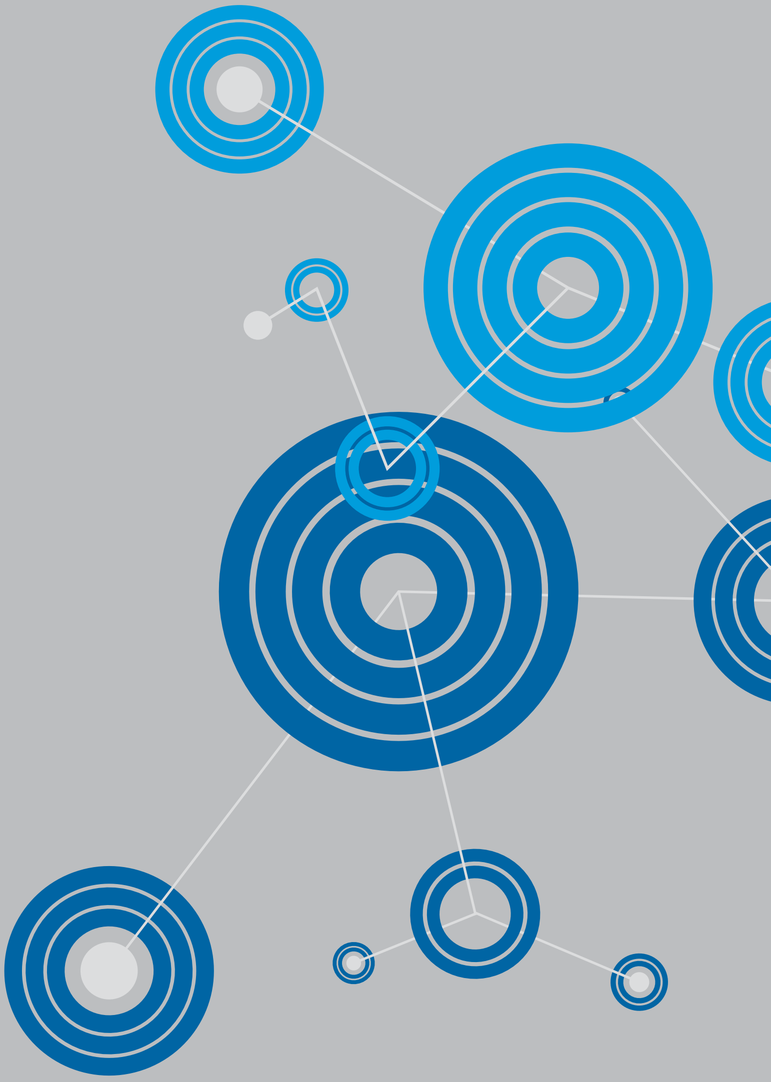
FACE
THE FACTS
BRIEFING

Youth Disability

IN AUSTRALIA



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>
> AIHW 2011, p.18

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Overview

In 2009 it was estimated that around 7% of young Australians had a disability, with 27% of these young people indicating that they had a severe disability (AIHW 2011, p.18). As with older Australians, young people report experiencing a variety of disabilities, such as 'physical, sensory, intellectual and psychiatric impairments', which restrict their access to social activities and employment opportunities, and prevent them achieving their educational potential (AIHW 2011, p.18).

According to the Australian Bureau of Statistics (AIHW 2007, p.7), the most common kinds of disability experienced by Australian young people are intellectual, behavioural or developmental (19%), psychiatric conditions (18%) and musculoskeletal disorders (14%).

The issues relating to youth and their experience of disability are rarely highlighted by the media or within the political sphere. The purpose of this background paper is to bring to the attention of decision-makers some of the key statistics, policy problems and opportunities relating to youth and disability, and to raise awareness of the importance of this issue.

What is the issue?

'Youth and disability' is rarely considered a topic of interest in its own right. In the Australian political, social and legal context, Llewellyn and Leonard (2010, p.6) attribute this situation to young people with disability being considered primarily in reference to their disability, rather than as developing young adults. As a result, policy and services have historically focused on the provision of medication, treatment and behavioural management strategies to young people with disability (Llewellyn & Leonard 2010, p.6; People with Disability 2011).

Defining young people by their disability does not reflect current definitions and understandings of disability, which are known as the 'social model of disability' (see p.4). This model places the individual at the centre, with disability as something that they experience, rather than something that defines them (People with Disability 2010).

Defining young people

In the Australian context 'young people' are generally considered to be people between the ages of 12 and 25 years (Bessant, Sercombe & Watts 1998). Policies, programs and services designed to serve young people typically ascribe to this understating of young people.

Llewellyn and Leonard (2010, p.6) highlight that even in instances where young people are not characterised by their disability, the concerns of young people are still not given central focus. Rather, they argue that young people's health and wellbeing concerns are considered in the context of their families and caregivers (pp.6, 24). While it is important to acknowledge the connection between families and caregivers and the young people they support, these individuals are often asked to speak on behalf of young people with disability (Llewellyn & Leonard 2010, p.24). As such, young people are rarely given the opportunity to represent their own views to decision-makers.

Why are these issues important?

Recognising that 'youth and disability' as a topic in itself is important as young people should not be characterised by their disability. Recognition would also ensure that young people are given the opportunity to represent their own ideas and concerns about disability to decision-makers.

This latter point is important, as, without consultation with young people, policies and programs may be developed and implemented that are not appropriate or adequate to address the needs of young Australians with disability (YANQ 2011, p.4). With respect to those carers and parents who currently represent the young people in their care, young people should be able to exercise their right to self-representation.

Recently, the Youth Affairs Network of Queensland (YANQ) released a paper that highlighted the need for effective consultation with young people with disability in order to ensure effective youth services (YANQ 2011). This resource advocates an important message that youth services ought to be more inclusive and hear the voices of young Australians with disability (YANQ 2011, p.6)

What is the 'social model of disability'?

Increasingly the community recognises that most people will experience some level of disability at some stage during their lives. The rates and prevalence of disability can be hard to judge given that there are various definitions of disability currently in use. Recent definitions of disability are influenced by the 'social model of disability'.

The social model considers disability as a human rights issue. People with disability ought not be viewed as 'objects' of charity, medical treatment and social protection, but as 'subjects' with rights, who are capable of being active members of society, as well as making decisions that influence their own lives, based on free and informed consent (People with Disability 2010).

The social model moves on from the 'medical model of disability', which saw disability as an individually experienced health condition, managed through consultation with medical professionals (People with Disability 2010). The medical model considers disability to be an impairment that requires treatment. In this model people with disability were victims, and the focus was on their inability to perform in the community like other people.

In recognition of the 'social model for disability', the national advocacy group People With Disability (2010) suggests that it is important to recognise that language can work to disempower people with disability. They highlight the importance of not characterising, patronising or victimising people because of their disability, or using derogatory language; for example one should say 'people with disability' not 'disabled people' or 'people suffering from a disability', one should also refrain from using terms like 'mad', 'intellectually challenged', 'mentally retarded', 'paraplegic people' and so on.

Although acknowledging the realities and impact of living with impairment, the social model of disability highlights that disability is caused through the relationship between people living with 'impairments' and the barriers caused by their physical, attitudinal, communication and social environment (United Nations 2006). The implication of this perception is that it highlights the need for the environment to be more inclusive; ensuring people with disabilities may participate more equally in society, rather than accepting that impairment must cause some degree of social exclusion (United Nations 2006).

The social model of disability is now the internationally recognised way to view disability. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) marks the official paradigm shift in attitudes towards people with disability.

Key features

It is important that 'youth and disability' emerges as an issue for discussion in the Australian political context because young people with disabilities experience unique issues not shared by their older counterparts.

The following section will outline some of the current contentious issues in Australia that relate to 'youth and disability'.

Barriers to achieving educational potential

The National Disability Strategy 2010–20 (FasHCSIA 2011, p.53) states that a key priority for the Australian Government is enabling people with disability to 'achieve their full potential through participation in an inclusive high quality education system that is responsive to their needs'. To support such outcomes the Commonwealth grants around $2.8 billion to schools to provide services to young people with disability (Australian Council for Educational Research 2011). However, People with Disability Australia (2010), in their *Submission to the inquiry into the provision of education to students with a disability or special needs,* highlight that, despite the best intentions, young people with disability are not achieving their educational potential due to significant structural barriers.

Currently in Australia there are over 150,000 young people with disability enrolled in mainstream and specialist schools (National Disability Service 2011, p.1). Around two-thirds of these young people with disability report experiencing hardship at school (AIHW 2006). In 2002 ABS data it was identified that participation for young people aged 15–25 years in higher education was 18.4%, while only 3.4% of young people with disability were involved in higher education (Camela 2004, p.19). Disability advocate Camela (2004, p.19) has also highlighted that people with disability are 50% less likely to have achieved a tertiary-level qualification.

In 2005 the Disability Standards for Education (DSE) framework was introduced in Australia, with a five-year implementation plan. The DSE sought to provide a framework to assist the states in ensuring young people with disability could be supported in mainstream public education. However, there are suggestions that this policy has not achieved its desired outcomes. The advocacy group Carer's Alliance (Carter 2009, p.6) suggests that unless steps are taken to provide adequate support to schools, inclusion will be 'only a buzzword'.

For instance, in 2008 the Department of Education, Early Childhood and Development highlighted that 63% of Victorian children with disability would experience barriers to achieving acceptable standards of education (Child Rights Australia 2011, p.26). Child Rights Australia (2011, p.26) suggests that these figures can be transferred to the national context with issues such as inconsistent funding, inadequate services provided to schools, as well as insufficiently trained staff, contributing to the reinforcement of barriers experienced by young people with disability in achieving their educational potential. In their survey of teachers and students, the Australian Education Union (AEU) (2010, p.2) claimed 'that the level of resources and funding required to ensure quality education for disabilities/special needs is inadequate, with negative consequences for students, families, teachers, other education workers and schools'. Concerns highlighted by the National Disability Services include young people experiencing bullying on the basis of their disability, or struggling to establish meaningful personal relationships (National Disability Services 2011).

Another issue in relation to young people with disability and education is that even if young people are able to reach their educational potential, there may not be employment opportunities available for them (National Disability Services 2011, p.9). Damien Anderson (in Rosey 2008, p.10) of the National Disability Services argues that a range of employment pathways ought to be established to help young people with disability transition into the workforce. Anderson (in Rosey 2008, p.10) suggests that there is inconsistency in the programs that are offered to young people with disability in relation to accessing employment, making the system confusing and adding further barriers.

The Australian Government is currently undertaking a review of the DSE framework. The *Listen to Children* report (Child Rights Australia 2011, p.26) suggests that this review must take into consideration the Convention on the Rights of Persons with Disabilities (CRPD) as a basis for structural adjustment in this area. In their submission to the DSE, the Australian Youth Affairs Coalition (AYAC) and the Youth Disability Advocacy Service (YDAS) (2011, p.3) also suggested that structural adjustment use a human rights approach that incorporates strengths-based methods to involve young people in policy design.

The Australian Government also recently announced that they were establishing the School Disability Advisory Council, a group made up of peak bodies, young people with disability, parent groups and educational professionals, formed to advise the Gillard Government on how to help young people with disability achieve their educational potential (DEEWR 2012).

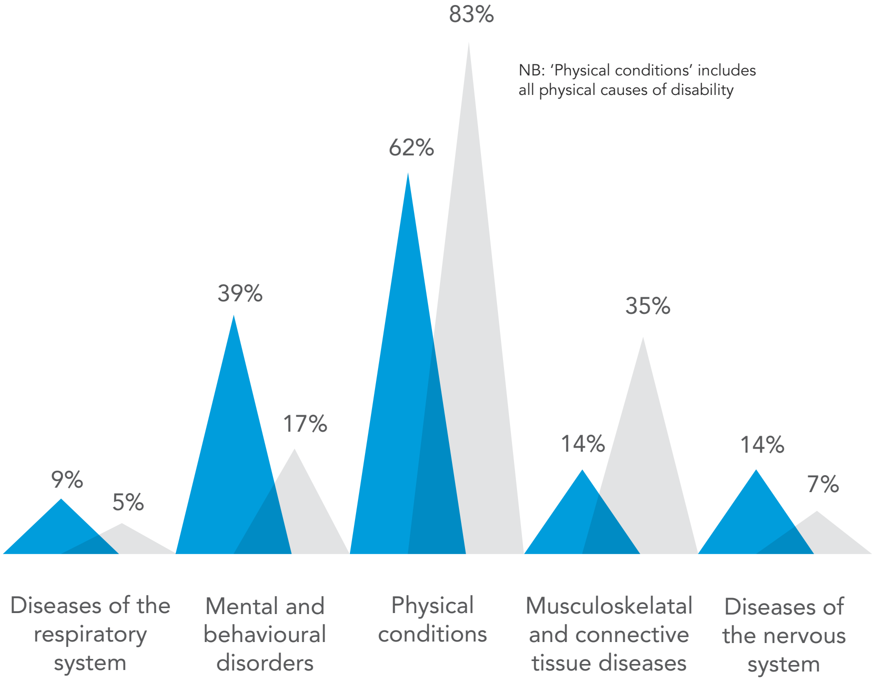
Sterilisation of children

Proponents of the sterilisation of young women and children with disability justify their beliefs by arguing that sterilisation will relieve these young women and their carers from the burdern of menstruation and unwanted pregnancy (ABC 2012). However, in Article 23 of the Convention of the Rights of Persons with Disabilities (CRPD) (2006) it is written that people with disability have a right to retain the ability to reproduce. This sentiment is shared by the UN Human Rights Council and the UN Committee for the Elimination of the Discrimination Against Women.

Women with Disability Australia (ABC 2012) argue that sterilisation reinforces assumptions that women with disability are not in control of their own bodies, as well as being an ineffective preventative sexual health measure, and having the potential to cause lasting health problems to the

Types of disability affecting young people

These were the main conditions causing disability among young people ages 15–24 years in 2009. AIHW 2011, p.19



young women affected, including psychological issues. This belief is also supported by the Committee on the Rights of the Child, who issued a General Comment in February 2011 outlining that the forced sterilisation of young girls was a violent act, and that all types of violence against young people were abhorrent, and therefore non-therapeutic sterilisation must not occur (Child Rights Australia 2011, p.12).

In reference to international efforts to prohibit the sterilisation of children, between 2003 and 2007 Australia attempted to introduce consistent policies across the nation in relation to this topic (Child Rights Australia 2011, p.12). However, rather than prohibit the use of non-therapeutic sterilisation of children, the legislation introduced has had a focus on its regulation (Child Rights Australia 2011, p.12).

Child Rights Australia (2011, p.12) has suggested that this issue has fallen off the agenda because it is generally assumed, including by the Australian Government, that there has been a decline in the sterilisation of children with disabilities. It is also assumed that the authorisation processes currently in place are effectively protecting children and young people with disability from forced sterilisation procedures. Child Rights Australia (2011, p.12) suggests, however, that there is anecdotal evidence, and well as health insurance statistics, that indicate that current legislation and other policy efforts have not worked to eradicate forced sterilisation of children with disabilities, and that it still occurs in great numbers outside the judicial process. The Federal Disability Discrimination Commissioner Graeme Innes (ABC 2012) has also highlighted anecdoctal evidence suggesting that rates of forced sterilisation may actually be increasing across Australia.

In reference to this, Child Rights Australia (2011, p.12) recommends that Australia introduce consistent national legislation that that prohibits, apart from circumstances where it may cause further harm, the nontherapeutic sterilisation of any child, irrespective of disability. The *Listen to Children* report also suggests that any legislation introduced should stipulate the circumstances where this might be appropriate (2011, p.12).

Sexual health and young people with disability

Young people with disabilities have the right to access education and services relating to sexual health in order for them to express their sexuality (SHine 2011, p.3). However, it is commonly acknowledged that young people with disabilities face barriers that prevent them from expressing their sexual identity.

Some of the personal barriers that they face may include a lack of confidence and self esteem, which impedes the development of personal relationships, while encouraging a view that 'sex' is too hard or physically impossible (SHine 2011, p.3). Young people with disability also often find it difficult to gain independence from their families and carers, making experimenting with their sexual identity awkward or not encouraged (SHine 2011, p.3).

A related issue is that often young people with disability are infantilised or socialised into submissive roles by their carers, making it even more difficult for them to assert their sexual identity (Shakespeare 1996). Johnson (2001) also suggests that young people with disability are generally considered to be 'sexually immoral' or 'sexless'. Denying young people their sexual identity is not only a denial of their human rights but also may be harmful to their health. Without appropriate sexual health education young people with disabilities may be unprepared for sexual encounters, resulting in unwanted pregnancies, sexually transmitted infections and other unsafe sexual practices (SHine 2011, p.4).

Other issues relating to sexuality and sexual health include that young people with disability may have their 'social isolation, internalised stigma, depression and suicidal ideation' compounded if they also identify as a young Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) person (Hillier et al. 1998). Young people with disabilities are often also in a position of dependence, making them highly vulnerable to a range of abuses, including sexual abuse (SHine 2011, p.5). For example, it is estimated that 83% of people with disabilities have experienced sexual assault/rape as a child or adult (SHine 2011, p.5).

Another issue relating to this topic is that many young people whose carers and families are open to being educated in sexual health and encouraged to develop their sexual identity as young adults find that there is a lack of appropriate and accessible information and support services (SHine 2011, p.3). Many families and carers are also confused and misinformed about the legalities surrounding sexuality and disability due to a lack of policy provision, and the discomfort in the community around this issue only makes this situation more difficult (SHine 2011, p.3).

Young people in nursing homes

Young people with disability forced to reside in residential care due to the lack of appropriate alternative accommodation continue to face significant breaches of their human rights.

Recently the Summer Foundation and Monash University's Department of Occupational Therapy released research summarising current statistics and analysis of young people with disability living in residential care (Winkler et al. 2011). This paper also provides an outline of practical and strategic policy initiatives that could be introduced to improve the lives of young people living in residential care.

In 2006 there were 1,001 people under 50 years of age living in residential care (Winkler 2011, p.17). Since the conclusion in June 2011 of the five-year Young People in Residential Aged Care (YPIRAC) program, a national strategy aimed at reducing the prevalence of young people with disability living in aged-care facilities, there has been a reduction in that number to 621 (Winkler 2011, p.17).

The YPIRAC also led to the introduction of support packages that seek to improve the lives of those young people remaining in residential care because of choice or the lack of alternative accommodation arrangements. These improvements include enabling increased contact with family and friends, supported engagement with the community, as well as increased resources for therapy and other necessary aids (Winkler et al. 2011, p.17). However, despite these improvements, there are still some issues relating to young people in residential care that require attention. For example, although young people currently in residential care will receive support packages through the YPIRAC, the 200 new young residents entering care each year will not (Winkler et al. 2011, p.17).

The resources and care that by young people with disability currently residing in residential care need to live in the community may be addressed with the introduction of the proposed National Disability Insurance Scheme (NDIS). However, the NDIS continues to require community support to become a reality and effective policy framework.

Historical overview of policy and legislation

As can be seen in this brief outline, young people with disability experience some unique issues, which have the potential to be very significant to their lives. However, as mentioned previously, 'youth and disability' is rarely considered a stand-alone topic. As such, young people with disability are influenced by broader state and territory, national and international policy frameworks that relate to disability.

In recent decades, Australian disability policy has been influenced by international frameworks. During the International Year of the Disabled, in 1981, it was recognised by the international community that people with disability ought to be considered as equal and active members of society. In reference to this, in 2008 Australia ratified the Convention on the Rights of Persons with Disabilities (CRPD). Following the ratification of the CRPD, Australia introduced the National Disability Agreement 2008 (NDA) policy framework designed to acknowledge and protect the basic rights of people with disabilities. The NDA was agreed to by all Australian states and territories, as well as the Federal Government, to ensure a cooperative approach to supporting people with disability in Australia. The NDA built upon the existing *Commonwealth Disability Discrimination Act 1992.*

Following the NDA, in 2011 the Council of Australian Governments (COAG) introduced a National Disability Strategy (NDS), a 10-year plan to provide coordinated government services for people with disability in Australia. The NDS was developed in partnership with the community sector and other relevant stakeholders, such as family members of people with disability, carers and experts in the field. The NDS does not specifically target young people and children with disabilities; however, it does acknowledge that at different life stages people have different requirements, and thus may require variations in care and service provision.

Most recently, in 2010 the Productivity Commission, at the behest of the Australian Government, began to assess the appropriateness of a national disability long-term care and support scheme. Progress to date has suggested that there needs to be significant structural reform in the disability service sector as currently it ‘is under-funded, unfair, fragmented and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports’ (Productivity Commission in Child Rights Australia 2011, p.18). This process has included reviewing disparities between the states and territories, as well as how state and territory policies interact with those at the Commonwealth level. The Productivity Commission recommended in its interim report that the establishment of an NDIS would reduce current gaps and inefficiencies within the disability service sector (Child Rights Australia 2011, p.18).

However, it should be noted that the Productivity Commission’s review has not incorporated a human rights framework and current evidence-based practice (Child Rights Australia 2011, p.18). As such, while acknowledging the gaps, inconsistency and inherent problems with the current system, the Australian Human Rights and Equal Opportunity Commission (HREOC) (2010) has argued that important issues such as the impact of family violence have not received sufficient attention. HREOC (2010) has also supported the claim that it is critical that people with disability, particularly young people with disability, be included in a process of review to represent their own concerns, and that such consultation mechanisms should be incorporated into any new framework established.

What is happening in the states & territories?

New South Wales

Policies in New South Wales are coordinated by the Department of Ageing, Disability and Home Care, through its 'Stronger Together: A new direction for disability services in NSW 2006–2016' policy framework, which aims to coordinate services and provide more effective care to people with disability. Stronger Together is a 10-year plan and has involved major reforms and service expansions.

The first phase of Stronger Together involved the investment of $1.3 billion, designed to increase the capacity of the specialist disability service system by 40%. Through this investment, the NSW Government claims to have already exceeded the projected 18,100 new places, by creating 29,000 new places. The second phase has thus far included an investment in December 2010 of a further $2 billion into disability services.

Victoria

Service delivery and policies in Victoria are coordinated by the Department of Human Services. The Victorian Government presents disability as a human rights issue and, while without a policy framework, Victoria uses the *Disability Act (2006)* as an overarching, whole-of-government guide to policy and service delivery. The Act was introduced in July 2007, replacing the *Intellectually Disabled Persons' Services Act 1986* and *Disability Services Act 1991*. The Act also includes a regulation framework around service delivery in the disability sector.

Queensland

Similarly to Victoria, Queensland has approached policy and service delivery from a human rights model, highlighting that people with disability have the right to expect the same level of service from government as any other citizen. The *Disability Services Act (2006)* acts as a framework to policy, requiring each department within the Queensland Government to develop a disability service plan. These plans articulate how each department ensures appropriate service to people with disability, and those that support them.

South Australia

Policies in South Australia are coordinated under the Department for Communities and Social Inclusion, under the Disability, Ageing and Carers agency. This agency coordinates the 'Direct Health Support for People with a Disability Policy' framework, directed in reference to the *Disability Services Act (1993)* and *Disability Discrimination Act (1986)*. Currently the Department for Families and Communities (DFC) is undertaking a review of disability service and policies as part of its Ageing and Disability Service Improvement project, building upon the review processes held in 2006 and 2009.

Western Australia

Policies in Western Australia are coordinated under the Disability Services Commission. This Commission was established under the *Disability Services Act (1993)*. The Commission provides direct service delivery, such as accommodation support and the Community Aids and Equipment Program (CAEP). The Commission also supports non-government organisations to work with and represent people with disability. In 2009 the Commission launched the policy framework 'Count Me In: Disability Future Directions'. This framework aims to promote social inclusion and to ensure people with disabilities are able to fully participate in their communities.

Tasmania

Policy in Tasmania is coordinated by the Department of Health and Human Services (DHHS) through their Disability and Community Services unit (DCS). The DCS coordinates direct services, as well as supports community and family services. Service delivery is informed by the *Disability Services Act (1992)*. The Tasmanian Government reports that the DCS is currently undergoing a reform process. This process includes some Tasmanian Government services being shifted to the community sector.

Northern Territory

The Northern Territory coordinates the policies relating to disability through the Department of Health, the Aged and Disability Program. Policy is informed by the *Disability Services Act (1993)*, as well as more broader legislation such as the *Adult Guardianship Act*, the *Carers Recognition Act, and Community Welfare Act*. Policy in the Northern Territory has recently undergone a review by the consultancy firm KPMG. KPMG's recommendations included that the Northern Territory Government implement a more integrated model of service delivery, including the establishment of an Office for Disability. However, since the review began in 2005 it seems that there has been limited reform within the Northern Territory in reference to these recommendations.

Australian Capital Territory

In the Australian Capital Territory the ACT Community Services Directorate is responsible for a wide range of human services, including disability. Disability ACT coordinates policy through the 'Disability Policy Framework 2009–2014'. There is also a specific policy that relates to children and young people (under 18 years) with disability in the ACT. This policy is the 'Children and Young People with Disability and their Families (2009)' and includes demographic and background information, as well as the responsibilities that the ACT Government has to young people in the context of national and international agreements relating to human rights.

The way forward

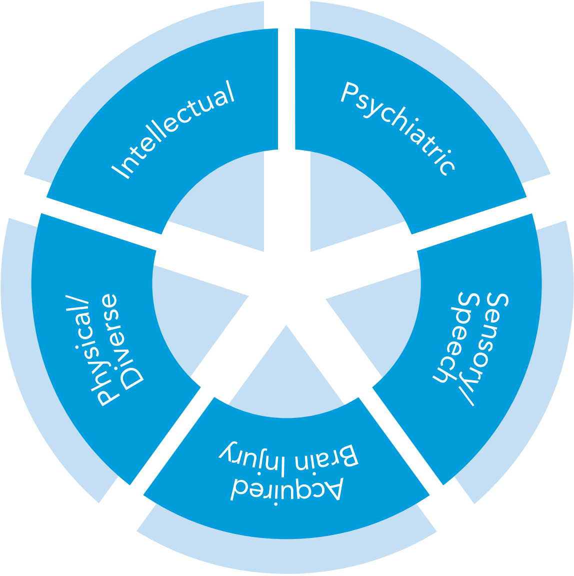
Where to from here?

Improved national data collection

In evaluating the policy and service frameworks that seek to support young people with disability, one critical issue that must be considered is the evidence base on which decisions are made. As before stated, it is estimated that around 7% of young Australians have a disability, with around 27% of these young people reporting severe disability (AIHW 2011). However, as highlighted in the *Listen to children report* (Child Rights Australia 2011, p.18), there is a current lack of data collection specific to young people and disability. It is also important to note that the data that is collected is not consistent in terms of the age range targeted, and lacks a coordinated national approach.

Other issues that have been raised in relation to data collection around youth and disability is that it is rarely formally collected, such as by a government agency, and therefore there is limited publically available data and analysis of prevalence and trends relating to youth and disability (Child Rights Australia 2011, p.18). It is particularly concerning that very limited data is collected on subgroups within the youth with disability population, such as young people from culturally diverse backgrounds, young Indigenous Australians and young people from low socio-economic backgrounds. Such data would be valuable in ascertaining whether the social disadvantages associated with experiencing disability are further compounded by belonging to such subgroups. Collecting such data would also enable policy development and implementation that could be targeted and thus more appropriate and relevant to the needs of many young Australians.

There have been some efforts to improve the way in which data is collected about young people and disability. For example, $10 million was committed for five years to expand disability research under the NDA. However, as highlighted by *Listen to children* (Child Rights Australia 2011), this expansion still has not enabled data collection that can be disaggregated to allow specific information on subgroups to be identified.



The five broad areas of disability

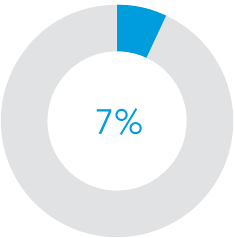
The Disability Investment Group (2009) have suggested that in order to provide a comprehensive evidence base for policymaking Australia ought to invest $30 million per annum towards disability research and establish a National Disability Research Institute. While not youth-research focused, it is suggested by Child Rights Australia (2011) that such a facility would work towards eliminating current gaps in data collection.

Young people have a say

As before mentioned, young people with disability are rarely given the opportunity to discuss their concerns with decision-makers. Issues relating to ‘youth and disability’ are usually seen in reference to broader issues in the disability sphere, though they may be experienced in a unique way by young people. For example, young people may experience the same forms of disability as older people; however, housing them in nursing homes because they are the only venues able to provide the intensive care the young people require is not always conducive to their general well-being.

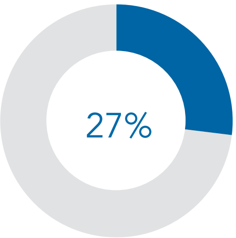
There are a number of organisations that are currently working to raise the profile of issues specific to youth with disability, for example the Victorian-based Youth Disability Advocacy Service (YDAS). YDAS is part of the Youth Affairs Council of Victoria (YACVic) – the Victorian state youth peak body, and works with young people aged 12 to 25 years to support them in their goals and provide opportunities for them to raise issues of concern with decision-makers. The Australian Youth Affairs Coalition (AYAC) is also currently working to assist young Australians with disability to have their say on important issues, for example through their recent survey on disability and education (AYAC 2011b).

However, as identified in AYAC’s (2011b) *Survey results: Disability and education* report, there is currently no established national organisation in Australia whose primary aim is to represent young people with disability, and provide them with opportunities to engage directly with decision-makers.



Youth with a disability

An estimated 7% of young people reported some form of disability in 2009.



Severe disability

Of those young people with disability, 27% report experiencing a severe disability.

Defining severe disability

According to the ABS 2009 Survey of Disability, Ageing and Carers, a person with a severe disability may need help with a core activities, has difficulty communicating with family or friends and can communicate more easily using sign language or other non-spoken forms of communication’. ABS 2011

One recent effort that encouraged youth participation in decision-making was the Youth Roundtable, held in 2008 to inform the NDS. Young people with disability who partook in this forum identified a number of significant issues that they believed were not being addressed by current policy and frameworks. Some of these issues and concerns included:

- barriers accessing public transport
- barriers accessing the built environment
- social exclusion and discrimination/bullying in schools and the community generally
- barriers to accessing employment
- lack of awareness of existing services (YDAS 2008).

YDAS, with the support of AYAC, has recently set up the Youth Disability Advocacy Network (YDAN). YDAN seeks to expand YDAS’ service to young people with disability across Australia. This organisation has the potential to act as a nationally representative voice of young people with disability in this country, but currently requires much support from the youth and disability sectors to achieve this status.

Moving forward it is suggested that decision-makers work with established organisations such as YDAN, YDAS, AYAC and broader groups such as the Australian Federation of Disability Organisations, to identify practical and effective ways that young people can be involved and consulted in the policy development.

Further reading

Useful links

Representation & support

Australian Federation of Disability Organisations
Peak body for people with disability
www.afdo.org.au

National Disability Services
Peak body for non-government disability services
www.nds.org.au

People with Disability
www.pwd.org.au

Young Carers
Information and support resources for young carers in Australia
www.youngcarers.net.au

Youth Disability Advocacy Service (YDAS)
Victoria-based youth with disability advocacy service
www.ydas.org.au/content/about-ydas-0

Legal supports

Access to buildings and services
Guidelines and information
www.hreoc.gov.au/disability_rights/buildings/guidelines.htm

A list of disability legal and advocacy services
On the HREOC website
www.hreoc.gov.au/disability_rights/links/DDALAS.htm

Information on how to make a formal complaint
On the HREOC website:
www.hreoc.gov.au/complaints_information

Disability Discrimination Act (DDA) Australia 1992
www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/

Disability Standards and Guidelines (2005)
www.hreoc.gov.au/disability_rights/standards/standards.html

Reporting cases of abuse or neglect
National Disability Abuse and Neglect Hotline
1800 880 052 or http://disabilityhotline.org/

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