Principles

&

Elements

of the

Blue Skies

Scenario

Creating a positive future for people
with disability and their families

November 2009

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Preface

On his election, our Prime Minister, Mr Kevin Rudd, promised to be "a Prime Minister for all Australians". This includes the one-in-five Australians who have a disability and their families.

Yet, the National Disability Strategy's "*Shut Out*" Report (2009) found Australians with disability are among our nation's forgotten people and "many… believe disability is someone else's problem".

The Blue Skies Scenario calls for an alternate future for people with disability and their families in Queensland and Australia — a future where inclusion of people with a disability is the responsibility of everybody.

It envisages a community that is strong and vibrant and embraces diversity. While the work of a strong community will never be complete, wherever a person with a disability lives, whatever their choice of lifestyle, their experience should be one of rich inclusion and with a sense of belonging.

For people with disability, their acknowledged inherent rights as citizens are central to a better life. Emphasis is placed on the right to a secure home and enduring relationships, with service, family and community working well together to provide supports as and when required, in their community of choice.

The *Blue Skies Scenario* is a living document. Over a thousand people have read and contributed to the *Blue Skies Scenario* thus far. This document expands on the *Blue Skies Scenario* and offers some practical actions over the next ten years.

You can contribute to this vision by visiting the website (www.blue-skies.info).

You can help us by asking:
• What would it take to create an inclusive community?
• What are the elements of an inclusive community already happening?
• What action am I willing to take to progress the vision?

We look forward to hearing from you.

The Blue Skies Team

Principles

Kathleen at the launch of the *Blue Skies Scenario*

Blue Skies endorses the *Social Inclusion Principles for Australia* as key drivers for the *Blue Skies Scenario*. They are:

1. **Reducing disadvantage**
   Making sure people in need benefit from access to good health, education and other services.

2. **Increasing social, civil and economic participation**
   Helping everyone get the skills and support they need so they can work and connect with community, even during hard times.

3. **A greater voice, combined with greater responsibility**
   Governments and other organisations giving people a say in what services they need and how they work, and each person taking responsibility to make the best use of the opportunities available.

4. **Building on individual and community strengths**
   Making the most of people's strengths, including the strengths of Aboriginal and Torres Strait Islander peoples and people from other cultures.

5. **Building partnerships with key stakeholders**
   Governments, organisations and communities working together to get the best results for people in need.

6. **Developing tailored services**
   Services working together in new and flexible ways to meet each person's different needs.

7. **Giving a high priority to early intervention and prevention**
   Heading off problems by understanding the root causes and intervening early.

8. **Building joined-up services and whole of government(s) solutions**
   Getting different parts and different levels of government to work together in new and flexible ways to achieve better outcomes and services for people in need.

9. **Using evidence and integrated data to inform policy**
   Finding out what programs and services work well and understanding why, so you can share good ideas, keep making improvements and put your effort into the things that work.

10. **Using locational approaches**
    Working in places where there is a lot of disadvantage, to get to people most in need and to understand how different problems are connected.

11. **Planning for sustainability**
    Doing things that will help people and communities deal better with problems in the future, as well as solving the problems they face now.

See a full description on Appendix 1.

Element 1
Fundamental Needs

Wim, Fran and Simon at the launch of the *Blue Skies Scenario*

1.1 Defining fundamental needs

The fundamental needs of people with disability are the same as all people. They are:
- adequate food, drink and shelter;
- communication and artistic expression;
- love and acceptance;
- spiritual fulfilment;
- mobility;
- a safe environment;
- health and appropriate medical treatment;
- belonging to and participating fully in society;
- education; and
- meaningful careers and achievement.

Defining the fundamental needs of people with disability will assist services, families and community to do first things first and provide a guide for planning in the future. The *Convention on the Rights of Persons with Disabilities* (the Convention) commits us to meet those fundamental needs on an equal basis with others in society through the following rights:
- Equality before the law without discrimination;
- Right to life, liberty and security of the person;
- Equal recognition before the law and legal capacity;
- Freedom from torture;
- Freedom from exploitation, violence and abuse;
- Right to respect physical and mental integrity;
- Freedom of movement and nationality;
- Right to live in the community;
- Freedom of expression and opinion;
- Respect for privacy;
- Respect for home and the family;
- Right to education;
- Right to health;
- Right to work;
- Right to an adequate standard of living;
- Right to participate in political and public life;
- Right to participate in cultural life.

The Australian Government has joined the Convention and is obligated to take action (see Appendix 2 — *The Convention in Brief*).

1.2 First point of contact and early intervention

The first point of contact for a person with disability and their family and friends should offer hope for the future, a plan and some practical supports. Adequate and timely support will avoid isolation or loss of family and friends, employment and community connections and will lead to an ordinary life.

Those who support the *Blue Skies Scenario* believe:
- disability should be seen not as a tragedy, rather as part of normal life;
- the sooner a person with disability and their family experience a positive future, the sooner they will strengthen and build capacity;
- the sooner a person with disability obtains the right support and advice the sooner they can join or return to normal life;
- people with disability and their families develop, grow and learn throughout their lives; and
- having a goal and a plan is a useful way of thinking for people with disability and their families.

The *Blue Skies Scenario* will be challenged by:
- people who see disability as a tragedy and consider people with disability as objects of charity; and
- people at the first point of contact who cannot imagine a positive future for people with disability.

What it will cost and what it will save:
It will take care and thought, not more money, to ensure people with disability and their families are offered a thoughtful, hopeful and useful first point of contact. Providing timely support will save people with disability and their families from unnecessary loss of relationships, employment, community networks and housing.

If people permanently lose their naturally given supports, employment and home, they will depend on costly service, special housing and long-term financial assistance.

Goals to be achieved in the next ten years:
1. People with disability and their families are provided with person-centred, timely and adequate support from the beginning, focusing on keeping or returning them to regular life (see 2.4 — **Person-Centred Responses**).
2. People with disability and their families are offered opportunities to envision, plan and build a good life by other people with disability and their families (see 2.5 — **Lifelong Planning**).
3. People with disability and their families have access to information, education, skills and opportunities to build resilience and capacity (see 3.1 — **Capacity building of people with disability and their families**).

Some years ago, Mary gave birth to a healthy little boy with Down Syndrome. Her family and friends wanted to help but were unsure what to do. Mary had no experience of people with intellectual disability and was frightened and bewildered about her son's future.

Within a day, the social worker organised for Mary to be visited by a bright young mother with her four year old son who also had Down Syndrome. After the visit Mary felt more reassured and had some important questions to ask the doctor. She felt in control and could see a more positive future for her son and her family.

Mary soon had a plan to assist her son develop and grow and was encouraged by the enthusiastic professionals around her. Her son had opened a new world to her and her family.

Mary and her husband now visit parents of newborn children with Down Syndrome. She knows the power of a positive and helpful first point of contact and getting the right help at the right time.

For more information on this element please contact:
Community Connection (email *ccinc@communityconnection.org.au*).

1.3 Entitlement to support

Currently all federal, state and territory governments provide funding of personal support to assist people with disability to live and work in the community. There is no consistency of response or entitlement for support, let alone the capacity to transfer these funds easily as people's needs change.

Australia needs one system of support where all people with disability would be entitled to the support they require to live an ordinary life. These supports would be transferrable across services and states.

The Commonwealth would fund and administer a funding scheme that entitled people with disability an adequate level of support to live and work in the community. The State and Territory Governments would take responsibility for the planning, supply and quality of services.

Those who support the *Blue Skies Scenario* believe:
• all Australians with disability are entitled to a consistent range of supports commensurate with their needs and regardless of where they live in Australia; and
• the process of assessing the type and level of support would be consistent for all Australians.

The *Blue Skies Scenario* will be challenged by:
• the complexity and poor track record of Commonwealth, State and Territory governments.

What it will cost and what it will save:
The introduction of an Australia wide entitlement program will cost more than the existing combined expenditure on disability of Commonwealth, State and Territory Governments.

However, an entitlement scheme would be a significant boost to the productivity of our nation, as people with disability and their families (one third of the population) would be able to plan and live their lives with much more certainty. There would be substantial growth in the employment of people with disability and family members. Increasing consistent funding would boost employment in the disability support sector.

Goals to be achieved in the next ten years:
1. The Commonwealth, State and Territory Governments will establish an entitlement based system to support all Australians with disability to live inclusive lives.
2. Each State and Territory government will have established a service system where funding comes directly from the Commonwealth to the individual and is fully transferrable between services and states.
3. People with disability, their families and service staff will have opportunities to explore how the funds can be best used to meet their needs.

Mathew is a young man who is married to Trish who works as a hair-dresser. Mathew received severe head injuries in a car accident and now has reduced mobility and some permanent brain damage. His support needs are assessed in hospital and he is allocated funds for personal support. This will be reviewed in twelve months after Mathew has returned home and his life starts to get into a pattern. A community navigator assists Mathew and his family to explore ways on how Mathew can regain his life

Six months after Mathew has returned home, he has returned to daily employment at his former employer (albeit for 3 hours a day and in a reduced role). His wife Trish has also been able to keep her job and is now three months pregnant.

Mathew attends a gym and swims three mornings a week; this has helped his confidence and mobility. Mathew initially used cabs to get around but Peter from the gym now picks him up as well as dropping him back at work.

In preparation for the baby, Mathew has been attending a skills-for-life program in the afternoon and with support, has been preparing the evening meal. Mathew can now manage many tasks independently and he and Trish are looking forward to their new life as parents.

For more information on this element please contact:
Blue Skies (email *contactblueskies@gmail.com*).

1.4 Person-centred responses

A person-centred response is support that is focused on what the person wants and needs rather than on what the service or the family or the funding body wants and needs. Listening to the person; hearing their goals and aspirations; taking them seriously and using all available resources to help them are the first steps (see 3.2 — **Community Navigator**).

These resources are often a combination of paid supports, local community supports and assistance from family and friends. As the name implies, the person remains at the centre of this process; this is with them not just about them. If people are not able to speak for themselves, those who know them best should speak with them and for them. Over time, people often communicate more because they know people are listening.

To increase the chance of turning those hopes and dreams into reality it is useful to have a plan (see 2.5 — **Lifelong Planning**). There are lots of different person-centred planning tools. These tools can be helpful when they keep the focus on the person; raise the relevant questions; ensure that a range of issues are covered; raise the hard topics and ensure that the decisions made are documented and that someone carries them out by a certain time.

Formal disability services work best when the person with disability and their family direct the level, quality and type of support they require. People need options on the level of input they may wish to give. Many people with disability have the capacity or have family and friends who can help them, to handle the funds and manage the service themselves (see 3.1— **Capacity building for people with disability and families**).

Those who support the *Blue Skies Scenario* believe that person-centred responses will:
*   respond to and enhance the person's vision and plan;
*   build on and complement what informal supports are already there;
*   change with the changing needs and aspirations of the person; and
*   work best when directed by the person with disability themselves, their family or by people who know the person with disability well.

The *Blue Skies Scenario* will be challenged by:
*   services that are limited by their current investment in existing buildings, structures and practices;
*   a distrust in the capacity of people with disability and their families to know what they want and what is best for their lives; and
*   a lack of clarity about what the person and their family take responsibility for and what the service should take responsibility for.

What it will cost and what it will save:
There will be an initial cost in dismantling institutional group settings and structures. There may be resources required to re-engage the person with their community. Person-centred responses have greater capacity to provide the right amount of service in the right way at the right time. People are less likely to need to use violent or challenging behaviour if they are living a satisfying and meaningful life.

Goals to be achieved in the next ten years:
1. People with disability, their families and services, will have a shared understanding of person-centred planning and practice;
2. All people with disability who require support will be allocated sufficient ongoing funding that is individualised and transferrable;
3. Funds will be able to be managed directly by the person with disability or their family if they so wish and are able to do so.

Sandy is 27. She left school at 18 and has attended a day service for four days per week since then. Her older brother and sister have now left home and their parents worry about Sandy settling into a retired lifestyle with them. She spends most of her time with them and doesn't really have any friends. They feel she is in a rut and are not sure what to do.

They took up an opportunity to do some person-centred planning about Sandy's future. Sandy and her parents invited her brother and sister and some others who know her well to be part of the conversation. They were surprised at some of the things Sandy said she wanted to do, for example, to work in an office and to go on a holiday like her sister.

They have decided to work out how to make this happen for Sandy and are coming up with lots of ideas. To everyone's surprise, Sandy looks forward to the conversations and is coming up with ideas too. They have asked the service to work with them to provide more individualised support to Sandy. The people who gathered to plan have made a commitment to continue meeting regularly with Sandy and her parents for a year. They feel very honoured to be part of helping someone achieve their dreams. At the end of the year they will all review what is happening and decide on the next step.

For more information on this element please contact:
Community Resource Unit (email *cru@cru.org.au*).

1.5 Lifelong Planning

People with disability and families are more likely to have secure futures if they have a strong, positive personal vision. Families begin to plan for their sons' and daughters' lives from the moment they are born, and this way of thinking endures through their whole lifetime.

Legal and financial issues are an important part of planning. People with disability and families can use wills, trusts and other legal entities to provide ongoing financial security and housing tenure when the parents can no longer provide assistance.

Lifelong planning will:
- assist people with disability and families to take charge and make good choices;
- often minimise or eliminate crises at times of transition (going to school, growing up and leaving home);
- offer a way for interested people from family and community to understand and contribute; and
- provide a positive strategy for the future when parents are no longer able to provide the support they have in the past.

Those who support the *Blue Skies Scenario* believe that lifelong planning:
- begins with the individual and is based on a strong vision for their best possible life;
- is an ongoing process, not an event that happens in response to a crisis;
- is directed by families and individuals, not services;
- is about the whole of a person's life, not just areas of life supported by services;
- is strengthened when trusted friends and people from the community are involved and committed to helping put planned actions in place; and
- is not a recipe – every individual and family will create their own vision and plan, at their own pace.

The *Blue Skies Scenario* will be challenged by:
- services that take control of the planning process and limit the hopes and dreams of the people they serve; and
- people with disability and their family who struggle to develop a strong and positive vision when there are limited examples of inclusive lives for people with disability in their communities.

What it will cost and what it will save:
- There is minimal cost in encouraging and assisting families to turn their vision into action through planning. However, it is important to provide such opportunities on a state-wide basis in Queensland.
- With good planning in place, people with disability and families regularly avoid crises, develop resilience and have resources in place rather than relying on services to rescue them.
- Already significant work is being done in Queensland that is both highly cost effective and well received.

Goals to be achieved in the next 10 years:
1. Services will understand the difference between service planning and whole of life, long-term planning of people with disability and their families, and know the part they can play in this process.
2. People with disability and their families will have strong and enduring networks of people involved in their lives, who are part of the lifelong planning process.
3. Young families will plan with hope and confidence from the beginning of their son or daughter's life, inspired by good examples of inclusion of people with disability in their local community.

Joan had been worrying for some time about what would happen to her daughter, Clare, if she become ill or died. She invited some of her family and friends to meet together to start planning. Someone suggested that Clare might be able to move into a retirement home with her mother. This would solve the problem of finding a place for Clare to live.

Clare loved going out often, listening to loud rock and roll music and hearing and feeling familiar people around her, particularly the children of the family. The group felt they could imagine a better future for Clare than a retirement home. They focused on the kind of life that she enjoyed and began to consider other ideas in their planning.

For more information on this element please contact:
Pave the Way (email *pavetheway@mamre.org.au*).

1.6 Health

All Australians want good health. People with disability often have an extensive range of health needs and sometimes these are complex and not well understood.

People with disability need both general practice and the hospital system to respond to their health needs in a positive and effective way. They can be confident their health needs are being met appropriately, to the same level that other citizens receive care.

Establishing a safe, welcoming and effective response to the health needs of people with disability will require the Queensland government to:
• ensure physical access to all health facilities;
• provide specific training to all staff in the health workforce covering a range of disability topics; and
• establish disability liaison officers in all Queensland hospitals.

Those who support the *Blue Skies Scenario* believe:
• people with disability have the right to the same level of health care as other citizens; and
• whilst people with disability will often have additional support needs beyond their health care needs, they have every right to have both sets of needs met by the hospital system.

The *Blue Skies Scenario* will be challenged by:
• the lack of funding within the current health system in Queensland and specific focus on disability; and
• the poor understanding of the support needs of people with disability by staff at all levels in the hospital system, in particular, health professionals.

What it will cost and what it will save:
By integrating training into the curriculum of professional courses, the future costs should not be substantial. However, there would need to be an injection of funds similar to the aged care skills strategy to bring current staff up to date.

There would also be costs involved in establishing the disability liaison positions in hospitals.

Through better skills there will be a more timely response of people with disability by the health system. The strategy should save far more than it costs, with people with disability receiving early intervention and preventative care in the same manner as other people do.

Goals to be achieved in the next ten years:
1. A substantial training program will be introduced for all health workers both at professional and certificate level.
2. Disability liaison positions will be established in all hospitals to facilitate admission, provision of adequate health care and discharge planning for people with disability.
3. People with disability will have confidence that the current hospital system will meet both their health and support needs while receiving health services.

Nassir has had quadriplegia for 20 years. He lives with his wife and receives some personal support each day. He has a number of health issues and has trained his support workers to assist him to manage them.

In the past, Nassir's visits to hospital were very risky, as the nursing staff did not have the time or skills to provide adequate care. They found his accent difficult and did not make the effort to listen carefully. This time, the disability liaison officer at the hospital met with Nassir and then organized a pre-admission meeting with an interpreter, his treating doctor and nurse supervisor from the ward where he is to be admitted.

They were able to reassure him they had the staff with the skills and capacity to meet his medical and personal needs. The disability liaison officer also made arrangements for Nassir's wife to have access to an interpreter, as she had difficulty understanding what was happening to her husband.

For more information on this element please contact:
Disability Alliance (email *disabilityalliance@gmail.com*).

1.7 Education

Our children reflect our community and our nation. By including and teaching all children in regular schools, they and we learn about the importance of belonging and the democratic strength of diversity.

We don't need to "teach" young children about belonging. Young children at regular pre-school don't define their playmates with disability by their deficiencies; they don't have preconceived ideas. They accept them and get to know them, unless adults separate them into segregated settings.

Belonging and learning begins with including all children at mainstream pre-school and/or childcare. This lays a natural foundation for social and learning inclusion at mainstream primary, secondary, tertiary, adult and community education. Through inclusive education, children with disability grow into adults who are already participating members of society.

Those who support the *Blue Skies Scenario* believe that inclusive education is shaped by:
• attitude: the will to include all children in ordinary education and experiences; and
• behaviour: capacity to learn how to adapt teaching strategies and deliver targeted support to meet the individual needs of students.

The *Blue Skies Scenario* will be challenged by:
• legislative loopholes and government funding guidelines that restrict the choice of educational settings available to students with disability;
• education support funding that is inequitable (government schools receive substantially more support funding than independent schools);
• schools that resort to segregated classes, despite the policies on inclusion;
• special educators promoting segregated education settings to continue their established practices, without reference to comparative research and evidence-based practice;
• mainstream educators who cannot envision students with disability achieving in regular settings; and
• a mindset that support funding is a cost, rather than an investment to improve educational outcomes and support genuine inclusion.

What it will cost and what it will save:
There are initial capital costs to improve accessibility for students with disability into mainstream schools, including investment in technology, teacher training and curricula design to enable universally accessible learning.

Savings will be made through the release of financial and human resources from segregated settings, and greater community participation and employability of people with disability.

Goals to be achieved in the next ten years:

1. Students with disability will move through mainstream pre-school, school and post-school learning settings, gaining skills and supported to live the ordinary life their families dreamt of.

2. A commitment to the UN *Convention on the Rights of Persons with Disabilities* will oblige governments to provide an inclusive, quality and free preschool, primary and secondary education on a full and equal basis with others in the communities in which they live; supports will be provided within the general education system, consistent with full inclusion.

3. Government educational support funding will be transferrable with the individual student instead of being provided to school systems. This will enable any school in any system in any State or Territory to plan for and support any student and provide families a real choice in schools.

Jane attended her local kindergarten and primary school where her older siblings attended. Now Jane is encouraged to participate fully in the life of the local high school.

To meet Jane's needs without changing the curriculum, class work, homework and extra-curricular activities are modified. Through funding allocated to Jane, her teachers are given extra time to modify their lessons for her, and a teacher aide is allocated to support Jane's participation when she needs it. Some of the funds are available to buy special computer equipment for Jane.

Jane is well known for her participation in the choir, her enthusiasm for the school environment group and her swimming achievements. The emphasis has been on how Jane can be supported in the least intrusive and most ordinary way to fully participate with her peers. Jane has the same aspirations as her friends for a rich, full and meaningful adult life.

For more information on this element please contact:
Queensland Parents for People with a Disability (email *qppd@qppd.org*).

1.8 Housing

A bed in a house does not make a home. Like everyone, people with disability want a place they can truly call home - where they can be private and safe, know love and intimacy, and can rest, renew and express their individuality.

From their home a person with disability can envision and plan a good life for themselves.

People with disability should be able to decide where, how and with whom they live. They may want to change their homes, how they live, and who they live with from time to time. Freedom of choice is a right that everyone deserves.

Those who support the *Blue Skies Scenario* believe:
- people with disability should have the same rights when owning or renting as other people;
- people with disability should be able to choose where, how and with whom they live, and be able to change when they need to; and
- the provision and management of housing should be kept distinct and separate from any long-term provision of support.

The *Blue Skies Scenario* will be challenged by:
- the assumption that people want to live together because they have a disability; and
- support services that are tied to housing or facilities.

What it will cost and what it will save:
The provision of well designed housing and adequate housing for people with disability need be no more expensive than for other people.

Goals to be achieved in the next ten years:
1. People with disability will have the same access to housing programs and assistance as other people, regardless of their support needs.
2. Any housing assistance will be provided in a way that facilitates the inclusion and participation of people with disability in communities.
3. Support will be provided so that people with disability have the choice of where, with whom and how they live, and can change either their housing or support at any time. Included are opportunities to manage their own tenancies.

Freda wanted to leave home when she turned eighteen. Although she had a significant disability, she was ready to live independently from her family.
Her parents assisted her to obtain a small unit down the road. They provided some basic furniture and advertised for a flatmate. Freda needed them every day to assist her.

Over time, Freda developed confidence and skills and she became less dependent on her family. She also now received some paid support during the day and her flat mate assisted her at night.

Later, Freda moved into a community housing unit. The new place was more accessible and affordable and still close to her family. Her flatmate moved with her as they were now good friends and enjoyed living together. Freda was able to use the same support service as before so the change was very easy.
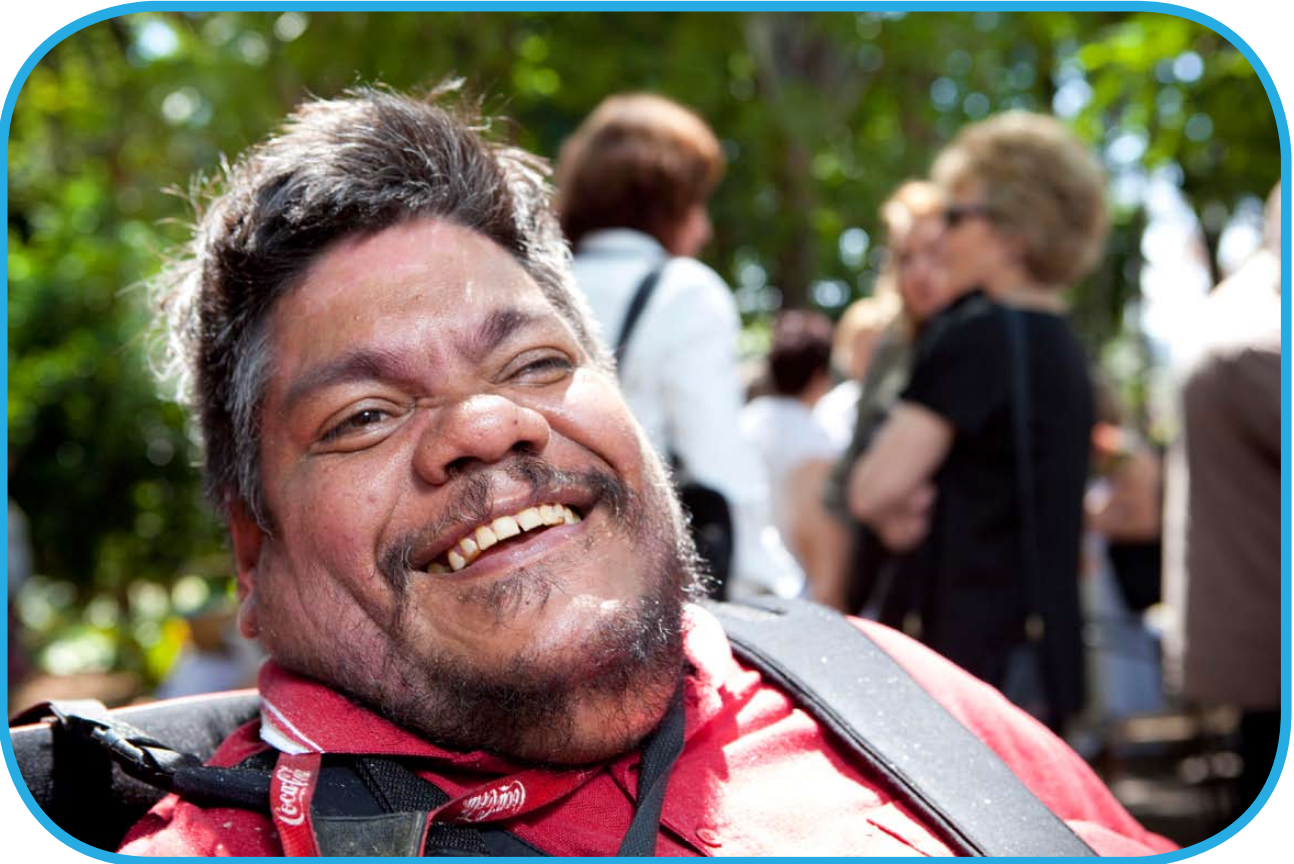
For more information on this element please contact:
Queensland Disability Housing Coalition at (email *qdhc@qdhc.org.au*).

Element 2
Capacity Building

Doug at the launch of the *Blue Skies Scenario*

2.1 Capacity building for people with disability and their families

People with disability, like everyone, want to lead their own lives as they wish. Many have the capacity to do this while others develop capacity over time. When people need assistance to make good decisions, their most valuable asset is a faithful family and enduring friends who will help them.

Most people with disability and their families develop their understanding, knowledge and skills to "build a good life" over time. This capacity can easily be enhanced and comes in many forms. It may be practical advice, timely funding for support, access to regular opportunities, and new skills. A community navigator is one such strategy (see 3.2 — **Community Navigator**)

Capacity building for people with disability and their families:
• assists them to envision, plan and build a good life for themselves;
• keeps them positive and strong, particularly at times of transition and adversity and minimises damaging and avoidable crises;
• assists them to identify, build and maintain their informal networks who can support them over time;
• provides them with skills and confidence to imagine and ask for better, when they are not satisfied; and
• assists them to develop skills to direct the level, quality and type of service they need.

Those who support the *Blue Skies Scenario* believe:
• people with disability and their families know best what they need;
• with capacity, people with disability and their families can direct their own service;
• people with disability and their families are best placed to identify, build and maintain their own natural networks;
• with assistance, people with disability and their families can make extraordinary positive changes in their lives; and
• the best way for people with disability and their families to develop capacity is to be given opportunities to take charge of their lives.

The *Blue Skies Scenario* will be challenged by:
• services that have little understanding or experience in empowering people with disability and their families, or who are unwilling to assist to imagine and ask for better; and
• people with disability and their families who hand over their lives and decisions to services.

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What it will cost and what it will save:

If started early, building capacity within people with disability and their families is very cost effective. The longer people with disability and their families are left damaged, isolated and disempowered, the harder it is to build trust, and to assist them to imagine better for themselves and to make positive changes.

The best and most cost effective way to build capacity is to allow people with disability and their families to direct the quality, level and type of service they require.

When people with disability and their families build capacity and resilience, they are more likely to manage adversity, and take up opportunities when they come. People with disability, their families and services save wasted time and energy in their pursuit of a good life.

Goals to be achieved in the next ten years:

1. When working with people with disability, services will work respectfully with families and enduring friends in all aspects of service delivery.
2. Community navigators will assist people with disability and their families to envision, plan and build a good life as a way of thinking.
3. People with disability who do not have families will have enduring friends in their lives to assist them to make good decisions about their life.

For many years the local family support service ran a small conference for families who had children with disability under five years old. The families enjoyed being together, hearing stories from older parents who had achieved a good life for their children. They learnt something of the harsh realities of asking for more and wanting change—this is not often well received—and how to keep hopeful, resilient and strong. The families also learnt some practical strategies to sustain their vision and energy over time.

As these families became older and stronger they, in turn, contributed to these gatherings. Their adult children with disability shared their story and became role models themselves.

For more information on this element please contact:

Mamre Association Inc (email *mamre@mamre.org.au*).

2.2 Community Navigator

The community navigator is a local person with a strong personal vision of what is possible for people with disability and knows the community well.

The community navigator assists people with disability and their families to envision, plan and build a good life for themselves and to build capacity and resilience. They are there for the person and the family in the long term, assisting them particularly at key times of transition or adversity. They know of possibilities and opportunities for the person with disability within the community and assist them to negotiate the service system.

Establishing a network of community navigators needs to be a shared aim across a number of initiatives, including an extension of the existing Local Area Co-ordinator program. The key to a successful community navigator will be a good match with the person with disability, based on communicating goals effectively and sharing ideas.

Community navigators will liaise, inform and embolden community builders (see 3.3 **Building community capacity via Community Builders**). Like community builders, community navigators will do best when they are well supported and have focused opportunities to develop their skills.

Those who support the *Blue Skies Scenario* believe:
- the needs of a person with disability and their family can be met by what is available in the community as well as through formal services; and
- finding opportunities and support within the community and service sector can be complex and requires some tenacity and skill.

The *Blue Skies Scenario* will be challenged by:
- the current lack of people who can identify opportunities for people with disability within their communities; and
- 'old thinking', which may revert to established congregate responses when the opportunities are hard to find.

What it will cost and what it will save:
The value of providing assistance for people with disability and their families to optimise their community has already been proven by the use of the Local Area Co-ordinators.

Goals to be achieved in the next ten years:

1. Community Navigators will be present in every urban and rural community throughout Queensland.
2. Community Navigators will assist people with disability to envision, plan and build a good life and to continue to imagine better.
3. Community Navigators will have the knowledge, skill and experience to find and match service responses and community opportunities with people with disabilities and families who need them.
4. Community Navigators will be working effectively with the network of community builders across Queensland.

Ted had lived in Gladstone all his life. His job as a community navigator was just what he wanted. Although he initially knew very little about people with disability what he did well was relating to people, seeing opportunities and making connections. He discovered pretty quickly that people with disability wanted what other people wanted—to belong, to contribute and to have family and friends.

He has found that when people with disability and their families trusted him and worked with him, they made extraordinary things happen together.

His best allies were the local Rotary club. They knew everything that was going on and were more than helpful. His mates at his weekly coffee meetings helped him find jobs for three young men with disability who had recently left school.

For more information on this element please contact:
National Disability Services Queensland (email *ndsqld@nds.org.au*).

2.3 Building community capacity via Community Builders

The building of strong communities is only possible when we as a society promote, welcome, foster and reward the gifts, talents and contributions of all citizens; when we do this, we become a rich and vibrant society. Opportunities arise when we identify the good things around us, both in the people that surround us and the communities we live in, and then connect these together. For this to happen we need the assistance of community builders.

Community Builders (also called community development workers) in government, within local services or within local neighbourhoods, can work with communities and systems to include people with disability. Effective community builders will strengthen communities, and as a consequence:
• individuals with disability will be defined by their unique gifts, talents and contributions rather than their diagnostic condition;
• opportunities will be identified whereby such gifts, talents and contributions can be called upon;
• communities will be invited to "step forward" and service systems, when not needed, to "step back"; and
• major barriers (structural, policy and attitudinal) that block the inclusion of people with disability will be identified and addressed.

Those who support the *Blue Skies Scenario* believe:
• people and their communities should be defined by their assets, rather than perceived deficiencies;
• all citizens have the capacity to contribute to their community;
• communities can be strengthened, encouraged and made more aware to embrace diversity; and
• communities can maximize their full potential to include people with disability with the help of community builders.

The *Blue Skies Scenario* will be challenged by:
• people who believe it is the responsibility of government and human services to "look after" people with disability;
• communities not committed to the inclusion of people with disability; and
• perceived cost in the resourcing of community builders at the local, state and commonwealth levels of government and within the community sector.

What it will cost and what it will save:
Successfully including people with disability builds strong communities. Committing to social justice, equal opportunity, and developing the assets of people and their communities requires new and existing funding into opportunities where successful systemic reform will take place.

There will be a long term saving in:
- building capacity to support people with disability within community, rather than dependency on services;
- maximizing the assets of all citizens, whereby they contribute socially and economically to the wider community;
- increased 'wellness" benefits, arising from community inclusion and participation;
- responsibility for the inclusion of people with disability shared by all stakeholders; and
- reduced dependency on traditional and costly care arrangements.

Goals to be achieved in the next ten years:
1. Existing investment in community development workers will be maximised by training Local Government and other allied networks in the inclusion of people with disability.
2. Community builders in all regional and urban communities in Queensland will co-operative with community navigators towards the inclusion and participation of all people with disability.

Thomas has an acquired physical disability arising from a motor vehicle accident. Tom lives in Tasmania. Tasmania is cold; Thomas is cold. The warmth of Queensland awaits and he relocates to North Queensland.

Thomas has become very aware that within this new community of his, new things have evolved. There is a rich sense of valuing diversity. There are systems that have been established, maintained and improved that have directly increased his opportunities.

Much of this has come about because of the deliberate and conscious development of workers known as community builders. They collectively have the task of helping achieve the vision of an inclusive community. Thomas is welcomed and discovers local programs and opportunities are accessible; the community is barrier-free. Thomas is able to make his contribution and as a result the community is better because of it.

For more information on this element please contact:
Inclusion Works (email *inclusionworks@inclusionoz.org*).

2.4 Capacity building for services

Services need to be both responsive to people with disability and their families and sustainable from a business perspective. A sustainable service runs efficiently as a business, meets all regulatory and other compliance requirements, and has the skilled, committed workforce it needs to deliver high quality support as required. A responsive service is timely, consistent in quality, and flexible—changing as the persons needs or circumstances change.

Capacity building focuses on strengthening governance, infrastructure (systems and processes), service planning and design, and engaging stakeholders. It may also focus on increasing diversity in funding sources, and service review and evaluation processes.

Those who support the *Blue Skies Scenario* believe that services should have:
- strong governance;
- business practice that meets all legislative and regulatory requirements;
- systems and processes that support good practice at all levels of the organisation;
- strong engagement of people with disability in designing, implementing and reviewing services;
- service design and practice frameworks that are contemporary, reflect current research and are regularly reviewed;
- accessible, conveniently located outlets, and promote a positive image of people with disability; and
- workforce that is skilled, committed and person-centred.

The *Blue Skies Scenario* will be challenged by:
- a focus on funding arrangements rather than people;
- inadequate levels of funding;
- inadequate evidence-based research to inform policy and practice;
- lack of coherence between policy and practice;
- burdensome compliance requirements that shift focus away from direct support; and
- lack of access to data for planning and performance management.

What it will cost and what it will save:
The social and financial costs of an inadequate service system that only responds when a person is in crisis, or when all informal networks have collapsed, far outweighs the cost of a system that can provide timely, preventative responses.

A strong service sector is able to provide the right amount of service in the right way at the right time.

Goals to be achieved in the next ten years:

1. Incentives will be available for disability organisations to review current service design and transition to more individualised, person- centred service responses, where required.
2. Government policy and funding agreements will allow for more flexible, responsive provision of support.
3. A geographically diverse mix of sustainable, responsive services, will provide assistance for people with disability and their families, in their community of choice.
4. National Minimum Data Set reports and demand data will be made available to disability organisations in a timely way, to enhance planning and performance management at an organisational level.

Some years ago, a small committee of parents established a respite house in their local town. This was well used and many families were grateful for the service.

The younger families, however, agitated for a more flexible response to their needs. They wanted help to go on holidays and to manage their small children at home after school, and the existing funds could not be released from the commitments of the respite house.

The funding body offered the committee some 'one-off' money to trial some alternative strategies. They allowed the service to use their funds more flexibly and to provide an opportunity for each family to imagine and plan supports that suited them.

As each family planned their lives, the service responded accordingly. Within the year, the respite house was sold.

For more information on this element please contact:
National Disability Services Queensland (email *ndsqld@nds.org.au*).

Element 3
Designing for Inclusion

Katya and Martina at the launch of the *Blue Skies Scenario*

3.1 Spaces and places

Inclusive, non-discriminating, design is critical in building communities that welcome all people. The spaces and places in our community should be designed to maximise the physical, emotional, intellectual and spiritual well-being of all community members. In practice, this means that urban planners, local government, developers and individuals consciously design the community to maximise:
- physical access, inclusion and safety in open spaces, public buildings and homes;
- opportunities for individuals to come together privately and publicly; and
- the contribution of all people in community life.

This barrier-free design is also called universal design. Designing for inclusion in all spaces and places will:
- include everyone regardless of age, ability or financial capacity;
- maximise the physical, intellectual, spiritual and emotional wellbeing of all community members; and
- contribute to the overall sustainability of communities.

Those who support the *Blue Skies Scenario* believe:
all built environments should be designed to be used by all people, to the greatest extent possible, without the need for adaptation or specialised design.
The principles of universal design are:
- the design is useful and marketable to people with diverse abilities;
- the design accommodates a wide range of individual preferences and abilities;
- use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level;
- the design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities;
- the design minimizes hazards and the adverse consequences of accidental or unintended actions;
- the design can be used efficiently and comfortably and with a minimum of fatigue; and
- appropriate size and space is provided for approach, reach, manipulation and use, regardless of user's body size, posture, or mobility.

The *Blue Skies Scenario* will be challenged by:
- fragmented community awareness and acceptance of the value of inclusive spaces and places;
- designers and builders who do not have the understanding to design for the inclusion of all people; and
- building authorities who do not see the connection between good design and inclusive, safe and strong communities.

What it will cost and what it will save:

The cost of equitable access at design stage of all places and spaces is minimal compared to the cost of retrofitting of existing environments or the provision of alternative specialist accessible environments. There are immediate and long-term savings in avoiding hospital and nursing home stays and keeping people at home for as long as possible.

There will be a short-term cost in developing standards, regulation and education. There will be long-term savings in minimising:

- avoidable hospital visits;
- slips, trips and falls within the home and in public places;
- an over-reliance on specialist equipment and paid support to ensure safety;
- displacement of people out of their communities and the loss of their informal support networks; and
- Retrofitting of existing buildings, in particular, private homes.

Goals to be achieved in the next ten years:

1. National industry and professional bodies support the adoption of universal housing design among their members.
2. The Building Code of Australia (BCA) is amended to incorporate the DDA Access to Premises Standard, and minimum access requirements in all new and extensively modified housing.
3. Incentives are introduced for developers, builders, designers and certifiers to build housing that incorporates universal design features beyond the minimum standard.

Mary, a teacher, had lived in her community for nearly 30 years. When she was diagnosed with a degenerative condition, her greatest fear was leaving her network of friends and going into a nursing home.

A new block of units and shops was being built down the road. The complex had been designed to be fully inclusive. Mary sold her house and moved in well before her condition deteriorated. She is now able to visit her neighbours, do her own shopping and her friends can easily visit her.

For more information on this element please contact:

Ageing in Place (email *wjherik@ageinginplace.com.au*).

3.2 Generic services and infrastructure

People with disability and their families, like other people, rely on the generic services and infrastructure that support their communities. From public transport, to telecommunications, to using the banks and shops, people with disability require equitable access.

Generic services are continually changing and many compete with each other for customers. The speed of change is affected by the growth and development in telecommunications and computer technology.

Much of the infrastructure within communities relies on capital investment and is more difficult to change. It will take a generation of building or stock replacement to overcome the poor access tolerated in the past.
Both generic services and infrastructure can easily improve through a change in attitude and specific training of the people involved.

Those who support the *Blue Skies Scenario* believe:
• public infrastructure and services must meet the needs of all people;
• equitable public infrastructure and services are fundamental to strong and inclusive communities;
• the greater the access to public services and infrastructure the less reliance on costly special alternatives; and
• it takes the co-operation of three tiers of government working with the private sector to ensure access by all users.

The *Blue Skies Scenario* will be challenged by:
• the perception that access to some public services and infrastructure would not be required by people with disability; and
• the focus on short term financial savings that compromise long-term equitable access.

What it will cost and what it will save:
The redesign of generic services, such as banking or telecommunications, relies primarily on people changing. Any intentional change in attitude, practice or behaviour, will be costly. The development of policy and procedures, training and staff, will be required if many entrenched discriminatory practices by generic services are to be eliminated.

The redesign of infrastructure that relies on heavy capital investment, for example public transport, takes a longer time with even greater resources. People with disability may require specialist equipment, such as a motorised wheelchair, to access generic services and infrastructure.

However, in general, people with disability and society save significantly if there is one system of generic service and infrastructure. These savings are cumulative. For example, if a person can use public transport reliably, they are more likely to find and keep employment. Employed people are less likely to rely on welfare payments, more likely to be paying tax, taking vacation and acquiring consumer goods and housing.

Goals to be achieved in the next 10 years:
1. Research into the costs and benefits of accessible generic services and infrastructure (such as accessible public transport) will be completed.
2. Planning will be undertaken by both public services and private industry providing essential services affected by technological advancements (such as internet banking, telecommunications and call centres) to assess how they will be used by people with disability.
3. Commonwealth, State and Territory Governments will have a co-ordinated National Disability Strategy to plan for equitable access to all future and existing generic services and infrastructure.

The local mayor committed extra funds to rejuvenate the local shopping centre. They held a meeting and a number of people asked that the new footpaths allow for a step-less entry into the local shops. This seemed a reasonable request, as many of the shops were currently inaccessible, precluding many people with mobility aids from using them.

During construction, the builders forgot to make some of the shops accessible; the local residents demanded the work to be redone. The council refused, declaring they could not afford to repair this mistake within their budget.

The work to rejuvenate the shopping centre made very little difference. The locals could only use some of the shops and they began to prefer the larger shopping mall where all the outlets were accessible. The large shopping mall persuaded the council to provide an accessible bus service for the local community. The local shops began losing their local trade and their value in the community.

For more information on this element please contact:
Disability Alliance (email *disabilityalliance@gmail.com*).

Element 4
Safeguards

Clive and Max at the launch of the *Blue Skies Scenario*

4.1 Advocacy

All disadvantaged persons are at risk of abuse and exploitation and need someone to look out for them and speak up on their behalf. Advocacy is something that people with disability miss out on, while other people get it in abundance. Advocacy is functioning (speaking, acting, writing) with minimum conflict of interest on behalf of the sincerely perceived interests of a person or group. Advocates aim to promote, protect and defend the welfare of, and seek justice for, either individuals or groups, in a fashion that strives to be emphatic and vigorous. Their actions are often personally "costly".

When citizens take action to protect and defend the rights of people with disability, they are taking action to redress a serious imbalance in the way our community functions. By demonstrating to the community how they value and act to include people with disability, they give cues for how everyone should likewise act to include them. Advocacy is not simply a reactive measure; it is a preventative function, to ensure that people with disability are not being rejected, abused, neglected and excluded from everyday community life.

Those who support the *Blue Skies Scenario* believe it is necessary to advocate for respect for a person's inherent dignity and individual autonomy, including:
*   the freedom to make one's own choices;
*   non-discrimination and equal opportunity;
*   full and effective participation and inclusion in society; and
*   respect for difference and acceptance of persons with disability as part of human diversity and humanity;

The *Blue Skies Scenario* will be challenged by advocacy efforts that are compromised by:
*   advocates with serious conflict of interest;
*   misunderstanding and confusion about what advocacy is or isn't;
*   funding bodies that impose conditions on advocates; and
*   the 'professionalisation' of advocacy, excluding unpaid advocates.

What it will cost and what it will save:
Most advocacy is informal, highly effective and costs taxpayers little or nothing. What advocacy is funded by taxpayers is currently under threat of being redefined, limited in scope and forced into a solely reactive role.

The effectiveness of advocacy efforts is measured by both the protection and safeguarding of people's human rights and also the progress towards a genuinely inclusive community. An inclusive community would have little need for the extensive range of crisis-driven service interventions currently funded by taxpayers.

Goals to be achieved in the next 10 years:

1. commitment by governments to the nationally accepted advocacy principles and a shared understanding of the need for advocacy to safeguard people with disability.
2. commitment by the Queensland government to the development of a range of independent advocacy programs across Queensland, including systemic, paid individual, and citizen advocacy.
3. ongoing program is established for advocacy development across Queensland.

This decade saw individual and systemic advocacy groups expose the exploitation, abuse and degrading treatment of highly vulnerable people living in privately owned hostels; people's rights were being abused on a daily basis. The people were 'out of sight and thus out of mind'. After 25 years of sustained advocacy effort, the Queensland Government introduced regulation to govern and make accountable the private for profit hostel industry.

Anna was assisted to leave a hostel by an individual advocacy agency to live with a family who made a commitment to Anna. Anna was blind, thought to have a significant intellectual impairment and limited mobility, slept or retreated from social interaction. Anna was on a myriad of different drugs, and after a review by the local doctor, many of the drugs were ceased.

Today, Anna has a life reflective of most people her age. She loves to attend weekly bingo sessions, at the local club with her new friends, watches TV and chats about current affairs, loves shopping, and enjoys walks to keep fit. She is very much part of the family she lives with, friends, neighbourhood and community.

Unfortunately there are many vulnerable people still excluded because they have no-one to advocate for them to have a valued life; to protect them from abuse, neglect and isolation from community.

If you would like to contribute to this element, please contact:
Queensland Advocacy Incorporated (email *qai@qai.org.au*).

4.2 Research and evaluation

How do we know if communities are truly inclusive? Can this be measured? How do we know if supports for people with disability are actually providing what they say they do? What works and what doesn't work? Good research and evaluation are crucial to determining answers to questions like these.

We need a solid evidence base to inform policy and practice. Research can be a powerful driver for change. Research is often an incomprehensible process for many people so it needs to be made more accessible for all constituents. Through building our capacity to understand and use research and generate new knowledge we can all contribute to positive change.

Community-based participatory research is a collaborative approach to research that equitably involves all partners in the research process and recognises the unique strengths that each brings. This kind of research begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve lives for all community members.

Research and evaluation will:
• build the evidence base for all we do;
• enable us to invest wisely in what really works;
• help us understand inclusion better, and how we can promote positive lives for people with disability; and
• provide solid data on which to base arguments for new policies and programs.

Those who support the *Blue Skies Scenario* believe in:
• the ethical conduct of all research;
• rigorous research designs;
• participation of people with disabilities and families in research and evaluation;
• built in evaluation for all programs;
• accepting evidence even if it is not what we expect or want; and
• ongoing review of the evidence.

The *Blue Skies Scenario* will be challenged by:
• people who do not have the skills or knowledge to interpret research evidence;
• researchers who have difficulty in relating their message to those who need it;
• research being considered as an expensive optional extra; and
• unethical translation of research into practice.

What it will cost and what it will save:
When working in under-funded environments, the cost of research and evaluation can be seen as quite high and time taken away from core business. Research, however, is essential if the scarce resources are to be used well.

To be useful, research and evaluation should:
- invest in strategies known to deliver what is needed;
- be driven by the priorities of people with disabilities and families;
- support long term gains in cost effectiveness; and
- focus on better measures of quality, participation and inclusiveness.

The most important goals to be achieved in the next 10 years:
1. A national research agenda that contributes to the building of inclusive communities for all.
2. People with disabilities and family members will drive research programs and become researchers themselves.
3. Disability research will focus on the emancipation, as well as the participation of people with disability.

Harry is an indigenous man with acquired brain injury who wanted to find answers to many questions about his life. Jo was a disability researcher working in a university. Harry met Jo at a meeting to recruit participants for a new research project and asked how this research would make a difference to his life. Jo could not easily answer that question. She and Harry talked more about this and decided to form a research partnership. They invited other indigenous people with disabilities and some indigenous researchers to join the conversation.

Over time this became a research consortium that worked together to identify shared questions. They then worked out how to find answers to these questions using the expertise of the researchers and the life expertise of the people with disabilities. The researchers learned a lot about how indigenous people with disabilities get through life and what could make a positive difference. Harry and others presented these findings at a conference.

For more information on this element please contact:
Griffith University l.chenoweth@griffith.edu.au

Appendix 1

Relevant legal and legislative resources

Relevant legal and legislative resources

United Nations Convention on the Rights of Persons with Disabilities

Disability Services Act 1986
Social Security Act(s)
Disability Discrimination Act 1992
Disability Standards for Education 2005

Anti Discrimination Act 1991 (Qld)
Building Act 1975 (Qld)
Disability Services Act 2006 (Qld)
Guardian and Administration Act 2000 (Qld)
Health Services Act 1991 (Qld)
Local Government Act (Qld) (yet to be proclaimed).
Mental Health Act 2000 (Qld)
Powers of Attorney Act 1998 (Qld)
Residential Tenancies and Rooming Accommodation Act 2008 (Qld)
Succession Act 1981 (Qld)

National Disability Agreement
Commonwealth State Housing Agreements
National Statement on Ethical Conduct in Human Research

Relevant Reports/Research
National Health and Hospital Reform Commission Report (2009)
Disability Alliance Campaign Statement (2009)
Queensland Public Advocate Report (2009)
Queensland Mental Health Strategic Plan 2003-2008
Carers Queensland Focus Groups (B O'Conner 2005)
Concept paper- National Disability Insurance Scheme
Lessons from the labyrinth - Views of residential care officers on barriers to comprehensive health care for adults with an intellectual disability (University of Queensland, 2001)
My Life, My Home, My Solution — Position Statement of the Community Safeguards Coalition

Appendix 2

Social Inclusion Principles for Australia

Australian Government

Social Inclusion Principles for Australia

Aspirational Principles

1	Reducing disadvantage
Making sure people in need benefit from access to good health, education and other services	Funding and service delivery should promote equitable access to universal benefits and services for Australians in all their diversity, and invest more intensively in those at risk of, or experiencing, social exclusion.

2	Increasing social, civil and economic participation
Helping everyone get the skills and support they need so they can work and connect with community, even during hard times	Maximum participation in economic, social and community life is a defining characteristic of an inclusive society. Achieving this outcome for all Australians means delivering policies and programs which support people to learn and strengthen their ability to participate actively in the labour market and in their communities.

Over time people's opportunities and capabilities are formed through their experience of family life and their participation in the communities, economies and institutions around them. People with well-established social networks and institutional connections are more likely to deal successfully with personal crisis and economic adversity. Policy design should be mindful of costs and benefits and the evidence about returns for investments. Resources should be weighted towards tailored approaches for those most in need while maintaining universal access and participation in services and community life. Services should be responsive to the diverse attributes, circumstances and aspirations of their clients.

A key aspect of boosting participation is capacity building – supporting individuals' personal capacity to address the issues that arise over the course of their lives, and supporting people to take independent decisions and to negotiate priorities through participation in their workplaces, their neighbourhoods and their communities. This is especially true for communities struggling with intergenerational disadvantage.

3	A greater voice, combined with greater responsibility
Governments and other organisations giving people a say in what services they need and how they work, and people taking responsibility to make the best use of the opportunities available	Achieving social inclusion depends on the active involvement of the entire community. Providing opportunities for citizens and communities to identify their needs and give feedback about the design and delivery of policies and programs will be important.
	Individuals and service users must have a say in shaping their own futures and the benefits and services that are offered to them. Detailed feedback from users and community members and genuine and inclusive consultation are important sources of information to improve policy settings and service delivery.
	Where people are part of a democratic community and able to access opportunities, benefits and services, they also have an obligation to use their best efforts and take personal responsibility for taking part and making progress.
	Organisations—both government and non-government—also have responsibilities to listen and respond, and to make sure their policies, programs and services help to build social inclusion.

Principles of Approach

4	Building on individual and community strengths
Making the most of people's strengths, including the strengths of Aboriginal and Torres Strait Islander peoples and people from other cultures	Taking a strength-based, rather than a deficit-based, approach means respecting, supporting and building on the strengths of individuals, families, communities and cultures. Assuming, promoting and supporting a strong and positive view of Aboriginal and Torres Strait Islander identity and culture will be particularly important ways to reduce social exclusion for Indigenous Australians, working in parallel with specific initiatives to improve their health, education, housing and employment prospects. Recognising the varied and positive contributions of people from culturally and linguistically diverse backgrounds will also be an important feature of the social inclusion approach.

5	Building partnerships with key stakeholders
Governments, organisations and communities working together to get the best results for people in need	All sectors have a role to play in building a more socially inclusive Australia and the approach will rely on encouraging and supporting the diverse contribution of all. Strong relationships between government and these other stakeholders are key to achieving the joined up approach required for sustainable outcomes and to sharing expertise to produce innovative solutions.
	Building effective partnerships to tackle shared priorities is essential to improving social inclusion over time. Whether in forming city wide plans to reduce homelessness, or strengthening service provision in parts of the community sector, or jointly investing in new social innovations, policy on social inclusion needs to advance work through a diverse range of cross sector partnerships.

6	Developing tailored services

Services working together in new and flexible ways to meet each person's different needs

For some members of the Australian population experiencing, or at immediate risk of, significant exclusion, mainstream services may not be sufficient or appropriate to mitigate against exclusion.

Deep, intensive interventions tailored at an individual, family or community level are one way to support those experiencing deep and complex social exclusion, by helping them tackle their actual problems. Different service providers may need to link together to do this. For example, linking health and family support services may make the most difference to parents of children at risk. Linking employment preparation effectively with drug or alcohol treatment may be necessary as a pathway out of homelessness.

Successfully overcoming social exclusion may also involve learning to change deeply held attitudes and behaviours, for example through anger management or family counselling, in order to access new opportunities.

Overcoming the fragmentation of government service systems for people at high risk of social exclusion, and in relation to important milestones in the lifecycle, such as transitions from adolescence to adulthood or the end of working life, is a priority.

7	Giving a high priority to early intervention and prevention

Heading off problems by understanding the root causes and intervening early

It is important to tackle the immediate problems of social exclusion that many face, such as homelessness. But in the longer term it is clearly preferable to prevent such problems arising in the first place.

Identifying the root causes of disadvantage and the connections between different types of disadvantage allows interventions to be designed to prevent the occurrence of problems and provide more effective support to those who are vulnerable before the disadvantage becomes entrenched. This is particularly important in preventing intergenerational transmission of disadvantage. Universal services such as schools and hospitals provide a range of opportunities to identify those at risk of disadvantage at an early stage. Giving priority to early intervention and prevention means focusing on children and young people, on the early identification of potential problems, and on taking effective action to tackle them.

8	Building joined-up services and whole of government(s) solutions

Getting different parts and different levels of government to work together in new and flexible ways to get better outcomes and services for people in need

The multifaceted nature of social exclusion means that the services offered by any one agency can only go so far in meeting the complex needs of a person or groups of people. Separate silos of funding, policy-making and service delivery can be systemic barriers to providing effective support.

Flexibility and cooperation across agencies, both between Commonwealth agencies and across levels of government, is one key to comprehensively address social exclusion. Integration, transparency and collaboration between Commonwealth, State and Territory governments are particularly important. Priorities include:

- taking a 'people-first' view of what people and communities need, using evidence about their actual experiences and life outcomes;

- developing policy through integrated, problem-solving projects which draw together all relevant agencies and knowledge; and

- developing programs within a comprehensive social inclusion framework, researching and understanding the links between programs operating on the ground, and working across all levels of government, including through the Council of Australian Governments, to join up service delivery in strategic as well as practical ways.

9	Using evidence and integrated data to inform policy
Finding out what programs and services work well and understanding why, so you can share good ideas, keep making improvements and put your effort into the things that work	Progress towards social inclusion must be accompanied by better information, faster learning and better use of knowledge to improve outcomes. As far as possible, interventions should draw on: - practical experience of community and other delivery organisations; - existing research and the evidence base on what works; and - monitoring and evaluating strategies as they develop, focusing on outcomes as well as processes. To the extent that interventions are experimental, they should be designed and evaluated in a way which builds on this evidence base. It will also be important for government to report regularly on progress in social inclusion, using clear indicators and reporting from the perspective of the individual, the family, the neighbourhood or the community affected. Indicators should be responsive to effective policy interventions and identify the essence of the problem and have a clear and accepted interpretation.

10	Using locational approaches
Working in places where there is a lot of disadvantage, to get to people most in need and to understand how different problems are connected	Evidence show that different kinds of disadvantage can be concentrated in particular locations in Australia. Focusing effort on building social inclusion in particular locations, neighbourhoods and communities can ensure that they are not left behind, and help us learn how planning, economic development, community engagement and service delivery can be integrated to achieve better overall outcomes.

11	Planning for sustainability
Doing things that will help people and communities deal better with problems in the future, as well as solving the problems they face now	Policies and programs should be focused on long-term sustainable improvement. To do this, it is important to ensure that interventions build an individual's capacity and develop protective factors that will enable them to self-manage through life-course events. For the government, it will be important to establish benchmarks and adopt formal quantified targets that are ambitious but attainable, measurable and time specific, focus on long term policy goals, and integrate long term social inclusion objectives in broader reform efforts, such as budgetary reform and reforms being pursued through the Council of Australian Governments.

Appendix 3

The Convention in Brief
(UN Convention on the Rights of Persons with Disabilities)

The Convention in Brief
(an extract from the United Nations' *Enable* website)

Countries that join in the Convention engage themselves to develop and carry out policies, laws and administrative measures for securing the rights recognized in the Convention and abolish laws, regulations, customs and practices that constitute discrimination (Article 4).

As a change of perceptions is essential to improve the situation of persons with disabilities, ratifying countries are to combat stereotypes and prejudices and promote awareness of the capabilities of persons with disabilities (Article 8).

Countries are to guarantee that persons with disabilities enjoy their inherent right to life on an equal basis with others (Article 10), ensure the equal rights and advancement of women and girls with disabilities (Article 6) and protect children with disabilities (Article 7).

Children with disabilities shall have equal rights, shall not be separated from their parents against their will—except when the authorities determine that this is in the child's best interests—and in no case shall be separated from their parents on the basis of a disability of either the child or the parents (Article 23).

Countries are to recognize that all persons are equal before the law, to prohibit discrimination on the basis of disability and guarantee equal legal protection (Article 5).

Countries are to ensure the equal right to own and inherit property, to control financial affairs and to have equal access to bank loans, credit and mortgages (Article 12). They are to ensure access to justice on an equal basis with others (Article 13), and make sure that persons with disabilities enjoy the right to liberty and security and are not deprived of their liberty unlawfully or arbitrarily (Article 14).

Countries must protect the physical and mental integrity of persons with disabilities, just as for everyone else (Article 17), guarantee freedom from torture and from cruel, inhuman or degrading treatment or punishment, and prohibit medical or scientific experiments without the consent of the person concerned (Article 15).

Laws and administrative measures must guarantee freedom from exploitation, violence and abuse. In case of abuse, States shall promote the recovery, rehabilitation and reintegration of the victim and investigate the abuse (Article 16).

Persons with disabilities are not to be subjected to arbitrary or illegal interference with their privacy, family, home, correspondence or communication. The privacy of their personal, health and rehabilitation information is to be protected like that of others (Article 22).

On the fundamental issue of accessibility (Article 9), the Convention requires countries to identify and eliminate obstacles and barriers and ensure that persons with disabilities can access their environment, transportation, public facilities and services, and information and communications technologies.

Persons with disabilities must be able to live independently, to be included in the community, to choose where and with whom to live and to have access to in-home, residential and community support services (Article 19). Personal mobility and independence are to be fostered by facilitating affordable personal mobility, training in mobility skills and access to mobility aids, devices, assistive technologies and live assistance (Article 20).

Countries are to recognize the right to an adequate standard of living and social protection; this includes public housing, services and assistance for disability-related needs, as well as assistance with disability-related expenses in case of poverty (Article 28).

Countries are to promote access to information by providing information intended for the general public in accessible formats and technologies, by facilitating the use of Braille, sign language and other forms of communication, and by encouraging the media and Internet providers to make on-line information available in accessible formats (Article 21).

Discrimination relating to marriage, family and personal relations shall be eliminated. Persons with disabilities shall have the equal opportunity to experience parenthood, to marry and to raise a family, to decide on the number and spacing of children, to have access to reproductive and family planning education and means, and to enjoy equal rights and responsibilities regarding guardianship, wardship, trusteeship and adoption of children (Article 23).

States are to ensure equal access to primary and secondary education, vocational training, adult education and lifelong learning. Education is to employ the appropriate materials, techniques and forms of communication. Pupils with support needs are to receive support measures, and pupils who are blind, deaf and deaf-blind are to receive their education in the most appropriate modes of communication from teachers who are fluent in sign language and Braille. Education of persons with disabilities must foster their participation in society, their sense of dignity and self-worth and the development of their personality, abilities and creativity (Article 24).

Persons with disabilities have the right to the highest attainable standard of health without discrimination on the basis of disability. They are to receive the same range, quality and standard of free or affordable health services as provided to other persons, receive those health services needed because of their disabilities, and not to be discriminated against in the provision of health insurance (Article 25).

To enable persons with disabilities to attain maximum independence and ability, countries are to provide comprehensive habilitation and rehabilitation services in the areas of health, employment and education (Article 26).

Persons with disabilities have equal rights to work and gain a living. Countries are to prohibit discrimination in job-related matters, promote self-employment, entrepreneurship and starting one's own business, and employing persons with disabilities

(For more information, see: *www.un.org/disabilities/default.asp?id=162*).

Take action!

The Blue Skies Group is an unfunded community collective — the only progress toward making the Blue Skies vision a reality, has come from the willingness of people to take action.

There are a number of actions that you can take to help.

Spread the word
If you know any community minded Queenslanders who might be interested in participating in the *Blue Skies Scenario*, please tell them about Blue Skies and encourage them to take part.

Tell us your vision for the future
If you have not already done so, please tell us your vision for an alternative future for people with disability and their families. Visit the website for more information (www.blue-skies.info).

Be part of the Blue Skies Conversations on 3 December 2009
Following the launch of the *Blue Skies Scenario* on 22 September 2009, Blue Skies would like to invite you to be part of a deeper conversation about turning our vision into reality. Please join us on 3 December 2009 - International Day of Persons with Disability. Visit the website for more information (www.blue-skies.info).

Become a Blue Skies Champion
Blue Skies is currently seeking champions to support Blue Skies. To become a Champion in Principle, simply send us an email (at contactblueskies@gmail.com) with your name, a passport size photo (or equivalent) and a positive message about Blue Skies.

I Blue Sky
Having considered the Blue Skies Scenario, some people have begun to tell us what steps they are taking to make the Blue Skies vision a reality in their own communities. Check out our 'I Blue Sky' web-page for more information (www. blue-skies.info/ibluesky).

Support the campaign for a National Disability Insurance Scheme
There is currently a national campaign underway for a no-fault, entitlement based insurance scheme for everyone who has, or acquires a significant disability. Visit the National Disability Insurance Scheme campaign website to find out more (www.ndis.org.au).

Contact Blue Skies
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