

National Disability Strategy – The outcomes frameworks

December 2020

Introduction

The Queensland Catholic Education Commission (QCEC) provides this submission on National Disability Strategy – The outcomes frameworks, to inform the new National Disability Strategy 2020 –2030.

QCEC is the peak strategic body with state-wide responsibilities for Catholic schooling in Queensland. This submission is provided on behalf of the five Diocesan Catholic School Authorities and 17 Religious Institutes and other incorporated bodies which, between them, operate a total of 307 Catholic schools that educate more than 149,000 students in Queensland.

Background

QCEC welcomes the opportunity to make this submission on behalf of the Catholic School Authorities about the proposed approach to measuring the impact of the National Disability Strategy (the Strategy) and the National Disability Insurance Scheme (NDIS) as outlined in the [NDIS and NDIS Outcomes Frameworks - Introductory Paper](#). QCEC recognises the importance of ensuring the proposed outcomes of the new National Disability Strategy (Strategy) improve the lives of people with disability and their families and carers. Furthermore, QCEC acknowledges the value of having a consistent approach to monitoring and measuring the impact of these outcomes across governments and other agencies, with clear mechanisms for accountability and reporting.

There appears to be a logical grouping of the outcomes for each of the six domains which describe success within broad areas of people's lives. Of particular interest to our Catholic School Authorities is the *Learning and Skills* domain. However, it must be noted that engagement and participation in equitable options for education underpins success of building truly *inclusive and accessible communities*, in which the *economic security and health and wellbeing* of all people with disability is secure because they have *rights protection, justice and legislation* in place, and if required, there is adequate *personal and community support*.

QCEC has endorsed the aspirational statement of the overarching outcome of the new Strategy, which is to create:

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

Moreover, by making explicit the connections of the new Strategy with the NDIS, QCEC believes this will increase the likelihood that comprehensive and appropriate performance indicators and measures will reflect areas that really matter to achieve success in each of the six domains that will improve the lives for people with disability and their families and carers.

The structure of the Strategy and the NDIS provide clarity in relation to the six domains or broad areas of peoples' lives, supported by a clear statement or outcome that describes what success looks like. QCEC endorses the approach of having person-centred sub-outcomes to accompany the population-level outcomes. For example, '*children with disability attend a school that is accessible and well-designed*' (population-level outcome), and a person-centred outcome, '*I can participate in the extra-curricular music program at my local Catholic school*'. Having indicators and measures that are linked to outcomes enables Catholic School Authorities to monitor progress made in relation to achieving both person-centred and population level outcomes.

1. What matters most to measure and report on to achieve inclusive and accessible communities for people with disability?

- The **inclusive and accessible communities** outcome/domain aims for people with disability to live in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting and cultural life.
- **Inclusive and accessible communities** may include ease of access to public buildings, moving freely about the local community using public or private transport and having access to communication and information networks.

QCEC recognises the value and importance of hearing the voices of people with disability and their families and/or carers as being pivotal in building inclusive and accessible communities. It is especially important to ensure that the voices of those who are often not visible in the community are also heard, as these people are often further marginalised. In measuring whether a community is inclusive and accessible, QCEC suggests that differential consideration be given to the location of communities; for example, metropolitan, regional, rural, or remote communities will have their own unique challenges. While there may be many aspects of community that are universal the unique challenges associated with accessibility can be impacted by the availability of specific services and general infrastructure. Therefore, an accessible community will look different and have different support requirements depending on location.

QCEC views an accessible community to be one that has the right infrastructure in place, such as ramps, lifts, public and private transport options to access local facilities such as theatres, sporting venues, shopping complexes, parks and playgrounds and the like. A more important component of an accessible community is an attitude that is welcoming and offers genuine engagement with people with disability. Attitudes significantly influence how inclusive and therefore accessible a community truly is. QCEC endorses consideration being given to outcome measures of values and beliefs about inclusive practices.

QCEC supports having outcome measures established that consider accessibility within a community that is supportive of the whole person and considers the specific needs of the person with disability and their family and carers. This is particularly relevant for people with multiple support needs and/or complex needs. Outcome measures need to be communicated in multiple ways and have multiple options for sharing or giving feedback, to be universally accessible. For example, all communication needs to have a provision for augmentative and assistive communication (AAC) that are both 'low and high tech', as well as languages other than English with an interpreter service option, as required.

Being a member of the community also entitles every citizen to have equitable access to services in the event of a disaster (i.e. floods, fire, pandemic). Disaster management and planning can be very localised and activated quickly, and in some situations across multiple locations. QCEC would support community planning and outcomes that considers how disaster management (pre-planning and post-event reviews) can best support people with disability and their families and carers when faced with an event, but also the short term, medium term and long term (which is sometimes years) impacts. An inclusive and accessible community will have integrated services that are able to walk with/alongside the person with disability and their families and carers across all aspects of their life through a recovery. For example, in

a situation of flooding this may cause a child to be fearful of rain and then experiences a flood which has significant ongoing impacts in all aspects of that child's life (home, school, community).

2. What is most important to measure and report on to achieve economic security for people with disability?

- The **economic security** outcome/domain aims for people with disability to have economic security and suitable living arrangements, enabling them to plan for the future and exercise choice and control over their lives.
- **Economic security** may include more people with disability having a job, having enough income for daily living expenses, not living in poverty, and having somewhere suitable to live.

QCEC is very supportive of ensuring people with disability have economic security as well as a living environment that is both suitable and safe. By safe and suitable, this means, a person with a disability has housing that is affordable, with reasonable commute times to recreational and health services, and employment and is located within an accessible and inclusive community. If there is a need for support workers, they too need to be accommodated within the house in a way that respects the privacy and therefore dignity of all parties. QCEC suggests there be options for confidential reporting in which people with disability can raise concerns about their living arrangements and those who enter their homes. In raising a concern, people with disability or their family and carer need to be able to do this without fear of losing services or retribution, and confidence that their concerns will be addressed within a reasonable timeframe.

QCEC endorses economic security for all people as a fundamental human right. This means people with disability have the opportunity to be gainfully employed (not underemployed) and financially literate. To achieve financial literacy, some people with disability will require access to courses and practical supports over long periods of time. Ensuring outcome measures are focused on successful attainment of goals that lead to economic security rather than courses attended is a step forward. Economic security also comes with employment security, QCEC supports measures that promote the retention of employment, which may include access to specialist services and training from time to time. These services need to be flexible and responsive to the needs of the person with the disability rather than caught up in 'red tape'.

3. What is most important to measure and report on to achieve health and wellbeing outcomes for people with disability?

- The **health and wellbeing** outcome/domain aims for people with disability to attain highest possible health and wellbeing outcomes throughout their lives.
- **Health and wellbeing** may include, interacting with health professionals who understand needs of people with disability, affordable health services and satisfactory mental health support.

QCEC is very supportive of measures that improve the health and wellbeing of people with disability. This includes the provision of affordable primary and tertiary health services that are easily accessible, as well as appropriate mental health services and end of life/palliative care services. Clarification of the interaction between NDIS and health care provision is necessary to ensure these are not confusing, because if it is not clear there is a risk of reduced access to required primary and specialist health care services. For example, not all health needs are directly due to the person's disability, and when there is confusion about who has responsibility this can sometimes lead to a delay in the provision of a required health care service. The consequences of this confusion (and delayed access) may have a direct impact on the person's life as well as unintended indirect outcomes. Having clarity between the roles of the NDIS and health services will also assist schools to access the necessary advice and support needed to ensure positive health and wellbeing outcomes of all students.

People with disability often require health care services more regularly than their peers (including mental health services), being empowered to engage in services that are holistically focused and supportive of the person with disability is necessary. Having health care providers better trained to

engage with people with disability to enable a health service is required. [The ASK Health Diary and App](#) is an excellent resource that empowers the person with disability to have choice and control in their health care. QCEC supports training for young people with disability to become empowered to be an active participant/manager of their own health care services.

Access to tertiary and primary health care services can be more difficult for people with disability than other members of the community, which is further complicated due to the complex health needs experienced by some people with disability. QCEC considers the removal of potential barriers to health care services as imperative; this may require consideration be given to the sometimes very multipart bureaucratic systems that are in place, which requires a person to be able to navigate through complex systems and layers of bureaucracy when seeking health care services. An outcome measure could consider ease of access to a required health care service, which includes the easy transfer of relevant clinical records and the like.

QCEC recognises the importance of caring for the physical and emotional wellbeing of families and carers of people with disability. Looking after the 'support team' is just as important as supporting the person with disability.

4. What is most important to measure and report on to achieve rights, protection, justice and legislation outcomes for people with disability?

- The **rights protection, justice and legislation** outcome/domain aims for people with disability to feel safe and have their rights promoted, upheld and protected.
- **Rights protection, justice and legislation** may include feeling safe, the ability to participate in democratic processes and being free from disability related discrimination.

QCEC endorses the rights protection of people with disability, which includes the right to freely engage in all democratic processes and to be free of discrimination. QCEC also acknowledges the complexity of reporting on the rights of people with disability and recommends that any outcome measures in this domain also consider other vulnerabilities that may be present, for example, communication disorders, cultural factors and life stage. The high proportion of young people with disability, particularly those with cognitive and/or communication disabilities, involved in the justice system suggests a need for improved understanding of justice as an outcome for these young people.

QCEC suggests consideration be given to a system similar to that of community-based Justice of the Peace, where a person with disability or their family or carer is able to access low level advice about situations relating to their rights and discrimination to reduce the likelihood of them escalating to abuse and neglect, and if need be, assistance be provided to refer on for specific legal advice and support to navigate the process.

QCEC is supportive of example indicators in this domain to include specific reference to discrimination in the event a person with disability is prevented from accessing their preferred educational setting or impacts their ability to participate in education on the same basis as their peers. While the Disability Standards for Education and the Disability Standards for Employment provide an outline for organisations of their obligations, there is an opportunity to improve understanding of these obligations through the outcome measures of the domains.

5. What is most important to measure and report on to achieve learning and skills outcomes for people with disability?

- The **learning and skills** outcome/domain aims for people with disability to achieve their full potential through their participation in an inclusive, high-quality education system that is responsive to their needs. It also aims for people with disability to have opportunities to continue learning throughout their lives in both formal and informal settings.

- **Learning and skills** may include teachers who understand the needs of people with disability, continued access to formal and informal learning settings, and preparation for transitioning from one level of education to the next, or from education to employment.

QCEC recommends the outcomes measures include adequate training/professional learning for teachers to ensure they have the knowledge to accommodate the learning requirements of students with disability, this includes specialist training which has been significantly reduced in tertiary settings in favour of more generalised and generic approaches to teaching students with disability. Specific training of specialist teachers to work with class teachers promotes a solution focused approach to resolving how best to teach a student that is based on knowledge and informed by research evidence rather than populist programs. Personal care in schools for some students with disability is necessary, it is also a basic human right; some Catholic School Authorities report that when there is specialised training required this is sometimes very difficult to source and at times politicised. For example, school staff providing personal care for students with disability cannot access training and advisory services through education services provided by the local hospital. Including this specialist training as a component of an indicator would be welcomed.

Some students with disability require more than the typical allocation of semesters to complete their schooling. For example, a student who is only able to attend school part time due to severe anxiety or complex health needs. In situations such as these, the capacity for the school to provide more flexible schooling options to facilitate the completion of schooling is available. However, an outcomes measure which formalises that consideration be given to student centred flexible schooling options would be welcomed by Catholic School Authorities.

QCEC is supportive of outcomes measures and indicators that specifically address transition points for the student, including engaging with non-school organisations where appropriate. Transition points include, commencing school, moving from primary to secondary, post school pathways, moving into senior schooling or between year levels. Engagement with non-school organisations at key transition points may include allied health professionals, employment services and the like. Indicators may also include school culture, processes for case management of student learning and active involvement of students with disability in decision making about their schooling and pathways. Playgrounds and other recreational facilities are part of the schooling experience, as are classroom designs and movement spaces around the school, these could be included as indicators for access and participation.

QCEC suggests that indicators need to provide clarity in relation to interaction between the NDIS and schooling; this is important for school communities as well as people with disability and their family or carer. The distinction between what the NDIS funds versus the funding provided by the education system is becoming increasingly blurred, for example, the variable arrangements for funding personal care in schools. Funding for students with disability is not always flexible enough to accommodate students with multiple or complex needs. Children with disability, who have other family members with disability (i.e. parent or sibling) may require additional support to attend school regularly. How can this be recognised in the proposed framework?

QCEC suggests that any outcome measures and indicators be complementary to the Disability Standards for Education (DSE). It is imperative that education services/providers (formal and informal) are not confused by the proposed framework, the DSE and in the case of schooling, other government reporting requirements.

6. What is most important to measure and report on to achieve personal and community support outcomes for people with disability?

- The **personal and community support** outcome/domain aims for people with disability, their families and their carers to have access to a range of well-coordinated and effective services and supports that are appropriate to their needs.

- **Personal and community support** may include access to specialised disability services and supports, including NDIS for eligible participants, community-based services that are available when and where they are needed and services that are well coordinated.

QCEC welcomes outcomes measures that considers how people with disability and their families and carers have access to well-coordinated and effective services that respect their cultural and personal choices. For example, children may travel from vast geographical distances to attend a Catholic school. Well-coordinated services need to be across multiple areas, such as education, health, transport, and employment as well as within each of these areas. The complex array of systems and bureaucracy often poses barriers to people with disability and their families and carers. Where a person lives should not be the determining factor of access to effective services, ensuring adequate infrastructure is in place can remediate some access issues (i.e. well serviced NBN throughout the country).

QCEC notes that while criminal history checks are required of employees working with vulnerable people, there needs to be a system of random audits of service providers to ensure they are delivering what they say, acting with integrity and promoting the wellbeing of everyone to ensure everyone is safe. Also, there needs to be swift proportionate action taken (not just warnings) by the authorities whenever there are breaches minor or major.

7. The National Disability Strategy and NDIS Outcomes Frameworks will track progress over time to determine whether the lives of people with disability are improving. Reporting against outcomes/domains will help inform where to prioritise and target investments. How often would you like to see progress against the outcomes for people with disability in the National Disability Strategy and the National Disability Insurance Scheme reported?

QCEC notes school authorities already have robust reporting requirements and recommends that reporting be bi-annual, easy to complete and aligned with other reporting cycles that are required of schools. Should specific data be required, this needs to be made apparent at the beginning of the reporting cycle.

8. Is there anything else to be considered when monitoring and measuring the impact of activities on people with disability?

QCEC appreciates the opportunity to be involved in the consultation process for the new strategy. In closing, QCEC would like to raise awareness of ensuring people with additional vulnerabilities such as refugees, people from non-English speaking backgrounds and First Nations peoples are specifically considered and have authentic opportunities to engage in the consultation process.

Should you wish to discuss any aspect of this response further, please contact Jeanine Gallagher, Senior Education Officer at jeanineg@qcec.catholic.edu.au.

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