



Submission regarding the National Disability Strategy beyond 2020

Department of Social Service Stage 2 consultations

Brotherhood of St Laurence and Mission Australia

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Summary

The first National Disability Strategy built solid foundations for transformative disability policy

The National Disability Strategy (NDS) 2010–2020 was a landmark achievement, representing a new, rights-based and whole-of-life approach to disability policy in Australia. Most importantly, it was deeply informed by the voices and experiences of people with disability. The *Shut Out* report, and the Strategy that stemmed from its findings, was a call to action for Australia to enable people with disability, their families and carers to live lives that they value.

Since 2010, much has been achieved under the NDS. Critical policy and legislative changes have been implemented—notably the world-first National Disability Insurance Scheme (NDIS), a National Framework for Reducing and Eliminating the Use of Restrictive Practices, and state and territory legislation and action plans to promote inclusion and accessibility. The NDS has also elevated the public discourse around disability, driving improvements in community awareness and attitudes, and a gradual shift towards rights-based approaches in disability support.¹

However, systemic and structural challenges continue to significantly affect people with disability. There are stark differences in life experiences and opportunities between people with and without disability. As has been widely acknowledged, we still have a long way to go.

The next National Disability Strategy must be ambitious, be owned by people with disability and include strong mechanisms to hold both governments and communities accountable to this ambition

The new Strategy must build on the solid foundations of the existing NDS but aim higher. As the Position Paper recognises, the NDS has fallen short in key ways: implementation has been uneven, the outcomes have been inconsistent and the NDS lacks strong mechanisms for accountability. Most significantly the current NDS has not achieved the critical improvements in the mainstream services and community life that are essential to the inclusion and participation of all people with disability—particularly the almost 4 million people with disability in Australia who do not get access to NDIS-funded supports.

While the architecture outlined in the Position Paper is a good start, it is not ambitious enough. A Strategy that is ambitious and broad-based will keep us striving. Full inclusion is an economic imperative as well as a moral one; high social inclusion has been linked to more inclusive economic growth, greater productivity, reduced social service costs, improvements in mental and

¹ Davy, L, Fisher, KR, Wehbe, A, Purcal, C, Robinson, S, Kayess, R & Santos, D 2018, *Review of implementation of the National Disability Strategy 2010–2020: final report*, Report prepared by the University of New South Wales for the Commonwealth Department of Social Services, Social Policy Research Centre, Sydney, pp. 16–17.

physical health and better employment outcomes.² In the context of the COVID-19 economic recession, the contributions of people with disability to our economy and communities have never been more critical to Australia's prosperity.

In this submission, we outline the key components required of a new NDS capable of driving our collective vision for an inclusive society. These are:

- Set ambitious goals and initiatives that drive inclusion, equity and empowerment for *all* people with disability. The Position Paper does not specify these; however, the Government should set ambitious goals and actions to drive reform.
- Drive further changes to community attitudes and systems, structures and institutions, including all mainstream service systems through a focus on community capacity building.
- Align investments in the NDS, a renewed National Disability Agreement (NDA) and the NDIS, to ensure all three key policy frameworks are mutually reinforcing and do not create gaps in support.
- Commit to and enact true disability leadership and ownership of the NDS through a range of mechanisms including empowered disability governance at all levels of government, inclusive policymaking, capacity building initiatives and greater representation of people with disability in the public service.
- Develop and enact strong accountability mechanisms that go further than simply 'outlining roles and responsibilities' of different governments. Inclusivity must be a whole-of-government approach, rather than being relegated to disability-specific departments. People with disability are a part of every community and service system. Accordingly, all portfolios affect people with disability and should contribute to their full inclusion.
- Develop a robust outcomes framework, invest in monitoring and evaluation, and commit to transparent and regular public reporting.
- Consider establishing a central coordination agency with oversight over implementation, data analysis and reporting.

The new NDS is an opportunity to transform our society over the next decade, from one which too often marginalises, overlooks or ignores people with disability, to one in which all people with disability can thrive.

Recommendations

Ambitious goals and initiatives

RECOMMENDATION 1: Ensure the NDS has a greater focus on changing community attitudes towards people with disability by specifying clear goals and initiatives for community capacity building across the six focus areas.

² Deloitte Access Economics 2019, *The economic benefits of improving social inclusion*, viewed 22 September 2020, <<u>https://www2.deloitte.com/content/dam/Deloitte/my/Documents/risk/my-risk-sdg10-economic-benefits-of-improving-social-inclusion.pdf</u>>.

RECOMMENDATION 2: Build community inclusion by (a) specifying clear community capacity building outcomes in the NDS outcomes framework; (b) aligning these outcomes with the NDIS's role in community capacity building via Partners in the Community (PITCs) and Information, Linkages and Capacity Building (ILC) grants managed by the Department of Social Services; and (c) requiring regular reporting on community capacity building outcomes.

Strengthening accountability

RECOMMENDATION 3: Align the vision, goals, outcomes and reporting of the NDS, the NDA and the NDIS to remove duplication and gaps, with the NDS positioned as the overarching policy framework to drive change for people with disability in Australia.

RECOMMENDATION 4: If continued, revise the National Disability Agreement to ensure it reflects current disability policy; has clearer stakeholder responsibilities; and has a performance reporting framework consistent with the NDS outcomes.

RECOMMENDATION 5: Engage the Productivity Commission to conduct and publish a gap analysis of services available to people with disability who do not meet access to the NDIS—in line with Recommendation 3.5 from the Commission's review of the NDA—to identify the supports and services available in each state and territory since the NDIS transition and expose any issues prior to the new NDS and/or the NDA revision.

True disability ownership and leadership

RECOMMENDATION 6: Ensure that strong governance mechanisms involving people with disability are included in the implementation of the NDS.

RECOMMENDATION 7: Design and mandate an inclusive policymaking framework and report on how this framework has been implemented across government. This should include resourcing and initiatives to build capability.

RECOMMENDATION 8: Set ambitious targets with mechanisms to recruit higher proportions of people with disability into the public sector and require government departments to report publicly on the rate of employment of people with disability.

RECOMMENDATION 9: Ensure that people with a diversity of backgrounds and disabilities are included across all the mechanisms outlined in the above recommendations, with an explicit focus on improving the participation of people with disability who are often not adequately consulted—including those with intellectual disability, those with psychosocial disability, Aboriginal and Torres Strait Islander people, people from CALD backgrounds and people on low-incomes.

Outcomes and reporting

RECOMMENDATION 10: Co-design an NDS outcomes framework with people with disability.

RECOMMENDATION 11: Use the forthcoming National Disability Data Asset (NDDA) to ensure that all disability data collection is consistent, aligned across governments, portfolios and service systems, and publicly available wherever possible.

RECOMMENDATION 12: Introduce a biennial report to parliament, delivered by the Commonwealth government, outlining: progress against key NDS metrics; implementation of action plans, targets and timelines; key stakeholder responsibilities; policy commitments; and any relevant data. This report should be supported by annual reports outlining how discrete portfolios are performing against NDS targets and relevant State and Territory action plans.

RECOMMENDATION 13: Establish a central NDS coordination agency with responsibility for crosssectoral implementation, data collation and reporting (similar to the approach used for the New Zealand Disability Strategy). People with disability should be directly involved in developing and staffing any NDS coordination agency.

About us: Joint submission on a new National Disability Strategy

The Brotherhood of St. Laurence (BSL) and Mission Australia are both providers of ECEI and LAC services through the NDIS Partners in the Community program. As community service organisations with similar goals and values, and similar NDIS service delivery profiles, we have written a joint submission on a new National Disability Strategy to highlight our common views and reinforce the strength of our recommendations.

The Brotherhood of St. Laurence

The BSL is an independent social justice organisation with strong community links that has been working to reduce poverty in Australia since the 1930s. The BSL has a strategic focus on building evidence-informed policies and practices that promote community inclusion and participation of all people, especially those experiencing exclusion or disadvantage. This commitment is reflected in our role as a LAC and ECEI provider for the NDIS in the North Eastern Metropolitan, Hume Moreland, Western Melbourne and Bayside Peninsula areas in Victoria. We have been delivering LAC since July 2016 as part of the first phase of NDIS implementation. We commenced as an ECEI provider in November 2016, and now work with around 40,000 people with a disability in LAC and ECEI. Our engagement in this planning and community capacity building is driven by the recognition that people with disability are among the most socially and economically excluded Australians.

Through our Research and Policy Centre and in partnership with the Melbourne Disability Institute of the University of Melbourne we undertake research and evaluation activities with the aim of driving transformational disability policy and informing the successful implementation of the Scheme to support people with disability to live a good life.

Mission Australia

Mission Australia is a national, non-denominational Christian charity that has been helping vulnerable people move towards independence for more than 160 years. Our goal is to *end homelessness and ensure people and communities in need can thrive*. Mission Australia's integrated nationwide services help people find safe and affordable housing, support children and families experiencing disadvantage, empower young people, assist people with mental health issues and disability, and much more. Early intervention, prevention and collaboration are at the heart of our work. During the 2018–19 financial year, we supported over 160,000 individuals through 519 programs and services across Australia. This includes more than 34,000 people supported through our housing and homelessness services, 18,000 people supported through our strengthening community services, 18,000 through our employment and skills services and nearly 19,000 through our NDIS Partner in the Community ECEI and LAC services.

1 The next NDS must outline an ambitious vision for full inclusion and how to achieve this

As the NDS position paper suggests, the six focus areas of the current NDS remain relevant to a new strategy. This is testament to both the scope and ambition of this first Strategy. While these focus areas remain current, the new NDS will not achieve impact in them unless clear and ambitious goals and actions are specified for the next decade.

Similarly, the intention to include greater emphasis on changing community attitudes towards people with disability is welcome. The way the wider community views and values people with disability and their contributions to our society continues to raise fundamental barriers to full inclusion.

Yet, a focus on attitudes alone is insufficient to realise the ambition of the NDS. Full inclusion requires structural, systemic and institutional change as well. We urge the government to invest in tangible community capacity building initiatives as a priority. Many mainstream services including health, education and training, housing, employment services, justice, housing, transportation—continue to be inaccessible or non-inclusive. Their built environment, information provision and service practices too often present barriers to people with disability in meeting their needs to the same standard as others using these systems.³ Community bodies such as sporting or leisure clubs, institutions and businesses also require investment in their capacity to be inclusive of people with disability.

Community capacity building initiatives will return benefits across all six focus areas of the NDS. In the table below, we map the contributions that a greater focus on community capacity building can make for each of the NDS focus areas.

NDS outcomes	Role of CCB
People with disability live in accessible and	People with disability need information,
well-designed communities with opportunities	linkages and referrals and individual supports
for full inclusion in social, economic, sporting	to enable them to engage fully in community
and cultural life (Inclusive and accessible	life. Local services, institutions, facilities and
communities)	clubs require their own supports and/or
	resources to be fully inclusive of people with
	disabilities, including capacity building and
	education. These community and individual
	approaches should be directly supported by all
	levels of government (including through the
	NDIS and LAC/ILC programs).

³ The Social Deck 2019, *Right to opportunity: consultation report to help shape the next National Disability Strategy*, report prepared for the Department of Social Services, pp. 33–48.

NDS outcomes	Role of CCB
People with disability, their families and carers	People with disability, their families and carers
have economic security, enabling them to plan	require varying supports to engage in open
for the future and exercise choice and control	employment or to achieve economic security;
over their lives. (Economic security)	people need information, guidance and
	support to develop knowledge required to
	navigate systems, manage finances, plan
	careers, etc. Employers need support to
	develop capacity and knowledge, make
	necessary adjustments and develop inclusive
	hiring practices and/or work environments.
People with disability, their families and carers	Service systems are often difficult to navigate,
have access to a range of supports to assist	unavailable or inaccessible. People with
them to live independently and engage in	disability should be able to access resources to
their communities. (Personal and community	support them individually and develop their
support)	skills. Communities should have resources to
	develop and become more welcoming,
	supportive and inclusive. Services should be
	mutually reinforcing and interconnected, with
	inclusion at the centre of practice approaches
People with disability attain the highest	Health systems must be supported to develop
possible health and wellbeing outcomes	genuinely inclusive and accessible practices,
throughout their lives. (Health and wellbeing)	where people with disability have control over
	their health outcomes. People with disability,
	their families and carers need formal and
	informal supports, including personal
	networks and LACs, to understand and
	navigate available supports. Healthcare
	provision should be person-centred.
People with disability achieve their full	Educational institutions may be inaccessible or
potential through participating in an inclusive,	non-inclusive. and struggle to adapt to the
high-quality education system that is	needs of students with disability. Mainstream
responsive to their needs. People with	education systems must develop capacity to
disability have opportunities to continue	support and enable students with disability.
learning throughout their lives. (Learning and	Capacity building can provide different
skills)	programs, supports and services that help
	embed disability in practice. Referral
	mechanisms need to be robust, well-
Dooplo with disphility have their visite	developed, accessible and understood.
People with disability have their rights	Rights-based approaches must be normalised
promoted, upheld and protected. (Rights, protection, justice and legislation)	in education, training and capacity-building opportunities for people with disability, their
	families and carers. This helps empower
	people to engage (and/or supports people
	when engaging) with institutions, systems and
	structures.
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Building the capacity of mainstream service systems and wider community structures must be a priority in the new NDS. This requires local community work and investment, but with a national commitment and resourcing. The infrastructure already exists in the NDIS via the Partners in the

Community (PITC) program, which was intended to be a bridge from the NDIS to mainstream services and state and territory governments, working to transform them at a local level.

The role of the NDIS in transforming communities for all people with disability

The NDIS was built upon promoting the rights and participation of people with disability and their families through three 'tiers' of impacts:⁴

- **Tier 1:** targeted at the entire Australian population, building awareness of and normalising disability.
- Tier 2: targeted at the entire population of people with disability (approximately 4.4 million people),⁵ providing Information, Linkages and Capacity Building (ILC) support to more effectively link all people with disability to mainstream services and community, while simultaneously building the capacity of services and communities to be inclusive through Community Capacity Building (CCB).
- **Tier 3:** targeted at the approximately 500,000 people with severe and permanent disability for the provision of individualised funding to purchase supports (NDIS participants).

The inclusion of these different support tiers in the NDIS design was based on the recognition that while people with less severe or permanent disabilities could in theory have their needs met in mainstream and community services, these services were often fragmented and difficult to access and navigate, particularly for those with limited informal supports, resources or capacity.⁶ This approach was intended to maximise the effectiveness of mainstream systems to support people with disability who do not meet access to the NDIS, contributing to Scheme sustainability by decreasing the need for specialist services.⁷

However, the intended impact of these aspects of the NDIS have not yet been reached. As the Scheme has been rolled out nationally, resources have been concentrated on getting people into the Scheme and developing plans for the approximately 400,000 people who have transitioned into the NDIS to date. In theory PITCs are required to allocate approximately 20 per cent of their time to conducting CCB activities in their local area and delivering ILC services to people with

⁴ Productivity Commission 2011, *Disability care and support*, inquiry report, Canberra, pp. 10–15.

⁵ Australian Institute of Health and Welfare 2020, *People with disability in Australia*, Cat. no. DIS 72, DOI: 10.25816/5ec5be4ced179.

⁶ Productivity Commission 2011, *Disability care and support*, inquiry report, Canberra, pp. 241, 247, 249, 250, 254.

⁷ Productivity Commission 2017, *National Disability Insurance Scheme (NDIS) costs*, study report, Canberra, pp. 224–5.

disability who do not meet access to NDIS funded supports⁸; however, in practice they have had to prioritise planning over the other aspects of their role.⁹

PITCs are underutilised as a locally embedded infrastructure with national reach—a local-tonational lever. As the NDIS roll-out concludes and the NDS is renewed, there are now opportunities for the NDIA (in collaboration with other departments and governments) to renew focus on the community capacity building functions of the NDIS; invest in the quality and consistency of this work across the PITC network; enhance links between different parts of the system (including the ILC grants program administered by DSS and the work of PITCs); and improve interfaces between the Commonwealth, state and territory systems, departments and services via PITC.

COVID-19 has demonstrated the importance of community connection; and innovative, grassroots responses from communities supporting and enabling each other have emerged during lockdown. The new NDS must leverage the existing infrastructure of the NDIS to build community resilience, opportunities and networks from the ground up. Doing so will drive and reinforce outcomes across all six focus areas.

RECOMMENDATION 1: Ensure the NDS has a greater focus on changing community attitudes towards people with disability by specifying clear goals and initiatives for community capacity building across the six focus areas.

RECOMMENDATION 2: Build community inclusion by (a) specifying clear community capacity building outcomes in the NDS outcomes framework; (b) aligning these outcomes with the NDIS's role in community capacity building via Partners in the Community (PITCs) and Information, Linkages and Capacity Building (ILC) grants managed by the Department of Social Services; and (c) requiring regular reporting on community capacity building outcomes.

2 Strengthening accountability

We welcome the clear focus in the Position Paper on accountability and achieving outcomes under the next NDS. However, we believe the Strategy must go beyond 'clearly outlining what each government is responsible for' as the Position Paper suggests.

Outlining responsibilities alone will not drive accountability. As has been seen in the NDIS, it remains too easy for governments to engage in cost-shifting and there are many hard boundaries between service systems. For example, many people receiving supports under the NDIS also experience health issues, yet ambiguity of funding and responsibilities mean that many people continue to fall into a 'grey zone' between health and disability service systems and so their needs

⁸ Productivity Commission 2017, *National Disability Insurance Scheme (NDIS) costs*, study report, Canberra, p. 228.

⁹ Productivity Commission 2017, *National Disability Insurance Scheme (NDIS) costs*, study report, Canberra, p. 93.

go unmet.¹⁰ While COAG agreed to a set of principles that govern interaction between the NDIS and mainstream services, including outlining the roles and responsibilities of different governments and the NDIS,¹¹ their application has still generated areas of dispute and uncertainty.¹² Accountability mechanisms need to framed so that governments are ultimately accountable to people with disability, rather than to political priorities or departmental KPIs.

In this section we outline mechanisms we believe are critical to achieving this accountability:

- reform the policy architecture to align the NDS, NDA and NDIS to ensure clarity and fill implementation gaps created by the current lack of alignment
- ensure inclusive policy development, codesign with and governance by people with disability
- improve outcomes measurement, reporting, data collection and evaluation arrangements.

Architecture of the policy landscape

While intended to support each other, the NDS and NDA do not always align. Indeed, the Productivity Commission review noted that 'the NDA, NDS and NDIS are each underpinned by different types of intergovernmental agreements, outcomes and performance reporting arrangements, with some overlap and duplication'.¹³ Ultimately, duplication and role ambiguities create confusion and reduce accountability.

While not addressed directly in the Position Paper, ensuring clarity in the architecture of the disability policy landscape—and, in particular, the way that the NDS, NDA and NDIS work together¹⁴—is critical. Alignment between these three key agreements would likely increase accountability, cooperation and ensure better outcomes for people with disability who can currently fall between these agreements and therefore have little protection or support.

In contrast to the Productivity Commission review of the NDA, it is our view that the NDS should provide the overarching framework for disability policy and reform in Australia. The NDA, if continued, must be urgently updated and should act as a mechanism for the allocation of resources (alongside the NDIS) to ensure that across Australia all people with disability, their families and carers receive adequate supports and services.

¹⁰ Joint Standing Committee on the National Disability Insurance Scheme 2018, *Transitional arrangements for the NDIS*, Commonwealth of Australia.

¹¹ Council of Australian Governments 2015, *Principles to determine the responsibilities of the NDIS and other service providers*, viewed 20 October 2020.

¹² Productivity Commission 2017, *National Disability Insurance Scheme (NDIS) costs*, study report, Canberra, p. 247.

¹³ Productivity Commission 2019, *Review of the National Disability Agreement*, Canberra, p. 5.

¹⁴ See Davy, L, Fisher, KR, Wehbe, A, Purcal, C, Robinson, S, Kayess, R & Santos, D 2018, *Review of implementation of the National Disability Strategy 2010-2020: final report*, Report prepared for the Commonwealth Department of Social Services, Social Policy Research Centre, University of New South Wales Sydney; Productivity Commission 2019, *Review of the National Disability Agreement*, Canberra.

The role of the NDA

The NDA was introduced in 2009 as one of six national agreements aimed at supporting closer Commonwealth-State collaboration on policy reform and service delivery in 'areas of national importance', and underpinned by a new funding framework, the Intergovernmental Agreement on Federal Financial Relations.¹⁵ The NDA covers funding responsibilities for disability services not covered by the NDIS, including advocacy, disability employment services, carer support, services for people with psychosocial disability/significant mental health issues and some community access and inclusion programs. However, the NDA is now outdated and has a 'weak influence on policy', resulting in inconsistent, inadequate and opaque provision of these services for people who fall outside the NDIS.¹⁶

The NDA requires significant updating to make it is fit for purpose as a mechanism for managing funding arrangements to support the NDS. An updated NDA should hold the Commonwealth and state and territory governments accountable for funding disability-specific services that fall outside the NDIS to ensure there are no gaps in support and ensure consistency across the nation. A comprehensive gap analysis is required to articulate the areas a new NDA should be responsible for and inform a new robust performance reporting framework, aligned to the NDS.¹⁷

A revised NDA that reflects current disability policy, has clearer stakeholder responsibilities and has a performance reporting framework that is aligned with the NDS outcomes could be a key lever for achieving the goals of the NDS. If the Australian Government intends to allow the NDA to lapse, or to continue in its current outdated form, then the improvements that we have outlined here should instead be considered for the NDS.

The NDS should be the overarching disability policy framework

The key importance and strength of the NDS is in its whole-of-government, whole-of-community approach to drive improvements in the participation of people with disability. This is why the NDS should be the primary policy framework for people with disability. In contrast to the NDA, which is focused on specialist disability systems and supports, the six focus areas in the NDS cover all aspects of social and economic life that shape how people with disability participate in their communities.

While specialist services are critical, they cannot and should not do all the heavy lifting in building an inclusive society. The NDS supports a crucial shift away from relegating responsibility for disability outcomes to disability specific portfolios and services alone. It takes a *mainstream* approach to policy for people with disability, recognising that all services, systems and government policies must serve people with disability. As such, the NDS can drive mainstream systems to recognise people with disability and take steps to enable and include them.

The new NDS must set an ambitious vision; detail how that vision will be achieved through coordinated effort across the six focus areas, other policy frameworks and agreements; and

¹⁵ Productivity Commission 2019, *Review of the National Disability Agreement,* Canberra.

¹⁶ Productivity Commission 2019, *Review of the National Disability Agreement,* Canberra.

¹⁷ Productivity Commission 2019, *Review of the National Disability Agreement*, Canberra.

include appropriate accountability mechanisms to mandate and measure progress. This revised policy architecture, with the NDS at the top, must include:

- a common vision and rights-based frame which demonstrates how Australia is meeting our obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- a comprehensive common outcomes and reporting framework with alignment across the NDS, the NDA and the NDIS
- mandates for inclusive policy and practice by mainstream portfolios and services—particularly health (including mental health), education, housing, justice, transport and infrastructure, as these are key areas that can enable or alternatively constrain people with disability living a normal life in their community.

RECOMMENDATION 3: Align the vision, goals, outcomes and reporting of the NDS, the NDA and the NDIS to remove duplication and gaps, with the NDS positioned as the overarching policy framework to drive change for people with disability in Australia.

RECOMMENDATION 4: If continued, revise the National Disability Agreement to ensure it reflects current disability policy; has clearer stakeholder responsibilities; and has a performance reporting framework consistent with the NDS outcomes.

RECOMMENDATION 5: Engage the Productivity Commission to conduct and publish a gap analysis of services available to people with disability who do not meet access to the NDIS—in line with Recommendation 3.5 from the Commission's review of the NDA—to identify the supports and services available in each state and territory since the NDIS transition and expose any issues prior to the new NDS and/or the NDA revision.

3 True disability ownership and leadership

The strength of the first NDS lay in its solid grounding in the voices and experiences of people with disability. However, this ownership of the Strategy by people with disability was not achieved in its implementation. It is critical that the next NDS empowers people with disability to drive implementation of the NDS every step of the way.

The Position Paper proposes two mechanisms for engaging people with disability: principles to guide policy development, including 'involve and engage'; and an Engagement Plan that 'articulates governments' commitment to ensure that people with disability can actively participate in shaping future disability policies, programs and services'. While a welcome start, these measures do not go nearly far enough.

To empower people with disability to have real ownership of the NDS, and to drive outcomes across its implementation, governments at all levels must commit to going beyond tokenistic consultation, often delivered at the end of a process. This requires a variety of platforms and mechanisms throughout government and communities:

- Empowered governance: The new NDS must establish governance mechanisms that go beyond advisory work to involve real power, for example through statutory bodies, representation from community organisations and groups, and mandating government responses to the recommendations of representative bodies. Representation does not automatically equal co-governance; there is a distinction between presence on governing bodies and active contributions to decision-making. Adequate resourcing of these mechanisms will be an essential part of enabling people with disability and their representatives to actively contribute to governance.
- Participatory policy making: The NDS must take this opportunity to transition beyond nominal consultation. Unfortunately, too often key decisions have already been made by outsiders and the process of engaging people with disability is relegated to tinkering at the edges, with no assurance that people's input will be used. The NDS should mandate inclusive policymaking frameworks across government that utilise a variety of techniques, such as codesign, coproduction or citizen juries. Governments should be required to report on the implementation of these practices as part of the NDS outcomes framework (see below).
- Greater inclusion of people with disability in the public sector workforce: Government departments should be required to report publicly on the rate of employment of people with disability and set ambitious targets supported by initiatives such as cadetships, quotas and graduate programs to recruit more people with disability into the public sector. An example from another area is the Australian Public Service Indigenous Employment Strategy, with targets set and progress reported annually in the State of the Service report.

These mechanisms must include enabling the voices of those who are often excluded from these processes—including people with intellectual disability, people with psychosocial disability, those with low literacy and numeracy, from CALD backgrounds, Aboriginal and Torres Strait Islander people and those from low income backgrounds.¹⁸ These groups typically require proactive measures and additional support to address their exclusion.

Strong commitments from all levels of government will lead to greater accountability, as well as policies and initiatives that better meet the needs of people with disability and enable their full participation in community. The new NDS can begin to strengthen accountability to and greater participation by people with disability through:

- prioritising representative mechanisms and resourcing them, and investing in building policymakers' capacity to conduct inclusive and participatory policy making as a matter of common practice.
- systematically monitoring and evaluating these mechanisms, to determine how they have been effective, what has happened, what has been achieved and how it can be done better.

¹⁸ See Australian Institute of Health and Welfare 2020, *People with disability in Australia*, Cat. no. DIS 72, DOI: 10.25816/5ec5be4ced179

RECOMMENDATION 6: Ensure that strong governance mechanisms involving people with disability are included in the implementation of the NDS.

RECOMMENDATION 7: Design and mandate an inclusive policymaking framework and report on how this framework has been implemented across government. This should include resourcing and initiatives to build capability.

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4 Outcomes and reporting

The NDS has a key role in increasing the visibility of people with disability and defining good outcomes across government portfolios. We welcome the stronger focus on reporting, data collection and accountability that is outlined in the Position Paper and support the development of a holistic outcomes framework. However, reporting against indicators will necessitate *appropriate* data being available. Any framework must be co-designed with people with disability to ensure that we are accurately measuring areas of importance in their lives. It is therefore crucial that any future arrangements for data collection and reporting are transparent, robust and driven by people with disability.

Strong and transparent data collection

A lack of relevant, contemporary data perpetuates barriers for people with disability in mainstream services, leading to them being shut out, ignored or their needs going unmet. Maintaining disability datasets, such as the Disability Services National Minimum Data Set (DS NMDS) or the Survey of Disability, Ageing and Carers (SDAC), is an important aspect of our national commitments under Article 31 of the Convention on the Rights of Persons with Disabilities.¹⁹ We welcome the proposal outlined in the Position Paper to develop a National Disability Data Asset (NDDA) to replace existing datasets that are often fragmented, flawed and inaccessible. Yet any such new data asset will rely on having strong data to populate it. In our view, data collection must include:

- issues of transport accessibility, education, housing and violence
- unmet demand and unmet need (to inform service development)

¹⁹ United Nations 2006, *Convention on the Rights of Persons with Disabilities (CRPD)*, viewed 22 October 2020, <<u>https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html</u>>.

- community factors and how these impact people's lives
- social and economic inclusion, including employment
- information on people who do not meet access to the NDIS
- performance of states and territories in meeting NDS outcomes.

To the fullest extent possible, all disability data collection should be consistent, aligned and linked across governments and service systems.

Reporting, monitoring and evaluation

Any outcomes framework must have ambitious targets. The targets must also be set in close and meaningful collaboration with a broad cross-section of people with disability. As previously discussed, we strongly recommend that governments be required to report on how they have implemented participatory and inclusive policy making practices across all portfolios, and that the NDIA and DSS be required to report on outcomes from the community capacity building and ILC aspects of the NDIS (including those delivered by PITCs, and how this work has been measured).

Format and frequency of reporting

Reporting is an important means of keeping governments accountable to policy objectives. There are various examples of outcomes reporting in national policy frameworks which could inform the NDS. For example, the New Zealand Disability Strategy, which has a similar function to the NDS, has a comprehensive outcomes monitoring framework.²⁰ This framework specifies targets; sets indicators for each outcome area; and stipulates where information is collected, how regularly, and who is responsible for collecting and reporting on it. In Australia, Closing the Gap provides another example of an outcomes framework. While not without problems, reporting arrangements under Closing the Gap have increased transparency around key social and demographic issues for Aboriginal and Torres Strait Islander people in Australia. Regular reporting to parliament of progress against key metrics, led by a national action plan, timelines and defined stakeholder responsibilities, has also ensured a higher profile for these issues.

On balance, we think that a progress report tabled in Parliament every two years, as recommended by the Productivity Commission in their NDA review,²¹ is suitable and essential for a renewed NDS. As the major point of reporting, this must identify the contributions of governments and service providers to progress towards targets. As a complementary reporting mechanism, an annual report from each Ministerial Council could show how discrete portfolio areas are implementing NDS targets. Such reports should include not only policy commitments but also a high-level overview of outcomes. This need not replicate the detail provided in the biennial report to Parliament, but should indicate what activity has occurred over the preceding year as well as any policy commitments still to be delivered.

²⁰ Office of Disability Issues 2016, New Zealand Disability Strategy 2016–2026, viewed 21 October 2020, https://www.odi.govt.nz/assets/New-Zealand-Disability-Strategy-files/pdf-nz-disability-strategy-2016.pdf>.

²¹ Productivity Commission 2019, *Review of the National Disability Agreement,* Canberra.

Oversight and coordination

We also urge the government to reconsider establishing a central coordination agency with oversight and responsibility for cross-sectoral implementation, data collation and reporting. People with disability should be directly involved in developing and staffing any NDS coordination agency. The Commonwealth has previously rejected the need for a dedicated Office of Disability Strategy to coordinate cross-government implementation of the NDS.²² However, the action of the New Zealand government in establishing an independent body to monitor the progress of their Strategy may provide a useful example. This body brings together the Human Rights Commissioner for Disability and representatives from the Office of the Ombudsman and Disabled People's Organisations Coalition.²³ A similar oversight mechanism could be established in Australia to monitor the implementation of the NDS.

RECOMMENDATION 10: Co-design an NDS outcomes framework with people with disability.

RECOMMENDATION 11: Use the forthcoming National Disability Data Asset (NDDA) to ensure that all disability data collection is consistent, aligned across governments, portfolios and service systems, and publicly available wherever possible.

RECOMMENDATION 12: Introduce a biennial report to parliament, delivered by the Commonwealth government, outlining: progress against key NDS metrics; implementation of action plans, targets and timelines; key stakeholder responsibilities; policy commitments; and any relevant data. This report should be supported by annual reports outlining how discrete portfolios are performing against NDS targets and relevant State and Territory action plans.

RECOMMENDATION 13: Establish a central NDS coordination agency with responsibility for cross-sectoral implementation, data collation and reporting (similar to the approach used for the New Zealand Disability Strategy). People with disability should be directly involved in developing and staffing any NDS coordination agency.

²² Senate Standing Committee on Community Affairs 2017, *Delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities*, Commonwealth of Australia, Canberra; Australian Government 2018, *Australian Government response to the Senate Community Affairs References Committee report: Inquiry into the delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities*, Commonwealth of Australia, Canberra.

²³ Office for Disability Issues 2016, *Framework to promote, protect and monitor implementation of the Convention: notice of independent monitoring mechanism*, Ministry for Disability Issues, Government of New Zealand, viewed 22 October 2020, <https://www.odi.govt.nz/united-nations-convention-on-the-rightsof-persons-with-disabilities/nzs-monitoring-framework/notice-of-independent-monitoring-mechanism/>.