



**Submission
National Disability Strategy Discussion Paper
October 2020**

Introduction

This submission is in response to the 2020 *'Position paper to inform a new National Disability Strategy'* issued by the Australian Minister for Families and Social Services.

About OWN

OWN NSW is a community-based organisation that is run by older women, for older women. Established in 1987, OWN aims to promote the rights, dignity and wellbeing of older women. We encourage mutual support and friendship amongst our members and work to foster a positive attitude toward ageing. Members of our organisation are older women who have a strong interest in ensuring that aged care in this country is adequately funded, compassionately delivered and respectful of the needs of older people.

The Older Women's Network interest in disability issues arises from its advocacy and delivery of services to older women who:

- Have lived with a disability and are reaching retirement age and wish to access age appropriate services
- Carers who are ageing along with adult children or other dependents in their care
- Live with disabilities acquired later in life, intersecting with disability population groups (55 percent of women over the age of 65 expect to live with some form of disability¹)
- Belong to one or more intersectoral population groups – Aboriginal and Torres Strait Islanders, LGBTI, ageing with a disability or experience domestic violence (47% of adults with disability experience violence compared with 36% without disability.)²

¹ Australian Institute of Health and Welfare 2019, People with disability in Australia

² Australian Institute of Health and Welfare 2019, People with disability in Australia

This submission is informed by the experience of the OWN Board and consultation with its members, working within the community sector and delivering services to its members.

Factors that inform this submission include:

- The need to consider the intersection of disability and ageing policy as life expectancy of people with disability increases.³
- The right of people with disability to access age appropriate services as they enter retirement age. Older workers with disability experience ageing at an accelerated rate.⁴
- Delivering community services that are accessible, with a workforce that is trained and skilled to support people with disability.
- Recognising the increasing number of people reaching retirement age who have experienced disadvantages in employment, income, education and health services as a result of their disability and gender.
- Delivering services that are sensitive to the cultural and language needs in their community.
- Recognising the needs of older people who are caring for friends and family members with disability.

The National Strategy is of interest to OWN as a successful national approach will encourage coordinated, action orientated, coherent and comprehensive plans from the development of policies to funding and practice guidelines. OWN NSW strongly supports a strategy that is based on human rights principles and is communicated clearly which can create a framework to assist government and community decision making bodies such as boards and committees to understand their responsibilities and assist in advocating for accessibility within their organisation and sector.

OWN acknowledges that it is not a disability service organisation. However, as a mainstream community based service, it has a responsibility to endeavour to provide access to all older women in the community. Also by virtue of its membership drawn from an older cohort, OWN NSW has members who have a disability; or are caring for loved ones who have a disability.

³ Occasional Paper No. 27 *Ageing and Australian Disability Enterprises* SHANNON McDERMOTT ROBYN EDWARDS DAVID ABELLO ILan Katz Social Policy Research Centre, University of New South Wales, 2010

⁴ Occasional Paper No. 27 *Ageing and Australian Disability Enterprises* SHANNON McDERMOTT ROBYN EDWARDS DAVID ABELLO ILan Katz Social Policy Research Centre, University of New South Wales, 2010

Question 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 Discussion Paper states the proposed vision:

An inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community.

The previous inputs referred to in the introduction and public consultations have all told us that the six outcome areas of the current Strategy are still the right outcome areas to focus on in the new Strategy. These are:

1. *Economic security*
2. *Inclusive and accessible communities*
3. *Rights protection, justice and legislation*
4. *Personal and community support*
5. *Learning and skills*
6. *Health and wellbeing*

Comment:

OWN supports the six outcome areas as described in the discussion paper, with the following reservations:

- We believe that 'Health and wellbeing' should be the first priority focus of the new Strategy, with the addition of 'appropriate shelter'. These are 3 key fundamentals which form the foundation of every other outcomes.
- Within the outcome areas, the strategy must address the needs of population groups that intersect with disability, such as older people with a disability entering retirement and older people who develop disabilities as they age. Older people with disability experience the combined effect of ageism and ableism, often leading to multiple forms of discrimination. Women also have another layer of discrimination to add to this based on gender. This leaves them marginalised, denied human rights and dismissed as being a burden to society. They often do not fit neatly into one kind of service network, but needs to have access to both.
- Women are more likely to enter old age in poverty and homelessness, regardless of ability. The most disadvantaged population groups need the Strategy to strengthen their economic position in their lifetime through concrete measures in employment, health, housing and access to legal services. The Strategy outcomes will be

particularly important for the majority of people with disability who are ineligible for NDIS.

Important goals that should be emphasised include:

- Economic security - where the Australian government takes leadership in alleviating poverty of people with disabilities and their families thus freeing up funds elsewhere for new investments in disability supports.
- Ensuring the inclusion of population groups that do not have a traditional social and family relationship network. This includes older people who do not have strong networks due to a history of migration, are part of smaller families, withdrew from family due to prejudices about their sexuality, their friends have died in this pandemic or when AIDS was at its apex, consequently leaving them with fewer long term connections in their community.

Question 2

What do you think about the guiding principles proposed here?

The discussion paper asks: *In addition to the principles set out in Article 3 of the UN CRPD, these principles could include:*

- **Involve and engage:** has the policy process or program design engaged with and listened to people with disability at all stages of planning and implementation and provided accessible information and opportunities for feedback?
- **Design universally:** have the principles of universal design been applied where possible and has the project taken advantage of accessible and assistive technology where available?
- **Engage the broader community:** how has the broader community been informed of, involved in and been made responsible for removing barriers and supporting the inclusion of people with disability?
- **Address barriers faced by priority populations:** how have the priority populations noted by the National Disability Strategy been identified and what action has been taken to specifically address the barriers they may experience?
- **Support carers and supporters:** how have the needs of the family, carers and circles of information and formal support for the person with disability been considered in the development of the policy or program?

Comment:

The principles need strong national leadership to ensure they are applied to policy and regulatory structures that will ensure people with disability can maximise control over their lives.

OWN supports the additional guiding principles described in the discussion paper, with the following observations regarding implementation:

- A national coordinating body that can work across portfolios should support the implementation, collect data and report on progress of the Strategy. The principles alone will not be of benefit if they are not applied, monitored, evaluated and reported upon.
- The Strategy should define how a national approach can assist people with a disability. This should include identifying areas that would benefit from centralised centres of expertise such as research, supporting universal design, technology centres and information services.
- All principles should be supported by a strong evidence base that can engage intersectoral population groups. There is a need for better evidence-based practices to engage and service population groups that intersect with disability and ageing. It should not be assumed that the evidence gained working with younger people can be applied as they get older. In fact, older people have completely different needs.

Question 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?

Comment:

Improved attitudes will work to decrease risk of abuse and exploitation, and negative experiences in healthcare, public transport, and the workplace. NDIS packages only reach ten percent of the disability population. To make NDIS work, the Strategy must build capacity and work on changing attitudes in mainstream services as well as the general public.

OWN supports this initiative, providing it includes targeting and adequate resourcing to support change in organisations to reduce barriers to employment, education, health, legal access and structural domains in government. It should lead people as individuals and as members of community organisations and businesses to make concrete changes to improve accessibility.

Specific campaigns can assist individuals to be receptive to change, whereas generalised campaigns can be missed by those who can make the most effective changes.

Information and awareness campaigns, education and training and enforcing antidiscrimination laws (and broadening their scope) need to work together to be effective. The common message we often hear from campaigns that 'we all need to take responsibility' results in diminished responsibility as no one takes any responsibility. An action plan to deliver this outcome must include the delivery of concrete changes.

Campaigns should represent all disability population groups. There are some areas that are likely to require specific campaigns such as generating a better understanding of psychiatric impairments and autism; as well as of dementia.

Finally, governments at all levels must be seen to also champion the change it wishes to see in the community by leading the charge in the development of its own policies for more disability friendly workplaces and the active recruitment of people with disability in its ranks. Political parties should also be recruiting people with disability as candidates.

Question 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?

Comment:

A description and agreement between governments will help everyone understand their role and responsibility to implement outcomes of the Strategy. This proposal is supported with the following inclusions:

- Description of the funding and coordination responsibilities.
- Highlight the role of local government, and the responsibility it takes for the design of public space and supporting local NGOs. Recognising its place in national consultations and planning.
- Describe all portfolios of government that have a responsibility, including the Department of Seniors, so that the Strategy does not become a welfare program but becomes fully incorporated into justice and economic portfolios.
- Describe each level of government's responsibility to consult and report at each level and show how the levels of government link from policy to local service delivery.

Question 5

How do you think the Strategy should represent the role that the non-government sector plays in improving outcomes for people with disability? (*Examples of the non-government sector include big, medium and small businesses, community organisations, employees of these businesses, private research, investment organisations and individuals.*)

Comment:

Linking the Strategy and the role of NGOs is an important aspect of delivering a community that is accessible and welcoming to people with disability. Appropriate means of representing the NGO sector:

- Acknowledge the importance of the role of NGOs through adequately funding systemic and individual advocacy services. This includes non-specific disability organisations that are unlikely to have direct links, skills or knowledge of disability yet have a role, sometimes a legal responsibility to remove barriers to access.
- The Strategy must reach beyond the limited edict of the NDIS and bridge gaps between NDIS and mainstream services. To do this, it must recognise the services operated and owned by profit and non-profit organisations.
- Ensuring partnerships go beyond the role of the NGO as a sub-contractor that is restricted in its advocacy by government contracts. It must represent the NGO as an autonomous body, that has mutual respect and acknowledges the plurality of opinions.
- Incorporating mainstream services as part of the solution. Acknowledging that some need to be assisted to develop the policies and skills to become inclusive services. This includes welcoming people with disabilities into the governance, policy development and consultation processes of the organisation.
- Acknowledge how the services people need as they age, change, for example, moving from an employment service to a day activity services. Recognising changing needs will help identify what sectors the Strategy should target, and what assistance they need to be inclusive.

Not all NGOs are the same, and differences should be respected, along with their contribution. Particularly important is the recognition of grassroots organisations that can assist in reaching the most marginalised, can test new and innovative projects, and establish projects quickly. They can work in areas where the marketplace is non-existent or failed to meet the needs of the local community. The grassroots organisations representing the needs of its community can provide information to their community, deliver services and assist other NGOs particularly in geographic or sectoral gaps, often avoiding religious or ethnic bias.

The challenge for the implementation of the Strategy will be in identifying the sub-sectors and organisations that are essential for improvements in access to occur. It is not necessarily the case that all non-government organisations will share common objectives or have the ability or will to support inclusiveness. Some may actively work against it. Those that are essential will need incentives and assistance to improve accessibility.

Question 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?

Comment:

Public information is needed if the strategy is to be flexible and responsive. The right to information is vital for preventing corruption and holding government accountable. The public release of information, along with the engagement plan and campaigns to change community attitudes all help to raise the visibility of disability issues - creating a better chance they will be included in public policy.

The body that delivers the information should be an independent coordinating body with expertise in analysis and without a conflict of interest. The Australian Institute of Health and Welfare provide a good example of providing expertise in analysis in easy to read reports, with supporting tables accessible for the public to interrogate.

To be useful, the data must respond to clear measures, timeframes and evaluations. The Strategy as a whole needs to focus on implementation, evidence-based research, clear measures and indicators. Data should include progress on:

- Employment
- Transport
- Housing
- Health outcomes, particularly access to health care
- Disability status of vulnerable population groups such as prisoners and young people in custody
- Unmet need

In addition the information should be presented by variables including:

- Age
- Gender
- Location (jurisdiction and regional, urban, remote)

Timing and presentation requirements include:

- Data needs to be collected across portfolios, so that welfare, legal and economic, information is brought together
- Regular reports on specific areas (six months), the focus providing an evidence base for an innovative practice for specific service types
- Consistent collection by definition and type over the life of the strategy so that comparisons over time

- Publishing platform and format should be accessible, use software that is commonly available and does not require special knowledge to access it
- Bi-annual collection and analysis of data should be provided as a minimum.

Question 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)?

Comment:

Action plans provide a clear message for stakeholders, communicating activities that should be carried out during the life of the Strategy. It can reassure the public that they will be kept in the loop and engaged early, that the process is open and accountable; makes good use of resources, allows information to be sought prior to making decisions; and offers opportunities to influence outcomes which directly affect them. Other benefits include:

- Introducing shorter term goals, allowing stakeholders to witness positive changes from the strategy and stay engaged for the life of the Strategy.
- Supporting specific outcomes to address common priorities such as housing, advocacy services, new technology, access to information technology and poverty alleviation.
- Allowing for identification of high needs groups and those that have special needs, such as those that experience domestic violence, entering retirement age, or live in regional areas. The strategy reflecting the needs of specific groups would draw attention to policy makers, researchers and funders, where otherwise their needs are ignored.
- Take a national approach such as reviewing what policies and services are better centralized to support the NDIS and others with disabilities. For example, technology service centres, advocacy and research or anti-discrimination law review (to allow complaints across multiple types of discrimination and allowing third party representations), improving economic position of carers by improving superannuation outcomes. (Looking after someone long term, prevents them from working for long periods, often intermittent, interrupted and precarious and less likely to make superannuation contributions.)⁵

The Action Plans also allow coordination on a national basis to reduce duplication, share resources and create national consistency. It also provides a vehicle for the stakeholder

⁵ Australian Institute of Health and Welfare 2004. Carers in Australia: assisting frail older people and people with a disability. Canberra: AIHW (Aged Care Series).

engagement plan, where in each action, stakeholders can bring their experience to the policy design and implementation.

Question 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?

Comment:

A successful engagement plan will encourage the mainstream community to welcome the disability community into their governance and consultation processes. It will help bridge the gap between NDIS and equitable access across the community, and encompass intersectoral population groups. OWN supports a Stakeholder Engagement plan and recommends the following elements are built into the model:

- Frame the engagement plan to encourage the non-disability sectors to engage outside of their usual sphere of influence.
- Seek out and address the communication needs of people with disability, and their carers, in whatever community they reside. In the experience of OWN; there needs to be a recognition that not all cultural groups or individuals identify as a person with a disability and/or identify themselves as part of a disability community.
- An integrated plan, that engagement is part of the Strategy to improve community attitudes and provide information and data (Questions 3 and 6) to the community about the progress of the Strategy.
- Led by people with disability and their organisations. This requires organisations to receive funding for systemic advocacy, to consult and provide necessary infrastructure for people with disability to contribute. This activity is not funded by NDIS. State Governments have, in most cases, moved away from responsibility for any disability functions including areas where a centralized approach would be beneficial. A national fund is needed to ensure an engagement plan can be delivered.
- The 'disability community' includes those from intersectoral population groups, and their main identification may not be with disability organisations. The Strategy should not limit engagement to people found within specific groups, but welcome and encourage those across the community. For example, encouraging those with disability from LGBTI, women with disability and indigenous communities can bring them into stages of policy and service development that where otherwise they would be excluded.
- Intrinsic to the engagement plan, is the link and timing of information about the strategy and feedback from stakeholders on how their contribution has assisted the setting of priorities or their implementation.

- Participation should be as broad as possible, it should be the best example of accessibility, providing a variety of ways for people to be in contact, through online surveys, one on one interviews, spoken or written responses. There should also be an opportunity for people to discuss issues together through online forums, round tables, or reference groups that are topic or geographically based.

An engagement plan should be a two-way platform where stakeholders can create a knowledge community to share resources and identify emerging issues. Engagement needs to be regular and planned, people with disability and their organisations need time to consult and prepare for effective consultation. This has a significant impact on how well other goals of the Strategy such as action plans are developed and implemented.

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