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**Victoria**

**Alcohol and Other Drugs Stream**

**Disability Access and Inclusion Plan 2023 – 2027**





Contents

[Acknowledgement of Country 3](#_Toc124925651)

[Our Commitment to Inclusion 3](#_Toc124925652)

[Introduction 4](#_Toc124925653)

[The Salvation Army 4](#_Toc124925654)

[National Model of Care 5](#_Toc124925655)

[Evidence based and accountable 5](#_Toc124925656)

[Flexible and responsive 5](#_Toc124925657)

[Accessible and inclusive 5](#_Toc124925658)

[Person Centred and holistic 5](#_Toc124925659)

[Partnership 5](#_Toc124925660)

[Leadership 5](#_Toc124925661)

[Innovation 5](#_Toc124925662)

[Legislative and Policy Context 6](#_Toc124925663)

[Living with disability 6](#_Toc124925664)

[Population data 7](#_Toc124925665)

[Development of the DAIP 7](#_Toc124925666)

[Communication of the DAIP 7](#_Toc124925667)

[Review and Evaluation of the DAIP 7](#_Toc124925668)

[Disability and Inclusion Actions 8](#_Toc124925669)

[(Insert State/Territory name) Disability Access and Inclusion Plan 2023-2027 9](#_Toc124925670)

[**Outcome 1 – Inclusive Home and Communities:** 9](#_Toc124925671)

[**Outcome 2 – Safety, Rights and Justice:** 10](#_Toc124925672)

[**Outcome 3 – Personal and Community Support:** 11](#_Toc124925673)

[**Outcome 4 – Health and Wellbeing:** 11](#_Toc124925674)

# Acknowledgement of Country

The Salvation Army acknowledges the Traditional Owners of the lands and waters throughout Australia.

We pay our respect to Elders and acknowledge their continuing relationship to this land and the ongoing living cultures of Aboriginal and Torres Strait Islander peoples across Australia.

We also acknowledge future aspirations of all First Nations peoples. Through respectful relationships we will work for the mutual flourishing of Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians.

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

# Our Commitment to Inclusion

We value people of all cultures, languages, ages, capacities, sexual orientations, gender identities and/or expressions. We are committed to providing programs that are fully inclusive. We are committed to the safety and wellbeing of people of all ages, particularly children.

We are committed to supporting all participants to access our services in ways that are culturally safe. Participants will be supported to access services in a sensitive, affirming manner. The ongoing review of AOD services ensures continuous improvement of access to services, and the minimising or removing of any barriers to access.

Our services ensure people living with a disability can participate fully in all programs and services. We focus on abilities and value the unique talents, skills and potential of every person.

Some of the ways we demonstrate this commitment is through:

* Delivering services and programs that are designed in such a way that any person living with a disability can participate in all programs and activities
* Ensuring our physical and social environments are accessible and safe
* Ensuring people with disability have the same opportunities as other people to access services and events
* Ensuring people with disability have the same opportunities as other people to access buildings and other facilities
* Ensuring people with disability receive information from our services in a format that will enable them to access the information as readily as other people are able to access it.
* Ensuring people with disability receive the same level and quality of service from all TSA staff
* Ensuring people with disability have the same opportunities as other people to make complaints to TSA
* Ensuring people with disability have the same opportunities as other people to participate in all public consultation by TSA



# Introduction

The Salvation Army embraces diversity and seeks to foster a culture of inclusion across all its mission delivery programs and workplaces. We see the value and the strengths of all people and are committed to ensuring accessibility for all to our AOD treatment programs and to uphold and advance the rights of people with disability.

TSA acknowledges that people living with a disability face barriers and discrimination and at times do not have access to equal opportunities and treatment options. Through the development of this Disability Access and Inclusion Plan (DAIP) we affirm the Salvation Army values of integrity, compassion, respect, diversity and collaboration, which are integral to the way we work. We want to create a culture that ensures people with a disability can fulfil their potential and have equitable rights and ensure our AOD services are safe, inclusive and empowering. The Salvation Army’s diversity and inclusion policy includes a commitment to the development of inclusion and diversity plans and this DAIP is a proactive way to ensure personnel are compliant with the commonwealth disability discrimination act 1992 (DDA) and state legislation. Additionally, we ensure personnel undertake disability competency awareness training.



# The Salvation Army

Founded in London, England in 1865 by William and Catherine Booth, the Salvation Army has spread to many parts of the world, continuously providing care and dedication to the people we seek to serve. As one of Australia’s leading community service providers with a long and recognised history of providing alcohol and other drug services across the country, we have consistently demonstrated the ability to work effectively with a diverse range of individuals.

Nationally we deliver AOD Services in every state/territory, providing a range of different treatment types including: Intake and Assessment, Counselling, Forensic Counselling, Care and Recovery Coordination, Residential Withdrawal, Home Based Withdrawal, Case Management, Harm Reduction Programs, Day Programs, Residential Rehabilitation and Aftercare.

# Below is an outline of the services delivered in Victoria:

# National Model of Care

Nationally our services are guided by the Salvation Army’s *Alcohol and Other Drug Services National Model of Care*. We work to the following seven principals to enhance opportunities for all to embrace the fullness of life’s opportunities:

* Evidence-based and accountable
* Flexible and Responsive
* Accessible and inclusive
* Person-centred and holistic
* Partnership
* Leadership
* Innovation

## Evidence based and accountable

We provide care that is informed by the best available evidence and practice recommendations. We are accountable through quality assurance measures and feedback from those who use our services.

## Flexible and responsive

We offer services that provide the right care, for the right person at the right time. We strive to create pathways for people to access the services that are right for them. We acknowledge the unique and diverse needs of every person.

## Accessible and inclusive

We endeavour to offer care, respect and support to all people who enter our services. We understand and seek to overcome barriers that prevent people from getting the support they need. We use the best available knowledge to improve our service capacity to provide safe and inclusive care for all people who may benefit from our services.

## Person Centred and holistic

We meet people where they are at. We understand that people have a range of needs and achieving their goals is limited by only addressing one aspect of a person’s care needs. Our fundamental premise is that people are relational and create meaning, security and a sense of belonging through family, friends and social networks.

## Partnership

We work to sustain and develop partnerships to be effective and efficient in meeting the needs of people who use our services or may benefit from access to our services. In particular, we understand the importance of partnerships and engagement with Aboriginal and Torres Strait Islander health and community services. We strive to overcome the limitations of system fragmentation one partnership at a time.

## Leadership

We demonstrate a commitment to sound, effective, evidence-based programs across our services. We work towards a capable, qualified, supported workforce who are provided opportunities to engage with current and new knowledge to support their practice. We respond to new issues as they emerge with enthusiasm and responsible innovation.

## Innovation

We strive to develop new ways of working to meet the needs of our diverse and complex participants and caring significant others. We incorporate the best available evidence and practice knowledge. New ideas and approaches to care are evaluated to ensure they are effective in improving the lives of the participants who engage with our services.

# Legislative and Policy Context

The development of this DAIP for AOD Services in (Victoria) was guided by the following state and national legislation and policy documents:

* Disability Discrimination Act 1992 (Commonwealth)
* Australia’s Disability Strategy 2021 – 2031
* Disability Act 2006 (Vic)
* Inclusive Victoria State Disability Plan (2022-2026)

# Living with disability

According to the World Health Organisation[[1]](#footnote-1), a person’s environment has a huge effect on the experience and extent of disability. Inaccessible environments create barriers that often hinder the full and effective participation of people with disabilities in society on an equal basis with others. By addressing these barriers, we can improve social participation for people with disabilities. All people with disability have the same general health care needs as everyone else, and therefore need access to mainstream health care services.

Disability can be defined as any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months[[2]](#footnote-2). People with disability include, but are not restricted to, those who have long-term physical, mental, cognitive, intellectual or sensory impairments. People with disability have specific needs, priorities and perspectives based on their individual identities including their gender, age, sexuality, race and cultural background, and can face additional barriers and inequities[[3]](#footnote-3).

# Population data

According to the Australian Bureau of statistics, there were 4.4 million Australians with disability in 2018.[[4]](#footnote-4)

* 17 per cent of Victorians are people with disability.[[5]](#footnote-5)

Only just over 10 per cent of the 1.1 million Victorians with disability are eligible for an NDIS plan.

* 77 per cent of people with disability have a physical disability.[[6]](#footnote-6)
* 32 per cent of people with disability sometimes or always need support with daily self-care, mobility or communication activities.[[7]](#footnote-7)
* 24 per cent of Aboriginal people have disability, which is twice the rate of the general population.[[8]](#footnote-8)
* 39 per cent of LGBTIQA+ people aged 14 to 21 identify as having disability or long-term health condition.[[9]](#footnote-9)
* 7.7 per cent of children under 15 have disability.[[10]](#footnote-10)

# Development of the DAIP

The Victorian DAIP builds on from the National DAIP it was created by the Senior AOD leadership team in Victoria and consultation with the AOD service managers from across the state. The DAIP is design to ensure all AOD service are inclusive for people with disabilities. The plan will include feedback from relevant service users to ensure that it meets the need of all people accessing the services. The DAIP will be reviewed annually to ensure it remains current and relevant for people living with a disability and who are wishing to access AOD services.

# Communication of the DAIP

The DAIP will be communicated in the following ways:

* Promotion on TSA website
* Social media platforms
* Staff team meetings – meeting agenda’s updated to include DAIP
* Workshops delivered to all TSA employees and volunteers
* Internal mechanisms e.g.: email, meetings, newsletters, presentations etc.
* Posters placed in TSA offices to ensure clients/consumers/visitors aware of DAIP and TSA intent for inclusion and access for all

# Review and Evaluation of the DAIP

The DAIP will be monitored by the state manager following the below review schedule:

* Internal annual review 12 months from date of implementation
* External community consultation 18 months post implementation
* 2 yearly review engaging both internal and external key stakeholders via survey

# Disability and Inclusion Actions

Based on the social model of disability, Australia’s Disability Strategy 2021-2031 recognises attitudes, practices and structures can be disabling and act as barriers preventing people from fulfilling their potential and exercising their rights as equal members of the community. The Strategy identifies the following seven outcome areas:

* Employment and Financial Security
* Inclusive Homes and Communities
* Safety, Rights and Justice
* Personal and Community Support
* Education and Learning
* Health and Wellbeing
* Community Attitudes[[11]](#footnote-11).

A number of policy priorities sit under each of the above outcomes, which the Australian Government is focussing on for delivery of much needed change.

This DAIP will prioritise the following four outcome areas and policy priorities as the basis for identifying areas of change, as they apply to the local context of AOD Services in (Victoria).

**Inclusive Homes and Communities**

* Priority 3: People with disability are able to fully participate in social, recreational, sporting, religious and cultural life
* Priority 4: The built and natural environment is accessible
* Priority 6: Information and communication systems are accessible, reliable and responsive

**Safety, Rights and Justice**

* Priority 1: People with disability are safe and feel safe from violence, abuse, neglect and exploitation
* Priority 2: Policies, processes and programs provide better responses to people with disability who have experienced trauma
* Priority 4: The rights of people with disability are promoted, upheld

and protected

**Personal and Community Support**

* Priority 1: People with disability are able to access supports that meet their needs
* Priority 4: People with disability are supported to access assistive technology

**Health and Wellbeing**

* Priority 1: All health service providers have the capabilities to meet the needs of people with disability
* Priority 3: Mental health supports, and services are appropriate, effective and

accessible for people with disability

# Victoria Disability Access and Inclusion Plan 2023-2027

## **Outcome 1 – Inclusive Home and Communities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timelines** | **Responsibility** |
| People with disability are able to fully participate in social, recreational, sporting, religious and cultural life | * Recreational activities include activities that all people can participate in
 | * By 2024
 | * AOD Senior Leadership and Service managers
 |
| The built and natural environment is accessible | * All sites have disability access
* All sites have DDA compliant bathrooms
 | * By 2024
 | AOD Senior Leadership and Service managers  |
| Information and communication systems are accessible, reliable and responsive | * All promotional material including websites are accessible for people with a disability
 | * By 2024
 | AOD Senior Leadership and Service managers  |

## **Outcome 2 – Safety, Rights and Justice:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timelines** | **Responsibility** |
| People with disability are safe and feel safe from violence, abuse, neglect and exploitation | * All staff are trained in the MARAM framework
* Staff undertake training in how to identify and respond to family violence
* Staff are aware of reporting requirements, particularly with victim survivors who have a disability
 | * By 2024
 | AOD Senior Leadership and Service managers  |
| Policies, processes and programs provide better responses to people with disability who have experienced trauma | * Policies & process reviews include consultation with people with disability to ensure services are equipped to support people who have experienced trauma
* Specific polices or processes are developed to ensure appropriate support is required
* All staff are competent in delivering Trauma informed practices
 | * By 2024
 | AOD Senior Leadership and Service managers  |
| The rights of people with disability are promoted, upheldand protected | * All staff are aware of the DAIP
* All staff adhere to the code of conduct
* Staff are trained to understand a varied range of disabilities and their impacts
 | * By 2024
 | AOD Senior Leadership and Service managers  |

## **Outcome 3 – Personal and Community Support:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timeline** | **Responsibility** |
| People with disability are able to access supports that meet their needs | * Programs are flexible and focus on wholistic care to ensure people with disabilities are getting the right supports whilst engaged with AOD services
 | * By 2024
 | AOD Senior Leadership and Service managers  |
| People with disability are supported to access assistive technology | * Technology is improved to allow remote support or learning aids in programs
 | * By 2026
 | AOD Senior Leadership and Service managers  |

## **Outcome 4 – Health and Wellbeing:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timeline** | **Responsibility** |
| All health service providers have the capabilities to meet the needs of people with disability | * All services are inclusive and support people with disabilities
* Programs are flexible to accommodate people with different disabilities
 | * By 2024
 | AOD Senior Leadership and Service managers  |
| Mental health supports and services are appropriate, effective andaccessible for people with disability | * Ensure robust partnerships with MH providers
* Employ specific Dual diagnosis clinician to assist with increased MH supports
 | * By 2024
 | AOD Senior Leadership and Service managers  |

1. World Health Organisation. Health Topics; Disability (ND) [https://www.who.int/health-topics/disability#tab=tab\_1] Accessed 29 December 2021. [↑](#footnote-ref-1)
2. Australian Bureau of Statistics (2018) *Disability, Ageing and Carers, Australia: Summary of Findings* [https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release] Accessed 11 January 2022. [↑](#footnote-ref-2)
3. Commonwealth of Australia. Department of Social Services. (2021). *Australia’s Disability Strategy* (2021-2031). [↑](#footnote-ref-3)
4. Australian Bureau of Statistics (2018) *Disability, Ageing and Carers, Australia: Summary of Findings* [https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release] Accessed 11 January 2022 [↑](#footnote-ref-4)
5. Australian Bureau of Statistics 2018, **Disability, ageing and carers, Australia: summary of findings**, Australian Government, Canberra.

 [↑](#footnote-ref-5)
6. Australian Institute of Health and Welfare 2020, **People with disability Australia**, Australian Government, Canberra. [↑](#footnote-ref-6)
7. Ibid. [↑](#footnote-ref-7)
8. Australian Bureau of Statistics 2018, **Disability, ageing and carers, Australia: summary of findings**, Australian Government, Canberra. [↑](#footnote-ref-8)
9. LGBTIQ+ Health Australia 2021, **Snapshot of mental health and suicide prevention statistics for LGBTIQ+ people,** LGBTIQ+ Health Australia, Pyrmont. [↑](#footnote-ref-9)
10. Australian Bureau of Statistics, **Ageing and carers, Australia: summary of findings***.* [↑](#footnote-ref-10)
11. Commonwealth of Australia. Department of Social Services. (2021). Australia’s Disability Strategy (2021-2031). [↑](#footnote-ref-11)