



Australian Government  
Department of Social Services

# Public consultation on the Disability Royal Commission

Summary report



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# Public consultation on the Disability Royal Commission

## Table of contents

Table of contents .....	iii
Acknowledgement of Country .....	1
Executive summary .....	2
Overview of the public consultation .....	4
Volume 4 Realising the human rights of people with disability.....	6
Volume 5 Governing for Inclusion.....	7
Volume 6 Enabling autonomy and access .....	9
Volume 7 Inclusive education, employment and housing .....	14
Volume 8 Criminal justice and people with disability .....	26
Volume 9 First Nations people with disability .....	29
Volume 10 Disability services .....	32
Volume 11 Independent oversight and complaint mechanisms.....	38
Volume 12 Beyond the Royal Commission .....	40
Appendix A: Other issues raised in the feedback .....	41



## Acknowledgement of Country

The Australian Government acknowledges the traditional owners of Country throughout Australia on which we gather, live and work. We acknowledge all traditional custodians, their Elders past, present and emerging, and we pay our respects to their continuing connection to their culture, community, land, sea and water.

## Executive summary

The Department of Social Services conducted a round of public consultation to better understand community and stakeholder views on the recommendations made by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission or DRC). The consultation encouraged responses from people with disability, as well as family members, carers, supporters, advocates, disability representative organisations and other stakeholders. It took the form of an online questionnaire and a public submission process.

The public consultation revealed a high level of overall support for the recommendations of the DRC. Many stakeholders shared the view that implementation of these recommendations constitutes a real opportunity to improve the lives of people with disability in Australia.

Volume 7, *Inclusive education, employment and housing* received the highest level of engagement. Stakeholders expressed diverse views on the role and future of special/segregated schools, Australian Disability Enterprises and group homes. Other volumes with high levels of engagement include Volume 4, *Realising the human rights of people with disability*, Volume 6, *Enabling autonomy and access* and Volume 10, *Disability services*.

All quotes in this report are reproduced verbatim.

## Key themes

Several key themes emerged through the consultation process.

### Human rights

Many stakeholders strongly support better legal protection to realise the human rights of people with disability, reflecting the centrality of the United Nations *Convention on the Rights of Persons with Disability (CRPD)*.

### Inclusion

Many stakeholders supported the Commissioners' vision for an inclusive Australia. They saw implementation of the recommendations as an opportunity to make this vision a reality.

### The central role of people with disability in implementation

Stakeholders emphasised the importance of centering the voices and experiences of people with disability throughout implementation, including through disability representative organisations. There was a strong focus on governments taking a genuine approach to co-design and disability leadership throughout every level and stage of reform.

*... those with disabilities must be involved in the design and implementation of policies and initiatives that impact them. Too often we see governments designing 'for' rather than 'with' people with disabilities, and the government now has a unique opportunity to address this flaw in their response.*

Many said this would avoid unintended consequences, particularly for people with disability who use and access services and settings that will change. Service providers, peak bodies, professional associations and unions also identified the need for consultation to ensure reforms are fit for purpose.

## The future of special/segreated settings

The role of settings and services exclusively for people with disability was strongly contested. Stakeholders hold diverging views about the future of special/segreated settings for people with disability across education, employment and housing.

Some stakeholders – particularly disability rights advocates and some people with disability – see disability-specific settings and services as segregation. They describe this as discrimination that is unacceptable under any circumstance. These stakeholders often refer to the *CRPD*.

Other stakeholders – including some parents and family members, carers, teaching staff, and some people with disability – feel this does not necessarily reflect their experience of accessing schools, workplaces and living arrangements designed to meet the specific needs of people with disability.

All stakeholders agree better accessibility and inclusion for people with disability across mainstream education, employment and housing settings is critical.

## Overview of the public consultation

The Department of Social Services conducted a round of public consultation to hear views on the recommendations made by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission or DRC). The consultation encouraged responses from people with disability, as well as family members, carers, supporters, advocates, disability representative organisations and other stakeholders. It took the form of an online questionnaire and a public submission process.

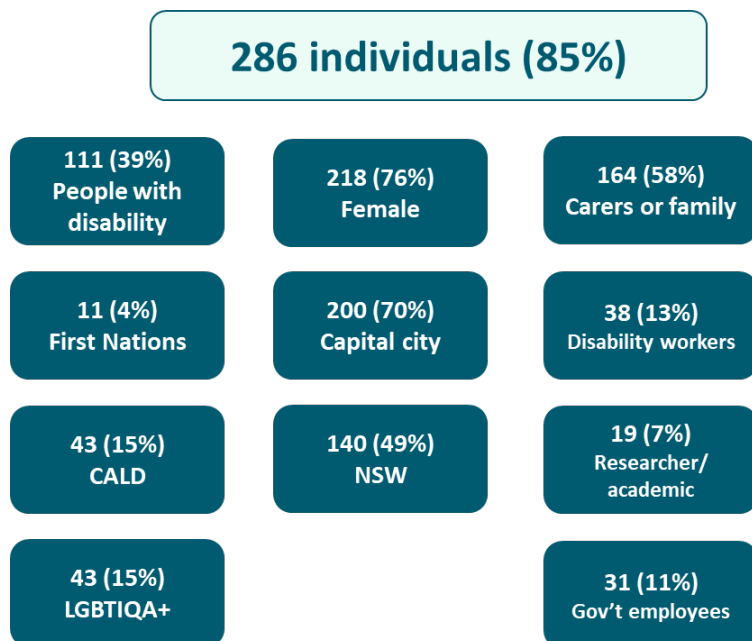
## Submissions

Submissions were open from 28 November 2023 and closed on 19 January 2024, with several organisations granted extensions to 16 February 2024. The consultation received 118 submissions, with 81 submissions from organisations and 37 from individuals.

## Questionnaire

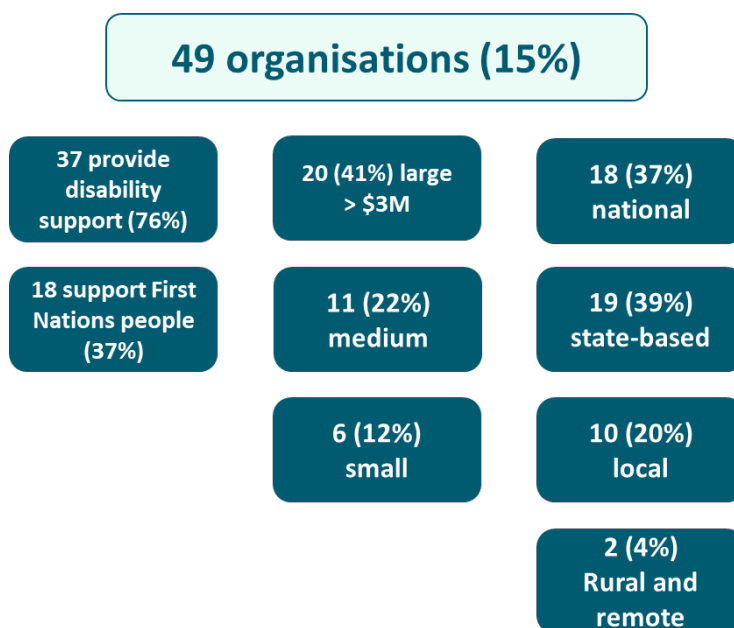
The online questionnaire opened on [engage.dss.gov.au](https://engage.dss.gov.au) on 28 November 2023 and closed on 19 January 2024.

The public consultation received 335 questionnaire responses: 286 from individuals (85%) and 49 from organisations (15%). Around 40% of individual responses (111) were from people with disability.



Note – respondents were able to select multiple categories.





Note – respondents were able to select multiple categories.

Overall support for the recommendations was high among questionnaire responses, particularly from people who identified as having a disability.

The questionnaire did not receive enough responses to be considered a representative sample. The responses shown in this report should not be interpreted as representative of the general population, and only reflect the views of those who participated. It is possible that the number of votes against recommendations was inflated due to the design of the questionnaire.

The five recommendations with the most votes of support are listed in the table below.

Top 5 supported recommendations	Votes
Achieving inclusion and retaining choice (7.15)	66
Disability Rights Act (4.1–4.17)	47
Evaluating implementation and effectiveness in improving outcomes (12.4–12.7)	45
Government responses to Final report recommendations (12.1–12.3)	29
Overcoming barriers to safe, quality and inclusive education (7.1–7.6)	21

The only recommendation with notable opposition among questionnaire respondents was 7.14 *Achieving inclusion while phasing out special/segregated education settings*.

## Volume 4 Realising the human rights of people with disability

Volume 4, *Realising the human rights of people with disability*, proposes strengthening legal protections through a federal Disability Rights Act (DRA), enhancing understanding of disability rights, and strengthening the *Disability Discrimination Act 1992 (Cth) (DDA)*.

### Key messages

- Strong support for better legal protection of the rights of people with disability by translating the *CRPD* into domestic law.
- Governments need to ensure laws are coherent and consistent across jurisdictions.
- Strong support for strengthening the DDA through positive obligations to end disability discrimination.
- Some stakeholders prioritise a Disability Rights Act, followed by a federal Human Rights Act.
- Some stakeholders support an overarching federal Human Rights Act, of which disability rights would be one aspect. They argue this would better protect people with intersectional identities, such as women with disability. Elements of the Disability Rights Act could be included in a federal Human Rights Act.

Many stakeholders strongly supported a Disability Rights Act, describing it as a foundational reform underpinning all others:

*The time has come to embed our CRPD rights into Australian law.*

A more limited number of stakeholders gave qualified support, citing the need for a federal Human Rights Act first, or questioning the effectiveness of legal protections for human rights in general.

A broad range of stakeholders were strongly supportive of recommendations to strengthen the Disability Discrimination Act 1992 (Cth) (DDA), particularly the removal of a hypothetical comparator, removing the word 'reasonable' from reasonable adjustments, and introducing a positive duty to eliminate disability discrimination:

*The creation of clear, enforceable and enforced positive duties to make adjustments and to prevent discrimination must be made a key part of the DDA for it to achieve its purpose, and to reduce the burden on people with disability.*

A number of disability representative organisations and individual respondents also supported recommendation 4.31 to review the exemption in section 52 of the DDA as it relates to migration.

## Volume 5 Governing for Inclusion

Volume 5, *Governing for inclusion*, looks at increasing capacity across governments to deliver better outcomes for people with disability, proposing a New Disability Agreement, a review of Australia's Disability Strategy, enhanced governance arrangements, and an independent statutory National Disability Commission.

### Key messages

- Stakeholders have strong appetite for improved governance. Some stakeholders welcomed the National Disability Commission as a mechanism to uphold the Disability Rights Act, monitor and report on outcomes for people, and promote best practice.
- Stakeholders said the National Disability Commission must have adequate powers and resources to function effectively, with disability leadership built in from the outset.
- There is a strong focus on effective whole-of-government approaches through collaboration and clear roles and responsibilities.
- Many stakeholders described the fundamental role of co-design and disability leadership from the outset.
- Stakeholders want clarity on how the proposed National Disability Commission would relate to the Australian Human Rights Commission.

Stakeholders strongly supported the recommendation for a new National Disability Agreement (5.1). Many suggested a new National Disability Agreement should create national consistency and improve monitoring and evaluation, including for disability services outside the NDIS:

*There are too many systems that do not match up. One government agency argues with the other and the participants lose due to the process taking too long.*

Stakeholders emphasised the importance role of co-design, consultation and representation. A union noted that a new National Disability Agreement, the National Disability Commission and improved governance arrangements would:

*... ensure consistent and comprehensive responsibilities across governments for eliminating discrimination against and maximising inclusion for people with disability.*

Disability advocacy organisations argued that improving the daily lives of people with disability requires meaningful action plans, with impact, outcomes and accountability frameworks.

Disability representative organisations supported reviewing state and territory disability plans (5.3):

*... the review should focus on implementing CRPD rights, and consider measures that have a shared budget responsibility, to ensure action is delivered as soon as possible and in a manner that promotes inclusion across mainstream systems.*

Stakeholders supported the proposed National Disability Commission (5.5), saying it should have people with disability in positions of leadership and engage

meaningfully with people with disability from the outset. Some requested greater clarity on how the National Disability Commission would work with the Australian Human Rights Commission.

A disability organisation expressed scepticism about a new national agreement or governance arrangements, that a National Disability Commission would not make a material difference for people with disability.

A disability representative organisation favoured a more powerful Australian Human Rights Commission to monitor implementation of the *CRPD*, with an expanded role for the Disability Discrimination Commissioner, rather than a standalone National Disability Commission.

A number of disability advocacy organisations supported realigning disability-related policy into a single government portfolio under the leadership of a Minister for Disability Inclusion. While there was support for recommendation 5.6 on new governance arrangements for disability, one organisation cautioned against folding all carer policy under disability policy.

Some disability advocacy organisations supported recommendation 5.7 to have a designated focal point in each jurisdiction to implement the *CRPD*.

## Volume 6 Enabling autonomy and access

Volume 6, *Enabling autonomy and access*, covers access to information and communication, guardianship and supported decision-making, advocacy, health, restrictive practices and involuntary sterilisation.

### Key messages

- Stakeholders support the recommendations on accessible information and communication, noting the need for practical solutions to strengthen the pipeline of Auslan interpreters.
- Stakeholders welcome a new supported decision-making framework as a key shift away from substitute decision-making. However, stakeholders observed challenges in implementation.
- Advocacy organisations and peak bodies support recommendations on advocacy, but call for more funding and inclusion of systemic advocacy.
- Stakeholders have mixed responses to recommendations to expand the remit of health initiatives focused on people with intellectual disability. While some support a broader approach, others oppose losing the existing focus.
- Specialist medical colleges and allied health peak bodies strongly support the recommendation to increase access to clinical placements in disability health services.
- Stakeholders hold contested views on the approach to restrictive practices. Advocacy groups and disability representative organisations are largely disappointed Commissioners did not call for outright elimination of all restrictive practices. Unions, service providers and professional peak bodies support reduction and elimination, but are concerned about health and safety and duty of care.
- While stakeholders support the intent of prohibiting non-therapeutic involuntary sterilisation, they caution the recommendation must comply with the *CRPD*.

### 6.1 – 6.3 Access to information and communication

A number of disability representative organisations and advocacy organisations urged the Australian Government to implement a national plan to promote accessible information and communications as a matter of priority (6.1), focusing on people with complex communication needs, audio description for free-to-air television broadcasters and streaming media services, and regional, rural and remote areas.

Other advocacy organisations strongly supported recommendations 6.2 and 6.3, describing the Auslan interpreter workforce crisis as ‘perhaps the most disabling influence in the lives of Deafblind people who use Auslan’. Some are concerned implementation will fail without a stronger pipeline for Auslan interpreters, calling for all governments to act to improve overall operation of the language services sector.

Questionnaire respondents emphasised the importance of improving the accessibility of information, especially navigating government systems.

## 6.4 – 6.19 Supported decision-making

Questionnaire respondents supported clear and consistent national guidelines for supported decision-making, based on human rights principles, co-design and ongoing consultation with people with disability:

*Everyone has the right to make decisions that affect their future – some people may just need a little help to do so*

Respondents supported uniform standards for public advocates, guardians and trustees to 'facilitate the increased trust of the community'.

Stakeholders, including disability representative organisations, peak bodies and service providers, welcomed the recommendations on supported decision-making. Some suggested the initial focus should be on addressing state and territory legislative frameworks with the objective of national alignment. Others highlighted that appointed guardians and administration should be an absolute last resort.

One disability representative organisation emphasised that reform should be developed in consultation with people with intellectual disability, their families and supporters, with additional investment in supports for people with complex communication needs who face the biggest barriers to supported decision-making and are more likely to lack informal safeguards. Others called for compliance with the principles and standards of the *CRPD*.

## 6.20 Australia's interpretative declaration in relation to article 12

A number of disability rights organisations and disability representative organisations supported recommendation 6.20 to withdraw Australia's interpretative declaration on article 12 of the *CRPD*.

## 6.21 – 6.23 Advocacy, including funding

Questionnaire respondents supported additional advocacy funding, noting its importance in supporting and safeguarding vulnerable community members. They noted continuing high demand for advocacy services to assist with navigating complex or inaccessible systems:

*Disability advocates are where people with disability turn to when there is no one else to go.*

A First Nations-led organisation noted the importance of culturally safe disability advocacy, saying it:

*strongly agrees with the need for culturally safe disability advocacy specifically related to First Nations People. This needs to be supported by appropriate allocation of funding to the Aboriginal Community Controlled sector.*

A broad range of disability representative organisations, advocacy organisations and peak bodies supported the recommendations on advocacy, but called for increased funding. A number argue that implementation must ensure improved mechanisms for data collection designed in partnership with independent advocacy organisations, including disability representative organisations, to develop funding arrangements that reflect true community need.

Many argued more funding should go to systemic advocacy. Others proposed state and territory governments should share responsibility, but funding must be based on organisational independence and community connection.

## 6.24 – 6.34 Health

Many questionnaire respondents raised difficulty navigating the health system:

*Navigating the health system is a nightmare. ... what I now see as a user of this system is that it is completely mismatched to needs and capability.*

Respondents also discussed discriminatory attitudes in the health system, improving access to person-centred and specialised health and mental health services, and improving coordination between health and other services:

*After more than 30 years in senior... health roles, I am well aware of the level of ignorance and misunderstanding that exists amongst health professionals with respect to managing and treating people with disability.*

While stakeholders broadly supported the health recommendations, some held diverging opinions on proposals to expand the scope of health initiatives for people with intellectual disability to other people with disability. Some disability representative organisations and advocacy organisations strongly opposed recommendations 6.25 and 6.30:

*There would be disadvantage to people with intellectual disability if work under the National Roadmap for Improving the Health of People with Intellectual Disability was stopped or slowed to bring it into a cognitive disability focus.*

Conversely, some disability representative organisations, allied health professional bodies and unions supported the recommendations to expand the scope to cognitive disability.

Some stakeholders suggest the health workforce capability recommendations should include a focus on psychosocial disability. Others proposed a separate Health Capability Framework on Autism and a separate National Centre of Excellence in Autism, pointing to:

*unique barriers to accessibility and inclusion experienced by Autistic people, poor outcomes across multiple domains and the frequent need for autism specific solutions.*

Some allied health accreditation bodies did not support recommendation 6.27, arguing that the structure of the Accreditation Standard means education providers determine curricula, with this recommendation exceeding the remit of the accreditation body. They proposed the Australian Health Practitioner Regulatory Authority (Ahpra) and National Boards for regulated health professions include an additional performance indicator within the existing reporting framework.

A range of specialist medical colleges and allied health professional bodies strongly supported recommendation 6.28 to improve access to clinical places in disability health services.

Allied health peak bodies supported recommendation 6.29 to improve specialist training and continuing professional development in cognitive disability health care, but flag the cost and complexity of developing fit-for-purpose products. Others flag the role of GPs in ensuing continuity of care.

A number of stakeholders strongly supported recommendation 6.34 on disability health navigators, highlighting the frequency with which people with disability require assistance in navigating disputes with support coordinators, plan managers and Local Area Coordinators, who have differing interpretations of NDIS rules, funding and eligible health professions.

### 6.35 – 6.40 Restrictive practices

Questionnaire respondents generally supported the minimisation of restrictive practices, pointing to their harmful impacts:

*Restrictive practices have led to great harm, and even deaths of disabled people. It furthers the idea of disabled people as an other that needs to be contained and limits other techniques being used to their full capacity.*

Some also respondents expressed concern about situations where behaviours present a danger to the person and others. They advocated for clarity, flexibility and nuance in any discussion about reducing and eliminating restrictive practices.

Stakeholders – including service providers, unions and peak bodies – support the reduction and elimination of restrictive practices, but propose any related recommendations must consider the health and safety of the person and others, and duty of care. They call for in-depth consultation with workforces across sectors (6.36 and 6.40), noting the need for specific consultation with the mental health sector, given state and territory sector-specific regulation.

Some stakeholders said legal changes to restraint of people with disability must be considered alongside changes to the role of the NDIS Commission, as recommended by the NDIS Review, on support for people with disability, their families and support networks when in crisis.

Some disability representative organisations and peak bodies supported the recommendations, urging government to immediately implement recommendations 6.35, 6.36 and 6.38. Others noted significant evidence supporting immediate cessation of some restrictive practices.

Other disability advocacy organisations and peak bodies called for the recommendations on restrictive practices to go further. A number of disability representative organisations supported the recommendations made by the independent research report 'Restrictive practices: A pathway to elimination'. This research report was commissioned by the Disability Royal Commission, and authored by academics from the University of Melbourne, the University of Technology Sydney, and the University of Sydney.

### 6.41 Legislative prohibition of non-therapeutic sterilisation

Questionnaire respondents overwhelmingly supported eliminating involuntary sterilisation:

*Involuntary sterilisation is a cruel and inhumane abusive act. It must be criminalised. At the very least, it needs to have far stronger laws surrounding the circumstances in which it is deemed medically necessary. But involuntary sterilisation for the comfort or efficiency of support workers and carers is not okay and it is not a suitable excuse or reason.*



Disability rights organisations largely supported this recommendation, with some proposing its language must be compliant with the CRPD.

## Volume 7 Inclusive education, employment and housing

Volume 7, *Inclusive education, employment and housing*, addresses the need for reform to mainstream and disability-specific settings to improve outcomes for people with disability in education, employment and housing.

Volume 7 received the highest level of engagement across the questionnaire and submissions. Stakeholders have contested perspectives on the nature and role of settings exclusively for people with disability, including special/segregated schools, Australian Disability Enterprises (ADEs) and group homes.

Some stakeholders – particularly disability representative organisations, advocates and some people with disability – see disability-specific settings and services as segregation. They describe this as discrimination that is unacceptable under any circumstance.

Other stakeholders – particularly parents, families and carers, and some people with disability – say this description of special schools, group homes and ADEs does not relate to their experience of accessing services designed to meet the specific needs of people with disability.

### Key messages

- Strong consensus across all stakeholders that better outcomes for people with disability across education, employment and housing are critical.
- Some disability advocates consider the CRPD to be a non-negotiable blueprint for the implementation of disability rights in Australia, particularly in the context of education (article 24). Others share concerns about choice, access and availability of safe and quality settings and services.
- Stakeholders strongly dispute the future of special/segregated settings across education, employment and housing:
  - The meaning of inclusive education is highly contested. Many disability rights advocates argue that special/segregated schools violate the rights of students with disability, pointing to the *CRPD*. People who use these schools, particularly parents of students with disability, point to positive outcomes for their children, and emphasise choice.
  - Service providers generally oppose the recommendation to phase out segregated employment by 2034, believing it will undermine choice and leave people with disability worse off. Disability rights advocates largely support this recommendation. The proposal to raise subminimum wages is also contested. Some stakeholders say it will undermine employment opportunities for people with high support needs. For many disability rights advocates, the recommendation does not go far enough, fast enough.
  - A number of stakeholders are concerned that group homes are incorrectly labelled as unsafe or restrictive, rather than facilitating increased independence and autonomy. Many stakeholders are concerned about unintended consequences from rapid reform, urging caution and consultation. Other stakeholders see ending group homes as essential to realising the rights of people with disability.

## Part A – Inclusive education

Questionnaire respondents demonstrated strongly held perspectives on the future of special/segregated schools. Part A – *Inclusive education* had the highest level of engagement of any section in the questionnaire:

- Recommendation 7.14, *Achieving inclusion while phasing out special/segregated schools*, received 12 votes in support and 118 votes opposing.
- Recommendation 7.15, *Achieving inclusion and retaining choice*, received 66 votes in support and 8 votes opposing.

Similarly, a high number of submissions focused on phasing out or retaining special/segregated schools (7.14 and 7.15). Community engagement reflected the different perspectives held by Commissioners. Individuals – often parents, family members and carers of children with disability who access special education, and teaching staff and volunteers in special schools – provided a high volume of submissions on recommendation 7.14.

There was limited specific engagement with other recommendations related to education, although a number of stakeholders expressed broad support for recommendations on overcoming barriers to inclusive education (7.1 – 7.6) and embedding inclusive education (7.7 – 7.13).

### The role of the CRPD in the context of inclusive education

Submissions from disability representative organisations and advocacy organisations often framed support for recommendation 7.14 in the context of the *CRPD* and *CRPD Committee General Comment No. 4 on the Right to Inclusive Education*. A number also referred to ‘Driving Change: A roadmap for achieving inclusive education in Australia’ by the Australian Coalition for Inclusive Education.

A number of disability representative organisations identified ending segregation of people with disability in all settings and contexts as a priority, centring the *CRPD* and other international conventions and treaties:

*The CRPD, consistent with international human rights law, holds that segregation based on impairment is discrimination ... Under Australia’s international human rights obligations, segregation cannot under any circumstances, be justified as a transitional measure to achieve equality. Further, segregation can never be viewed as a form of protection of people with disability or a ‘choice’.*

On this basis, number of peak bodies and disability representative organisations called for a shorter timeframe for implementation of recommendation 7.14.

Other submissions were critical of this interpretation of disability rights. An individual submission from a person with disability criticised what they saw as an over-reliance on the *CRPD* and expressed concern about the use of the term ‘segregation’, perceiving it as a loaded term connected to racial discrimination.

## Violence and abuse

Many hold the strong belief that special/segregated settings are inherently linked to higher rates of violence, abuse, neglect and exploitation. Several draw on the Disabled People's Organisations Australia position paper, *Segregation of people with disability is discrimination and must end*, which says 'segregation is an underpinning enabler of violence, abuse, neglect and exploitation'. Some questionnaire respondents also shared concerns about violence and abuse in special/segregated schools:

*And as shown by the royal commission, kids in special schools aren't safe. They're being horribly treated by their teachers and even fellow students, and yet the parents and those in power chose to look the other way.*

## The right to choice

The most prominent theme among those who oppose ending special/segregated education (7.14) is the right of parents and families to choose where their child is educated. Many individual submissions supported the recommendation to achieve inclusion while retaining choice (7.15). They argued the right of parents, families and guardians to choose the setting where their child is educated:

*Each family determines the best approach for their child, and that choice should never be taken away. I support people who want to mainstream their child, as that is their choice, but it wasn't mine, and I have never doubted my choice. I would hate for this choice to be taken away from other families who only want what is best for their child.*

One parent questioned why parents of non-disabled children should have the right to choose but not the parents of children with disability:

*Why is my choice for my child's education based on his needs not as valid as someone who sends their child to a single sex private school?*

Several organisations also emphasised the importance of choice in education settings, pointing to the importance of specific and tailored supports. Other organisations did not take a firm position on recommendation 7.14 but advised caution in disrupting the lives of people with disability who access these services.

In contrast, some stakeholders and questionnaire respondents challenged the notion of 'choice' in this context, arguing parents are forced to send their children to special/segregated schools due to inaccessible mainstream schools being the only alternative:

*A choice is about having equal options. These are not equal options therefore the 'choice' to send your child to a regular/mainstream setting or a segregated setting is not really a choice. This choice argument is a moot point.*

## Improving mainstream settings

The goal of improving the accessibility of mainstream education was generally shared among stakeholders, regardless of their views on special/segregated schools.

One disability representative organisation noted all Commissioners agreed mainstream systems need reform and transformation to remove barriers to access and enable meaningful inclusion.

Many individual submissions supported better integration of students in mainstream and special/seggregated settings, co-location of special and mainstream units and schools, and breaking down barriers to mainstream education for students with disability who can thrive in mainstream settings.

## Tailored education supporting individual outcomes

Many individual submissions from parents said special/seggregated education provided opportunities and education for their children unavailable in mainstream settings. They attributed this to the ability of special schools and units to tailor educational approaches to the wide range of individual student needs, building confidence through a strengths-based focus and skill development:

*The transformation in our daughter has been phenomenal. She is learning. She is happy. She is included both in her specialised classroom and within her mainstream school. She is thriving because we as parents had choice and we were able to choose an education that suited her needs.*

Parents questioned whether this could be achieved in the context of mainstream education:

*My son learnt to count to five after a year of very patient, one on one, teaching. How could any teacher, no matter how inclusive, ever meet his educational needs and also meet the varying needs of 25 to 30 other students in the class? The suggestion that that could be achieved in an 'inclusive' mainstream school borders on dangerous, magical thinking by experts and advocates who appear to be a long way from the coal face.*

A large number of questionnaire respondents held the view that closing segregated/special schools would be detrimental for students with complex or high support needs. Respondents said there would be a cohort of students unable to participate meaningfully in mainstream classrooms who would be 'left behind':

*If the Royal Commission recommends an 'end' to the specialist school system, it will be taking resources away from the most severely disabled children in apparent pursuit of an illusory 'greater good'. What a sad outcome for a Commission tasked with protecting these most vulnerable children.*

They described mainstream schools as under-equipped to respond to the needs of these students, which can include PEG and nasogastric feeding, assisted toileting, hydrotherapy, and manual handling or hoists:

*I think of my nephew. He has severe cerebral palsy. No verbal, peg fed, can communicate with AT, can swallow saliva as chokes, requires regular suctioning, needs 1:1 all the time. How is he going to fit in safely in a regular classroom.*

Several parents feared their children would not be safe in mainstream settings, whether due to inadequate supervision, a lack of appropriate physical infrastructure or bullying:

*My son runs out onto the road and has no concept of danger. Mainstream schools are not equipped for these issues. His specialty school is a God send. I know he is safe.*

## Views on inclusion

Several questionnaire respondents who supported phasing out special/segregated schools underlined the right of children to be educated in the same settings as everyone else, citing the *CRPD*. Some emphasised the role of inclusive education in improving attitudes towards disability:

*All people need to grow up, learn and play together - in an environment that supports diversity and that makes adjustments as normal practice - in order to create a society where people truly respect each other.*

Other submissions took a different view on the meaning of inclusive education:

*Inclusive education is characterised by an approach that caters to the varied learning needs of all students, including those with disabilities, aiming to create an environment of inclusivity and equal participation in the learning process. For our children with disabilities, personalised and specialised support is crucial for achieving academic milestones, and ensuring equitable access to the broader community and society. It appears that the Recommendations have misconstrued 'inclusive' by advocating for placing all children in a single class setting without providing necessary support for their diverse learning needs.*

A disability advocacy organisation argued specialised education settings for students with disability can come under the umbrella of inclusion, and that this is compatible with ending forced segregation:

*The implementation of inclusive education should not remove the option for people with disability to access disability specific education options if they choose. For example, some students may wish to have a combination of both specialised, disability focused subjects and mainstream subjects. People with disability should be allowed to learn in the environment that best suits their needs and allows them to develop the skills they need for further education, employment, independent living and engagement in their community.*

Another disability advocacy organisation highlighted the highly individualised approaches required to educate deafblind children:

*... there is no single approach, set up, resource or methodology that can be said to be best practice for a deafblind learner. Educating children with deafblindness is by necessity a bespoke process. Approaches are often not transferrable from student to student (even in cases of shared diagnosis) or classroom to classroom ... Appropriate environments that allow deafblind students to thrive may be mainstream, integration/specialist unit approaches within mainstream, bilingual/bicultural environments (Auslan/English) and special schools ... the most important thing is to have a range of options available to respond to the unique needs of each individual student.*

A number of submissions referred to a specific special/segregated school, frequently describing it as an inclusive learning environment for students with disability:

*[Its] greatest strength is its collaboration, advocacy and support it creates within the school and outside the school. Collaboration among educators, employers, and community organisations is vital to creating a supportive and inclusive environment for the successful integration of people with disabilities into the workforce ... This is the choice of many parents and their children to attend, for inclusion and influence towards a positive life.*

## Part B – Inclusive employment

Part B recommendations propose a range of employment-related reforms. These include changes to Disability Employment Services (DES), public sector employment, procurement policies, the regulatory environment, and supporting a transition from Australian Disability Enterprises (ADEs) to open employment. The two recommendations with the most engagement were to raise subminimum wages (7.31) and end segregated employment by 2034 (7.32).

Most submissions were from organisations, including disability advocates, disability representative organisations and service providers. Stakeholders underlined the financial and non-financial benefits of accessible, inclusive and equitable employment for people with disability, including greater independence, social connection and community participation.

Many stakeholders expressed broad support for the employment recommendations.

### 7.16 – 7.17 Disability Employment Service reform

Stakeholders broadly supported recommendations to reform DES, particularly removing the requirement for a minimum future work capacity of eight hours a week. One peak body proposed an approach that centres people with the highest support needs throughout employment reforms.

Questionnaire respondents were generally critical of the existing DES program, calling for reform:

*The current DES model has unintended consequences, and the system is designed more for the providers than for people with disability.*

A number of disability advocacy organisations and disability employment peak bodies support recommendation 7.16, including removing the minimum future work capacity requirement. Some stakeholders propose all NDIS participants with an intellectual disability should automatically receive employment supports if they have an employment goal in their plan, or call for DES reform to enable young people to thrive.

Stakeholders supported recommendation 7.17, suggesting the Disability Employment Centre of Excellence should co-design the education and training resources for DES staff, resulting in improved accountability and better training for employment service provider staff.

## 7.18 – 7.22 Public sector employment

Stakeholders indicated broad support for recommendations on increasing public sector employment for people with disability (7.18–7.22). Questionnaire respondents said governments should be a leader in inclusive employment:

*I love the target for Executive in the public service. As someone with a disability I have spent most of my life only seeing people with a disability encouraged to do junior roles. It is important for us to see that we can do executive roles as well.*

Disability representative organisations supported the Australian, state and territory public services employing a higher percentage of people with disability at all levels. Many stakeholders supported government acting as a model employer by implementing specific and disaggregated targets, including clear guidance and priority cohorts (7.18 and 7.19). Stakeholders also supported adjustment policies and passports (7.21), with some suggesting they should apply beyond the public sector.

## 7.23 Promoting accessibility through procurement policies

Several questionnaire respondents noted not all people with disability in the workforce disclose their disability, either out of individual preference or in response to attitudinal barriers in the workplace. They supported recommendations to support employees with disability, reduce barriers to employment, and promote accessibility and inclusion (7.23–7.30).

ADE and supported employment service providers strongly discouraged changing procurement rules to exclude organisations providing work opportunities to individuals paid under the Supported Employment Services Award 2020 (7.23a).

A service provider strongly supports recommendation 7.23b, which proposes government procurement policies mandate the purchase of accessible ICT products in line with the ICT Standard:

*Finding and maintaining employment is the most significant challenge for people who are blind or have low vision ... a key barrier is the inaccessibility of mainstream ICT products and services.*

## 7.24 – 7.27 Improving the regulatory environment

Recommendations to improve the regulatory environment include a Disability Employment Rights Council (7.24), amendments to the Fair Work Act 2009 (Cth) (7.25), amendments to the Disability Discrimination Act 1992 (Cth) (7.26), and a Fair Work Ombudsman referral mechanism (7.27).

A disability advocacy organisation, which supported recommendation 7.24, proposed the Australian Government recognise additional mental and psychological capacity barriers to employment for people with psychosocial disability. Another called for consistent guidelines, practices and support mechanisms. They also supported recommendation 7.27, saying a referral mechanism to the Fair Work Ombudsman would provide an independent authority to whom people with disability can take their concerns of workplace discrimination.



## 7.28 – 7.30 Supporting transitions to inclusive employment

There was general support for the recommendation to improve access to information about wages and the Disability Support Pension (DSP) (7.28) from disability advocacy organisations and service providers. Several organisations argued the Australian Government needs to consider how the income support system could be improved to better meet the needs of people with disability. Some noted the thresholds and tapers within the DSP system disincentivises people with disability from seeking employment.

Disability advocacy organisations supported ‘open employment first’ and the transition to inclusive employment (7.30), but proposed further consultation is needed. One disability representative organisation noted people with intellectual disability have the same right to feel belonging, safety and connection at work as any other employee. As such, the transition plan must include a measurable increase in open employment with appropriate supports.

ADE providers disagreed with recommendation 7.29 to embed an ‘open employment first’ approach in the NDIS Participant Employment Strategy and recommendation 7.30 to transition from ADEs to open and inclusive employment. They argued that, while open employment is a valid goal for some people with disability, people should have the option to continue working in ADEs, if that is their free and informed choice. Others cautioned against a policy response that denies people with intellectual disability and high support needs access to employment.

## 7.31 Raising subminimum wages

There was a mixed response to the recommendation to raise subminimum wages (7.31). Questionnaire respondents expressed support for people with disability receiving fair pay for fair work, but emphasised potential unintended consequences:

*I think it's a good idea but will hurt people in practise. I have level 1 autism and I can't get a paid job paying minimum wage. ... If employers need to foot the full bill for minimum wage for people like me they just wont' hire us. If this recommendation is introduced it will just lead to mass unemployment among disabled people, especially intellectually disabled people...*

Some disability rights advocates opposed the recommendation because it does not go far enough, calling for all people with disability to receive full minimum wages immediately.

Some stakeholders supported the phased approach proposed by the recommendation. Several tentatively supported recommendation 7.31, cautioning care to avoid adverse outcomes.

Other stakeholders – primarily service providers – opposed the recommendation as undermining the financial viability of ADEs and reducing employment opportunities for people with high support needs.

## 7.32 Ending segregated employment by 2034

Recommendation 7.32 proposes a roadmap to transform ADEs and eliminate subminimum wages by 2034. Commissioners Bennett, Galbally, Mason and McEwin supported this recommendation.

A number of disability representative organisations supported this recommendation, calling for immediate action to phase out segregated employment and end subminimum wages.

Several organisations supported ending segregated employment in principle, but recommend that care is taken to address the substantial barriers to open employment faced by those with high support needs.

Several service providers strongly opposed phasing out ADEs, citing catastrophic job losses and a reduction in employment options likely to leave the most vulnerable behind, contravening the General Principle of choice and control articulated in the *CRPD*. They strongly opposed industry transformation that would result in diminished opportunities for people with high support needs, proposing supported employment should be available to those who cannot find open employment.

Several questionnaire respondents described ADEs as an important element in the employment landscape for people with disability:

*I do agree that open employment should be promoted as the first and ideal option, but the roles of ADEs is crucial for those instances where open employment is not feasible. I do support the notion of using ADEs to help people gain skills and experience to assist them with gaining open employment.*

They described wanting to retain the option to access ADEs:

*My brother works in an ADE. It is important to him and us that this continues to remain an option for him over his working life.*

One ADE provider agreed that the sector needs to change and highlighted the dignity of employment for people with higher support needs.

## Part C – Inclusive housing

The recommendations in Part C focus on addressing and preventing homelessness of people with disability, housing accessibility, tenancy and occupancy protections, safety in supported residential services and their equivalents, increasing access to alternative housing options, and phasing out group homes.

Overall, questionnaire respondents broadly supported the recommendations on inclusive housing. The exception to this were the recommendations proposing phasing out group homes (7.43–7.44), which some questionnaire respondents opposed.

### 7.33 – 7.34 Effective housing and disability policy frameworks

Stakeholders demonstrated a high level of support for developing effective housing and disability policy frameworks (7.33–7.34).

### 7.35 – 7.37 Housing accessibility and tenancy and occupancy protections

Stakeholders also generally supported improving housing accessibility (7.35–7.37). Disability advocacy organisations supported recommendations to increase the availability and supply of accessible and adaptive housing and ensure better protection for tenancy and occupancy. Some noted the link with the NDIS Review,

which asks all levels of government to begin a targeted action plan on housing under Australia's Disability Strategy.

### 7.38 Safety in SRS and their equivalents

A range of stakeholders in the Specialist Disability Accommodation (SDA) sector support prioritised implementation of recommendation 7.38, noting significant numbers of people with high support needs live in these settings, and called for increased oversight:

*The NDIS Quality and Safeguards Commission also needs to be sufficiently resourced with capable and experienced staff so they have the power to provide timely and effective regulatory oversight of assisted Boarding Houses/Supported Independent Living Homes/Supported Residential Services which house participants with extreme functional impairment and/or high support needs.*

They connect this recommendation to the NDIS Review, and highlight the need to address conflicts of interest in single accommodation and service/support providers.

### 7.39 – 7.40 Preventing and responding to homelessness

A number of stakeholders strongly support the adoption of more inclusive and alternative models of housing for people with disability to prevent and respond to homelessness. There is support for all levels of government working together across departmental portfolios toward the goal of safe and appropriate housing. Some advocacy organisations call for the higher risk of homelessness faced by people with disability to be addressed as a priority.

Questionnaire respondents strongly supported recommendations to prevent and respond to homelessness:

*Nobody should be homeless, but in particular people with disability have more than enough to contend with. Being homeless also would make it difficult if not impossible for people with disability to access and use their supports.*

### 7.41 Improving group homes

There was general support for improving group homes (7.41), particularly the proposal to address conflicts of interest between Supported Independent Living and Specialist Disability Accommodation services. Several questionnaire respondents shared experiences in group homes:

*Group homes need to be improved across providers to ensure people do not experience abuse in any form in their living environment.*

Some stakeholders connected this recommendation to the NDIS Review, saying these settings need rigorous regulatory oversight and programs to prevent people with disability experiencing violence, abuse, neglect and exploitation.

### 7.42 Access to alternative housing options

There was strong support for improving access to alternative housing options (7.42) among questionnaire respondents:

*There is currently a shortage of supported independent living, specialist disability accommodation and individualised living options. This is crucial for providing flexibility, inclusivity & housing choice for individuals with diverse needs.*

A range of advocacy organisations supported this recommendation, proposing a cost-benefit analysis of home and living supports, access to supported decision-making as part of all housing reforms, partnering with disability advocacy organisations to support the transition to inclusive housing, and ensuring SDA and SIL providers are resourced to provide people with support and pathways to inclusive housing options. They also recommend specialist advocacy organisations are funded to provide independent decision-making support and accessible information to assist people to explore housing options.

#### 7.43 – 7.44 Phasing out group homes

The recommendations to phase out group homes met a range of diverse opinions.

A high number of submissions from disability representative organisations and disability service providers supported proposals to phase out group homes, arguing people who live in group accommodation continue to experience high rates of violence, abuse and neglect. One questionnaire respondent said:

*Group homes have a very bad reputation and are often the scene of abuse, violence and coercive control. In the absence of other more suitable options for independent living it is likely to take some time before they can be replaced, but this should be the goal.*

A number of stakeholders identified the importance of changing culture in realising better housing outcomes and centering people with disability living in group homes in decision-making. They noted many current occupants will need time to adjust:

*The phasing out of group homes is a complex and emotionally loaded undertaking. ... The phasing out of group homes will be a fundamental change to living arrangements for thousands of people with disability. While more innovative pathways may prove attractive in the longer term, the starting point for many people will be what they currently know – and the choice about any change should be at their own pace.*

Stakeholders also identified the need for reform to be coherent with actions arising from the NDIS Review.

Other stakeholders shared positive perspectives on group homes and expressed concerns about the idea of them closing. Questionnaire respondents described the experiences of family members living in group homes:

*My son lives in a group home with four other young men where they are provided 24/7 support and he loves it. It was his choice. They socialise and do many activities together.*

A number of organisations, including unions and peak bodies, opposed phasing out group homes, arguing it would reduce housing options for people with disability. They argued the correct policy approach would be to expand housing options for people with disability. One peak body described group homes as an essential step in people with psychosocial disability increasing their independence, choice and control. They argued that living with peers does not constitute segregation, and that strong oversight and regulation help maintain safe environments.

A number of submissions were ambivalent about proposals to end group homes. These submissions focused on the assumptions underpinning the recommendations and potential unintended consequences, including the loss of group homes that have a positive culture and realise good outcomes for their inhabitants.

Other respondents questioned what the alternatives would be:

*For my daughter and many others, it is hard to see a viable alternative. What are the alternative options likely to be?*

## Volume 8 Criminal justice and people with disability

Volume 8, *Criminal justice and people with disability*, addresses the right to humane treatment in criminal justice settings, including for children with disability in youth detention, the rights of people found unfit to be tried and indefinite detention, and the NDIS interface with criminal justice. It also looks at police responses, diversion programs and domestic and family violence.

### Key messages

- Broad agreement that levels of incarceration among children and adults with disability are unacceptable.
- First Nations people with disability are at particularly high risk, and adequate culturally safe responses are essential.
- Conditions in custody must be improved, including providing adequate screening for disability and access to disability supports including the NDIS.
- Some stakeholders argue revising the *National Principles relating to persons unfit to plead* does not go far enough.
- Some stakeholders call for more specific actions to improve police responses.
- There is support for the recommendations to address family and domestic violence.

Questionnaire respondents pointed to the over-representation of adults and children with disability, particularly First Nations people with disability, in custodial settings as a critical issue requiring attention from government:

*Disabled adults and children are incarcerated at shocking numbers-it's a blatant symptom of the failing of other support systems.*

Stakeholders who engaged with Volume 8 were generally supportive of the recommendations. Others wanted some recommendations to go further.

### 8.1 Conditions in custody

Disability advocacy organisations gave in-principle support for this recommendation, seeking further commitments on disability supports for people in custody and specific strategies for different cohorts of people with disability, including Autism.

### 8.2 Disability awareness in OPCAT monitoring

Disability representative organisations strongly supported implementation of this recommendation as a matter of priority. Some stakeholders proposed that National Preventative Mechanisms and detention authority and facility staff should receive specific mental health and trauma-informed training.

### 8.3 – 8.8 Children with disability in youth detention

Questionnaire respondents outlined the need for adequate supports for young people with disability to divert them away from the criminal justice system:

*Children with disability should not be in detention centres. They need a more therapeutic place to adjust, learn, and reintegrate, rather than improving an already too punitive mechanism.*

Disability representative organisations argued greater clarity and stronger safeguards are required to provide adequate responses to trauma, and meet the specific health, wellbeing and development needs of children with disability in custody (8.3). They propose that screening and assessment in youth detention (8.4) should apply to all children and young people.

## 8.9 – 8.13 The rights of people found unfit to be tried and indefinite detention

Disability representative organisations generally supported these recommendations, emphasising the need for a consistent, coordinated approach across states and territories to providing information about adjustments to courts and legal practitioners. Some said revising the National Principles (8.12) was inadequate, advocating for immediate repeal of all legislation that limits the legal capacity of persons with disability and enables indefinite detention.

## 8.14 – 8.16 Screening, assessing and identifying disability in custody

Questionnaire respondents identified the need for adequate screening and identification of disability (8.14–8.16) as a key mechanism to reduce incarceration of people with disability:

*Many prisoners have unidentified disabilities which are at least partly resulting in their incarceration. Screening and assessment along with integrating appropriate therapy whilst in custody is critical to help prevent future contact with the criminal justice system.*

While supporting the proposal to develop guidelines for screening for disability (8.14), a disability representative organisation called for the Commonwealth take a stronger approach to compelling state and territory governments to develop and implement culturally safe disability screening tools.

## 8.17 – 8.18 The NDIS and criminal justice interface

A disability representative organisation supported this cluster of recommendations, but questioned how it would apply to prisoners with disability who are not on the NDIS.

## 8.19 – 8.20 Police responses to people with disability

Questionnaire respondents identified the need to improve police responses to people with disability (8.19–8.20) as a priority. They described attitudinal barriers resulting in police failing to adequately support people with disability, including people with invisible disabilities. They described this leading to unnecessary escalation, criminalisation and trauma:

*I hate it when I'm treated like garbage by the police because they don't know what I've been through in my life.*

Stakeholders strongly supported improving police responses, emphasising co-design with people with disability:

*... key institutions meant to keep marginalised communities safe are often seen as threatening forces by these same communities. Our research substantiates such findings. Such recommendations show a genuine intention to design and implement a more humane police response for people with disability in Australia. We commend the*

*report's solutional strategies like co-design, introducing staff with disability training and creating reporting pathways that better serve people with disability.*

## 8.21 Diversion of people with cognitive disability from criminal proceedings

Disability representative organisations support this area of reform but argue a more substantial response is warranted, advocating that government should develop a national disability justice strategy containing comprehensive measures to prevent and respond to the criminalisation of disability, such as establishing justice reinvestment strategies.

## 8.22 Raising the age of criminal responsibility

Disability representative organisations emphasised the need for urgent implementation of this recommendation.

## 8.23 Action plan to end violence against women and children with disability

There was broad support for the recommendations on family and domestic violence, with some supporting a specific Action Plan developed by and for women and children with disability to prioritise cohorts at greatest risk of violence. One stakeholder noted that the specific Action Plan should not fragment the *National Plan to End Violence against Women and Children 2022-32*.

## 8.24 Disability-inclusive definition of family and domestic violence

Stakeholders generally supported this recommendation, including a disability-inclusive definition of family and domestic violence:

*Establishing a consistent definition is key to developing systems and structures where women do not inadvertently fall through legislative or policy cracks, and creating an Australia where all women can live a life free from violence.*

They noted amended definitions should include all relationships in which people with disability experience family and domestic violence, including carer and support worker relationships and supported accommodation. Some noted children and adolescents with disability are at higher risk of family and domestic violence, and it is essential their lived experience informs the new definition.



## Volume 9 First Nations people with disability

Volume 9, *First Nations people with disability*, proposes elevating First Nations disability policy, improving culturally safe and accessible services, and addressing issues related to child protection.

### Key messages

- Many non-Indigenous stakeholders deferred to the expertise of First Nations-led disability organisations.
- Stakeholders support improving cultural safety and responsiveness of mainstream and disability services.

Several stakeholders declined to comment on the recommendations in Volume 9, choosing to defer to First Nations expertise:

*We welcome many of the initiatives included throughout this section. As a non-indigenous organisation, we stand in solidarity with our First Nations colleagues and support them in their response to these recommendations. ... We will be guided by the expertise and lived experience of First Nations representative organisations in our responses to these areas.*

Stakeholders did not engage directly with all recommendations in this volume. Beyond broad support, the public consultation did not result in specific feedback on recommendation 9.4 to expand community connector programs.

### 9.1 – 9.2 Child protection

A number of stakeholders supported culturally appropriate parenting capacity assessments, noting culturally informed practices would produce better outcomes for First Nations communities. One advocacy organisation argued for initiatives addressing systemic bias against parents with disability in the child protection system to expand beyond First Nations communities. They advocated for wider legal, policy, practice and funding reforms for all parents with an intellectual disability.

An individual submission argued for reform to reduce bias against people with disability in the child protection system:

*My experience underscores the pervasive ableism, discrimination, and implicit/explicit bias within the national child protection system. It exposes the barriers imposed on parents navigating this system, emphasizing the urgent need for transparency, accountability, and a shift towards a more supportive approach. I firmly believe that, in this instance, the system has disabled me more than my own disability has. ... I implore you to address the issues of ableism, discrimination, and biases within the child protection system. Without comprehensive system reforms, families will continue to endure disproportionately intrusive interventions, leading to a continuation of removals reminiscent of the stolen generations and perpetuating mistrust in the system.*

### 9.3 Cultural safety of First Nations people in criminal justice settings

One stakeholder said cultural safety is paramount for recovery of people with psychosocial disability in First Nations and culturally and linguistically diverse communities. They advocate for:

*the introduction of specific First Nations forensic psychosocial disability services and that these align with Closing The Gap targets to reduce disproportionate incarceration, especially the high rates of Indigenous people incarcerated with a disability.*

### 9.5 – 9.9 A community-based approach and alternative funding models

Questionnaire respondents supported the need to provide culturally safe and responsive supports for First Nations people with disability. They emphasised the role of First Nations-controlled organisations:

*A block funding model ensures Aboriginal Community Controlled Organisations (ACCO) the ability to cater for the holistic needs for Aboriginal people in all aspects of health and wellbeing. It allows for flexibility and ensures the person with disability has access to support and services from a locally culturally appropriate service, such as an ACCO. Without changing the funding type to suit service delivery for ACCOs there will continue to be an underutilisation of disability support for Aboriginal people.*

Others discussed improving cultural safety among other services working with First Nations people with disability:

*Indigenous people are disempowered, as are people with disability ... Disability, health and service providers must be trained to incorporate cultural safety standards in their practices and organisations in an effort to decrease this divide.*

A union supported a new funding approach for Aboriginal community-controlled health organisations that is ‘culturally sensitive and allows providers to fund disability supports more sustainably’.

### 9.10 First Nations Disability Forum

Questionnaire respondents emphasised genuine co-design and collaboration with First Nations stakeholders in elevating First Nations disability policy (9.10–9.11):

*To make this recommendation successful, the NDIA, and other relevant government agencies and policymakers, must work in partnership with the Aboriginal community-controlled sector to co-design a scheme that addresses the barriers that make it difficult for Aboriginal people to access essential disability services. An equitable NDIS that works for Aboriginal people and organisations can only be delivered by sharing decision-making and working in genuine partnership.*

A peak body supported a First Nations disability forum ‘to address the unique challenges faced by this priority population and to ensure the delivery of culturally appropriate services and support.’

### 9.12 Disability-inclusive cultural safety standards

One stakeholder supported the development of inclusive culturally safety standards for providing services for First Nations people with disability, arguing that improving

culturally informed responses within the health, criminal justice and early childhood sectors will help improve outcomes for First Nations people with disability.

### 9.13 Growing the First Nations disability workforce

Stakeholders including peak bodies and unions emphasised the importance of remote workforce development for First Nations people with psychosocial disability, adding that there should be an explicit aim to address intergenerational trauma embedded in this recommendation.

## Volume 10 Disability services

Volume 10 is split into two parts. Part A looks at improving disability services, while Part B looks at the role and function of the NDIS Quality and Safeguards Commission (NDIS Commission).

### Key messages

- Many stakeholders broadly support the recommendations across Volume 10.
- Stakeholders call for the Australian Government's response to the DRC recommendations and the NDIS Review to be coordinated, with reforms retaining choice and control for NDIS participants.
- Stakeholders have diverse opinions on mandatory registration for disability support workers (10.8) and compulsory registration for all service providers (NDIS Review).

A range of stakeholders expressed broad support for the recommendations across Part A and Part B of Volume 10. One union said:

*Our members demand urgent action to implement the 33 Recommendations in Volume 10 of the Royal Commission's Final Report and in particular workforce recommendations to build a highly skilled and qualified workforce that can deliver high-quality and individualised services.*

*The disability workforce solutions and recommendations ... will lead to a more highly skilled and engaged workforce that has adequate training, pay and recognition.*

### Part A – Disability service providers

Recommendations in Part A look at embedding human rights in the design and delivery of disability services, the role of support coordinators and independent advocates, choice and control over how services are delivered, and providers of last resort. They also look at encouraging workers to enter and remain in the disability support sector.

#### 10.1 Embedding human rights

Questionnaire respondents strongly supported embedding human rights in the design and delivery of disability services (10.1) as a method of improving services and workforce attitudes, and reducing the risk of violence and abuse:

*...often times services designed to support us, take advantage of and harm us. Ensuring a human rights approach underpins all disability service delivery would begin to correct this issue.*

A broad range of stakeholders support this recommendation, saying it will assist providers in complying with obligations under the DRA and DDA, particularly given the diversity of providers, complexity of the sector and resourcing constraints.

One disabled people's organisation described this recommendation as falling short, as it does not commit disability service providers to embed human rights in the design and delivery of services. However, they welcomed the focus on co-design, the CRPD, and non-NDIS services.

## 10.2 – 10.5 The role of support coordinators and independent advocates

Questionnaire respondents highlighted the vital role support coordinators play in supporting clients (10.2–10.5). Several people expressed concern at the idea of changes to support coordination:

*These people are specialists in their field, they come with knowledge and care for people with a disability. A lot of participants need help to navigate their plans and communicate with the NDIS they are a voice for the people.*

Submissions from organisations were generally supportive of these recommendations, citing greater transparency, quality control, and addressing potential conflicts of interest. Some organisations supported the recommendation in principle, but advocated for flexible application in the context of thin markets or a need for specialised services.

Peak bodies and unions noted the NDIS Review recommended ‘navigators’ with an enhanced focus on non-NDIS support as an evolution of Support Coordinator roles. They call for the Australian Government to work with the sector to develop a comprehensive strategy to align these recommendations, ensuring uninterrupted support for people with disability.

Unions and service providers welcome recommendation 10.3 on funding support coordinators for monthly face-to-face contact, noting its significance for group homes and living arrangements with higher safeguarding requirements. Other service providers supported recommendation 10.4 on adequacy and quality of support coordination. They also supported recommendation 10.5 on access to advocacy services, including as part of NDIS plans related to supported accommodation.

## 10.6 – 10.7 Choice and control over how services are delivered

Questionnaire respondents support recommendations regarding choice and control over service delivery (10.6–10.7):

*... disabled people and their carers deserve to control who supports them and how they are supported.*

They underlined the importance of choice in disability service delivery, highlighting the current lack of choice of local area coordinators, the ability to choose to employ unregistered support workers, and the benefits of self-managed NDIS plans.

A range of peak bodies, advocacy organisations and allied health professional bodies support recommendation 10.6 on supported decision-making in disability services and recommendation 10.7, noting formal requirements in the NDIS Practice Standards would drive a consistent approach across services providers.

## 10.8 – 10.9 Encouraging workers to enter and remain in the disability support sector

Recommendation 10.8 on a national disability support worker registration scheme drew the most divergent perspectives from stakeholders, with a notable difference in the views held by organisations and individual NDIS participants. Service providers, unions and advocacy organisations were supportive of the recommendation, describing registration as a critical safeguard. Conversely, individual submissions

tended to oppose the recommendation, citing limitations on participant choice and control.

An individual submission from a person with disability strongly opposed the registration scheme, arguing it reduces choice and control central to the NDIS. They also argued it reduces access to an appropriate workforce, proposing people with disability should be able to self-manage support, including unregistered providers and workers without disability qualifications if they choose.

Several questionnaire respondents also noted the difficulty in recruiting and retaining appropriate staff, particularly in rural areas, and the impact on consistency of support and client outcomes. Some said onerous registration processes would be counter-productive:

*I would hate to see qualifications/registration requirements becoming so high that they would deter workers with proper human rights approaches and positive person-centred caring experiences from entering/remaining in the workforce as a result of too onerous/high requirements.*

Unions supported recommendation 10.9 on the Social, Community, Home Care and Disability Services Industry Award, as an opportunity to close the loophole through which disability support workers have been misclassified and paid lower wages as home care employees.

## 10.10 Provider of last resort scheme

Recommendation 10.10 on provider of last resort received broad support from a range of stakeholders. Many emphasised that people with disability, advocacy and community groups must be involved in the design of alternative funding options.

Some providers noted that the market-driven premise of the NDIS has not bridged gaps in support and state-funded support schemes provide less funding than required, meaning many people with disability in remote locations, experiencing acute changes to informal supports, housing insecurity and cultural barriers do not receive adequate supports.

Stakeholders say the Scheme should have comparable funding levels to the NDIS and flexible standards to meet the support needs of communities, with specific funding and procurement arrangements. A union encouraged the Australian Government to consider direct state or federal government provision of services where private providers cannot be sourced.

## Part B – the NDIS Quality and Safeguard Commission

Recommendations in Part B focus on the role and function of the NDIS Commission.

One service provider supported recommendations 10.11 – 10.20 to elevate the standards of service delivery and accountability, arguing that strengthened mechanisms will deliver high-quality services and ensure a trustworthy framework for both service providers and recipients.

### 10.11 – 10.12 Monitoring reportable incidents and focus on risk

A disability peak body demonstrated support for the recommendations to enhance NDIS Commission procedures for monitoring reportable incidents (10.11). A range of

stakeholders, including peak bodies, unions and disability representative organisations, supported in principle risk-based reporting through class or kind determinations (10.12). However, some call for stronger definitions of what constitutes a serious incident and clarity on how 'competence' is attained.

An individual submission from a person with disability who supported recommendation 10.12 noted:

*The tendency to overlook severe incidents due to the volume of minor reports necessitates a focused approach that accurately identifies and prioritises high-risk incidents, ensuring effective management and response.*

### 10.13 Creating an independent investigators panel

A disability representative organisation supported this recommendation in principle, calling for prioritisation of the appointment of independent investigators with lived experienced of disability.

### 10.14 – 10.17 Improving provider safeguarding practices

Some questionnaire respondents advocated for improving oversight and safeguarding mechanisms to improve the overall quality of supports and reduce the risk of violence, abuse, neglect and exploitation:

*The focus on improving standards establishes a framework that enhances the overall quality of care for people with disabilities, ensuring safety, respect, and a conducive environment for their well-being. This proactive measure aims to prevent the exploitation of individuals who may be more susceptible to mistreatment.*

A union agreed with the need to improve provider safeguarding but highlighted recommendations 10.14 and 10.15 must include consultation with workers and unions. Otherwise, model policies and procedures for frontline workers risk duplicating existing safeguarding policy documents.

A peak body notes recommendation 10.16 on redress is pivotal to ensure accountability and justice within the disability service sector but call for a systematic and consistent approach.

A professional membership body supports recommendation 10.17 on best practice governance models for NDIS providers, including the publication of safeguarding indicators to enable meaningful discussion of safety, quality and risk issues.

### 10.18 – 10.20 Improving complaint processes

Several questionnaire respondents outlined feeling ignored and being 'bounced around' by different agencies during complaint processes.

A union welcomed recommendations on improving complaint processes (10.18 – 10.19), but encouraged the NDIS Commission to investigate whistle-blower protections and support workers to speak out around safeguarding as part of a strategy for 'hard to reach' groups.

A disability representative organisation supported recommendations to make NDIS Commission complaint processes more accessible (10.20) and strengthen monitoring, compliance and enforcement activities (10.25).

## 10.21 – 10.23 Provider registration

Questionnaire respondents broadly supported recommendations to improve provider registration (10.21–10.23), citing anecdotal evidence of unregistered support workers providing poor participant experiences.

A number of peak bodies for allied health professions note overly complex registration and auditing processes create a burden for providers, with negative impacts on the ability for smaller providers to access or maintain registration. They strongly support recommendation 10.21, including simplifying registration, removing duplication and using streamlined auditing processes.

One service provider supports recommendation 10.21, advocating for the mandatory registration of all service providers, in line with the NDIS Review:

*... it's crucial to ensure that the recommendations from the Royal Commission are in sync with the findings of the NDIS Review and the National Strategy for Care and Support Economy.*

A union also advocated for the Australian Government to implement the NDIS Review recommendations coherently with the DRC recommendations, including those on provider registration (10.21), strengthened regulatory requirements (10.22), and unregistered provider market reporting (10.23).

## 10.24 Behaviour support

A service provider welcomed incentives to improve access to behaviour support practitioners and address 'thin markets' where demand for behaviour support services is not met (10.24). They highlighted the lack of suitably qualified behaviour support practitioners, saying recruitment remains a challenge because the number of specialist behaviour support practitioners does not meet demand.

## 10.25 Strengthening monitoring, compliance and enforcement

Some questionnaire respondents outlined the need for strengthened monitoring and enforcement by the NDIS Commission (10.25):

*I feel there needs to be stronger enforcement of what the funds are intended for and not be allowed to be misused.*

Other questionnaire respondents said building the capacity of providers would reduce the need for monitoring:

*If providers were better supported to build their capacity, e.g. knowledge, skills, processes and systems and were able to operate in a better resourced environment, e.g. availability of behaviour support practitioners, there would be far fewer prompts whereby, the NDIS Commission may instigate enforcement or monitoring.*

One respondent pointed out that many allied health therapists are required to maintain Ahpra registration. They argue regulatory duplication is unproductive, especially given the complexity of NDIS Commission systems and processes. A peak body for an allied health profession also suggested any review of NDIS Commission compliance and enforcement policy (10.25) needs to ensure it avoids duplication with Ahpra registration.



## 10.26 – 10.28 Enhancing data and intelligence

A disability representative organisation supported recommendations 10.26 and 10.28 in principle, and broadly support the recommendation for a central intelligence unit within the NDIA (10.27). They call for close consultation with people with disability and their representative organisations to ensure the investigative practices and procedures are trauma-informed and culturally appropriate.

## 10.29 – 10.30 Engagement and capacity building

A peak body for an allied health profession strongly endorsed the need for the NDIS Commission to enhance its engagement and capacity-building activities with NDIS providers (10.30).

## 10.31 – 10.33 Worker screening

Questionnaire responses supported the recommendations on worker screening (10.31–10.33), citing the need to protect participants from workers who put them at risk of harm.

## Volume 11 Independent oversight and complaint mechanisms

Volume 11, *Independent oversight and complaint mechanisms*, outlines ways to address gaps and barriers to reporting violence, abuse, neglect and exploitation through adult safeguarding, complaint handling and OPCAT compliance. It also looks at community visitor schemes, disability death review schemes and reportable conduct schemes.

### Key messages

- General support for the recommendations in this volume, but overall limited engagement.

Disability representative organisations and disability service peak bodies supported the recommendations across Volume 11, highlighting the importance of co-design, consistency and coherence in implementation.

#### 11.1 – 11.2 National consistency in adult safeguarding

A disability representative organisation supported these recommendations.

#### 11.3 – 11.5 Independent complaint reporting, referral and support and complaint handling

A range of disability representative organisations, advocacy organisations and unions support a 'one-stop shop' for complaint reporting, referral and support (11.3). These stakeholders also support recommendations to simplify and centralise complaints handling, alongside legislative strengthening of rights protections (11.4 and 11.5).

#### 11.6 – 11.11 Achieving OPCAT compliance

Disability representative organisations and advocacy organisations strongly support recommendations to achieve compliance with the *Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT), calling for a clear and achievable timeline for full implementation as a priority.

#### 11.12 – 11.13 Community visitor schemes

A range of disability representative organisations and advocacy organisations welcome the recommendations on nationally consistent community visitor schemes with sufficient resourcing. Some suggest governments should consider the potential of Community Visitor Schemes to function as National Preventative Mechanisms.

Some advocates described subtle and overt gatekeeping concealing the neglect and abuse in group homes. They highlight lack of community connection and limited support networks are a reality in the lives of many, greatly exacerbating their vulnerability to violence and abuse. They say the benefits of community visitor schemes are well documented, with positive impacts of peer workers visiting people in group homes to provide connection to residents and advice to staff.

### 11.14 – 11.16 Disability death review schemes

A disability advocacy organisation welcomed improvements to disability death reviews and additional data collection that includes the circumstances leading to a person's death.

### 11.17 – 11.18 Reportable conduct schemes

A service provider argued nationally consistent reportable conduct schemes would standardise responses to abuse or neglect, ensuring all service providers adhere to high standards of conduct.

## Volume 12 Beyond the Royal Commission

Volume 12, Beyond the Royal Commission, recommends key steps for implementing and monitoring the recommendations of the Royal Commission.

### Key messages

- Stakeholders strongly emphasised the importance of implementation of the recommendations made by the Disability Royal Commission.
- Many stakeholders called for greater evaluation and accountability to ensure recommendations are effective and lead to improved outcomes in the lives of people with disability.

#### 12.1–12.3 Government responses to Final report recommendations

Questionnaire respondents placed a high degree of importance on the role of government in developing a coordinated response and translating the final report into real change:

*The issues faced by disabled people don't stop once the findings are complete, the Australian Government needs to follow through with recommendations and show disabled people that they matter.*

A disability representative organisation underlined the importance of providing government responses in accessible formats. Others emphasised the role of the Disability Reform Ministerial Council in coordinating responses to Disability Royal Commission, and ensuring a consistent approach across jurisdictions. An advocacy group underlined co-design with people with disability will be essential to successful prioritisation and implementation of the recommendations.

#### 12.4 Evaluating implementation and effectiveness in improving outcomes

A number of comments emphasised the need to ensure that there is adequate oversight and evaluation through the process of implementing the recommendations to ensure that outcomes improve:

*Often, once recommendations are made, there is no oversight and transparency across the implementation and how they are being evaluated. We need an independent council that oversees this matter.*

#### 12.5–12.8 National Disability Data Asset and improved data collection

A number of stakeholders supported a more systematic approach to data collection, highlighted the importance of accurate data for policy development and evaluation. They support the National Disability Data Asset.

Some underlined that improvements to data collection should be undertaken in consultation with people with disability and their representative organisations.

## Appendix A: Other issues raised in the feedback

In addition to the recommendations of the Disability Royal Commission, stakeholders identified a range of additional issues or areas of concern.

### Policy areas

- Capacity building to help people with disability recognise and respond to violence, abuse, neglect and exploitation
- Disability awareness training
- Digital inclusion, including cyber bullying
- Income support adequacy and suggested links to violence and systemic neglect
- Redress, reparation and compensation, with some calling for a National Disability Royal Commission Redress and Reparation Scheme
- Replacing the common law doctrine of *parens patriae* with supported decision-making
- Withdrawing the interpretative declaration as it relates to articles 17 and 18 of the *CRPD*
- Sexual and reproductive health and rights, including prohibition of deferrable medical interventions applied to infants and children born with innate variations of sex characteristics; menstrual suppression; forced contraception; and forced abortion.

### Mainstream services and settings

- Tertiary education
- Health (beyond outcomes for people with cognitive disability)
- Transport, including the rights of people with intellectual disability in the Disability Standards for Accessible Public Transport 2002 and the equitable redistribution of resources for specialist school transport
- Emergency preparedness and response

### Disability-specific services and settings

- Day programs
- Behaviour support practices
- Informal supports, especially for those who experience the greatest barriers to inclusion

### Cohorts

- Women and girls with disability
- Older people with disability
- People with psychosocial disability, including a nationally consistent definition of psychosocial disability, forensic psychiatric facilities and mental health inpatient units
- People with autism

- The diversity of carers, including carers from First Nations communities, culturally and linguistically diverse backgrounds, and LGBTIA+ carers