take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life (article 26)</li> <li>• access to appropriate and affordable services, devices and other assistance for disability-related needs (article 28)</li> <li>• access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care (article 28)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• provide timely information, resources and capability building to people with a disability and their families and carers (action 14)</li> <li>• work with the NDIA to help develop streamlined access and planning processes for Victorian clients transitioning to the NDIS (action 15)</li> <li>• foster a partnership approach with people with a disability in transition to the NDIS, including through opportunities for active participation in consultative processes (action 16)</li> </ul>

There is a notable increase in cases relating to disability services and the NDIS in the final year of data. The number of reports increased by 70 per cent in the 2014–15 and 2015–16 financial years, averaging 231 reports each quarter, compared with 136 on average over the previous two years.

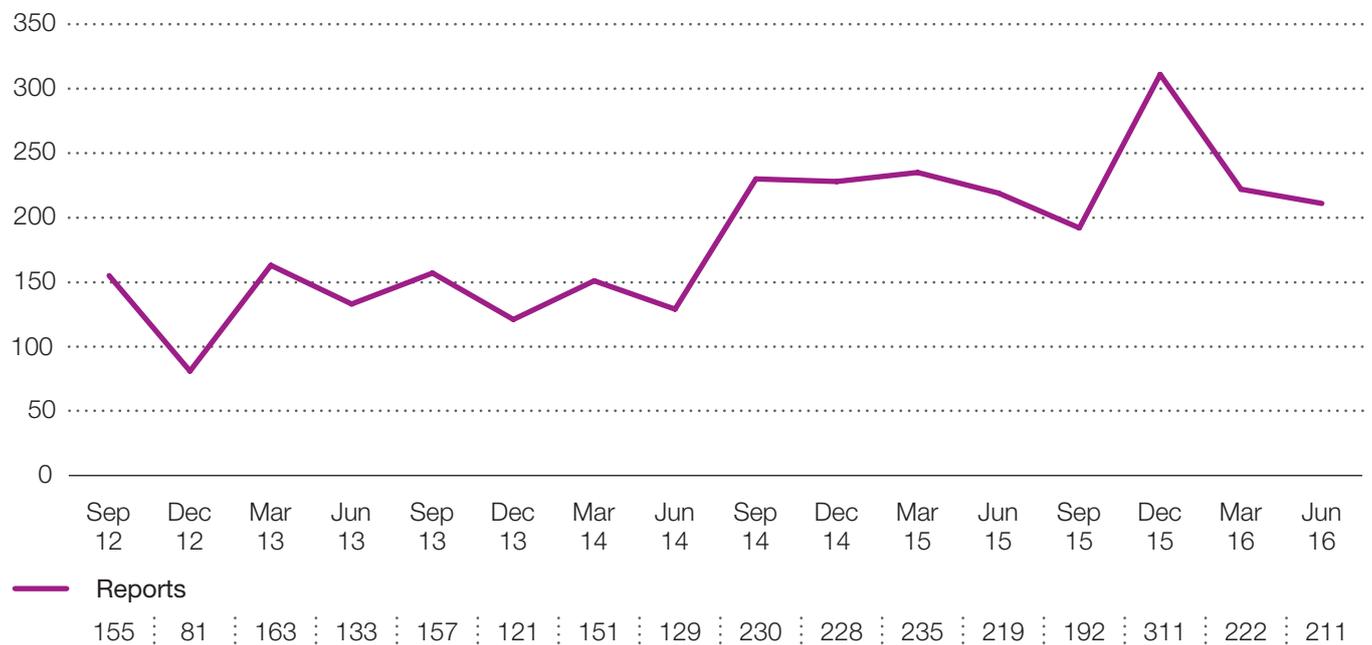
The timing of this increase is in line with the introduction of the NDIS.

Feedback from services operating in the Barwon NDIS launch site indicates an increased demand for disability advocacy services, and we anticipate demand will grow similarly across the state as the NDIS continues to roll out across Victoria. Independent advocacy can help people navigate the NDIS rollout, understand their rights and entitlements, assist in preparing for NDIS planning, and help access internal and external review processes. Consumers have consistently reported that when an advocate was available to assist, it contributed to the successful outcome and their positive experience of the planning process.<sup>8</sup>

<sup>8</sup> Psychiatric Disability Services of Victoria (VICSERV), *Learn and Build in Barwon: The impact of the National Disability Insurance Scheme on the provision of Mental Health Services in the Barwon Launch site*, VICSERV, June 2015.

**Figure 8: Reports of Disability Services/NDIS Issues**

Number of reports



### Case study: Securing eligibility for the NDIS

Dale\* lives in near the border of trial site of the NDIS in Victoria. Dale was attending rehabilitation in the trial site and told that he was NDIS eligible. His social worker, therapist, relatives and Department of Health and Human Services (DHHS) checked this with the NDIA who confirmed he met the criteria. An NDIS application was done by therapists while in rehabilitation, and Dale was sent home due to NDIS support being imminent.

Months later Dale was informed he was not within the region and was declined NDIS entry until 2018. The key issue was that the NDIA had repeatedly given incorrect information, resulting in an incorrect application.

The advocate submitted an application to NDIA for a 'review of a reviewable decision', despite this not being an eligible 'reviewable decision'. The advocate explained the disadvantage caused by the incorrect information given to the client and asked they take him on under NDIS despite being outside their region.

The advocate also provided ongoing follow up due to slow responses, and provided extra information to the manager in charge of complaint. NDIA took responsibility for the issue their staff had caused, and accepted him as an NDIS participant.

They said they would be providing further training to staff in the office, and acknowledged the actual impact of the actions taken.

\* names have been changed to protect the privacy of individuals

## 3.2 Education

During 2012–16, in any given three month period disability advocates, on average, assisted 160 people with education issues.

### Disability advocacy issue: Education

<b>Number</b>	160 people on average per quarter
<b>Trend</b>	 fluctuating, no trend
<b>Rights under the CRPD</b>	<p>Governments will ensure:</p> <ul style="list-style-type: none"> <li>• persons with disabilities are not excluded from the general education system on the basis of disability</li> <li>• persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live</li> <li>• reasonable accommodation of the individual's requirements is provided</li> <li>• persons with disabilities receive the support required, within the general education system, to facilitate their effective education</li> <li>• effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion</li> <li>• persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others (Article 24)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• Victorian early childhood, schools, training and TAFE settings will be supported to be fully inclusive of learners with a disability (Key Priority 9)</li> <li>• From 2017, all newly built government schools and schools undertaking significant building projects will need to accommodate the needs of students with a disability (p.25)</li> </ul>

### Analysis

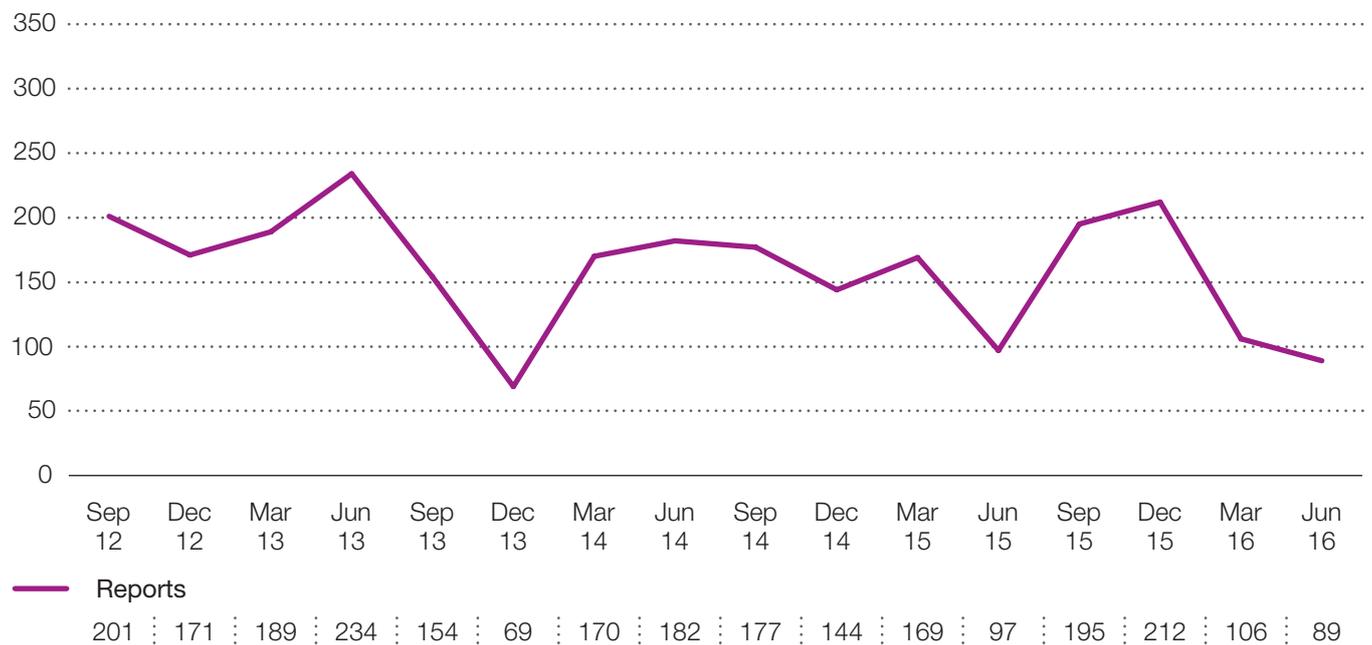
The data series is fluctuating with no pattern discernible (figure 9).

The recent review of the Program for Students with Disabilities identified limitations to the current program model and approach to supporting Victorian students with disability. The Victorian Government has accepted 21 of the 25 review recommendations, but the remaining recommendations under consideration are the most crucial. These relate to redesigning the Program for Students with Disability (PSD) funding model to a strengths-based functional needs approach.<sup>9</sup>

<sup>9</sup> Department of Education and Training, *Inclusive education for all students with disabilities and additional needs: The government's response to the review of the program for students with disabilities*, State of Victoria (Department of Education and Training), Melbourne, April 2016.

**Figure 9: Reports of education issues**

Number of reports



**Case study: Accessing specialist education support**

Easton\* is vision impaired and attends school with a visiting teacher. When Easton was allocated a visiting teacher with no experience in Braille, his mother approached the school principal to raise concerns about the quality and level of support the visiting teacher could provide. After being informed the existing teacher was the “most appropriate for the job” Easton’s mother engaged an independent advocate.

The advocate phoned the Statewide Vision Resource Centre for advice regarding visiting teachers. The advocate then assisted Easton’s mother to develop a formal letter to the Department of Education and Training (DEECD at the time) outlining the importance of Braille for a child’s future employment outcomes and life skills. The advocate also provided Easton’s mother with relevant resources to use in the letter, such as the Disability Standards for Education and the Victorian Equal Opportunity and Human Rights Commission’s report *Held back: the experiences of students with disabilities in Victorian schools*.

The Department of Education and Training successfully allocated Easton another visiting teacher who was more experienced in Braille and in working with children with a vision impairment.

\* names have been changed to protect the privacy of individuals

## 3.3 Accommodation

During 2012–16, disability advocates assisted 77 people with accommodation issues in an average three month period.

**Disability advocacy issue:** Accommodation

<b>Number</b>	77 people on average per quarter
<b>Trend</b>	 generally stable
<b>Rights under the CRPD</b>	<p>Governments will ensure:</p> <ul style="list-style-type: none"> <li>• persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement (Article 19)</li> <li>• no person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence (Article 22)</li> <li>• access by persons with disabilities to public housing programs (Article 28)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• implement its commitment to improve domestic building regulations for older people and people living with a disability (Action 1)</li> <li>• use private brokerage as a strategy for assisting vulnerable Victorians to access suitable long-term accommodation in the private rental sector (Key Priority 6)</li> <li>• increase the supply of community housing and work with the sector to ensure that people with a disability are prioritised for suitable housing through the new Victorian Housing Register (Key Priority 6)</li> <li>• Work towards better meeting the accessibility and adaptability needs of people with a disability as new public housing is built. This also applies to the housing needs of women affected by family violence (Key Priority 6)</li> </ul>

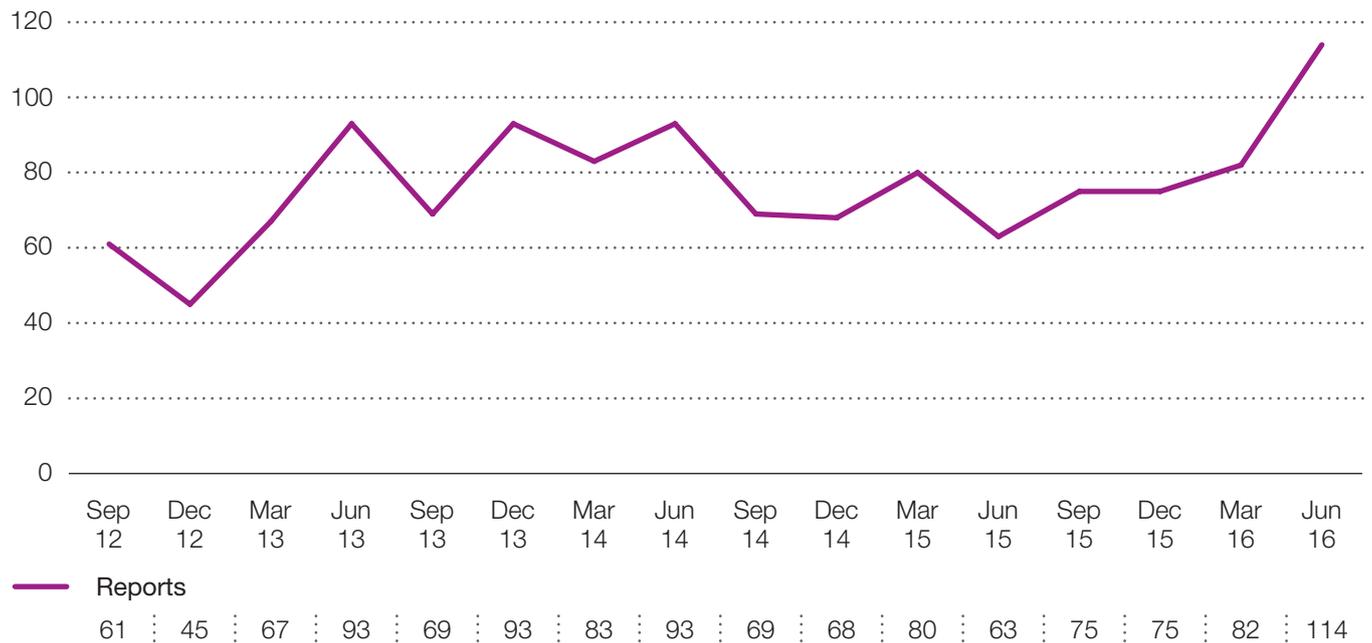
The number of people recorded as seeking assistance with accommodation issues appears to be relatively stable. The recent peak in the June 2016 quarter is notable, but requires further data to see whether this is the beginning of an increase in demand for this type of advocacy.

The NDIS completed its Specialist Disability Accommodation Framework and Pricing structure in 2016. This will fund accommodation for some NDIS recipients. However, it is estimated only about 6 per cent of participants will be eligible for this funding.<sup>10</sup> Other NDIS participants will continue to have unmet housing needs, including unaffordable or inappropriate housing.

<sup>10</sup> National Disability Insurance Agency, *Estimating the potential demand for affordable housing*, NSW Community Housing Federation Housing and NDIS Forum, Sydney, 26 August 2014

**Figure 10: Reports of accommodation issues**

Number of reports



**Case study: Assistance finding safe, hygienic housing**

Abigail\* had a one-month-old child with a disability. Their rental property developed mould and rodent issues, which could adversely affect her child’s lung health. Abigail wished move out of the property to reduce her child’s health risk, but faced a fee for breaking the lease agreement. This was difficult to pay as Abigail’s family lives on a low income.

Abigail approached an advocate for assistance. The advocate wrote a letter to the landlord explaining the child’s disability and why the family needed to move for health reasons. They requested the landlord did not proceed with penalising Abigail for breaking the lease agreement.

The landlord agreed and the family was able to move to a new rental property without the additional financial burden of the fee for breaking a lease agreement.

\* names have been changed to protect the privacy of individuals

## 3.4 Legal

During 2012–16, disability advocates reported assisting 76 people with legal issues in an average three month period.

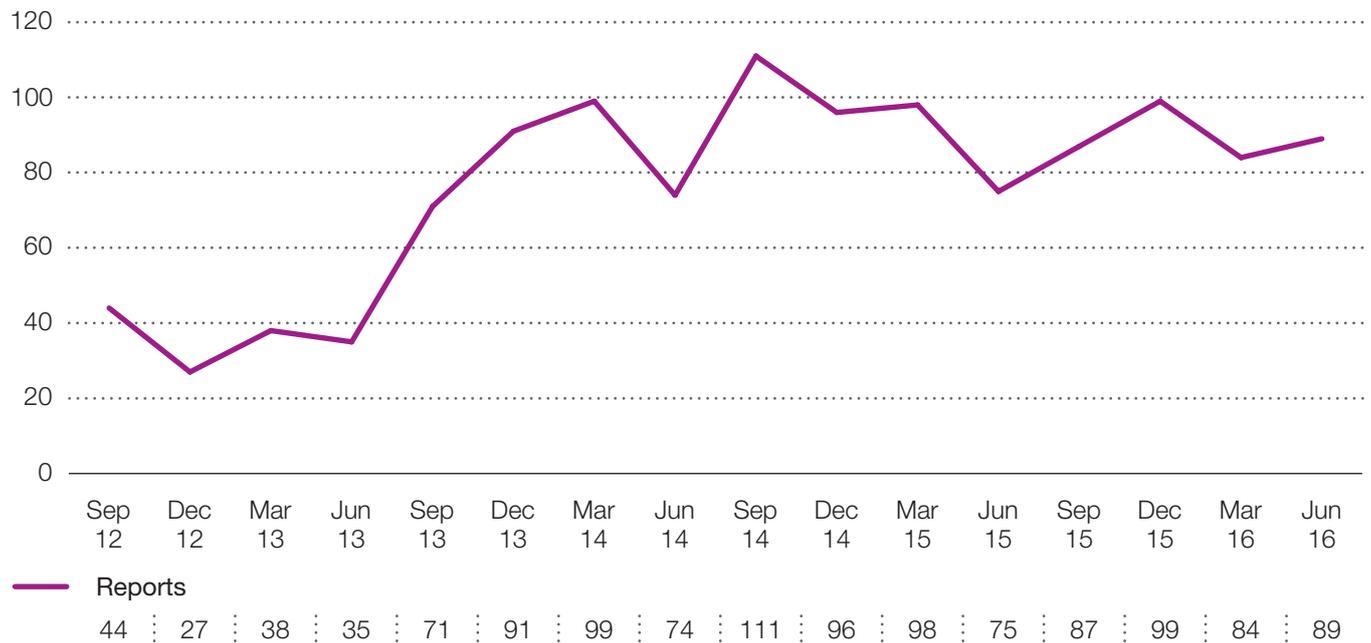
### Disability advocacy issue: Legal

<b>Number</b>	76 people on average per quarter
<b>Trend</b>	▲ increasing
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• recognise that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law (Article 5)</li> <li>• take appropriate measures to provide access by persons with disabilities to the support they may require in exercising their legal capacity (Article 12)</li> <li>• ensure persons with disabilities are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty (Article 14)</li> <li>• ensure every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others (Article 17)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• VCAT is implementing a four-year accessibility action plan with actions to reduce barriers to accessible justice for people with diverse needs (Action 20)</li> <li>• Victoria Police is incorporating the recommendations of the VEOHRC report: <i>Beyond doubt: the experiences of people with disabilities reporting crime</i> (Action 21)</li> <li>• Corrections initiatives underpin and complement a service delivery action plan that promotes equal, fair and inclusive opportunities for rehabilitation and reintegration of all prisoners and offenders with a disability (Action 22)</li> </ul>

There has been a noticeable increase in the number of people reported to be seeking assistance with legal issues in the last three years (figure 11). In the 2012–13 financial year, an average of 36 people each quarter were reported as requiring assistance with a legal issue. In the subsequent three years, this more than doubled to an average of 89 each quarter.

**Figure 11: Reports of legal issues**

Number of people



### Case study: Interpreting services for police

Jackson\* is profoundly Deaf and was involved in an assault with another man on the street. The hearing man called police and had the chance to tell his side of the story while Jackson was taken into the police station to give a statement. No interpreter was provided for a few days. Jackson felt disadvantaged having no access to communication to tell the police his side of the story immediately. He wanted to advocate for a better way to communicate with police quickly.

The advocate contacted the police station in question to ensure that Jackson had an interview with an Auslan interpreter. This occurred and he was able to tell his side of the story. The advocate looked at the issue more widely and contacted the National Relay Service for more information on how to access emergency services quickly. There is a text messaging version of the National Relay Service that enables the deaf person to text 000 to a mobile number that will get people through to emergency services.

The advocate explained the process and gave the SMS National Relay Service number to Jackson. Jackson's expectation was that he wanted an SMS number to directly contact police, however after discussions about this with the advocate, he understood that this could not happen realistically, but was happy enough with the alternative.

\* names have been changed to protect the privacy of individuals

## 3.5 Health

During 2012–16, disability advocates reported assisting on average 61 people with health issues in any three month period.

### Disability advocacy issue: Health

<b>Number</b>	61 people on average per quarter
<b>Trend</b>	 generally stable
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• recognise that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability (Article 25)</li> <li>• provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons (Article 25)</li> <li>• provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimise and prevent further disabilities, including among children and older persons (Article 25)</li> <li>• Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent (Article 25)</li> <li>• protect the privacy of personal, health and rehabilitation information of persons with disabilities on an equal basis with others (Article 22)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• take a sector wide approach to reinvigorating disability action plans in every public health and community health service (Key Priority 5)</li> <li>• support new health advocacy efforts involving partnerships between disability agencies and health services to better identify and advise on systemic issues faced by Victorians with a disability in using universal public health services (Key Priority 5)</li> <li>• increase access to and adoption of primary and secondary prevention activities to improve health in a range of areas such as nutrition, physical activity, oral health, diabetes and cancer screening (Action 9)</li> <li>• improving accessibility to clinical mental health assessment, treatment and support for people with an intellectual disability or autism (Action 10)</li> <li>• improve streamlining and coordination of care for people with a disability who require a particular health response in order to achieve better overall health and social outcomes (Action 15)</li> </ul>

The number of people recorded as seeking assistance with health issues appears to be relatively stable, with some variation over reporting periods (figure 11).

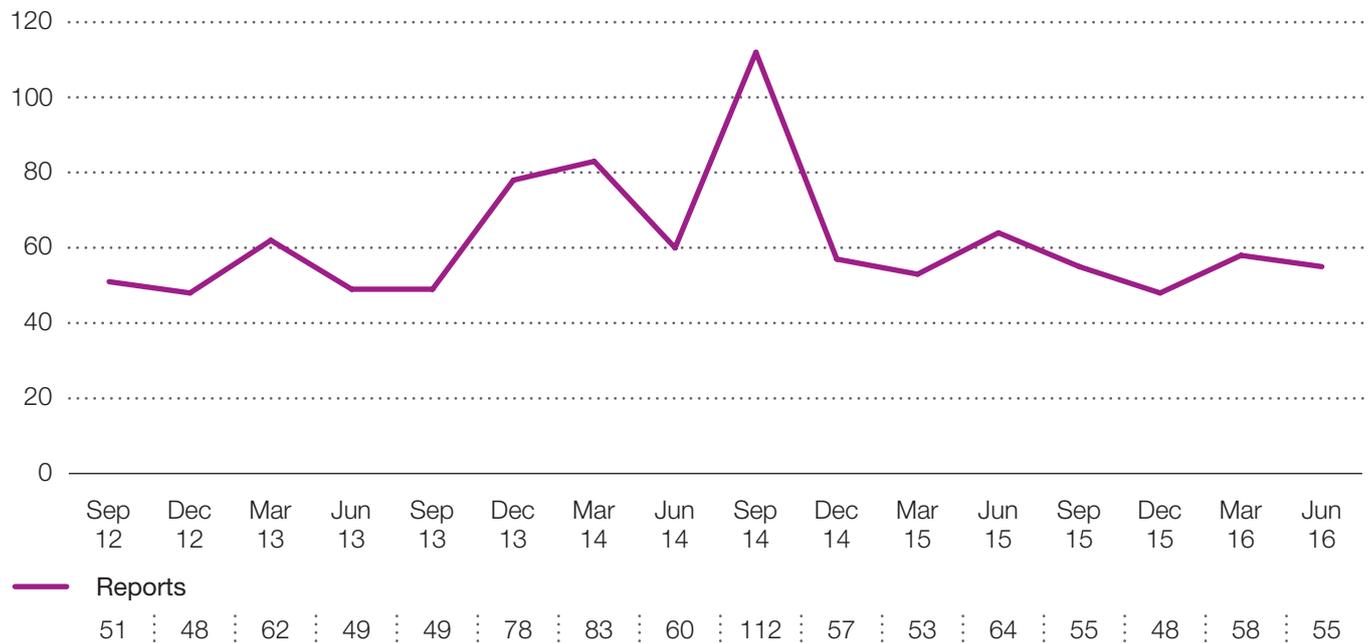
The overall health of people with disabilities is much worse than that of the general population.<sup>11</sup> This difference is more than can be explained by the presence of a disability, and includes health problems not related to a person's disability. The health of people with disabilities is associated with the health and wellbeing of their carers, a group shown to have the lowest wellbeing of any group in Australia.<sup>12</sup>

<sup>11</sup> VicHealth, Disability and health inequalities in Australia: Research summary, 2012, p.2

<sup>12</sup> Ibid.

**Figure 12: Reports of health issues**

Number of reports



### Case study: Accessing primary care

Emily\* was having difficulties accessing local medical clinic. Emily has multiple health issues as a result of two car accidents that she was involved in the past couple of years. She was unable to make an appointment to see her doctor recently when she became unwell. She also needed to see the doctor to get a prescription for her medication for pain in her knee joints.

Emily had recently moved to a place which is about an hour drive from last place of residence. She still wanted to continue seeing the doctor at previous location. However, she was told by the clinic that she was no longer able to see the doctor of her choice because she has too many problems and it is only a small practicing clinic.

The advocate had further discussion with Emily about the option of seeing a local doctor close to her home because it was not cost or time effective to continue to visit the previous clinic. Trying to access local clinics met with similar difficulties – they were also not taking new patients because they were full. However the advocate managed to work with one of the doctors at the clinic, explaining that they have a duty of care to provide service to Emily as she has right to access medical care. At first the doctor seemed reluctant to contact Emily's previous medical clinic for release of medical records on her behalf, nevertheless, after discussions with the advocate, he agreed to contact the clinic by phone as a matter of urgency.

\* names have been changed to protect the privacy of individuals

## 3.6 Family

In the 2012–16 reporting period, disability advocates reported assisting on average 42 people with family issues in any given three month period.

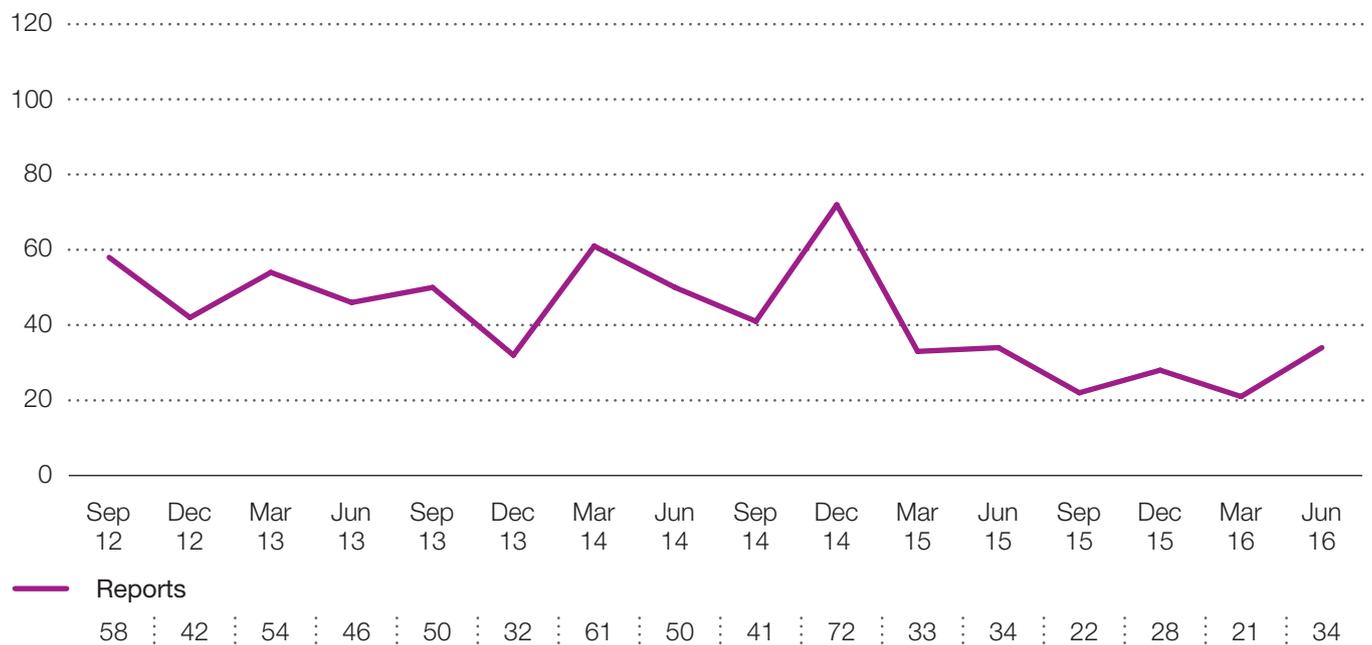
### Disability advocacy issue: Family

<b>Number</b>	42 people on average per quarter
<b>Trend</b>	▼ declining
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children (Article 7)</li> <li>• take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others (Article 23)</li> <li>• ensure that children with disabilities have equal rights with respect to family life, prevent concealment, abandonment, neglect and segregation of children with disabilities, and undertake to provide early and comprehensive information, services and support to children with disabilities and their families (Article 23)</li> <li>• ensure that a child shall not be separated from his or her parents against their will, except in accordance with applicable law in the best interests of the child. In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents (Article 23).</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government:</p> <ul style="list-style-type: none"> <li>• recognising the additional disadvantage of vulnerable families experiencing disability, child and family services will support vulnerable children and families with disability (Action 11)</li> <li>• will provide support to vulnerable children with a disability, with high support and/or complex medical needs through the Kindergarten Inclusion Support program (Action 11)</li> <li>• will develop a new intensive early childhood support service, tailored to the needs of families who need the most support in their child's first years (Action 11)</li> </ul>

There has been an observable decline in the number of people reported to be seeking assistance with family issues over the four year data series, especially in the most recent year (figure 13). In the 2015–16 financial year, an average of 26 people each quarter were reported as requiring assistance with a family issue. In the previous three years, the average was 48 people each quarter.

**Figure 13: Reports of family issues**

Number of reports



### Case study: Securing disability support when facing family conflict

Tom\* is a person with a disability that was reportedly being abused and controlled by his older brother Sam\*. Advocacy was requested from support service to assist Tom's younger sibling Mark\* in having a voice to raise concerns about Sam taking over Tom's decision making powers, day to day living and happiness. Financial abuse and manipulation was also a great fear raised by support workers. Tom's mother was in palliative care at the last stages of her life and in denial of abuse.

The advocate talked with Mark, support staff and DHHS around urgency or concerns around Tom being bullied by Sam, potential decision making being taken away and financial abuse. The advocate also visited Tom outside of the case meeting to understand his position better. The advocate met with Sam to hear his side of the story. They also attempted to connect with other family members to talk further about concerns. The advocate referred to Office of the Public Advocate for advice and a disability legal service for legal advice. A VCAT Officer was also involved regarding the emergency guardian issue to ascertain a position in an accommodation offer that would have been ideal for Tom with his brother Mark.

It was agreed not to involve Tom's mother, given her situation and not stressing her further was an important goal. The advocate determined that working with the team of people around the brothers was better option, as well as empowering the support staff and encouraging them to use their voice to raise concerns was better option.

\* names have been changed to protect the privacy of individuals

## 3.7 Abuse and neglect

During 2012–16, disability advocates reported assisting 42 people with abuse and neglect issues in an average three month period.

**Disability advocacy issue:** Abuse and neglect

<b>Number</b>	42 people on average per quarter
<b>Trend</b>	 generally stable
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• reaffirm that every human being has the inherent right to life and shall take all necessary measures to ensure its effective enjoyment by persons with disabilities on an equal basis with others (Article 10)</li> <li>• take all effective legislative, administrative, judicial or other measures to prevent persons with disabilities, on an equal basis with others, from being subjected to torture or cruel, inhuman or degrading treatment or punishment (Article 15)</li> <li>• take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring the provision of information and education on how to avoid, recognise and report instances (Article 16)</li> <li>• ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities (Article 16)</li> <li>• take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse (Article 16)</li> <li>• put in place effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted (Article 16)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian government will:</p> <ul style="list-style-type: none"> <li>• fund a range of initiatives to meet our commitments to Victorians with a disability who are experiencing family violence (Key Priority 7)</li> <li>• commit to strengthening the disability advocacy sector, including longer-term reform to ensure Victoria has a strong and sustainable disability advocacy and self-advocacy sector (Key Priority 8)</li> <li>• strengthen safeguards, including a building a culture of zero tolerance, developing a Victorian disability abuse prevention strategy, and developing a restrictive practices framework across DHHS (Action 19)</li> </ul>

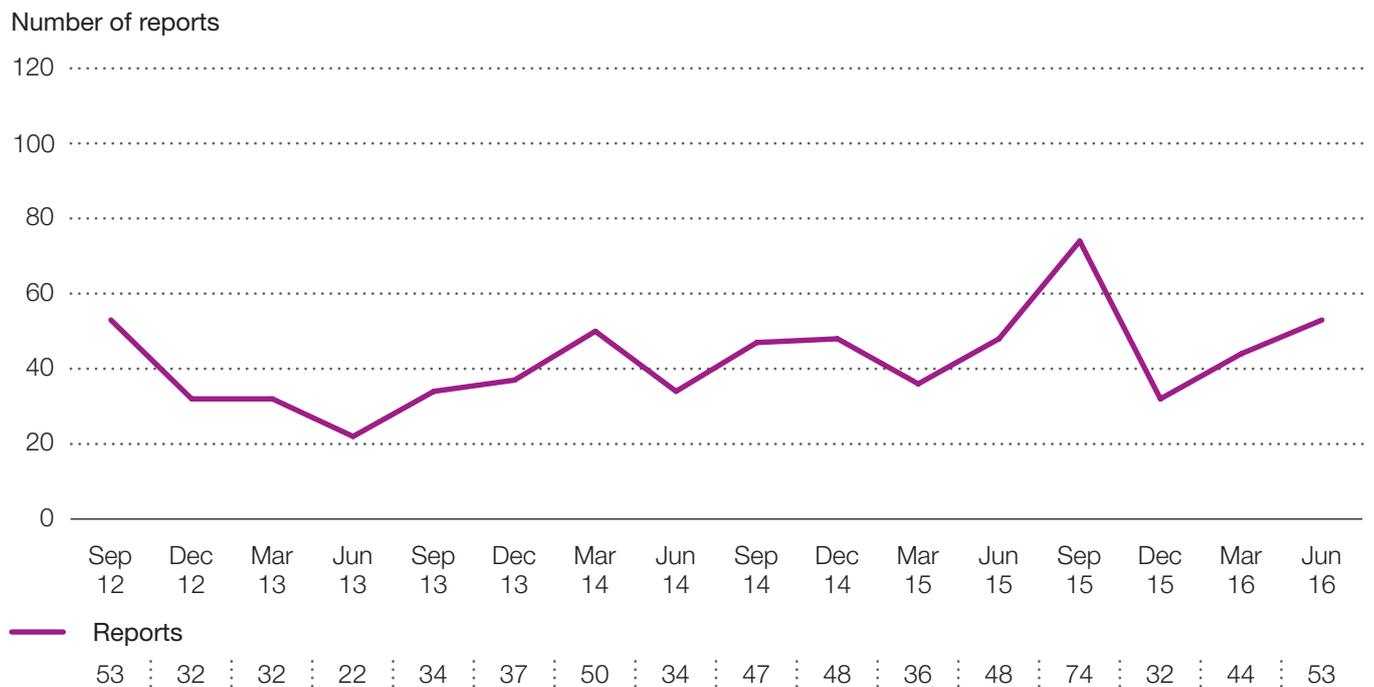
While the data series is fluctuating, there is an observable increase in cases relating to abuse and neglect in the final year of data, with a spike in the September 2015 quarter (figure 14). This increase may be related to the significant number of public inquiries into disability abuse that occurred at a similar time.

In 2016 both a *Victorian Parliamentary Inquiry into Abuse in Disability Services* and the Victorian Ombudsman’s *Investigation into Disability Abuse Reporting* were tabled. These reports identified abuse and neglect of people with disability occurs all too frequently and is significantly under-reported due to people’s fears of making complaints, and poor processes.<sup>13</sup> In response, the Victorian Government has announced of a ‘zero tolerance approach’ to abuse of people with disability and increased oversight powers.<sup>14</sup>

13 Victorian Ombudsman, *Reporting and investigation of allegations of abuse in the disability sector: Phase 2 – incident reporting*, December 2015.

14 Victorian Government, *Zero tolerance of abuse of people with a disability: Response to the Inquiry into Abuse in Disability Services*, November, 2016.

**Figure 14: Reports of abuse and neglect**



### Case study: Escaping Family Violence

Jing\* was unable to speak or understand English. She was suffering from depression and caring for 2 children with disabilities. Jing was facing violence at home and needed access to long term secure housing and to be connected to family services. She engaged an advocate to assist with these issues. The advocate assisted Jing in completing housing application and connected her with the family violence centre. Jing was allocated a case worker and connected to services such as counselling. Jing now has an emergency action plan and is on the waiting list for long term housing.

\* names have been changed to protect the privacy of individuals

## 3.8 Transport

During the 2012–16 reporting period, disability advocates reported assisting 29 people with transport issues in an average three month period.

### Disability advocacy issue: Transport

<b>Number</b>	29 people on average per quarter
<b>Trend</b>	 generally stable
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment and transportation (Article 9)</li> <li>• recognise the rights of persons with disabilities to liberty of movement, to freedom to choose their residence and to a nationality (Article 18)</li> <li>• facilitate the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost (Article 20)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• co-ordinate a whole-of-government policy incorporating universal design principles into areas such as infrastructure and public transport (Key Priority 2)</li> <li>• improve access to the public transport options in rural and regional Victoria through the Regional Network Development Plan (Key Priority 3)</li> <li>• use new contract arrangements to improve disability inclusion and awareness in customer service (Key priority 3)</li> <li>• investigate and trial new technologies in the public transport environment that enhance the journey for people with a disability (Key Priority 3)</li> <li>• improve transport services to people with a disability as part of major reforms to the commercial passenger vehicle industry (Key Priority 3)</li> </ul>

The number of reports of transport issues is relatively stable, apart from a noticeable spike in the December 2015 quarter.

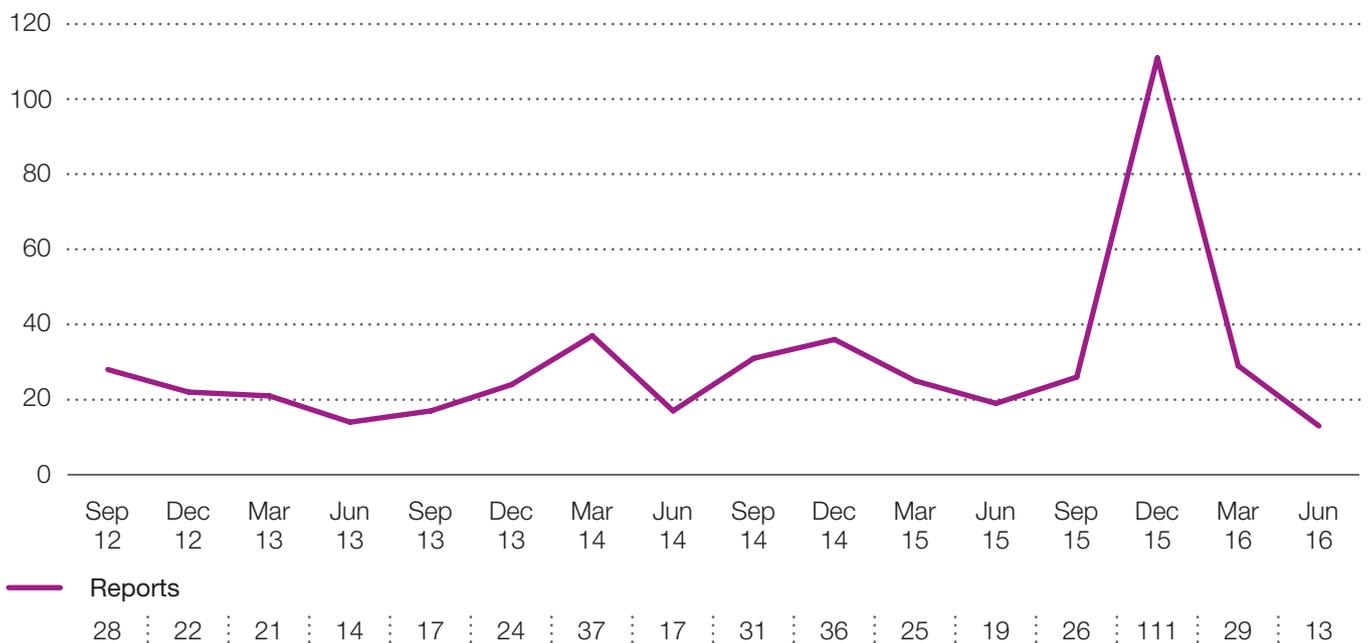
In 2016, the Victorian Government announced a package of reforms to the taxi industry. This included \$25 million to:

- appoint a dedicated Commissioner for disability services to the Taxi Services Commission
- provide additional ongoing funding to support the delivery of accessible point-to-point transport services;
- undertake a comprehensive review of accessible point-to-point transport services to ensure the supply and improve the commercial viability of wheelchair accessible services, in addition to considering alternative models of service provision that could be adopted in the future.<sup>15</sup>

<sup>15</sup> Victorian Government, *Towards a new commercial passenger vehicle transport system for Victoria: Overview*, Factsheet, 2016

**Figure 15: Reports of transport issues**

Number of reports



**Case study: Helping avoid unreasonable travel costs for medical equipment**

John\* booked an international flight. He requires oxygen when he travels so decided to rent oxygen tanks from the airline. John had previously arranged this with no hassle, but on this occasion the airline informed John he needed to book an extra seat at a cost of \$1,000 for the oxygen tank. John felt this was unfair and unreasonable – especially as there was no reference on the airline website about purchasing an extra seat for medical equipment.

John contacted an advocacy agency for assistance. The advocate contacted the airline to gather more information about the airline’s policy, explore alternative options for John, and ascertain whether all airlines carried oxygen on board and under what circumstances it was made available to people.

After gathering this information, the advocate provided John with options for his immediate travel plans to remove or reduce costs without putting his health at risk. The advocate also assisted John in formally lodging a complaint against the airline to the Victorian Equal Opportunity and Human Rights Commission.

\* names have been changed to protect the privacy of individuals

## 3.9 Leisure and recreation

During the 2012–16 reporting period, disability advocates reported assisting 23 people with leisure and recreation issues in an average three month period.

### Disability advocacy issue: Leisure and recreation

<b>Number</b>	23 people on average per quarter
<b>Trend</b>	▼ declining
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• recognise the right of persons with disabilities to take part on an equal basis with others in cultural life</li> <li>• take all appropriate measures to ensure that persons with disabilities enjoy access to cultural materials and activities in accessible formats and to places for cultural performances or services</li> <li>• be entitled, on an equal basis with others, to recognition and support of their specific cultural and linguistic identity, including sign languages and deaf culture</li> <li>• enable persons with disabilities to participate on an equal basis with others in recreational, leisure and sporting activities (Article 30)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• expand the ways it supports the wellbeing of people with a disability through sport and recreations, including access to parks, state forests, and coastal environments (Action 12)</li> <li>• working with and through partners in the sport and recreation sector, build capacity to deliver and sustain better opportunities for participation at the grassroots level (Action 13)</li> <li>• focus on increasing participation, employment opportunities and pathways for people with a disability within creative industries (Action 26)</li> <li>• roll out a staged approach to making Victoria the destination of choice for travellers with a disability (Action 27)</li> </ul>

While the data series fluctuates due to small numbers, there is an observable decline in cases relating to leisure and recreation in the final year of data. The number of reports for this advocacy area more than halved in the 2015–16 financial year, averaging 11 reports each quarter, compared with 27 on average each quarter over the previous three years.

**Figure 16: Reports of leisure and recreation issues**

Number of reports



**Case study: Access to community facilities**

Sarah\* participates in a walking group who retires to the local community hall for tea and coffee. Sarah has a fully accredited service dog for mental health purposes. The committee of the hall put up signs stating no dogs of any kind were allowed in the kitchen area and decided she could not bring her dog into the kitchen area.

Sarah was referred to an advocate by her case manager. They had previously taken the matter to a community legal centre who had written to the council. The council responded by saying they had not sanctioned the sign and would request its removal. They also said that they would ask the committee to provide alternative tea and coffee arrangements. Sarah was not satisfied with this response as she was still being discriminated against.

The advocate then contacted the Dispute Resolutions Centre. The advocate rang the centre and was advised that this issue came under the abuse and neglect hotline. They advised the advocate that they could become the spokesperson for Sarah, however needed to complete a consent form. On receipt of this, they will write to the council concerned to seek resolution of the matter.

\* names have been changed to protect the privacy of individuals

## 3.10 Employment

During the 2012–16 reporting period, disability advocates reported assisting 19 people with employment issues in an average three-month period.

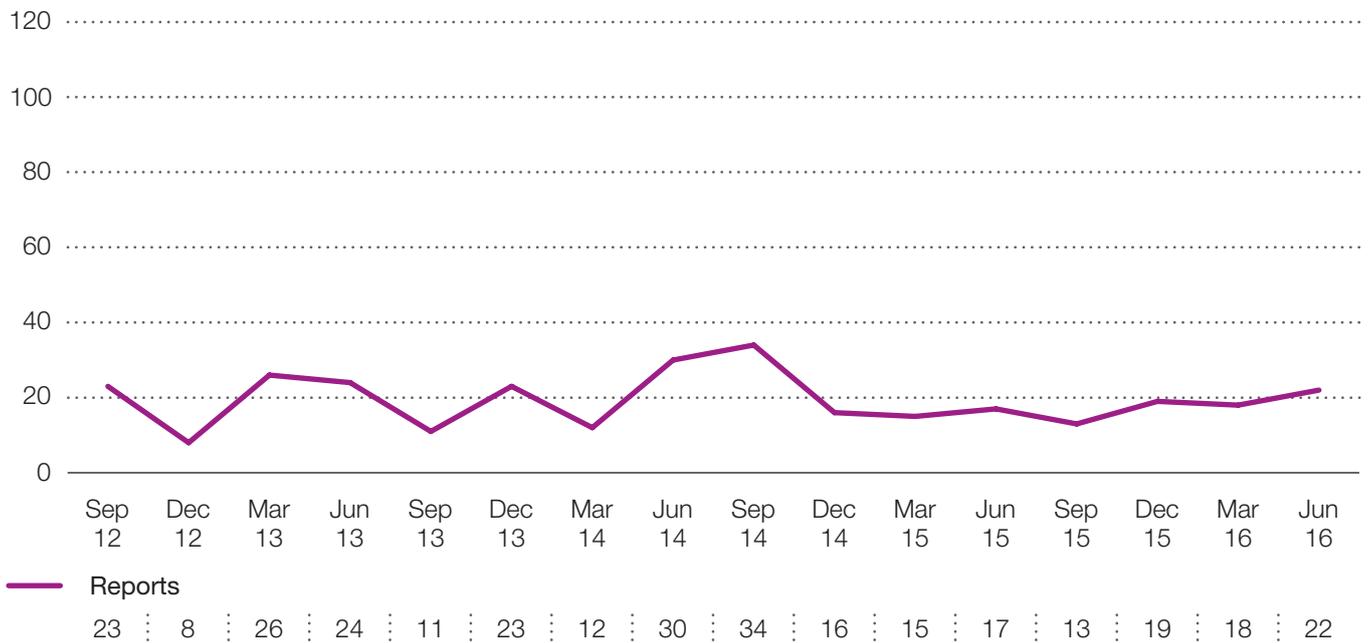
### Disability advocacy issue: Employment

<b>Number</b>	19 people on average per quarter
<b>Trend</b>	 generally stable
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions</li> <li>• protect the rights of persons with disabilities to just and favourable conditions of work, including equal opportunities and equal remuneration for work of equal value, safe and healthy working conditions, including protection from harassment, and the redress of grievances</li> <li>• promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business</li> <li>• employ persons with disabilities in the public sector;</li> <li>• ensure that reasonable accommodation is provided to persons with disabilities in the workplace</li> <li>• promote vocational and professional rehabilitation, job retention and return-to-work programmes for persons with disabilities (Article 27)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• develop an employment strategy to drive systemic improvements and outcomes for people with a disability</li> <li>• demonstrate leadership as a major employer through targeted approaches to the employment and retention of people with a disability in the public service and broader public sector</li> <li>• support people with a disability to generate income through business ownership, entrepreneurship and social enterprises (Key Priority 10)</li> </ul>

The series appears relatively stable over the reporting period (figure 16).

**Figure 17: Reports of employment issues**

Number of reports



**Case study: Help to negotiate employment arrangements**

Aiden\* disclosed his disability to his new employer and the employer raised some concerns about hiring Aiden due to his health.

Aiden contacted an advocate for assistance. The advocate arranged a face-to-face meeting with Aiden and the employer to assist with negotiating working hours and leave if, and when, required. The advocate also provided the employer with general information about disability, including a written guide from Apprenticeship Victoria, and superannuation information.

The employer’s concerns were alleviated and they were pleased to employ Aiden.

\* names have been changed to protect the privacy of individuals

## 3.11 Built environment

During 2012–16, disability advocates reported assisting 14 people with issues about the built environment in an average three month period.

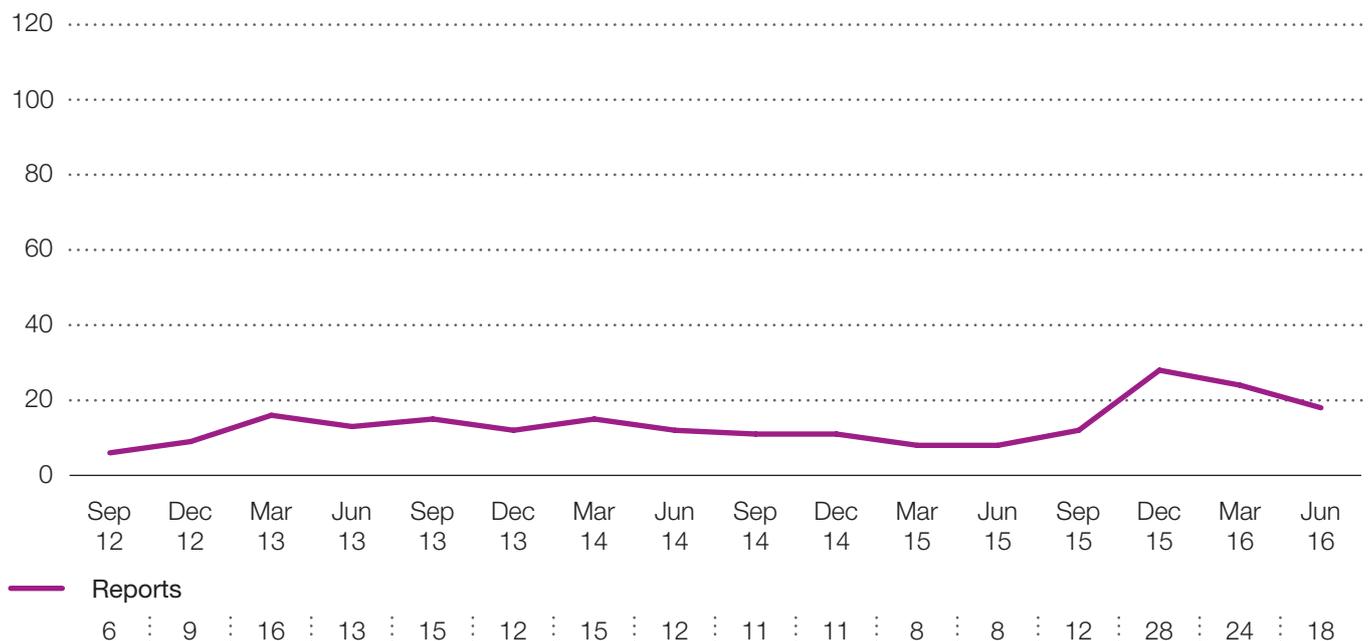
### Disability advocacy issue: Built environment

<b>Number</b>	14 people on average per quarter
<b>Trend</b>	 generally stable
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>take appropriate measures to ensure to persons with disabilities access, to the physical environment and to other facilities and services open or provided to the public, both in urban and in rural areas</li> <li>identify and eliminate obstacles and barriers to accessibility to buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces</li> <li>develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public</li> <li>ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities (Article 9)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>apply universal design approaches across a range of infrastructure, programs, projects and its suburban and Regional Development Victoria work (Key Priority 2)</li> <li>ensure metropolitan partnership consider issues related to access for people with a disability in identifying regional priorities for community infrastructure (Action 2)</li> </ul>

The number of reports is relatively stable. There is some evidence of an increase in the last three quarters of data, but numbers are small and more data may be required to establish if this trend will continue (figure 18).

**Figure 18: Reports about the built environment**

Number of reports



## 3.12 Gender

During 2012–16, disability advocates reported assisting one person with gender issues in an average three month period.

### Disability advocacy issue: Gender

<b>Number</b>	1 person on average per quarter
<b>Trend</b>	 no trend
<b>Rights under the CRPD</b>	<p>Governments will:</p> <ul style="list-style-type: none"> <li>• take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms</li> <li>• ensure the right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognised</li> <li>• ensure the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children and to have access to age-appropriate information, reproductive and family planning education are recognised, and the means necessary to enable them to exercise these rights are provided</li> <li>• ensure persons with disabilities, including children, retain their fertility on an equal basis with others (Article 6)</li> </ul>
<b>Commitments in the State Disability Plan</b>	<p>The Victorian Government will:</p> <ul style="list-style-type: none"> <li>• support specialist disability providers to become more LGBTI inclusive by developing training and resources for staff (Action 5)</li> <li>• improve reproductive and sexual health knowledge, understanding, skills and outcomes for Victorians with and intellectual disability (Action 9)</li> <li>• funding a range of initiatives to meet commitments to Victorians with a disability who are experiencing family violence (Key Priority 7)</li> </ul>

DARU has omitted presenting this information as a graph as the numbers are too small to meaningfully interpret.

The Victorian Government's family violence package will implement initiatives to help tackle family violence. This includes funding to extend the Women with Disabilities Victoria Workforce Development Program on Gender and Disability. The Government recently released Victoria's first gender equality strategy, which will measure the rate of women with disability participating in the workforce.<sup>16</sup>

The Office for Disability funds Women with Disabilities Victoria to undertake systemic advocacy on a range of issues relating to gender.

### Case study: Gender issues at school

Claire\* is a transgender young person who was experiencing conflict at school. Claire wished to attend school but on their own terms – and only certain classes. They contacted an advocate for support. The advocate met with Claire and their father, discussed the issues with the school and liaised between both Claire, their father and the school. After much discussion, it was agreed that this was an adolescent issue, not discrimination, as the school had done all they could to support Claire for many years. The advocate also discussed this with Claire's father and he was in agreement with this.

\* names have been changed to protect the privacy of individuals

<sup>16</sup> Department of Premier and Cabinet, *Victorian Gender Equality Strategy*, Victorian Government, Melbourne, 2016. p. 34

### 3.13 Other

During the 2012–16 reporting period, disability advocates reported assisting 54 people with issues they categorised as 'other' in an average three month period.

**Figure 19: Reports of advocacy issues categorised as 'other'**



These data appear to fluctuate, with no trend observable.

#### Case study: Assistance with local government notifications

Vanessa\* can experience significant health consequences from nearby spraying and roadworks. As a result, she asked her local council to implement a Notification Register to alert her when spraying and roadworks will occur in her area.

When Vanessa's attempts with the council were unsuccessful, she engaged an advocate. The advocate contacted the council and spoke to the Director of Planning and Infrastructure and followed up with an email outlining the issue.

The Director took the issue to the environment team and a trial implementation of a notification register was agreed upon, with Vanessa being notified via mail, email and text. The Director also provided his personal details for Vanessa to contact him directly should any issues arise, so he could address them.

\* names have been changed to protect the privacy of individuals

## Appendix: Data tables

**Table I: Number of people receiving disability advocacy services**

Reporting period	New clients	Existing clients	Total clients
2012 September Quarter	458	423	881
2012 December Quarter	373	336	709
2013 March Quarter	336	263	599
2013 June Quarter	465	370	835
2013 September Quarter	400	460	860
2013 December Quarter	413	550	963
2014 March Quarter	374	446	820
2014 June Quarter	431	451	882
2014 September Quarter	453	359	812
2014 December Quarter	383	802	1185
2015 March Quarter	478	811	1289
2015 June Quarter	523	906	1429
2015 September Quarter	396	327	723
2015 December Quarter	400	371	771
2016 March Quarter	339	367	706
2016 June Quarter	469	349	818

**Table II: Gender of people receiving disability advocacy services**

Reporting period	Female	Male	Transgender	Not recorded	Total
2012 September Quarter	164	200	1	516	881
2012 December Quarter	146	137	1	425	709
2013 March Quarter	198	213	28	160	599
2013 June Quarter	207	238	18	372	835
2013 September Quarter	213	228	0	419	860
2013 December Quarter	184	208	0	571	963
2014 March Quarter	192	234	0	394	820
2014 June Quarter	242	268	0	372	882
2014 September Quarter	221	260	0	331	812
2014 December Quarter	232	287	0	666	1185
2015 March Quarter	242	276	0	771	1289
2015 June Quarter	277	319	0	833	1429
2015 September Quarter	245	281	1	196	723
2015 December Quarter	255	260	0	256	771
2016 March Quarter	221	261	1	223	706
2016 June Quarter	290	296	0	232	818

**Table III: Age group of people receiving disability advocacy services**

Reporting period	0-4	5-14	15-24	25-64	65+	Not reported	Total
2012 September Quarter	46	207	107	313	31	177	881
2012 December Quarter	9	35	62	160	23	420	709
2013 March Quarter	7	47	99	247	15	184	599
2013 June Quarter	7	95	72	253	19	389	835
2013 September Quarter	13	73	59	251	47	417	860
2013 December Quarter	1	36	56	282	20	568	963
2014 March Quarter	14	77	92	285	20	332	820
2014 June Quarter	17	100	95	297	21	352	882
2014 September Quarter	28	73	109	255	14	333	812
2014 December Quarter	19	104	81	295	29	657	1185
2015 March Quarter	19	96	87	303	30	754	1289
2015 June Quarter	16	110	85	344	43	831	1429
2015 September Quarter	14	85	101	309	26	188	723
2015 December Quarter	23	113	177	220	17	221	771
2016 March Quarter	14	93	143	272	21	163	706
2016 June Quarter	14	104	176	265	35	224	818

**Table IV: Cultural background of people receiving disability advocacy services**

Reporting period	Aboriginal	Culturally and Linguistically Diverse
2012 September Quarter	31	36
2012 December Quarter	8	78
2013 March Quarter	41	76
2013 June Quarter	14	46
2013 September Quarter	13	73
2013 December Quarter	47	70
2014 March Quarter	28	83
2014 June Quarter	41	126
2014 September Quarter	39	78
2014 December Quarter	33	93
2015 March Quarter	29	104
2015 June Quarter	24	116
2015 September Quarter	25	68
2015 December Quarter	20	81
2016 March Quarter	20	89
2016 June Quarter	57	109

**Table V: Advocacy issues experienced by people using disability advocacy services**

	Abuse and Neglect	Accommodation	Built Environment	Disability Services	Education	Employment	Family	Gender	Health	Legal	Leisure and Recreation	Transport	NDIS/Disability Care	Other
2012 September Quarter	53	61	6	155	201	23	58	4	51	44	19	28	-	56
2012 December Quarter	32	45	9	81	171	8	42	0	48	27	32	22	-	47
2013 March Quarter	32	67	16	163	189	26	54	0	62	38	15	21	-	56
2013 June Quarter	22	93	13	133	234	24	46	0	49	35	23	14	-	60
2013 September Quarter	34	69	15	157	154	11	50	0	49	71	29	17	-	12
2013 December Quarter	37	93	12	121	69	23	32	1	78	91	15	24	-	47
2014 March Quarter	50	83	15	151	170	12	61	0	83	99	50	37	-	47
2014 June Quarter	34	93	12	129	182	30	50	1	60	74	25	17	-	11
2014 September Quarter	47	69	11	174	177	34	41	0	112	111	30	31	-	56
2014 December Quarter	48	68	11	178	144	16	72	1	57	96	42	36	50	69
2015 March Quarter	36	80	8	196	169	15	33	3	53	98	28	25	39	110
2015 June Quarter	48	63	8	171	97	17	34	1	64	75	14	19	48	78
2015 September Quarter	74	75	12	141	195	13	22	2	55	87	10	26	51	55
2015 December Quarter	32	75	28	242	212	19	28	2	48	99	11	111	69	60
2016 March Quarter	44	82	24	180	106	18	21	4	58	84	8	29	42	39
2016 June Quarter	53	114	18	175	89	22	34	4	55	89	15	13	36	60



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