1 Hume regional forums

The Disability Discrimination Act (DDA) inquiry was invited by Kaaren Smethurst, a Rural Access Project Officer in the Central Hume Region of Victoria, to attend three forums in the Hume region. The Presiding Commissioner and two staff members attended the following forums:

Wangaratta	10.30 am – 1.00 pm Monday 23 June	Wangaratta Disability Action Group (hosts) Wangaratta Town Hall
Benalla	7.30 pm – 9.00 pm Monday 23 June	Delatite Community Care Centre
Myrtleford	10.30 am – 12.00 am Tuesday 24 June	Myrtleford Disability Action Group (hosts) Ovens and King Community Health Service

This note was prepared by Productivity Commission staff who attended the forums, and checked by Kaaren Smethurst for accuracy. This note records issues and suggestions raised at the forums and does not represent the views of the Commission. Individual participants have not been identified.

Discussions ranged widely, but issues and suggestions have been grouped under four broad headings:

- awareness of the DDA
- disability discrimination in the region
- effectiveness of the DDA
- making a complaint.

Awareness of the DDA

As a rule, people do not have much knowledge of anti-discrimination law. Even people who are actively involved in disability discrimination advocacy, such as those belonging to Disability Action Groups, have only limited knowledge of the DDA (or State anti-discrimination legislation). One of the functions of the Regional Access Project and local Disability Action Groups is to promote awareness among people with disabilities and the general community.

Several participants noted that despite lengthy rehabilitation and contact with many disability services, they had never been informed about their rights. Even when lawyers were consulted, they were often unaware of legal rights.

There is often a ‘common sense’ presumption that people have rights. This is derived from a broad view of peoples rights or from general knowledge about one’s own social obligations. For example, it is well known that it is compulsory for children to attend primary school, and so it would be wrong for a school to deny enrolment to a child with a disability. However, there are different views as to what amounts to discrimination or what is a reasonable adjustment.

There is no general community awareness of the DDA, so how can they be expected to comply. Many people though that a campaign like the National Mental Health Strategy is required. This should emphasise positives (success stories) as well as negatives.

Awareness should also be part of general education and professional training (like airlines do). This is particularly important in local government and management.

Disability discrimination in the region

General

Belonging to a small community can have benefits if people understand your needs. However, it can have disadvantages if you become identified as a troublemaker or ‘complainer’.

Some disabilities (for example, multiple chemical sensitivity) can make you anti-social. Neighbours can respond by ‘discriminating’, for example, by avoiding you or ignoring you. This can discourage individuals from revealing their disability and seeking assistance. There are issues for people with undisclosed/undiagnosed disabilities. For example, they don’t get support and are more likely to drop out of education.

One of the problems in the country is the lack of choice. For example, enrolling your child in a school other than the local school (including a ‘special school’) can mean significant travelling or boarding. This leads to dislocation from the local community, and isolates parents from their child’s education.

Similarly, a limited number of respite carers limits the ability of parents/carers to meet as a group. Regional issues like the cost of transport means that services are often only available in ‘blocks’ — your week’s respite all in one day, a week’s worth of frozen meals-on-wheels instead of daily.

Local government has been responsive to direct requests, but is not very pro-active. Many services are located in historic buildings with access issues, for example, the Council Chambers are not accessible without prior arrangement. There have been some spectacular failures to take accessibility into account. For example, a local hospital installed an inaccessible footpath.

The issue of young people with disabilities living in nursing homes is even more pressing in regional areas.

Visibility

Some allowances are made for people with ‘visible’ disabilities. But people don’t make allowances for people with ‘invisible’ disabilities (chemical sensitivity, acquired brain injury, mental illness). People with ‘invisible’ disabilities must make themselves known, which causes several problems:

- they appear to be always asking for special consideration
- they risk becoming stigmatised
- people who don’t understand the condition make assumptions about you (for example, many people assume that all people with acquired brain injury have intellectual impairments, which is not necessarily the case).

Participants stated that community attitudes create a feeling that some people with disabilities (typically visible physical disabilities) are somehow more ‘deserving’ than others (mental illness, behavioural difficulties).

Employment

High regional unemployment means employers can be ‘picky’. There may be very few potential employers for people with specialist skills.

For similar reasons, there is also poor OHS compliance in the region.

There are gaps where people who fail the assets test cannot access employment services, even though their disability makes it difficult to get employment.

Discrimination is often an attack on a person’s self-esteem. This can reduce the desire to work somewhere, so why make a complaint.

Services

Coordination between services was an issue for many people. People with disabilities can fall between the cracks because they don’t meet a certain definition, or because of age related eligibility for programs. This was compared to the US system, where it was suggested that one organisation was responsible for providing services ‘from cradle to grave’.

Service providers face funding pressures. Many would like to do more but can’t. Providers have legal responsibilities to do things ‘properly’ if they do them at all. They can’t cut corners or go against the terms of their funding agreements, even where this might create better outcomes. Lack of funding means some services will close because they can’t meet mandatory standards.

The economics of small regional businesses and community service providers makes compliance difficult. It also means that sometimes you have to leave town to find accessible services (shopping centres, reception venues etc).

Transport is important, even if services themselves are accessible. There are two private transport vehicles for local travel (run by service providers), but only one fits a scooter.

The v-line bus is not accessible. It does not seem to be a priority even though it is the only form of transport if you don’t drive. If you can get to the train, it only takes wheelchair sized mobility aids, not all scooters.

It was argued that conditions attached to the travel concession card cancels the benefit if a person with a disability is travelling with a child. This reflects presumptions about the role of a person with a disability (that they will be in the care of a responsible adult, rather than being a carer themselves).

Schools

The problem was not so much access to education, as the availability of services. Schools seemed pretty aware of their obligation to enrol students, but there were always money issues. Schools (and systems) have the literature and policies but practice is poor.

Discrimination at school was more covert than overt. Schools would not refuse to enrol students, but could only supply limited assistance. This could lead to students not attending school on days when services were not available. In other cases, it was felt that some schools exert pressure on parents not to enrol their students in their school.

There was some sympathy for the plight of schools in coping with kids with disabilities on top of their general teaching duties, but where does the responsibility lie — at the school level, the department, or the government itself? A systemic failure (funding) pits parents against schools, when they should be working together. Parents are exhausted from ‘fighting for every little thing’.

Attitude problems still exist. Schools continually make presumptions about the ability of kids with disabilities to participate in school activities and tend to patronise them. For example, involvement in school excursions and camps. In mainstream schools (and other parents) there is a perception that ‘special kids belong in special schools’ so as not to disadvantage other students. This mindset sets the scene for discrimination.

The government policy of inclusion requires more of the community in terms of dollars and expertise/knowledge. Training for teachers and aides was an issue for some people. The DDA disability standard could address training for teachers, particularly understanding and empathy for the impact of disability.

Parents of children with disabilities set up a group ‘Parents Pushing the Boundaries’ but got poor response from schools and the education department.

Effectiveness of the DDA

People thought that generally there had been some progress over the last ten years or so in reducing discrimination but that there was a long way to go. Improvements have been more in the physical disabilities area than in the less obvious non-physical areas such as intellectual disability, mental health, chemical sensitivities etc.

It has taken time for the medical profession to improve its treatment of people with disabilities. Maybe it will take more time for this to filter through to the rest of the community.

There was concern about the lack of monitoring and enforcement of the DDA. This was ‘inequitable’ compared to independent enforcement of other laws (eg OHS). As well, there is a lack of government incentives to encourage compliance. The government is doing a lot to make its own buildings accessible, but people spend much more time in non-government premises. Rural businesses especially need help.

Some people thought that the US system is ‘years ahead’ in access issues and provision of services, because of enforced standards, with fines for non-compliance, and that we need ‘a bit of enforcement’ here.

Making a complaint

People are not inclined to make complaints about discrimination because of the fear of being ostracised or victimised. This is particularly important in a small community. There were also concerns about the cost, timeliness and intimidating nature of the process. A further reason for not making complaints is that its adversarial nature seems contradictory to the general objective of getting along with others. People want to fit in, not to make waves and draw attention to themselves.

It was also noted that discrimination is so pervasive, that if you complained, you would be complaining all the time. ‘Where would you start?’

People with ‘episodic’ disabilities may be most vulnerable but least able to complain.

It is only those with a more robust personality and the energy that take action. Almost invariably this action is directed toward the organisation or person undertaking the discrimination rather than through the DDA. Sometimes the threat of a complaint has been used to get a message across.

Other people had used alternative mechanisms, such as contacting local MPs, who had been very helpful in assisting people to take action or get information.