



Submission to the National Disability Strategy 2020 – 2030

Much has been achieved in the past ten years— and there is still much to do. In reading the [SHUT OUT report](#) eleven years on, and considering the report's recommendations which formed the basis of the 2010–20 National Disability Strategy—the most visible achievement has been the implementation of the NDIS, which has placed Australia at the forefront of disability reform in supporting people with significant disability.

But significant gaps and issues remain. People with disability are still experiencing abuse, neglect, violence and exploitation; experiencing isolation and exclusion; experiencing ableism and paternalistic attitudes in schools, hospitals and the justice system; and are excluded from buildings, homes, train stations and bus stops because of poor and impractical accessibility. Australia can do better.

Clarifying the roles, responsibilities and expectations of governments and other mainstream services systems would help. Improvements to the delivery of mainstream services would reduce systemic and systematic discrimination and help change community attitudes, understanding and respect. Governments need to be held accountable for the implementation of tangible, pragmatic and practical solutions which are transparent and measurable. Action plans which set achievable goals with clear aspirational public reporting mechanisms would help.

No one government has sole responsibility for delivering this Strategy. To achieve better outcomes we need commitment from all governments and robust reporting, at both commonwealth, and state and territory levels. Since writing this submission, a consultation paper focusing on improving outcomes of people with disability under the National Disability Strategy and the National Disability Insurance Scheme has been released. NDS is pleased this work is underway and will be providing a submission.

This submission will draw on the experiences and testimonials of people with disability, their families and carers reported through the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Undoubtedly, a focus of the Strategy will be to respond to the outcomes and recommendations of the Commissioner. The testimonials, evidence and summaries which are available to date have been drawn upon to shape this submission.

Q 1: During the first stage of consultations we heard that the vision and the six outcome areas under the current Strategy are still the right ones. Do you have any comments on the vision and outcome areas being proposed for the new Strategy?

The function of the Strategy is to unpick the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) to which Australia is a signatory, and to find opportunities for improvement within Australia. The Strategy must hold the commonwealth and state and territory governments accountable for policies and programs that support all people with disability (and not just those who are NDIS participants).

Consideration must be given to a consistency across all states and territories. Ad-hoc and tokenistic implementation paired with limited enforcement and accountability will lead to ineffectiveness. As the SHUT OUT report notes – “ratification does not ensure compliance”.¹

Outcomes areas

Although NDS supports the existing six outcome areas, housing should be considered as a priority for people with disability.

The demand for accessible and affordable housing is high and will increase. At present Australia has 4.4 million people living with some degree of disability, a number that is growing.² The right decisions now will set us up to be able to meet the choices of people with disability and older Australians to live in their communities for as long as they desire.

Data collection, access and use should be a priority of the Strategy. The housing needs of people with disability—including the profile, preferences and demand for housing—needs to be better understood. This data needs to include those who are ineligible for the NDIS and those NDIS participants who are unlikely to be eligible for Specialist Disability Accommodation (SDA).

The lack of affordable and accessible housing across Australia demonstrates a serious failing of housing markets. Measures are needed to address this now. NDS urges all governments across Australia to implement immediate, remedial measures to address this lack of supply and give Australians with disability—whatever their age—access to a place they can call home.

Vision statement

NDS supports the revised vision statement: An inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community.

¹ SHUT OUT: The Experience of People with Disabilities and their Families in Australia, Australian Government Department of Social Services, 2009, p. 14

² People with Disability in Australia, Australian Institute of Health and Welfare (AIHW), Australian Government, web report, viewed 29/10/2020, [link](#)

The Australian community is diverse. The Australian disability community is also diverse.

The Strategy should ensure this diversity is acknowledged and that measures are in place to respond to this complex and varied social landscape. It must deliver on its promise of scope for people with disability who are both eligible and ineligible for the NDIS; people over the age of 65, people who are not Australian citizens, people with disability who do not meet the functional assessment criteria and those who slip through the gaps.

The removal of the word ‘citizen’ acknowledges that people with disability live in Australia and are not Australian citizens—NDS supports this.

Recommendation

1. A standalone outcome – Housing
2. Better data collection on housing availability and accessibility
3. A clear commitment that all governments have obligations in accessible housing solutions for people with disability

Q 2: What do you think about the guiding principles proposed?

NDS supports the guiding principles.

NDS understands the release of a revised National Disability Agreement (NDA) in response to the findings of the 2019 Productivity Commission’s NDA review remains pending.

The Productivity Commission found:

The current National Disability Agreement (NDA) no longer serves its purpose, has a weak influence on policy, and its performance targets show no progress in improving the wellbeing of people with disability. A new agreement is needed to promote cooperation, enhance accountability and clarify roles and responsibilities of governments.³

There needs to be a substantive re-commitment by all governments to the social and economic imperatives that underpin the Strategy. As a funding agreement, the NDA is pivotal to ensuring the success of the Strategy and unless there is another mechanism which commits investment, information on a new NDA should be released alongside the Strategy.

Recommendation

1. Guiding principles must be supported by accountability measures for implementation
2. Unless there is another mechanism which commits investment in the Strategy a new NDA should be released alongside the Strategy

³ Review of the National Disability Agreement, Productivity Commission Study Report Overview, Australian Government Productivity Commission, Jan. 2019 p. 2

Q 3: What is your view on the proposal for the new Strategy to have a stronger emphasis on improving community attitudes across all outcome areas?

NDS will always welcome opportunities to improve community attitudes.

Progress has been made on how people with disability are treated as Australian citizens but we still have a long way to go. The NDIS has driven substantial improvements in the control people with disability have over their lives but some entrenched negative community attitudes remain. Discrimination remains.

Although the Disability Discrimination Act 1992 and other key legislative instruments, make it unlawful to discriminate on the basis of disability, longstanding and historical perspectives of discrimination exists, and these are visible through community attitudes. We continue to see explicit and subtle forms of discrimination slip through the gaps of our legal and policy frameworks attributing to experiences of exclusion, segregation, bullying, violence, abuse, neglect and exploitation.⁴

With its focus on examining the experiences of people with disability as they engage with most mainstream service systems, the evidence and outcomes of the Royal Commission to date signifies the need for not only capacity building and education, but systemic reform - with a focus on mainstream services.

“I would like to live a full life where I do not have to feel discriminated against due to my disability. I would like to see the police and hospital staff as people I can trust when they are at my door and when I am in hospital, respectively. I would like to be treated in a humane way. I would also like to be able to make a complaint without fear of retribution. Lastly, I would like to be involved and included in understanding the decisions being made around my treatment.”⁵

The 2020–30 Strategy is well placed to lead a mindset change; to take action and implement powerful and substantive change. This change needs to address the subtleties of discrimination: being told your disability doesn't exist; being left out of activities; being excluded from school programs; or not having your opinion heard in matters that involve you and being viewed as inherently vulnerable.

The outcome and recommendations of the Disability Royal Commission will help drive the Strategy's response to community attitudes. It has already identified failings of the health, justice and education systems in supporting people with disability.

Real change is not driven by awareness campaigns but with legal, policy and program responses. Negative community attitudes can be eliminated by doing things differently and building safe, respectful and inclusive cultures.

⁴ Second Progress Report, Royal Commission into violence, Abuse, Neglect and Exploitation of People with Disability, 30 June 2020, p. 35, [link](#)

⁵ Anonymous, Submission to the Disability Royal Commission, 24 April 2020, found in Second Progress Report, 30 June 2020, P. 5, [link](#)

The following uses transport, education and health as examples.

Transport

Lack of accessible transport and transport infrastructure—such as bus stops and train stations—is a significant barrier for people with disability who may rely on public transport or specialist transport as opposed to private transport options. People with disability identify experiencing discrimination related to public transport.⁶

Transport infrastructure must prioritise the development accessible travel options. Removing the difficulties in getting to stops or stations because of unsuitable steps and doors, and vehicles with poor accessibility.

Although the [Disability Standards for Accessible Public Transport](#) were introduced in 2002, there has been slow uptake by governments to implement steps to truly make the public transport system accessible for people with disability.

Education

All schools should have a disability action plan which welcomes people with disability. This statement of commitment would outline the strategies and actions proposed to eliminate discrimination and improve access, inclusion and participation.

It is critical that all teachers and aides have appropriate qualifications or training. To overcome a culture of low expectations of students with disability, professional development should be widely available.

Training for all teachers at undergraduate and postgraduate level should impart skills in disability and inclusion. Teachers should also be able to draw on specialist teaching support and advice; the development of multi-disciplinary teams that bring together disability and education expertise should be considered.

⁶ People with disability in Australia: in brief, AIHW, 2019

Jack's testimonial – Education

Two parents gave evidence about their son, 'Jack', who had Tourette's and Asperger's. 'Jack' excelled in one school; in another, he was left out of activities and frequently sat next to another child with disability. His parents said they were told Tourette's 'was not a disability' and that it didn't fit into one of six categories of the Education Adjustment Program which triggers funding.

'Jack' began self-harming, was placed on medication and left formal education at 14. Now 19, he lives with his parents, but has agoraphobia and rarely leaves the house. His parents emphasised the needs for strengths-based approaches in teaching.

Testimonial taken from: [Public hearing 7](#) Barriers to accessing a safe, quality and inclusive school education and life course impacts, Disability Royal Commission

Heath

All hospitals should ensure they are equipped to support and respond when varied communication approaches are required, to understand the requirements for meal-time assistance and to have mechanisms in place to resolve disability specific issues.

Health professionals should be supported to understand their role in changing negative community attitudes, and given the tools to support people with disability, their families and carers.

The Disability Royal Commission's summary of submissions to the health issues paper notes:

Multiple respondents, including health professional bodies, highlighted how health professionals are not always equipped to communicate with people with a cognitive disability. Respondents noted that this meant they were not able to conduct a proper health assessment and treatment of conditions.⁷

⁷ Overview of responses to the Heath Issues paper, Disability Royal Commission, October 2020, p. 3

Testimonial of a parent - Health

At the first day of the Sydney Royal Commission Hearing on 18 February 2020 a parent gave evidence about her child who has Down syndrome and a number of complex health diagnoses. She expressed the exhaustion and frustration associated with negotiating the health system and needing to relay information from one professional to another. She described a system in which Doctors devalued the knowledge she has of her son (such as signs he is in pain), and of the implications the medical model can have on their attitude towards people with disability.

Testimonial taken from: [Public hearing 4](#) Health care and services for people with cognitive disability, Disability Royal Commission

Recommendations

- The functioning of the mainstream service system should be examined as an influencer of community attitudes—education and capacity building in each service stream is required
- Mainstream service systems should be supported to respond to disability specific issues

Q 4: How do you think that clearly outlining what each government is responsible for could make it easier for people with disability to access the supports and services they need?

Inconsistent state and territory approaches to continuity of support arrangements for people with disability not eligible for the NDIS is becoming of greater concern as transitional arrangements for the NDIS come to a close. The Strategy must address responsibility for the supports of people with disability who are not funded through the NDIS.

The ambiguities of government responsibilities and intersections should be addressed. State and territory tenancy legislation is one example. Adherence to the SDA Rules and the NDIS Practice Standards is required of SDA providers; state and territory tenancy regulations also apply.

The Victorian experience of the failed transition to the Residential Tenancies Act 1997 (RTA) in January 2020, illustrates the complexity of the intersection between Commonwealth and State legislative requirements. In Victoria, State tenancy regulation is impeding the separation of SDA and Supported Independent Living (a priority task of the NDIA and the NDIS Commission) and has caused significant disruption and confusion to people with disability, their information networks and service providers, for whom the failure to resolve the issues has been costly in many instances.

Impacts are greater than SDA. The Joint Standing Committee Enquiry into SIL recommends tenancy and NDIS support should not be provided by the same organisation without quality measures in place. SIL providers are entering into these arrangements because of the ambiguous tenancy regulation. Insecure tenure and high risk of violence, abuse, neglect and exploitation are cited as reasons for this recommendation.⁸ These high risk arrangements are occurring and accountability is unclear.

Interface issues are exacerbated when, for example, the Commonwealth funded NDIS interfaces with the state or territory funded health system. The Tune Review, the Productivity Commission's review of the NDA and the Joint Standing Committee on the NDIS have recommended clarification of service boundaries.⁹

The current version of the COAG Applied Principles was finalised in 2015 and notes these responsibilities will be reviewed "based on the NDIS launch experience".¹⁰ We have seven years of NDIS experience to draw upon to clarify the many grey interface challenges caused by the outdated Principles. The inclusion of disability health related supports under the NDIS in October 2019 is one example of how the document no longer responds to the current NDIS operating environment. The Disability Royal Commission notes the lack of coordination and communication between health and disability sectors as a potential factor in contributing to violence, abuse, neglect and exploitation of people with disability. It suggests better connectivity, communication, and interdisciplinary awareness between health and disability is required.¹¹

The absence of a clear point of contact to engage, direct and support people to access the services they require has contributed to the interface challenges. Along with supporting NDIS participants, the NDIA's Local Area Coordination (LAC) partners are responsible for supporting people with disability who are not eligible for the NDIS. Their role is to link people to information and support in the community, assisting people to understand how the NDIS works with other government mainstream services support.¹² This mainstream connection function within the remit of the LAC's role needs to improve and it should be addressed.

⁸ Report into Supported Independent Living, Joint Standing Committee on the NDIS, May 2020, p. 82, 83, 85, [link](#)

⁹ Review of the NDIS Act 2013, Department of Social Service, David Tune, 20 January 2020, [link](#) & Review of the National Disability Agreement, Productivity Commission Study Report Overview, Australian Government Productivity Commission, January 2019 & Transitional Arrangements to the NDIS, Joint Standing Committee for the NDIS, 2018, p. 20, [link](#)

¹⁰ NDIS Principles to Determine the Responsibilities of the NDIS and Other Service Systems, Council of Australian Governments COAG, 2015, p 2, [link](#)

¹¹ Overview of responses to the Health Issues paper, Disability Royal Commission, October 2020, p. 7 & Healthcare for people with cognitive disability, Disability Royal Commission, 20 October 2020, viewed 29 October 2020, [link](#)

¹² LAC Partners in the Community, NDIA, page last updated 9 September 2020, viewed 30 October 2020 [link](#)

The application of the COAG Principles is not sufficiently prescribed, resulting in ongoing and often lengthy negotiation concerning which party is responsible for the funding of which supports. This is confusing for the disability sector, the intersecting mainstream service sectors and extremely distressing for people with disability, their families and carers.

The following draws upon the justice, housing and health sectors as examples.

Justice

Disability service providers working at the justice interface have indicated that these debates often occur on a client-by-client basis at present. Protracted disputes over funding responsibility mean people with disability are not receiving the services they need, or perhaps not as quickly as they need them. For some of these participants, their situations change quickly. Agility in decision-making and processes is needed to accommodate this reality.

Housing

The Strategy should establish clear pathways for people with disability into and between housing options. Greater integration, education and support of key stakeholders such as homelessness assistance services, social housing providers, the private rental market concerning the needs and inclusion of people with disability is required in order to create a more joined up housing system.

Health

Health services should have the opportunity to employ a disability service provider to deliver support if needed and the limitations of the health system in adequately supporting people with disability, especially those experiencing complexity and behaviours of concern, must be understood.

Hospitals should be given access to a disability liaison officer to work with, coordinate and support the person to ensure they receive the supports they need, throughout the hospital admission process, during their hospital stay and upon discharge.

The health system should be given the authority to make appropriate decisions regarding discharge and be provided with the authority and decision making power to not discharge a patient until that person has the appropriate support around them.

Recommendations

- The COAG Applied Principles should be reviewed and updated to provide greater detail
- Clearer guidelines and responsibilities at the interface of the NDIS and the other mainstream service systems is required
- The disability sector and interfacing sectors should be supported to understand their particular roles and responsibilities
- A point of contact to engage, direct and support people to access the services they require, NDIS and mainstream, is required

Q 5: How do you think the Strategy should represent the role that the non-government sector plays in improving outcomes for people with disability?

Like government, the non-government sector has responsibility for championing the rights and inclusion of people with disability. Changing community attitudes, changing organisational attitudes, systems and processes will lead to better outcomes.

Everyone in our community can and should play their part in supporting the practical application of the UNCRPD—this includes non-government organisations. Promoting the benefits to the non-government sector of adopting the principles of quality and safety underpinned by the UNCRPD will result in better outcomes for people with disability.

All sectors should learn from and be challenged by, outstanding examples of employing people with disability. The achievement of the National Disability Insurance Agency (NDIA) in demonstrating significant commitment to employing people with disability is one example:

The NDIA's Annual Report shows -

- Nearly 200 people with disability were employed
- 60 per cent of people enrolled for the 2020 intake of the NDIA's graduate program shared they live with disability
- Established a Workplace Support Disability Engagement Team who oversee the implementation of workplace adjustment and supported their colleagues with disability transition to work from home arrangements during the COVID-19 pandemic.¹³

Other standout examples should be recognised and promoted, such as:

- [Telstra's FY21 Accessibility Action Plan](#) is an example of big business taking the lead and changing organisational culture and operations to include people with disability as employees and as customers. Telstra have committed to annual public reporting on their commitments.
- Australian Network on Disability's - [Disability Confident Recruiter \(DRC\)](#). The DRC is designed to support to identify and address barriers which may inadvertently prevent applicants with disability applying for roles. Both Telstra and the NDIA report to have utilised the DRC.
- The roll out of [Quiet Hour](#) designed to reduce anxiety and sensory stress for consumers with disability, including autism by Woolworths in 2019.
- The introduction of [audio description services](#) in April 2020 to support people with disability, including vision-impaired to access and enjoy SBS programming in April 2020.

The Strategy should not miss the opportunity to empower leaders to influence mind-set change in others, be a sounding board for good practice and raise expectations of the non-government sector.

¹³ Annual Report 2019-2020, NDIA, 15 October 2020 p. 106, [link](#)

Recommendations

- Consideration should be given to how the non-government sector can pick up the responsibility of supporting access and inclusion of people with disability
- Examples of good practice should be recognised and promoted widely

Q 6: What kind of information on the Strategy's progress should governments make available to the public and how often should this information be made available?

The Strategy must be supported by robust reporting and accountability mechanisms. Hard reporting measures should be built in from the beginning. Consistent reporting mechanisms must be a requirement for all governments.

Accountability should be enforced by requiring that Australian governments report on progress to their Parliaments annually.

Clear linkages between data, outcomes and reporting is critical. Measures should be detailed, link back to the principle outcome and both qualitative and quantitative data should be returned.

States and territories should be supported to benchmark against consistent outcomes and measures, using comparable data and enabling jurisdictions to learn from each other, particularly where a policy or project initiative has been effective. The public should be aware of incremental improvements and kept informed of emerging gaps and issues. The Office of the Public Advocate's (OPA) [Community Visitors Annual](#) Report is a good example. The report is annually tabled to Parliament and provides a transparent picture of disability services, residential services and mental health facilities in Victoria. The disability sector looks forward to the annual report as it is seen to be a useful barometer for what's happening and where the problems lie.

Consideration might also be given to implementing an approach like that relied upon for the [Closing the Gap](#) report. The easy to use and understand portal allows viewers to keep up-to-date with how governments are tracking.

Report formats should take account of accessibility and literacy requirements. Using infographics and other types of pictorial techniques to communicate complex information is strongly recommended.

Recommendation

- Reporting should be released annually and tabled in Parliaments
- Clear and detailed measures should be used
- Utilise pictorial formats and ensure accessibility requirements are met and exceeded

Q 7: What do you think of the proposal to have Targeted Action Plans that focus on making improvements in specific areas within a defined period of time (for example within one, two or three years)?

NDS supports Targeted Action Plans.

The plans should be enforceable, with consistent timeframes, publicly available and set ambitious yet achievable targets.

States and territories should have consistent Targeted Action Plans and reporting mechanisms.

The way in which these plans are developed and the way goal setting occurs should be coordinated and consistent, as should the reporting schedule. Annual reporting consistent with the above response to question six is preferred.

Plans should look firstly to areas with the poorest outcomes, employment and First Nations communities for example.

Recommendations

- Goal setting should be coordinated and consistent
- Annual reporting
- Poor outcome areas should be prioritised for further action

Q 8: How could the proposed Engagement Plan ensure people with disability, and the disability community, are involved in the delivery and monitoring of the next Strategy?

Meaningful engagement and inclusion needs to be built from the beginning and at all levels of the Strategy; including program development and evaluation.

Tokenistic consultation is unacceptable—a timetabled evaluation of the engagement plan is required. The approach must be mindful of consultation fatigue.

The plan should consider multi-modal communication mechanisms, embracing technology but also making use of natural ways people come together. It should consider the role of advocates and peak bodies in facilitating engagement and utilising existing networks and partnerships.

The Strategy should ensure pre-existing engagement plans are built upon, and engagement considers the needs of different cohorts; multicultural communities, First Nations, women with disabilities and diverse disability communities—people who are not eligible for the NDIS be that due to citizenship, age or any other factor.

The NDIA acknowledge the importance of a ‘community-by-community approach’ to meeting the needs of First Nations people with disability, these types of existing engagement frameworks should be utilised.¹⁴

Leadership opportunities must be provided to people with disability. People with disability should also be employed to promote the Strategy, deliver programs and undertake evaluation.

Disability service providers, peak bodies and advocacy agencies should be recognised for their expertise and engaged meaningfully. The Strategy should leverage successful programs already developed by disability experts.

Recommendation

- Provide leadership opportunities for people with disability
- Recognise and respond to diversity
- Build on existing engagement plans
- Utilise multi-model communication mechanisms
- Timetabled and annual evaluation and reporting
- Leverage the expertise and success of existing partnerships and programs in the disability sector

Good Practice Example – NDS’s [Zero Tolerance Initiative](#)

The Zero Tolerance initiative brings together the expertise of people with disability, public advocates, advocacy organisations, academics and service providers. It is celebrated for promoting a human rights focus in disability service provision.

NDS has used the Zero Tolerance initiative to help drive behavioural and attitudinal change across the sector: to support workers and managers to understand, recognise, prevent and respond appropriately to violence, abuse and neglect towards people with disability. To support workers recognise the importance of self-reflective practice and the potential harm in attitudes which allow abuse to continue (such as “it’s the way things have always been done” or “it’s the only way to get them to do what we want”)

People with disability have been involved from the beginning. NDS’s Practice Support Network is comprised of skilled facilitators with disability who are employed to support the development, facilitation and evaluation of events and workshops, as well as facilitating communities of practice, training and webinars; and providing ad hoc advice regarding the Zero Tolerance resources.

Although designed for the disability sector, the Zero Tolerance framework and resources are adaptable and applicable in all settings—the mainstream services sector, government and non-government sectors alike.

¹⁴ Aboriginal and Torres Strait Islander Engagement Strategy, National Disability Insurance Agency, 2017, p. 5, [link](#)

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National Disability Services is the peak industry body for non-government disability services. It represents service providers across Australia in their work to deliver high-quality supports and life opportunities for people with disability. Its Australia-wide membership includes almost 1200 non-government organisations which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.