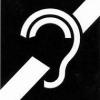
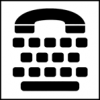
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**Northern Territory Sunrise Darwin**

**Alcohol and Other Drugs Stream**

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





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# Acknowledgement of Country

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

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

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

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

# Our Commitment to Inclusion

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

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

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

Some of the ways we demonstrate this commitment is through:

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



# Introduction

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

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



# The Salvation Army

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

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

Sunrise is an AOD and homelessness persons service with 25 AOD residential rehab beds and 30 homelessness beds for men and women aged 18 and above.

# National Model of Care

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

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

## Evidence based and accountable

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

## Flexible and responsive

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

## Accessible and inclusive

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

## Person Centred and holistic

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

## Partnership

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

## Leadership

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

## Innovation

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

# Legislative and Policy Context

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

* Disability Discrimination Act 1992 (Commonwealth)
* Australia’s Disability Strategy 2021 – 2031
* Disability Services Act 1993 (NT)
* Northern Territory Disability Strategy 2022-2032
* Northern Territory Disability Strategy – Action Plan 2022-2025

# Living with disability

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

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

# Population data

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

There are approximately 20,500 people in the Northern Territory with a disability. NDIS support approximately 4761 people, of which 50.01% identify as Aboriginal or Torres Strait Islanders.

# Development of the DAIP

In the Northern Territory the DAIP is developed through public consultation and representation from peak bodies. This includes local government councils, the department of health and Fair Work. The Northern Territory Disability Strategy 2022-2032 aims to address the barriers to equality, accessibility and inclusion experienced by Territorians with disability. A 3 year action plan has been developed alongside the Strategy. The Strategy is built around five outcomes for people with disability.

1. People with disability have rights and choices which are protected and respected
2. People with disability are included and can engage, participate and contribute to community life
3. People with disability can access the places, information and services they need
4. People with disability have the skills and opportunities to participate in the economy and be financially secure
5. People with disability’s health and wellbeing is supported

# Communication of the DAIP

The DAIP will be communicated in the following ways:

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

# Review and Evaluation of the DAIP

The review process includes a review of SAMIS data where we currently only capture people with a Mental Health Disability. The representation of participants with a disability should be compatible to that of the NT disability statistics.

We will also review individual care plans and direct participant feedback where:

* An incident relates to a disability
* A referral is not accepted from a person with a disability
* Direct feedback from a participant with a disability

|  |  |
| --- | --- |
| Review 12 | Provide training to staff |
| Review 18 months | Engage and become a member of a peak disability body such as The Mental Health Coalition |
| Review 2 year | Capture greater diversity in SAMIS outside of Mental Health data |

# Disability and Inclusion Actions

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

* Employment and Financial Security
* Inclusive Homes and Communities
* Safety, Rights and Justice
* Personal and Community Support
* Education and Learning
* Health and Wellbeing
* Community Attitudes[[5]](#footnote-5).

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

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

**Inclusive Homes and Communities**

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

**Safety, Rights and Justice**

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

and protected

**Personal and Community Support**

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

**Health and Wellbeing**

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

accessible for people with disability

# Northern Territitory Disability Access and Inclusion Plan 2023-2027

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timelines** | **Responsibility** |
| People with disability are able to fully participate in social, recreational, sporting, religious and cultural life | Identify faith pathways for people with disability including connection to community and appropriate transport. | 12 months | Adye – Chaplin |
| The built and natural environment is accessible | Plan with facilities management to finance a review of property and future improvements | 18 months | Richard - Facilities |
| Information and communication systems are accessible, reliable and responsive | Review business relationship with interpreter services and  with transport (taxis) | 2 years | Lorraine Butler |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timelines** | **Responsibility** |
| People with disability are safe and feel safe from violence, abuse, neglect and exploitation | Train staff on Inclusion policy, The Salvation Army inclusion statements. | 6 months | Renae and Lorraine |
| Policies, processes and programs provide better responses to people with disability who have experienced trauma | Training workshop on national guidelines | 6 months | Renae and Lorraine |
| The rights of people with disability are promoted, upheld  and protected | Review case plans against program recreation activities and understand where we are inclusive and opportunities to include new activities | 12 months | Renae |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timeline** | **Responsibility** |
| People with disability are able to access supports that meet their needs | Review working relationship with Team Health and Top End Mental Health Services, and NDIS | 24 months | Lorraine |
| People with disability are supported to access assistive technology | Case managers are supported to identify support pathways for participants | 2 years | All case managers |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Tasks** | **Timeline** | **Responsibility** |
| All health service providers have the capabilities to meet the needs of people with disability | Case managers are supported to identify support pathways for participants | 2 years | All case managers |
| Mental health supports and services are appropriate, effective and  accessible for people with disability | Case managers are supported to identify support pathways for participants | 2 years | All case managers |

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