



A Response from Scope

To the Inquiry into Social Inclusion and Victorians with a Disability

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Introduction

Scope is a not-for-profit organisation which provides a range of services to people with a disability across Victoria. Scope's Mission is to enable each person we support to live as an empowered and equal citizen.

Scope brings a wealth of experience to the matter of social inclusion and Victorians with a disability. Scope has an extensive history in developing and implementing innovative strategies to improve social inclusion for Victorians with a disability. Scope also has over ten years of accumulated research knowledge about social inclusion: this includes mapping the experience of social inclusion by people with disabilities as well as investigating strategies that address social exclusion.

This combination of social inclusion practice and research is rare and places Scope in a unique position to assist the Inquiry. We would welcome further contact with the Inquiry to provide additional information that we believe would be of value.

Throughout this submission we will be drawing on both our practice and our research. Three key sources of evidence that underpin the submission are:

- 1) **The 1 in 4 Poll Social Inclusion Measure** – developed by Scope and Deakin University and run as part of the 1 in 4 Poll. This is a unique survey into the experience of social inclusion of people with a disability, which includes a Victorian cohort of 430 participants. It provides the only statistically validated data on the social inclusion of Victorians with a disability. This work was funded by the Australian Research Council, Deakin and Scope.
- 2) **The 1 in 4 Poll Attitudes Survey** – developed by Scope and Deakin University and run as part of the 1 in 4 Poll. This, too, is a unique survey: this time into the negative attitudes experienced by people with a disability. Once again, this was a national survey, with a Victorian cohort of 207 participants. It provides the only statistically validated data on the experience of negative attitudes in Victoria.
- 3) **Inclusion: Making It Happen** – a research report by Scope that examined best practice social inclusion in Australia, which was then used to inform a comprehensive model for inclusion practice, with recommendations for both service providers and governments.

We will of course be drawing on a number of other sources of evidence, but wanted to highlight these three unique resources because we believe they will be of great assistance to the Inquiry. In particular, Scope and our research partner Deakin would be pleased to have the opportunity to provide detailed data, or undertake further analysis of the data, obtained from the 1 in 4 Poll Social Inclusion Measure.

Scope acknowledges Deakin University's partnership role in the 1 in 4 Poll.

Recommendations

Scope makes a number of recommendations to the Inquiry throughout this submission. They are also presented here for easy reference:

1. Scope recommends that a definition of inclusion be developed that encompass the following domains and sub domains:

- Social Participation e.g.,
 - Participating in some type of social activity
 - Participating in arts & cultural activities
 - Participating in sport or recreational activities
- Social Relationships and Supports e.g.,
 - Being treated with respect by others
 - Getting help from family and friends when you need it
 - Feeling valued by society
- Services Access e.g.,
 - Accessing disability support services
 - Accessing mental health services
 - Accessing medical services
- Economic/Materials e.g.,
 - Keeping up payments for water, electricity, gas or phone
 - Having enough money to get by on
 - Having decent and dependable home/housing
- Political inclusion e.g.,
 - Participating in political and civic processes
 - Having a say on issues that are important to you
 - Voting regularly

Scope further proposes that these domains be used as a framework to measure the social inclusion of Victorians with a disability.

2. Scope recommends that the Inquiry adopt a model of inclusion that recognises three distinct characteristics of inclusion: physical inclusion, functional inclusion and social inclusion as defined in this submission

Physical inclusion, being the right to and actuality of physical accessibility

Functional inclusion being the 'ability to function successfully' in given environments

Social inclusion being social acceptance and participation in 'positive interactions' with others

3. Scope recommends that the Inquiry works with Scope to further interrogate the data from the 1 in 4 Poll Social Inclusion survey.

The data obtained from this survey has been analysed across a wide range of demographic domains including: disability type, location, accommodation, gender and employment status to name a few. We would be willing to work with the Inquiry to explore the further use of this data.

4. Based on the findings of the 1 in 4 Poll Social Inclusion survey – that the attitudes of others is the biggest barrier to social inclusion - Scope recommends that the Inquiry focus on the role of attitudes in the social exclusion of Victorians with a disability.

We note here that subsequent to the Social Inclusion survey, Scope and Deakin University ran a second survey on people with disability's experience of the negative attitudes of others. Again, we would be willing to work with the Inquiry around the further use of this data.

5. Scope recommends that additional funding be made available to address pervasive negative attitudes towards people with a disability, particularly given such attitudes are seen by people with a disability as the biggest single barrier to social inclusion.
6. Scope recommends that, when identifying strategies to address the impact of negative attitudes on social inclusion, *where* people experience negative attitudes, *the degree of difficulty* presented by negative attitudes and the *underlying attitudes* that have caused the greatest difficulty are taken into account.

For this reason Scope cautions against a simplistic or untargeted approach to addressing negative attitudes. Investment in attitude change strategies should be targeted and evidence-based. The 1 in 4 Poll on negative attitudes is one such evidence base.

Scope highlights that attitudes towards people can be seen to fall into three clusters: Competence, Knowledge and Hostility. This in turn leads to the recommendation that attitude change strategies focus on challenging assumptions, addressing knowledge gaps and implementing strategies to address hostility and bullying.

7. Scope recommends that disability awareness programs that incorporate the key program elements identified in the *Seeing is Believing* report be prioritised for funding, to maximise the impact of investment in awareness raising. These key program elements involve:

- Contact – people have direct contact with people with a disability
- Longevity – rather than short, one-off programs
- Action – where participants put learning into practice
- Experience – an experiential component is involved

Scope also recommends that the Disability Awareness Outcome Framework outlined in the *Seeing is Believing* report be used as a means for measuring program effectiveness. This framework highlights the outcomes that need to be achieved to ensure maximum effectiveness of disability awareness programs:

- The program raises awareness
- Through the program participants better understand issues
- Through the program participants to attain specific knowledge and skills
- Through the program participants take action

8. Given the importance of social inclusion, and the need to determine that strategies to improve social inclusion are working, Scope recommends that social inclusion be measured at population, service/intervention and individual levels.

To this end, Scope highlights the 1 in 4 Poll Social Inclusion Measure as one possible population-level measure. Scope also highlights the existence of a range of outcome measurement tools developed by Scope and Deakin University that, by

focusing on notions of citizenship, assist in measuring social inclusion at a service/intervention and individual level.

9. Scope recommends that the work of improving social inclusion take into account the need for multiple strategies built around three orientations:

Orientation 1: Individual person-centred work leads to inclusion.

Inclusion work and community building happen in direct response to the expressed interests, needs, and aspirations of specific people with a disability.

Orientation 2: Opportunities are created in community.

Inclusion work and community building require workers to be proactive in identifying, creating and offering opportunities to people with a disability.

Orientation 3: Broad level community change.

Inclusion work and community building focus on broader structural and attitudinal work.

10. Scope recommends that the Victorian Government:
- Identify the current resources allocated to inclusion work, areas of practice, and gaps in both by mapping current investment committed to each of the three Orientations of inclusion work;
 - Commit to identified investment in inclusion work that is long term and based on identified areas of need;
 - Clarify the practice of inclusion work;
 - Actively develop cross-sector collaboration in inclusion work.
11. Scope recommends that the Victorian Government work with the NDIA to ensure that inclusion work at a community and system level is appropriately funded to complement individualised funding and therefore ensure the NDIS successfully meets its objectives.
12. Scope recommends that the Victorian Government work closely with the NDIA to ensure that existing inclusion programs, and in particular internationally acclaimed programs such as the Communication Access Network, continue to be funded through and after the transition to the NDIS.

a) Define 'social inclusion' for Victorians with a disability

Related points:

- 3.2 How should 'social inclusion' for Victorians with a disability be defined?
- 3.3 What is the difference between the concepts of 'social inclusion' and 'participation' in the context of people with a disability?

Defining Social Inclusion

Scope and Deakin University have investigated social inclusion in depth as part of their Australian Research Council-funded 1 in 4 Poll.

The first '1 in 4 Poll' focused on social inclusion. To this end, a literature review was conducted to investigate the concept of social inclusion and how to operationalise this in a data collection method. A short explanation (extract from the draft paper) is provided below to discuss the concept of social inclusion as it was adopted for the 1 in 4 poll. The paper is: **Wilson, E.; Campain, R.; Hagiliassis, N.; Caldwell, M.; McGillivray, J.; Bink, M.; Graffam, J. (in draft). *The 1 in 4 project - measuring social exclusion. An outline of theory and method***

It is well documented that there is little agreement about the definition of social exclusion (Hayes et al, 2008; Saunders et al, 2007). The 'working definition' proposed by Levitas et al (2007:9), and highlighted by Australian researchers (Saunders et al 2007:12; Hayes, 2008:5), is a useful starting point:

'Social exclusion is a complex and multi-dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in society, whether in economic, social, cultural or political arenas. It affects both the quality of life if individuals and the equity and cohesion of society as a whole (Levitas et al., 2007, p.9 quoted in Saunders et al, 2007, p. 12, and Hayes et al, 2008, p. 5).

Hayes states that key characteristics in the definitions of social exclusion 'involve restriction of access to opportunities and limitations of the capabilities to capitalize on these, along with reference to the social and economic dimensions of exclusion' (2008: 6). This set of ideas is again repeated by Australian researchers Saunders and Wong (2009) who argue that the 'social exclusion framework shifts the focus away from the role of resource constraints (important those these often are) onto the other factors that can prevent people from participating in various forms of social, economic and political activity' (p. 11). Saunders and colleagues discuss the exploration of social exclusion as identifying the 'factors that restrict people's ability to acquire the items and participate in the activities that are widely regarded as essential for full membership of society' (Saunders et al, 2007:2).

This definition captures three elements common to many definitions:

1. a denial of a set of resources (goods, services, rights);
2. a lack of participation in a range of norm referenced social, economic and other activities; and

3. the notions of inter-connection between elements of social exclusion, and the implication of factors that prevent social inclusion.

Each of these elements is defined variously by different authors and researchers in different countries and contexts.

Denial of a set of resources

Various definitions of social exclusion engage with concepts of poverty, inadequate income, income inequality, impoverishment (as a broader notion), consumption and deprivation. Due to the definitional and operational issues of using poverty as an indicator of disadvantage, the related notion of deprivation has been utilised in this arena and as a component of social exclusion. Deprivation is defined as 'an enforced lack of socially perceived necessities (or essentials)' (Mack and Lansley, 1985: 35, quoted in Saunders et al, 2007: 10), and is linked to the notion of 'missing out' as opposed to being 'left out' as related to the notion of social exclusion (Saunders et al, 2007, vii). The first step in defining deprivation, as explained by Saunders et al (2007), is to identify 'what constitutes essential items - things that no-one should have to go without in Australia today' (viii). Following this, deprivation is 'measured by identifying those who do not have and cannot afford' the essential items (Saunders et al, 2007: ix). This captures the definitional criteria of deprivation that those who do not have the items lack them as a result of a lack of resources rather than choice (Saunders et al, 2007:10). Saunders et al (2007) identify ten items of deprivation (ie identified as essential and linked to affordability) ranked most highly by respondents. These are:

- medical treatment if needed
- warm clothes and bedding if it's cold
- a substantial daily meal
- able to buy prescribed medicines
- dental treatment if needed
- a decent and secure home
- school activities /outings for children
- annual dental check-up for children
- a hobby or leisure activity for children
- a roof and gutters that don't leak (Saunders et al, 2007:52).

Lack of participation in a range of norm referenced social, economic and other activities

The concept of participation appears to be common across a range of definitions of social exclusion. Burchardt et al (2002) states that 'An individual is socially excluded if he or she does not participate in key activities in the society in which he or she lives' (Burchardt, Le Grand and Piachaud, 2002, p.30 quoted in Saunders et al 2007, p. 13, Hayes et al, 2008, p. 5). Building on this definition, Saunders and Wong (2009) align social exclusion with 'being denied the opportunity to participate in activities that are commonplace or customary in society' (Saunders & Wong, 2009: 12).

Earlier discussion has suggested that the locus of 'activities' of participation is varied, given it is based on those customary to or valued by society, and could include 'economic, social, cultural or political arenas' as identified by Levitas et al (p.9 quoted in Saunders et al, 2007, p. 12). Different authors and researchers include and omit different arenas of participation from their understanding or focus on social exclusion. For example, Burchardt et al (2002) in the CASE definition of social exclusion include:

Production (also mentioned above as having relevance to definitions of poverty and deprivation)- participation in economically or socially valued activities; Political engagement - involvement in local or national decision-making; and Social interaction - integration with family, friends and community. The PSE Survey included a somewhat different, though overlapping range of participation arenas: labour market exclusion; service exclusion, where services encompass public transport, play facilities and youth clubs, and basic services inside the home (gas, electricity, water, telephone); and exclusion from social relations which includes:

- non-participation in common activities (defined as being regarded as essential by a majority of the population);
- the extent and quality of social networks;
- support available in normal times and in times of crisis;
- disengagement from political and civic activity; and
- confinement, resulting from fear of crime, disability or other factors (Hayes et al, 2008: 7, Saunders et al, 2007; Palmer, MacInnes and Kenway, 2006; Parekh et al, 2010).

Many of these topics have also been canvassed in Australian Bureau of Statistics general population surveys including: family and community involvement, crime and feelings of safety; attendance at culture and leisure venues; sports attendance and participation; social networks and social participation; as well as participation in education and employment; and use of internet technologies (ABS, GSS, 2010). Data in relation to Australians with disability is available in relation to these categories in a compilation report by the ABS (2011) *Social Participation of People with a Disability 2011*, which collates data from the Survey of Disability, Ageing and Carers (ABS, 2009), General Social Survey (ABS 2006), and the Time Us Survey (ABS, 2006). While not explicitly reporting on social exclusion, the overlap of conceptual areas is notable, and has been used to inform social exclusion research (eg Saunders et al, 2007).

Three arenas of participation receiving repeated focus in social exclusion research are those of economic participation or exclusion; service exclusion; and social exclusion. This is not to suggest that other arenas such as political or cultural (or indeed other arenas of life such as spiritual or religious participation) do not warrant equal attention, they have simply not received it to date within the context of explicit social exclusion studies, particularly in Australia.

The interconnection between elements of social exclusion

Many authors identify the role of society in creating social exclusion. As explained by Saunders et al, 'Unlike the focus of poverty on a single dimension (lack of resources), exclusion is a multi-dimensional concept, designed to highlight the role of institutional structures and community attitudes in creating the barriers that lead to exclusion, the role and nature of voluntary as well as enforced exclusion or withdrawal, the importance of relational issues, the denial of social rights, and the importance of the family and community context in shaping exclusion at the individual level' (Saunders et al, 2007:12-13).

Atkinson (1998, cited in Saunders et al, 2007:11) argued that one of the core ideas of social exclusion is that of agency, 'the idea that people are excluded by choices of their own, or by the acts of others' (Saunders et al, 2007:11). These ideas are linked to Sen's (2001) analysis of social exclusion. Sen argues that a core feature is the 'relational features of the deprivation of capability' (Sen, 2001:6, quoted in Saunders et al, 2007:11). Amartya Sen has explored the complexity of comparative assessment of social equality, social justice and quality of life and proposed the concept of 'capabilities', or 'what people are actually able to do and to be' (Nussbaum, 2003: 33). Sen recognises

great diversity in the human condition and that individuals both require differing levels of resources as well as have 'differing abilities to convert actual resources into functioning' (Nussbaum, 2003: 25). An often-cited example used by Sen is that of the person in a wheelchair who will require more resources for mobility than a person who is not similarly impaired in order to achieve the same ability to move around (Nussbaum 2003: 35). He argues that this focus highlights the barriers preventing the actualising of resources or rights. Sen's concept overlaps with that of human rights, in that he sees rights as being enabled or present only 'if there are effective measures to make people truly capable...' (Nussbaum, 2003:38). This places responsibility with society and the state to take action and 'to think from the start about what obstacles there are to full and effective empowerment for all citizens, and to devise measures that address these obstacles' (Nussbaum, 2003: 39).

This literature set and suite of concepts underpinned the development of the Deakin University and Scope's '1 in 4 Poll' on Social Inclusion. The poll surveyed adults with a disability in Australia in regard to their current level of social inclusion. The survey drew on the domains of the Social Inclusion framework used by Saunders et al (2007 & 2008) and added sub domains to these based on the above analysis. The framework developed for the survey consists of the following domains and sub-domains:

Social Inclusion Framework

- Social Participation e.g.,
 - Participating in some type of social activity
 - Participating in arts & cultural activities
 - Participating in sport or recreational activities
- Social Relationships and Supports e.g.,
 - Being treated with respect by others
 - Getting help from family and friends when you need it
 - Feeling valued by society
- Services Access e.g.,
 - Accessing disability support services
 - Accessing mental health services
 - Accessing medical services
- Economic/Materials e.g.,
 - Keeping up payments for water, electricity, gas or phone
 - Having enough money to get by on
 - Having decent and dependable home/housing

Political inclusion

The measurement of social inclusion in the 1 in 4 Poll's Social Inclusion Measure did not include a reference to the political domain of social inclusion, as this had been previously researched by Scope in a previous poll. Future polls on social inclusion would rectify this exclusion.

Scope highlights that it is important to incorporate political inclusion as a domain of social inclusion in any consideration of social inclusion of Victorians with a disability.

Recommendation

Scope recommends that a definition of inclusion be developed that encompasses the following domains and sub domains:

- Social Participation e.g.,
 - Participating in some type of social activity
 - Participating in arts & cultural activities
 - Participating in sport or recreational activities
- Social Relationships and Supports e.g.,
 - Being treated with respect by others
 - Getting help from family and friends when you need it
 - Feeling valued by society
- Services Access e.g.,
 - Accessing disability support services
 - Accessing mental health services
 - Accessing medical services
- Economic/Materials e.g.,
 - Keeping up payments for water, electricity, gas or phone
 - Having enough money to get by on
 - Having decent and dependable home/housing
- Political inclusion e.g.,
 - participating in political and civic processes
 - Having a say on issues that are important to you
 - Voting regularly

Scope further proposes that these domains be used as a framework to measure the social inclusion of Victorians with a disability.

Social inclusion is not the same as physical presence

One of the challenges of achieving social inclusion is to understand that this is more than physical presence or “community participation”. A report produced by Scope: **Campaign, R. and Wilson, E. (2010), *Food Court Friends: Building Relationships through Research*, Melbourne, Scope (Vic)**, offers a further clarification of inclusion and how it might be differentiated from physical presence. This research project, which explored the idea of shopping centres as potential venues of community, raises the importance of considering what community inclusion is, and how we might recognise it and measure it. In particular, the *Food Court Friends* report draws on the work of Schleien, Green and Stone (1999: 2), which offers three distinct characteristics of inclusion:

- 1) *physical inclusion*, being the right to and actuality of physical accessibility,
- 2) *functional inclusion*, as the 'ability to function successfully' in given environments; and
- 3) *social inclusion* as social acceptance and participation in 'positive interactions' with others.

These distinct characteristics emphasise distinctions between physical presence and a wider range of social and participative outcomes that encompass a wide variety of possibilities for individuals. In working with social institutions such as shopping centres to aid inclusion for people with a disability, all three of these characteristics are central to such work with the emphasis on going beyond just a physical presence.

Recommendation

Scope recommends that the Inquiry adopt a model of inclusion that recognises three distinct characteristics of inclusion: physical inclusion, functional inclusion and social inclusion as defined in this submission:

Physical inclusion, being the right to and actuality of physical accessibility

Functional inclusion being the 'ability to function successfully' in given environments

Social inclusion being social acceptance and participation in 'positive interactions' with others

b) Identify the nature and scale of relative inclusion (exclusion) and participation of Victorians with a disability in the economic, social and civil dimensions of society.

Related points:

- 3.4 What does social inclusion for Victorians with a disability look like now?
- 4.1 What are the barriers to meaningful social inclusion for Victorians with a disability?
- 4.2 In what ways do Victorians with a disability participate in the economic, social and civil dimensions of society?

The First 1 in 4 Poll: The Experience of Social Inclusion/Exclusion by Victorians with a Disability

Thanks to our work on the 1 in 4 Poll Deakin University and Scope have a validated dataset on the experience of social inclusion for adult Victorians with a disability. We can, with unprecedented confidence, answer the question “What does social inclusion for Victorians with a disability look like now?”.

Poll 1, on the topic of **social inclusion**, closed in 2011. While this was a national survey, **430 Victorian adults with a disability responded to the survey**, allowing us to present a detailed picture of the experience of social inclusion for Victorians with disability.

Questions fell into four domains: **social participation, relationships, access to services and economics and materials**. A series of statements relating to satisfaction with social inclusion were rated on a scale between 0-10 where 0 meant needs not met and 10 needs fully met.

The four domains include a range of elements:

- 1) **Social participation** - Items representing a broad range of commonplace activities in society, such as going to cafes, bar or pubs, having a social life, participating in arts, sport or recreational activities and including engagement in community networks
- 2) **Social relationships** - Items around having relationships and valuing relations, including being treated with respect by others and safeguarding relationships (eg: having someone to give you important advice)
- 3) **Services access** - Items around access to mental health, disability, medical, government and dental services when needed
- 4) **Access to economic and material resources** - Items around access to resources such as having enough money to get by on

A total **Social Inclusion Score** was also estimated, comprising the total ratings from the four domains. This provided a global assessment of social inclusion for Victorians with a disability – in effect a benchmark figure to allow comparison of the social inclusion in Victoria over time.

Victorians with a disability rated their overall social inclusion at 59.5/100. This result highlights that, on average, social inclusion needs were not well met for most Victorians with a disability. It indicates that **we are little more than half way to ensuring the social inclusion needs of Victorians with a disability are met**.

Adults with a disability who responded to the survey reported their **need for social participation** was the **least met** of the four domains. This reflected respondents' dissatisfaction with participating in social activities, having a social life, going to cafes, bars or pubs, having social contact with other people, participating in arts and arts activities, participating in sport or recreational activities and going to local shops scoring a mean of 5.2 out of 10 (where 10 meant needs fully met).

Respondents rated the economic and materials domain the highest at 6.7 out of 10 (again, 10 meant needs fully met). Items within this domain were keeping up payments for water, electricity, gas or telephone; having enough money to get by on; and having decent and dependable home/housing.

Victorians rated their satisfaction with their relationships (items comprising being accepted by others for who you are; being treated with respect by others; getting help from family and friends when you need it; having someone to give you important advice; having access to support in times of crisis; feeling valued by society) and access to services (comprising accessing disability support services; accessing mental health services; getting help from services when you need it; accessing medical services; accessing government services; accessing dental services) at 6.2.

For access to services, Victorians rated their satisfaction at 6.1.

Looking at specific elements of social inclusion at a national level, the survey found the following:

- Only 9% said their **social contact** needs were fully met
- Only 6% said their **community participation** needs were fully met
- Only 10% said their need to **feel valued and belong** were fully met
- Only 10% said their **access to services** needs were fully met

People who reported their needs were fully met fell within the range of 7% (participating in arts and cultural activities) to 22% (having access to medical services).

As further examples:

- 89% said their needs were not fully met for having a social life
- 89% said their needs were not fully met for going out to cafes, bars and pubs
- 87% said their needs were not fully met for getting support in times of crisis
- 88% said their needs were not fully met for accessing mental health services
- 86% said their needs were not fully met for accessing disability support services

These results highlight pervasive and deep levels of social exclusion for people with a disability. They provide strong, statistically validated evidence that there is much work that needs to be done to improve social inclusion for people with a disability.

Barriers to Social Inclusion Identified by the 1 in 4 Poll

In the survey we asked participants to tell us the barriers to their social inclusion. The biggest single barrier they identified was the **attitudes of others**. The five biggest barriers to social inclusion as indicated by the participants were:

- Attitudes of others (reported by 39% of participants)
- Health (28%)

- Physical access (26%)
- Money (25%)
- Transport (21%)

Recommendation

Scope recommends that the Inquiry takes the opportunity to work with Scope and Deakin University to further interrogate the data from the 1 in 4 Poll Social Inclusion survey.

The data obtained from this survey has been analysed across a wide range of demographic domains including: disability type, location, accommodation, gender and employment status to name a few. We would be willing to work with the Inquiry to explore the further use of this data.

Recommendation

Based on the findings of the 1 in 4 Poll Social Inclusion survey – that the attitudes of others is the biggest barrier to social inclusion - Scope recommends that the Inquiry focus on the role of attitudes in the social exclusion of Victorians with a disability.

We note here that subsequent to the Social Inclusion survey, Scope and Deakin University ran a second survey on people with disability's experience of the negative attitudes of others. Again, we would be willing to work with the Inquiry around the further use of this data. The results of this survey are summarised in the following section of this submission. The results of this survey are summarised in the following section of this submission.

The Impact of Negative Attitudes on Social Inclusion: Findings of the second 1 in 4 Poll.

When we remember that the attitudes of others, as evidenced in the first 1 in 4 Poll on social inclusion, were seen by people with a disability as the most significant barrier to social inclusion it is self-evident that negative attitudes are significant in the lives of people with disability. It is also apparent, given social exclusion is intimately connected to the attitudes of others, that insight into the particular nuances of those attitudes are critical to achieving improved social inclusion.

Based on the findings of the first 1 in 4 Poll on social inclusion, Deakin University and Scope developed a second national survey on the topic of negative attitudes experienced by people with a disability. This second 1 in 4 Poll closed in May 2013. A total of 539 people completed the survey, of which 207 lived in Victoria. The Poll measured the experiences of negative attitudes by adults with a disability. Participants reported whether they had experienced specific negative attitudes in the last 12 months and the degree of difficulty caused by any negative attitudes experienced.

Broadly, the poll found negative attitudes were experienced by many people with disabilities. Lack of knowledge and understanding of their disability was a commonly experienced negative attitude.

The negative attitudes experienced by the most people with disability were:

- People lacked knowledge and understanding about my disability (87.0%)
- People didn't show me respect (77.2%)
- People didn't believe the extent of my disability (75.0%)
- People treated me as though I was less intelligent than non-disabled people (71.8%)
- People didn't know how to behave around me (71.2%)
- People didn't listen to me or ignored me (71.0%)
- People treated me as not capable of making decisions (70.9%)

There were a number of areas where negative attitudes caused a high degree of difficulty for participants, namely:

- People lacked knowledge and understanding about my disability (6.7/10)
- People treat me more like a child than an adult (6.4/10)
- People didn't listen to me or ignored me (5.9/10)
- People treated me as though I was less intelligent than non-disabled people (5.8/10)
- People didn't show me respect (5.8/10)

People with intellectual /learning disability experienced greater difficulty with negative attitudes than people with physical disabilities. Also, people with higher severity of disability experienced more difficulty with negative attitudes.

Fewer Victorians with a disability experienced negative attitudes than Other States - 62.1% of Victorians said 'people treated me more like a child than an adult' compared with 73.9% of other States. 59.9% of Victorians said 'people wrongly assumed I was dependent on someone or needed to be cared for compared with 68.3% of other States. 58.1% of Victorians said 'people were not willing to spend time with me or talk with me' compared with 69.2% of other States. 58.5% of Victorians said 'people rejected or avoided me' compared with 70.7% of other States. 65.4% of Victorians said 'people didn't listen to me or ignored me' compared with 76.5% of other States. Despite the lower number of Victorians experiencing the attitudes, those negative attitudes caused greater difficulty to Victorians. Results were significantly higher for Victorians with a disability on the following negative attitude statements:

- People treated me more like a child than an adult – Victorians 6.0/10, other States 5.2/10
- People thought I shouldn't have a say in major decisions affecting my life – Victorians 5.2/10, other States 4.3/10
- People bullied me – Victorians 5.5/10, other States 4.5/10

Negative attitudes were experienced in a range of settings. Respondents told us they had experienced negative attitudes at work, TAFE or university, Centrelink, while receiving disability services, health services and other settings. 64.4% of respondents said they had experienced negative attitudes at shops, pubs and restaurants and 62.8% said they experienced negative attitudes using public transport. 58.1% experienced negative attitudes receiving health services and 56.4% experienced negative attitudes in the workplace.

This highlights that the experience of negative in Victoria is pervasive.

Negative attitudes in Victoria were more prevalent compared to the rest of Australia in the following settings:

- Accessing Centrelink – Victorians 87.5% and other States 68.2%
- Using public transport – Victorians 64.9% and other States 62.7%
- In the media – Victorians 55.7% and other States 53.5%
- Dealing with utilities – Victorians 46.2% and other States 38.5%

Other States reported a higher prevalence of negative attitudes compared to Victorians in the following settings:

- In the workplace – Victorians 55.7% and other States 75.4%
- Receiving disability services – Victorians 47.2% and other States 56.2%
- Dealing with police and legal services - Victorians 27.6% and other States 36.3%

Of most concern, more than one third (35%, Victorians 32.0% and rest of Australia 38.8%) of respondents said ‘people acted in violent ways towards me’. 50.2% said ‘people bullied me’ (47.8% of Victorians and 53.5% of other States). More than half said ‘I was not welcomed in public places’ (51.4%, Victorians 51.2% and other States 54.5%). 63.1% said ‘people used unkind words about me (Victorians 61.3% and other States 65.7%)’.

From this research Scope and Deakin University researchers identified three “clusters” of attitudes towards people with a disability. These were:

1. Competence – the tendency to see people with disability as lacking competence
2. Knowledge – lack of knowledge about disabilities and people with disabilities that then affected how people related to people with a disability
3. Hostility – the tendency to express feelings of antipathy and hatred towards people with a disability

The findings of the 1 in 4 Poll into the experience of negative attitudes highlight the ways in which negative attitudes impact on the social inclusion of Victorians with a disability. Going beyond the uncontroversial conclusion that attitudes matter, these findings highlight *where* attitudes are having an impact and also the *underlying attitudes* that have the most impact. By doing this the findings point us towards where we should focus our efforts and how we should approach the challenging task of attitude change.

Recommendation

Scope recommends that additional funding be made available to address pervasive negative attitudes towards people with a disability, particularly given such attitudes are seen as the biggest single barrier to social inclusion

Recommendation

Scope recommends that, when identifying strategies to address the impact of negative attitudes on social inclusion, *where* people experience negative attitudes, *the degree of difficulty* presented by negative attitudes and the *underlying attitudes* that have caused the greatest difficulty are taken into account.

For this reason Scope cautions against a simplistic or untargeted approach to addressing negative attitudes. Investment in attitude change strategies should be targeted and evidence-based. The 1 in 4 Poll on negative attitudes is one such evidence base.

Scope highlights that attitudes towards people can be seen to fall into three clusters: Competence, Knowledge and Hostility. This in turn leads to the recommendation that attitude change strategies focus on challenging assumptions, addressing knowledge gaps and implementing strategies to address hostility and bullying.

c) Understand the impact of Victorian government services and initiatives aimed at improving inclusion and participation.

Related points:

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

In 2007 Scope initiated a study to increase understanding of the evidence surrounding attitude change of community members towards people with a disability. This study was published as:

Kleeman, J. & Wilson, E. (2007). *Seeing is believing: changing attitudes to disability. A review of disability awareness programs in Victoria and ways to progress outcome measurement for attitude change.* Melbourne: Scope (Vic).

In recognition of the explicit role of disability awareness programs to date as a mechanism of attitude change, the study also aimed to broadly determine the extent and type of disability awareness programs in Victoria, and to assess the outcomes of these. Finally, the study aimed to explore possible methods for better determining the outcomes of such programs in terms of their effect on attitude and behaviour change.

Within Victoria, thirteen programs were found to be currently conducting formal disability awareness programs. This included the programs of eleven agencies as well as Scope's two community awareness programs, which are each designed for different target audiences. Each agency studied was a not for profit organisation with a focus on disability.

The majority of programs were designed for general community groups and school groups. School groups consist of students from preparatory to year twelve, covering all levels of schooling. Two (15%) of the programs conducted in Victoria were aimed at specific year levels in schools.

As well as school and community groups, some of the programs were directed towards other external organisations, specifically human relations and management departments, as well as employment agencies and health professionals. Two (15%) of the programs were directed at university students undertaking courses such as nursing and medicine.

It was found that beyond raising general awareness about people with disabilities within the community, most organisations did not clearly articulate the specific intended outcomes of their programs.

In the absence of this data, the researchers postulated a series of outcomes that aimed to reflect the intentions discussed or observed within programs. Program intentions and focus were then assessed against this framework, via the mechanism of discussion or observation.

These intended outcomes are as follows:

Table 2: Disability Awareness Program Outcome Framework

Outcome level	Outcome theme	Outcome description
1.	General awareness	Raising general awareness that there are people in the community who have disabilities. Raising disability from an invisible individual issue to a visible community issue.
2.	Understanding issues	Learning what the needs, issues and experiences people with a disability may

		have.
3.	Attaining specific knowledge and skills	Fostering the skills to address the needs of people with a disability. Gaining the knowledge and skills to identify strategies and actions. For example developing communication skills or understanding of communication aids.
4.	Taking action	Individual or group <i>action</i> concerning disability issues, shown through observed behaviour change, policy change or structural change

All (100%) of the disability awareness programs analysed in this study involve intended outcomes 1 and 2: that is, raising general awareness of disability; and learning what the needs, issues and experiences people with a disability may have.

Most (77%) of the programs appear to include aspects of outcome 3: developing the skills to address the needs and issues people with a disability may face. These programs not only discuss the needs and issues surrounding people with disabilities, but also how to address these needs and issues. For example, some of the programs go on to discuss language, what words can be offensive and what words are more appropriate to use when communicating with a person with a disability or when discussing disability issues. A small number of programs discuss ways in which different people communicate as a result of their disability. Through these programs, participants gain knowledge and skills that would enable them to better communicate with people with a range of disabilities. For example the Victorian Deaf Society teaches a few basic Auslan (Australian Sign Language) signs throughout their awareness course. Other programs provide specific strategies for interacting or working with people with a disability.

Three programs (23%) were identified as having specific behaviour change goals. These programs specifically name behaviour change within their program descriptions and plan their programs accordingly. The Down Syndrome Association of Victoria and Latrobe City Rural-Access awareness programs both direct their programs to health care professionals and students. These programs have the aim of encouraging a shift away from a pure medical focus that health professionals may have when interacting with people with disabilities. These courses encourage health staff and students to use more appropriate language with patients who may have disabilities as well as their families. They openly encourage behaviour change of health professionals and students towards people with disabilities, aspiring for more accessible and inclusive health services.

Most programs have a general long-term goal of creating a more inclusive community through positive behaviour change of community members towards all people, including people with a disability. This general intention makes the distinction between outcome levels 3 and 4 somewhat difficult. However, for the purposes of the research, outcome level 4 was understood to require the inclusion of enacting behaviours in real life contexts as part of the program, or deliberate and context specific planning to do so. With this definition in mind, only the Scope Young Ambassador (SYA) program (ie. 8% of all programs) evidenced activity toward outcome level 4. The SYA program aimed for positive behaviour change towards people with disabilities among the participating students. The program intentionally focused on enacting behaviours through various learning activities that require specific student actions in real life contexts (such as working collaboratively with people with a disability in a service, work, or project setting). Such activities also resulted in some structural change through the community service component of the program. For example, a group of students participating in the SYA program created a 'beach wheelchair hire'

service at a number of local councils, enabling better access for people with disabilities to Melbourne's beaches

The focus on attitude change through collaborative activity between people with and without a disability is consistent with the findings from the literature, which highlights this approach to be key to attitude change.

This study identified a number of important considerations for disability awareness programs, in terms of what can be considered to bring about effective attitude change. These are summarised in the following table.

Table 3: Key program ingredients for attitude change

1.	Contact	Direct contact between program participants and people with a disability is likely to be the most influential form of attitude change. Features of direct contact should include: <ul style="list-style-type: none"> • longevity of contact (ie. a sustained period of time); • the ability/ time to get to know each other; • equal status of people with and without a disability; and • a focus on the person with a disability as connected with and representative of other people with a disability; • mutual work on shared goal; • positive shared experiences.
2.	Longevity	Programs that are longer in duration rather than short, one-off activities allow time for attitude change to build incrementally.
3.	Action	Programs need to be focused on behaviours in contexts that the participant has control over, ie. the ability, resources, skills, authority to enact. That is, a focus on actions the participant can do in their everyday context.
4.	Experience	Programs need to be personally involving and experiential, or at least, complement the traditional persuasive message approach with elements of this.

Additionally, there is some evidence to suggest that some groups in community may require a heightened level of focus than others. For example, people over 25 years, people with lower levels of education, and people without previous experience of disability, are all likely to hold more negative views of people with a disability (according to research published in the literature).

At present, disability awareness programs in Victoria appear to focus on what is described in this research as the first and second levels of awareness: making people with a disability visible, rather than invisible; and understanding the issues facing people with a disability (See Table 2).

Whilst most programs include a focus on general skills development, few appear to focus on building specific skills in specific contexts, and identifying clear action or behavioural plans. The Disability Awareness Program Outcome Framework presented here (Table 2), could be a useful framework for programs to review their aims by. This needs to be coupled with a curriculum and delivery strategy consistent with the key program ingredients for attitude change, listed in Table 3.

Recommendation

Scope recommends that disability awareness programs that incorporate the key program elements identified in the *Seeing is Believing* report be prioritised for funding, to maximise the impact of investment in awareness raising. These key program elements are:

- Contact – people have direct contact with people with a disability
- Longevity – rather than short, one-off programs
- Action – where participants put learning into practice
- Experience – an experiential component is involved

Scope also recommends that the Disability Awareness Outcome Framework outlined in the *Seeing is Believing* report be used as a means for measuring program effectiveness. This framework highlights the outcomes that need to be achieved to ensure maximum effectiveness of disability awareness programs:

- The program raises awareness
- Through the program participants better understand issues
- Through the program participants to attain specific knowledge and skills
- Through the program participants take action

c) Understand the impact of Victorian government services and initiatives aimed at improving inclusion and participation.

Related points:

- 4.5 How can social inclusion and the participation of people in the community be effectively measured?
- 4.6 What tools can be used to determine if there have been improvements or changes in the levels of social inclusion for people with a disability over time?
- 6.1 How effective are services and initiatives designed to enhance the social inclusion of Victorians with a disability?

Measuring the impact of government services and initiatives aimed at improving inclusion and participation is complex but achievable.

When considering how to effectively measure social inclusion and participation of people in the community we must first consider “at what level”: population level, service/intervention-level or individual level.

Governments should track social inclusion at a population level – for Victoria this would mean measurement at a State level and at least at a regional / local government level. A national measure would be valuable to ensure that State-level interventions can be meaningfully benchmarked. Population-level measures can track change over longer period of times, with episodic measurement (perhaps every two or three years). This reflects the reality that population-level change takes time to implement.

Scope draws the Inquiry's attention once more to the 1 in 4 Poll's Social Inclusion Measure, which we have outlined earlier in this submission. This measure, developed by Deakin University and Scope, is drawn from the existing literature, providing a proven, simple-to-administer tool that measures social inclusion across a range of domains (again, see the earlier discussion in this submission on the 1 in 4 Poll). Given that there is both a national and Victorian benchmark from the first Poll in 2011, the Social Inclusion Measure is well placed to track social inclusion and participation in Victoria over time.

It is also important to measure social inclusion at the service/intervention level and for the individual. The establishment of the NDIS has provided a much-needed focus on measuring outcomes for people funded by the Scheme. Social inclusion is referenced in the National Disability Insurance Scheme Act (2013) as one of the key success measures for the Scheme. Outcome measures for services/interventions and individuals therefore need to include measures of social inclusion. Of course, it is impractical to measure social inclusion as a stand-alone outcome for individuals. To this end, researchers from Scope and Deakin University have been working for the past ten years on the development of an outcomes framework relevant to capture the outcomes of services to support the desired life outcomes for people with disability. This work has generated an outcomes framework, initially drawing on notions of citizenship, and tested to identify its ability to adequately capture a full range of life outcomes as identified by the UN CRPD. The framework is below:

Personal Life: That is, in the area of health and function, happiness, wellbeing, safety, sense of independence and choice.

Social Life: That is, in the area of friendship and relationship, community involvement and sense of belonging.

Political Life: That is, in the area of having a say about things that affect you (eg in a local service or community group, about your area, school, funding etc).

Cultural Life: That is, being involved in cultural activities (eg. arts, music, theatre, dance at any level). This might be through attending activities or playing an active part. Or being part of your own cultural group.

Recreational and Leisure Life: That is, being involved in recreational or leisure activities at any level. This might be through attending activities, playing an active part or doing what you enjoy.

Economic Life: That is in terms of your finances, employment or business.

Educational Life: That is, any aspect of your education, training, personal or professional development

Spiritual Life: That is, any aspect of your religious or spiritual activities.

Your Environment: That is, your access to and enjoyment of public spaces (eg parks, pools, theatres, shopping centres, public transport etc) or your own private space (eg. your home). Making environments you use more accessible and appropriate (eg playgroups, kindergartens, library, etc).

This framework, by focusing on citizenship, subsumes social inclusion.

(This outcomes framework has been articulated through the following publications: Wilson, E.; Hagiliassis, N; Nicola-Richmond, K. & Mackay, A. (2007). Measuring the outcomes of inclusive communities. *42nd ASSID Conference*, Perth.; Wilson, E.; Nicola-Richmond, K.; Hagiliassis, N; Campain, R. & Mackay, A., (2008). Defining and measuring the outcomes of inclusive communities. *WA National Disability Services 'Living in the West' Conference*, Perth; Wilson, E.; Nicola-Richmond, K.; Hagiliassis, N; Campain, R.; McGrellis, W. & Mackay, A. (2009) Are we making a difference? New ways to measure outcomes for people with a disability and the communities with whom they engage. *International Cerebral Palsy Conference* Sydney, February 2009; Wilson, E. & Hagiliassis, N. (2012). Measuring outcomes of self directed services and supports. *National Disability Services, 'Preparing for the new world' Conference*, Adelaide, May 2012.)

As part of this extended period of work by Scope and Deakin University a range of outcome measurement data collection tools have been developed and trialed, including:

- Impacts and Outcomes Scale (Wilson) - a one page client rating of the impact of a service or support on each life outcomes area ranging from very negative impact to very positive impact. This tool has been used to evaluate a variety of funded services and supports.
- MOSS (Measurement of Services and Supports) (Wilson, Hagiliassis, Nicola-Richmond, Mackay) - a short client-reported data collection tool to evaluate outcomes of a goal-directed service or support. The tool is supported by several publications including a Technical Manual, an explanatory Literature Review, a Tool Short Form, and range of research reports in which the tool has been used to evaluate outcomes of services.
- The Family Coping and Capacity Scale (Hagiliassis, Wilson, and McGrellis) - a short client-reported scale to assess the impact of a service or support on the coping and capacity elements of a family, specifically designed for use in early childhood intervention settings.
- Individualised Planning/Review Tool (Wilson & Campain) - a tool based on person centred planning approach to capture evaluation data in relation to an individual's plan. Publication in press (Wilson, E. & Campain, R. (submitted) Reflections on measuring outcomes of individualised plans for people with disability).

These outcome measurement tools provide practical ways to measure social inclusion at a service/intervention and individual level. Scope is currently leading a project that seeks to further explore the reliability and validity of some of these tools.

Recommendation

Given the importance of social inclusion, and the need to determine that strategies to improve social inclusion are working, Scope recommends that social inclusion be measured at population, service/intervention and individual levels.

To this end, Scope recommends the use of the 1 in 4 Poll Social Inclusion Measure as one possible population-level measure. Scope also highlights the existence of a range of outcome measurement tools developed by Scope and Deakin University that, by focusing on notions of citizenship, assist in measuring social inclusion at a service/intervention and individual level.

f) Recommend ways to increase social inclusion including the roles of and collaboration between local, state and federal governments, the community sector, individuals with a disability and their carers?

Related points:

- 3.1 What needs to happen to ensure that people's individual disability and experience are accounted for in efforts to increase their social inclusion?
- 4.3 What do you see as the emerging issues for Victorians with a disability over the next 20 years and how might these influence their social inclusion?
- 7.3 In what way could collaboration between government departments, organisations, services and the community sector be improved to enhance social inclusion for people with a disability?
- 8.1 What needs to happen to improve the social inclusion of Victorians with a disability into the future?

A framework to support the design of social inclusion strategies

Scope proposes a framework for undertaking “inclusion work” – the work of facilitating inclusion. This framework, first articulated in the publication: *Inclusion: making it happen* (Jenkin, E. & Wilson, E., 2009), provides a way to ensure improvement occurs at a systemic level while accounting for individual disability and experience.

In this framework inclusion work is defined as follows:

Inclusion work involves supporting people to achieve, do and be in life in the ways they choose and identifying and removing barriers to this in society, services and individuals.

The framework proposes three Orientations as a helpful way to understand the ‘what’ of inclusion practice:

Orientation 1: Individual person-centred work leads to inclusion.

Inclusion work and community building happen in direct response to the expressed interests, needs, and aspirations of specific people with a disability.

Orientation 2: Opportunities are created in community.

Inclusion work and community building require workers to be proactive in identifying, creating and offering opportunities to people with a disability.

Orientation 3: Broad level community change.

Inclusion work and community building focus on broader structural and attitudinal work.

Inclusion is a broad-scale activity that requires the combined focus of Orientations 1, 2 and 3 in order to ensure that barriers to inclusion are removed at all levels.

Through an analysis of how organisations have structured their inclusion work, three main groupings have been identified:

- *Single focus work:* An agency organises inclusion work around individual people with a disability and their families, OR around a single field of activity / interest (eg recreation);

- *Broad regional work*: An agency organises the work around a geographic region, or a set of broader systemic community development or capacity building projects;
- *Service redesign*: where agencies have re-constructed their entire organisation in order to provide more individualised support to people with a disability or focus on inclusion in different ways.

This research project looked at the role of disability organisations in working together with people with a disability, families and communities to foster inclusion and investigates *how disability organisations can enhance their function in facilitating inclusion*.

Specifically, the project aimed to:

1. Provide clear **definitions** and examples of what is meant by terms associated with this work such as 'community', 'participation', and 'inclusion';
2. Identify the key factors, **enablers and barriers** (that occurred at an individual, family, community and organisational level) to connecting individualised and person centred work with inclusion;
3. Identify the **changes** or **outcomes** (that occurred at an individual, family, community and organisational level) as a result of a selected sample of this work; and
4. Identify the **key organisational tasks** or ingredients needed to enhance this work.

The research involved a range of methods including reviewing existing literature largely from the fields of disability and community development, as well as grey or organisational literature within disability organisations who participated as part of the project; and analysing evidence from 17 interviews conducted with inclusion workers (8 in Victoria, and 9 in WA). Interviews were conducted with key informants currently involved in inclusion work from within a variety of service types (e.g. day services, residential services, community development activity, specialist services work).

Findings identified the enablers and barriers to inclusion, which can act as a guide to increase inclusion:

Enablers for inclusion work identified at the level of each stakeholder group

Individual and family	Staff and Organisation	Community
<ul style="list-style-type: none"> • Trust • Expressed choice, interest • Determination & commitment • Resources • Role & relationship with family, agency & inclusion worker 	<ul style="list-style-type: none"> • Flexibility • Reconceptualising organisation's role • Relationships • Organisational support & skill sharing • People with a disability in control • Staff • Resources • Promoting good practice • Time and patience • Joint focus 	<ul style="list-style-type: none"> • Attitude, commitment and personalities • Disability specific communities • Flexibility • Legislation and public awareness • Partnership • Leadership

Challenges for or barriers to inclusion work identified at the level of each stakeholder group

Individual and family	Staff and Organisation	Community
<ul style="list-style-type: none">• Fear and lack of confidence• Communication• Age, health & disability• Informal and formal support• Access and infrastructure• Safety• Finances• Personality	<ul style="list-style-type: none">• Staff• Resources and time• Organising the work	<ul style="list-style-type: none">• Attitude and lack of awareness• System and organisational issues• Resources

Current issues with practice

- Inclusion as community tourism, with a focus on being 'present' rather than participating in community / life activities;
- A de-valuing of communities of peers with disabilities;
- Inclusion work is ad hoc and not systematically supported in organisations;
- Lack of focus on resources and targeted work to overcome barriers;
- The silo effect that prevents coordinated work across different disability services and supports.

What needs to change – new understandings and approaches

- Inclusion is both personal and social change;
- People are part of multiple communities – all are important;
- The work is both large scale and skilled;
- Inclusion is all staff's responsibility and needs to be organisationally embedded;
- Inclusion work requires flexibility;
- Inclusion relies on collaboration, partnerships and co-ordination;
- Strategic planning is needed to manage the breadth of inclusion work.

Implications:

A systemic, consistent approach to inclusion work is urgently required. Inclusion work must be explicitly planned, resourced and staffed.

Actions that can be undertaken by Governments to improve inclusion outcomes

Scope's investigation into inclusion work highlights four priority areas for Government if it wants to genuinely improve inclusion of people with disability through such work:

1. *Identify the current resources allocated to social inclusion, areas of practice, and gaps in both by mapping current investment committed to each of the three Orientations of inclusion work.*

Inclusion work is critical to achieving outcomes from all government investment in disability. It requires a focus on and resources committed to all three Orientations of inclusion work.

The concept of three Orientations provides a mechanism to review and map current investment, practice and gaps in both government and non-government inclusion work. This systematic analysis of and attention to inclusion work is long overdue in government and is the initial piece of work necessary to commence activating the rhetoric of government policy in this area.

2. *Inclusion requires identified investment that is long term and based on identified aspirations and areas of need*

Government needs to lead the change process that is based on strategic work to overcome existing barriers to inclusion in 'mainstream' communities and disability services. Through person centred planning requirements, the government now has a mechanism to identify inclusion priorities that are important to people with a disability and to align inclusion work to these by region, area of interest, or industry. This offers a new opportunity to invest in inclusion work across all Orientations that matches collective priorities of people with a disability. Directly addressing the barriers to inclusion in this strategic manner, requires targeted resources (human, physical and financial) that are committed for longer-term work rather than one-off, short term projects.

3. *Clarify the practice of inclusion work*

Disability and community organisations are left to interpret 'inclusion', 'community' and 'participation' how they wish. Clear guidelines on definitions as well as breadth of the work will support clarity and greater consistency in the practice. Explicit strategies are required by government to assist organisations with good practice and to promote the importance of inclusion amongst the community sector. Inclusion work requires clearer accountability mechanisms to ensure all parties can accurately report on and evaluate the diverse outcomes (and barriers to outcomes) of inclusion investment. Such accountability mechanisms need to affirm creative and varied approaches to inclusion practice and value outcomes beyond 'presence' by supporting the longer timeframes required to achieve these outcomes.

4. *Actively develop cross-sector collaboration in inclusion work*

Government approaches to inclusion work need to be inter-departmental and require cross sectoral collaboration by agencies receiving funding. As an inclusion leader, government needs to resource avenues for people with a disability, their families, disability and community organisations to share examples of good practice. This exchange of ideas would generate practical suggestions for improved practice, build motivation, skill development and collaboration.

Recommendation

Scope recommends that the work of improving social inclusion take into account the need for multiple strategies built around three orientations:

Orientation 1: Individual person-centred work leads to inclusion.

Inclusion work and community building happen in direct response to the expressed interests, needs, and aspirations of specific people with a disability.

Orientation 2: Opportunities are created in community.

Inclusion work and community building require workers to be proactive in identifying, creating and offering opportunities to people with a disability.

Orientation 3: Broad level community change.

Inclusion work and community building focus on broader structural and attitudinal work.

Recommendation

Scope recommends that the Victorian Government:

- Identify the current resources allocated to inclusion work, areas of practice, and gaps in both by mapping current investment committed to each of the three Orientations of inclusion work;
- Commit to identified investment in inclusion work that is long term and based on identified areas of need;
- Clarify the practice of inclusion work;
- Actively develop cross-sector collaboration in inclusion work.

We need to go beyond traditional disability awareness

Scope's research findings suggest that there is a need to expand beyond the traditional focus of disability awareness programs. Attitude and behaviour change is influenced by aspects of the context and of the broader attitudes endorsed within this context. This requires targeted work within the specific contexts in which disability awareness programs are delivered, ie. schools, universities, workplaces, local government and community groups.

This work would involve:

- Work to develop the policy and regulatory environment of these contexts to ensure these support the desired attitudes focused on by awareness programs. Ensuring that policies and structural practices 'line up' or are consistent with desired attitudes and behaviours is likely to increase these positive behaviours;
- Work to address the barriers to action within specific contexts, identified by participants, to enable participants to enact behaviours (that is, have the skills, opportunities and resources) and be rewarded (rather than disadvantaged) with positive benefits when they do act in this way.

This kind of work is often undertaken by community development or inclusion workers, though is not well identified by organisations as a task of attitude and social change. This work needs to be understood as complementary even necessary to that of disability awareness programs and could be undertaken as an expansion of these programs or by other staff or organisations, so long as the work is linked and co-ordinated.

IN-DEPTH STUDY

BEYOND ACCESSIBILITY AND AWARENESS TRAINING: FACILITATING GOOD COMMUNICATION THROUGH THE *GOOD COMMUNICATION IS GOOD BUSINESS* PROJECT

Communication Resource Centre (2008), *Communicating with the Community at Centro Box Hill: Good Communication is Good Business*, Scope (Vic).

This project identified a need for community development work with a focus largely on communication difficulties between shopping centre personnel and people with a disability. Surveying amongst shop and service staff at the Centro Box Hill complex, led to project workers identifying a need for disability awareness training as well as the development of customised resources. Random sampling of all types of shops and services identified that many workers were ill-equipped for working and communicating with people with a disability, especially those with complex communication needs or uncommon behavioural modes. Communication was a major issue, with 88% of staff indicating that they experienced problems understanding customers/members of the public – this includes those with disability and those whose first language is not English. Such problems resulted in shopping centre personnel experiencing feelings of frustration along with feeling helpless, worried or bad. Communication aids and a communication strategies guide for shopkeepers were used to address communication issues; all of which were deemed to assist in positive and successful communication for all those involved. In summary:

- Over the four years there was an increase in retailers displaying communication boards for customers to see and reach;
- The shops and services that had retail/service specific communication boards:
 - were more involved in the project and more aware about communication difficulties,
 - were frequented for essential items/services, i.e. supermarket, coffee shop, train station, bank and pharmacy,
 - had their communication boards displayed and accessible to the customer, or located for staff to easily access and initiate use when communication difficulties arose;
- Retailers and services that had worked closely with the project worker to develop their service specific board demonstrated greater awareness of the importance of displaying signage and the communication board. Further opportunities were created to enable more face-to-face opportunities to interact with both retailers with generic and service specific communication boards;
- Retailers felt communication boards were proving helpful in assisting positive and successful communication between retailers and service providers and customers with communication difficulties;
- Retailers confirmed there was a need for a Guide about communication strategies for staff.

Central to all these above findings is the capacity for providers of training and other forms of inclusion efforts to work collaboratively with shopping centre management and personnel, and to have the resources to do so.

What Victorians with a disability tell us needs to happen to improve social inclusion for Victorians with a disability

It is fitting that we finish this submission with the findings of the first two 1 in 4 Polls. Together, they represent the views of over 600 Victorian respondents with a disability on this matter.

In the first Poll, which focused on social inclusion, the researchers from Scope and Deakin University asked respondents what would improve their social inclusion. The top 10 enablers of social inclusion, in order, were:

- The attitudes of others
- Better health
- Physical access
- Money
- Transport
- People to do things with
- Services and support
- Being listened to
- Being understood
- Options to do what they want

The most significant influencer of social inclusion, by far, was the attitudes of others.

In the second Poll, which focused on the attitudes of others, respondents identified the following as the best ways to address negative attitudes:

- Better understanding of disability through education
- Communication, open-mindedness, patience
- Getting to know people with a disability
- Positive role of advertising and media
- Empowering people with a disability

f) Recommend ways to increase social inclusion, including the roles of and collaboration between local, state and federal governments, the community sector, individuals with a disability and their carers.

Related points:

- 7.1 What needs to happen in the implementation of the National Disability Insurance Scheme to improve the social inclusion of Victorians with a disability into the future?
- 7.2 What should be the role of governments and the community sector in increasing social inclusion for Victorians with a disability?

The NDIS is anticipated to bring transformational change for many Australians with a disability. As identified in the 1 in 4 Poll, people with a disability are clear that issues addressed by the NDIS, such as money, services and supports, are important contributors to their social inclusion. The NDIS legislation sets social inclusion as one of the core outcomes to be achieved by the Scheme. We can already see in the NDIS Launch Sites that expectations for the Scheme are high. Yet a focus on the individual is clearly not sufficient to achieve the levels of social inclusion we rightfully expect for people with a disability. As highlighted in this submission, social exclusion results from many things. Entrenched negative attitudes, systemically embedded barriers to full inclusion and a world of activities and choices that have been created in the absence of people with a disability await them as they journey through life. To address these we need to invest in direct action at a community and a system level.

This submission has highlighted the importance of what we have called “inclusion work”. It is worth reiterating here the three “orientations” to inclusion work that Scope has identified through its research:

Orientation 1: Individual person-centred work leads to inclusion.

Inclusion work and community building happen in direct response to the expressed interests, needs, and aspirations of specific people with a disability.

Orientation 2: Opportunities are created in community.

Inclusion work and community building require workers to be proactive in identifying, creating and offering opportunities to people with a disability.

Orientation 3: Broad level community change.

Inclusion work and community building focus on broader structural and attitudinal work.

This type of work has been funded, either directly by government, or by community organisations such as Scope. Some good practice examples are outlined in the section following this one. Scope argues that there is a need to not just continue the existing work, but to build on it. If the NDIS is to achieve its objective of social inclusion there is much more to be done. In fact, the original Productivity Commission report on Disability Care and Support highlighted that work needed to be done to change systems and communities.

Currently, State Governments largely fund inclusion work (which encompasses community capacity building, disability awareness training and attitude change initiatives). In the

transition to the NDIS the critical questions for both the NDIA and State Governments are “Who pays for inclusion work at a community and system level?” and “How do we ensure we don’t lose successful programs during the transition to the NDIS?”.

If these questions are not appropriately answered there is a real risk that the work on social inclusion will be set back by years. There is the risk that current highly successful programs that target social inclusion will be dismantled. There is the risk that the NDIA and State Governments will miss important opportunities to ensure there are community-level and system-level strategies to complement the better- and more-targeted funding of individuals that is currently being put in place.

Already, Scope has seen State-level funding of community capacity building / inclusion programs removed from those programs and handed over as unallocated funds to the NDIA in Trial Sites. Good programs are at risk of disappearing, perhaps never to reappear, or to reappear at some stage in the future but with so much lost time. And the debate about who pays for such programs is unresolved. Scope strongly asserts that it is the role of Government to fund such work.

CASE STUDY

THE RISK TO EFFECTIVE SOCIAL INCLUSION WORK POSED BY TRANSITION TO THE NDIS

Victoria currently hosts what is considered to be one of the most effective community building initiatives for people with complex communication needs in the world, the Communication Access Network.

This service supports people with significant communication difficulties to be better included in their community by increasing their skills and working with communities to increase their capacity. This model of service provision was made possible through a block funding arrangement with Department of Human Services (DHS) and a range of service providers.

The Communication Access Network utilises a hub and spoke model which is comprised of Scope’s Communication Resource Centre (CRC) as the state wide hub and eleven Regional Communication Services (RCS) across Victoria as the spokes. These services support individuals with communication difficulties, including those who require alternative or augmentative communication methods. Currently, each RCS is funded through a regional funding and service agreement with DHS. This enables each RCS to provide a range of coordinated supports, of which individualised clinical intervention is only one aspect. Typically, approximately 70 per cent of block funding received by Regional Communication Services is allocated to indirect support which enables the services to provide information, advice, education, community development and undertake activities/projects which focus on building the capacity of communities to better include people with communication difficulties.

(The next section of this submission highlights this initiative and gives a number of examples of projects that were only made possible by the existing of the Communication Access Network).

Research previously highlighted in this submission has clearly demonstrated the importance and value of such community building programs and activities and shown that “inclusion activities are not always linked to actual clients” (Jenkin & Wilson, 2009, p.15).

Yet the NDIA has not identified funding streams that could fund such a service. Of even greater concern is that the funding for this program allocated to the Barwon Region, now one of the Trial Sites for the NDIS, was terminated and the funds handed over to the NDIA as unallocated funds. The Communication Access Network no longer operates in the Barwon Region. This does not auger well for the future of the Network.

Recommendation

Scope recommends that the Victorian Government work with the NDIA to ensure that inclusion work at a community and system level is appropriately funded to complement individualised funding and therefore ensure the NDIS successfully meets its objectives.

Recommendation

Scope recommends that the Victorian Government work closely with the NDIA to ensure that existing inclusion programs, and in particular internationally acclaimed programs such as the Communication Access Network, continue to be funded through and after the transition to the NDIS.

d) Identify examples of good practice on inclusion and participation driven by local government and the community sector.

Related points:

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

Key elements of inclusion work

Scope, along with other community organisations, has developed a number of programs to improve social inclusion through direct action. These types of programs are effective ways to improve social inclusion in a targeted way, as highlighted in the *Inclusion: Making it happen* study, outlined earlier in this submission.

Scope draws the Inquiry's attention to two models of inclusion work documented in the *Inclusion: Making it happen* study. We believe they provide useful frameworks to consider when designing and evaluating inclusion work.

Community Inclusion and Development

This model describes six 'key action areas'. These are:

Building support

This action is based around a person centred approach to identify individual aspirations. This becomes the focal point for analysing and exploring opportunities and challenges at a local level. A first step is to create awareness and support within targeted organisations / communities. This includes developing shared agendas and a readiness for the change process.

Building relationships

It is necessary to build relationships around the work both internally and externally to the host organisation. Relationships support the development of a shared vision, identification of mutual benefits and responsibilities, and commitment to shared action.

Building resources

This action focuses on developing physical, human and financial resources, including funding acquisition, equipment, networks, specialist support, information, training and advocacy.

Building opportunities

This action focuses on enhancing processes, systems and structures within organisations / communities. It includes work to develop enabling policies and practice, services, monitoring and evaluating participation, and developing support structures and communication systems. The focus here is on building the capacity of organisations/communities to sustain an inclusive culture into the future.

Building leadership

The focus of this work is building leadership potential in communities. Leadership encompasses energy, vision, problem solving capacity, and involves being a catalyst for change.

Building empowerment

This action supports the potential and existing assets of people with a disability, staff and organisations. It involves developing skills, knowledge and resources towards being pro-active and assuming control of inclusion work.

Speech Therapy Initiative Community Capacity Building Model

This model identifies a set of key strategies to 'increase the capacity of local communities to support the inclusion and participation of people with complex communication needs'. Reflection is central to the model when considering each strategy.

Key strategies include:

Community Mapping

Understanding the context and determining existing resources, networks and community agencies within the geographic area where workers are based is critical to the work. This process is useful to identify opportunities, and gaps within the community.

Planning

The planning process provides for clear objectives and a plan of action to be undertaken.

Working in partnership

The development of a shared vision and goals support sustainable projects with long term outcomes. Clearly identified partnerships can guide the project with partners having defined responsibilities to the work.

Educating and developing people – skills, knowledge and attitudes

Building awareness and skills of community members will support them to be more mindful and inclusive of people with complex communication needs.

Enhancing the policy, practice and systems of organisations and communities

Enhancing organisations and community agencies to adapt their policy, practice and systems to be inclusive of people with complex communication needs is just as important as building individual people's knowledge and skills. It allows for systems to be more accessible to people with a disability.

Building resources

Resources encapsulate a range of assets that will complement community and organisational awareness along with their capacity to include people with a disability. Resources include human and physical resources such as intellectual knowledge, skilled staff/leaders, additional supports, infrastructure, equipment or funds.

Good Practice Examples in Social Inclusion

Scope is pleased to draw the Inquiry's attention to a number of examples of good practice in social inclusion.

Bridging Project:**Supporting people with disabilities be included in mainstream health services**

Under the NDIS, expectation of improved linkages between disability services and mainstream and community services, including health, aged care, employment, education, housing and transport services. One example is people with developmental disability accessing mental health services. This has traditionally been a problematic area, with people with disability being excluded from the same range and quality mental health care available to those without a disability. A human rights framework in health care identifies people with a disability as having a right to health and health care. Scope's Bridging Project, conducted in collaboration with Monash University's Centre for Developmental Disability Health Victoria, endeavours to build the capacity of disability, mainstream and community services to better respond to the mental health needs of people with disability. The project has raised awareness and has seen the production of a set of learning and practice resources (guides for practitioners, videos etc) which address mental health issues for people with disability. These aim to build knowledge, skills and confidence to improve the mental health care of people with disability.

Scope Community Inclusion Team:**Developing communities that are inclusive of people with a disability**

Scope's Community Inclusion team, a state-wide service that works to develop communities that are inclusive of people with a disability. Community Inclusion specialises in creating pathways to participation for people with complex support needs due to severe disability. DHS block funding allows Community Inclusion to:

- Consult with people with a disability, their supports and community members to identify barriers and pathways to inclusion in the local community
- Provide education and resources that support the mainstream community to actively include people with severe physical and multiple disabilities. Recipients include leisure centres, neighbourhood houses, local special interest groups, sport and recreation clubs and various peak bodies.
- Work with the community to modify or adapt existing resources and programs to enable people with a disability to take part in mainstream (non-segregated) activities.
- Take the lead in projects that enable multiple sectors of the community to collaborate on local access and inclusion issues.

Community Inclusion Team Case Study**A Leisure centre for everyone**

A group of people with severe physical and multiple disabilities were having difficulty accessing a local leisure centre. They had the desire to exercise in a community space, and the support needed to get there, but upon arriving at the centre found that the pool and other facilities were inaccessible. They approached their local Community Inclusion project officer who was able to remedy the situation. Forming a partnership with the people concerned and the leisure centre, Community Inclusion sought specialist advice on the equipment needed to facilitate pool access and successfully applied for a council grant for its purchase and installation.

Scope's Communication Resource Centre and the Communication Access Network: Supporting people with complex communication needs

Scope's Communication Resource Centre provides information, advice, resources and services relating to the many different aspects of communication disabilities. It aims to increase community awareness and the involvement of people with communication difficulties in their local and broader community. People with complex communication difficulties either cannot speak or have speech that is difficult to understand. They use other ways of communicating. This is called augmentative and alternative communication.

The Communication Access Network utilises a hub and spoke model which is comprised of Scope's Communication Resource Centre as the state wide hub and eleven Regional Communication Services (RCS) across Victoria as the spokes. These regional services support individuals with communication difficulties, including those who require alternative or augmentative communication methods. They also work on capacity building projects within their communities to increase involvement of people with communication difficulties in their communities.

The following case studies are examples of the work undertaken by the Communication Resource Centre and the eleven Regional Communication Services.

Communication Resource Centre Case Study Talking Transport Project

In 2011 and 2012 the **Talking Transport** project was undertaken in Gippsland, Victoria with the goal of making private and public transport in Wellington Shire more accessible to people with a range of disabilities, including those with communication difficulties. The project was led by Scope's Wellington Regional Communication Service, in partnership with Wellington Shire's Transport Connect and Rural Access units. The project involved developing communication aids, including communication accessible bus timetables, localised taxi boards and alphabet boards. These tools have improved communication between drivers and passengers by reducing confusion about routes, destinations and payment. Communication accessible public transport is now well established in Wellington Shire and the model has been replicated in other regions of Victoria, including Bendigo, in the Loddon Mallee region. The presence of the Communication Access Network, funded by DHS, has helped people with communication difficulties to travel independently in these areas.

Communication Resource Centre Case Study Victorian Electoral Commission Project

In 2013 the **VEC (Victorian Electoral Commission)** became the first Victorian Government agency to be awarded the Communication Access Symbol. VEC reception and enrolment staff participated in training to learn strategies and techniques to better assist electors with communication difficulties, in person and over the phone. In partnership with Scope, the VEC developed communication boards, referred to as 'talking boards' by the VEC, with vocabulary relevant to elections, which would be visible and accessible for individuals. Approximately 60 VEC staff have benefitted from training on communication access. This will indirectly assist many Australia citizens with a disability, including communication disability, to exercise choice and control.

Communication Resource Centre Case Study The Communication Access Symbol

The Communication Access symbol is the newest access symbol in Australia. In 2009 the **Communication Resource Centre** led the development of a symbol to represent Communication Access.

Over 1700 people participated to select the symbol. The process met the Australian Standard AS 2342-1992 for selecting a new symbol.

To display the symbol, places and services must meet specific criteria for communication access.

When people see this symbol, they will know that the place or service is communication accessible.

The Communication Access Assessment

The Communication Access assessment tool was developed in conjunction with people with communication disabilities. People with communication disabilities use a Checklist to assess a business or service to determine if it meets the minimum standards to be awarded the Communication Access symbol.

Scope Schools Programs

Scope Schools Programs develop the self-esteem, sense of connectedness and abilities of young people to actively promote the values of diversity, respect and acceptance of others in their community. The dynamic, flexible and competency-based applied learning program is facilitated in schools by professionally trained Scope Community Educators – who are predominantly people with lived experience of disability. Scope's programs are available in modified formats for both Primary and Secondary Schools.

Students spend time with people with a disability and have the option to work alongside people with a disability at Scope Business Enterprises. Scope School Programs give students the opportunity to take the understanding of living with a disability into their

everyday life and challenges them to share the message of more inclusive communities with others.

During 2012, Scope Schools programs were successfully implemented in 120 Victorian schools reaching approximately 3,500 students. Many of the participating schools offered these programs as part of Advance or the Victorian Certificate of Applied Learning (VCAL). The core program delivered to schools the Scope Young Ambassadors Program, which is mapped to VELS, VCAL PDS Units 1 & 2 at Foundation, Intermediate and Senior levels, the Advance program and units of Certificate III and IV in Sport and Recreation.

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About Scope

Scope is one of the largest not for profit organisations in Australia, with the Mission “to enable each person we support to live as an empowered and equal citizen”.

Scope has been established for over sixty years, and today delivers disability services throughout Victoria to more than 4,000 children and adults with cognitive and physical disabilities. Many of these people have a complex mix of high-level disability and communication impairment, and are not able to be comprehensively supported by most other disability agencies.

Scope provides a wide range of services including early childhood intervention, supported accommodation, individual support, day and lifestyle programs, respite, individual support, therapy, community capacity building and supported employment. Scope works to improve opportunities for people with a disability by influencing public policy, increasing understanding, and breaking down barriers to social inclusion. Scope is a leader in researching new ways to create a better life for people with a disability, and advocating for human rights and equality of opportunity for every member of our community.

Scope employs more than 1,860 people, who work across 97 sites and within the community. In FY 2012-13 Scope’s annual turnover was \$85.8 million.

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