

National Regional, Rural, Remote and Very Remote Community Legal Network

<https://clcs.org.au/4rs-network/>



Senate Rural and Regional Affairs and Transport
References Committee

Submitted electronically
27 March 2026

Dear Chair and Committee Members,

Rural, regional and remote Medicare access and funding

Thank you for the opportunity to make a submission.

We acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners and custodians of Country and we express our respects to Elders past, present and emerging.

About the 4Rs Network

The National Regional, Rural, Remote and Very Remote Community Legal Network (**4Rs Network**) promotes access to justice in regional, rural, remote and very remote (**4Rs**) areas. The Network's vision of **Justice where we live. Every community. Every person. Everywhere** - reflects that solutions must be present to ensure equality, wellbeing and rights wherever people are in Australia.

The Network consists of about 95 community-based legal assistance services, networks and peaks, most provide legal and related assistance in or to 4Rs areas. This includes participating Aboriginal Community Controlled Organisations (ACCOs) and non-Indigenous organisations.

There are members in each Australian state and territory and while most members are in inner regional, outer regional, remote or very remote areas the membership includes city-based efforts and services with state-wide or national service areas and national peaks with

city-based operations. Accordingly, the Network connects members across Very Remote, Remote, Outer and Inner Regional and Major Cities¹ and all Modified Monash Model areas.²

Submission

1. We note the importance of the current inquiry to many millions of people in rural, regional and remote Australia especially those experiencing socio-economic and other forms of disadvantage.
2. It is fitting and important that the Terms of Reference (copy included below) reflect real concern to receive input and report on the operation of Medicare in rural, regional and remote areas in a detailed sense.

Terms of Reference

That the following matter be referred to the Rural and Regional Affairs and Transport References Committee for inquiry and report by 30 June 2026:

The Government's changes to rural, regional and remote Medicare access and funding, with particular reference to:

- a. the impact of the 1 November 2025 Medicare changes on access to primary care, including telehealth, for rural, regional and remote Australians;
- b. the financial sustainability of independently owned rural general practices under current Medicare funding and incentive structures;
- c. the extent to which current Medicare settings contribute to avoidable emergency presentations and preventable hospital admissions in rural, regional and remote areas;
- d. the adequacy of Medicare support for the mixed-team models of care required in rural, regional and remote communities, including the roles of general practitioners, nurse practitioners, nurses, allied health professionals and visiting specialists;
- e. the impacts of current Medicare rules and incentive arrangements on large corporate providers compared with small, community-embedded rural clinics;
- f. reforms needed to ensure Medicare is fair, workable and sustainably funded for rural, regional and remote Australians, including the requirement for rural stress-testing of future changes; and
- g. any other related matters.

Focus of the submission and recommendations

3. This submission focuses on three aspects namely:
 - Enhancing the effectiveness of Medicare for people in rural, regional and remote areas by applying a whole-of-government, all levers and policies approach to wellbeing, rights and inclusion of people in these areas.

¹ Australian Bureau of Statistics. (Jul2021-Jun2026). [Remoteness Areas](#). ABS. Released 21 March 2023

² Department of Health, Disability and Ageing, [Modified Monash Model](#) (2026) (Webpage)

- Ensuring effective access to Medicare service centres and assistance in rural, regional and remote areas.
- Ensuring Medicare coverage for medical assessments and reports required for social security, NDIS and similar application and entitlement purposes.

4. The submission makes three recommendations namely:

Recommendations

Recommendation 1: Rural, regional and remote health in all policies and legislation

The Commonwealth, States and Territories are currently vastly underutilising levers available to them, to advance sentiments and intentions about reducing levels of disadvantage in rural, regional and remote areas and increasing geographic equity and inclusion.

The effectiveness of Medicare for people in rural, regional and remote areas should be enhanced applying a whole-of-government, all levers and all policies approach to advance the wellbeing, rights and inclusion of people in these areas.

This includes ensuring that human rights legislation, anti-discrimination legislation, national agreements, all relevant agreements, all policies and all relevant legislation - are optimised for visible and effective inclusion of the full diversity of people in rural, regional and remote areas.

Recommendation 2: Ensure effective access to Medicare service centres

The Government should ensure that resources are provided and other steps are taken for effective in-person Medicare service centre access in rural, regional and remote areas, and other effective arrangements where suitable.

The objective should be that every person can receive the assistance they need with cultural safety, dignity and privacy as outlined in all of the relevant recommendations made by Economic Justice Australia in the *Women outside our cities* reports.

Recommendation 3: Medicare coverage for medical assessments and reports for social security, NDIS and similar

That a Medicare item number be introduced to ensure medical assessments and reports required by people for social security eligibility or related purposes be covered by a Medicare item number and be billable under Medicare. This also applies to assessments and reports required for NDIS and similar application and entitlement purposes.

This is to ensure that people who are unable to pay are not left in limbo where shortfalls in one area of Government provision (Medicare) leave them unable to address Government requirements for access to entitlements (e.g. Social Security, NDIS, Veterans entitlements).

Whole of government, all levels and policies

5. Although the Terms of Reference are broad, a question that is not directly addressed is how the effectiveness of Medicare in rural, regional and remote areas is affected by policy settings and practices external to Medicare such as factors contributing to transport, communications, food security, health, wellbeing, cost of living, education, income and many other aspects in rural, regional and remote areas.
6. For example, there is a **high degree of variation between federal portfolio areas in the approach to rural, regional and remote areas**. In some cases *where people are* in Australia is completely missing. For example, the 4Rs Network highlighted this absence in the Attorney-General's Department Issues Paper for the Review of the Disability Discrimination Act('DDA').³ A copy of the submission is at [Attachment 1](#).⁴
7. In other cases, **rural, regional and remote areas are mentioned but are treated in superficial ways**, often linked to how key concepts such as intersectionality, are described. Examples of these variations are in the submission at [Attachment 1](#).
8. Additionally, **ways of promoting equity, inclusion and wellbeing of people and groups in rural, regional and remote areas through legislation are systemically absent** even though these sentiments are regularly, meaningfully and importantly expressed by federal Ministers and others federally and at a state and territory level. For example, federal, state and territory human rights and anti-discrimination legislation do not make people in rural, regional and remote areas visible, even though visibility is key for education about rights inclusion, orientation and rights realisation based on standards that no one should be wrongfully discriminated against due to their geographic location. **Commonwealth legislation for programs for social inclusion, such as the NDIS Act and the Social Security Act, could but currently do not express objectives about full inclusion of people in rural, regional and remote areas against a backdrop of major equity, access to justice, justice and rights issues under both umbrellas for many people in non-urban areas**.⁵

³ Attorney-General's Department, Disability Discrimination Review – Issues Paper, 2025 <<https://consultations.ag.gov.au/rights-and-protections/dda-issues-paper/>>

⁴ 4Rs Network, 'Submission Disability Discrimination Act (Cth) Review', *4Rs Network* (Submission, 28 November 2025) <<https://clcs.org.au/4rs-network/>>.

⁵ 4Rs Network, 'Submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS participant experience in rural, regional and remote Australia', *Submissions* (Submission, 8 March 2024) <<https://clcs.org.au/4rs-network/> and <https://clcs.org.au/wp-content/uploads/2024/05/8-March-24-4Rs-with-endorsements-included-16-April-24-Network-NDIS-RRRR-submission-combined.pdf>>; 4Rs Network, 'Submission to the Standing Committee on Health,

9. Regarding the variability of **policy approaches** about the needs of people in rural, regional and remote areas, a stark example is contrast between the National Health Reform Agreement 2026-2031⁶⁷ which in addition to other provisions include *Schedule F – Better Health for Rural and Remote Communities* which in part provides:

F9. The Parties commit to providing access to quality and affordable health care to all Medicare-eligible persons, regardless of where they live

and the National Access to Justice Partnership 2025-2030 - which contains no similar commitments and a tiny fraction of the coverage of issues in relation to people and groups in rural, regional and remote areas.⁸ Every example like Schedule F shows what can be, and how policy standards can be vastly lifted on multiple fronts for stronger inclusion of rural, regional and remote areas.

10. To connect this example further, **health determinants** reflect that many factors contribute to health profiles of individuals, groups and communities.⁹ This includes

Aged Care and Disability, Inquiry into the thriving kids initiative', *Submissions* (Web page, 3 October 2025) <<https://www.aph.gov.au/DocumentStore.ashx?id=ec05dfb9-371e-4490-8c6c-6ce66e3f67e0&subId=779195>>; Regarding the NDIS in remote areas see for example: Darwin Community Legal Service, Integrated Disability Action Inc. and Disability Advocacy Service, 'Submission: Curbing Sharp Practices in the Northern Territory's NDIS Market', *Darwin Community Legal Service* (Submission, November 2025) <<https://www.dcls.org.au/news/ndis-sharp-practises-in-the-nt>>; 4Rs Network, 'Submission to the Parliamentary Joint Committee on Human Rights Inquiry into Enhanced Income Management and Compulsory Income Management for Compatibility with Human Rights', *4Rs Network* (Submission, 22 March 2024) <<https://clcs.org.au/4rs-network/>>; Regarding social security and people in rural, regional and remote areas see the following reports: Economic Justice Australia, 'Social Security for Women Outside Our Cities - Part 1: Service Delivery Barriers', *Reports*, May 2025) <https://www.ejaustralia.org.au/wp-content/uploads/Womens-access-project-report-FINAL_All-Chapters.pdf>; Economic Justice Australia, 'Social Security for Women Outside Our Cities Part 2: Issues of Eligibility', *Research Reports*, August 2025) <<https://www.ejaustralia.org.au/social-security-for-women-outside-our-cities-issues-of-eligibility-report-2-of-3/>>.

⁶ The Treasury, 'National Health Reform Agreement 2026-2031', *Federal Financial Relations* (Agreement, March 2026) <<https://federalfinancialrelations.gov.au/agreements/national-health-reform-agreement>>; National Rural Health Alliance, 'Rural Australia finally acknowledged: National Rural Health Alliance celebrates rural focus of National Health Reform Agreement 2026-2031', *National Rural Health Alliance* (Media Release, 18 March 2026) <<https://www.ruralhealth.org.au/media-release/rural-australia-finally-acknowledged-national-rural-health-alliance-celebrates-rural-focus-of-national-health-reform-agreement-2026-2031/>>.

⁷ Commonwealth of Australia and the States and Territories, 'National Access to Justice Partnership 1 July 2025 - 30 June 2030', *Agreements* (National Agreement) <<https://federalfinancialrelations.gov.au/agreements/national-access-justice-partnership>>.

⁸ Ibid.

⁹ Daniel E Dawes, Christian M Amador and Nelson J Dunla, 'The Political Determinants of Health: A Global Panacea for Health Inequities', *Oxford Research Encyclopedias, Global Public Health*, 19 October 2022) <<https://oxfordre.com/publichealth/display/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-466>>; World Health Organization, 'Commercial determinants of health', *Fact Sheets*, 21 March 2023) <<https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>>; World Conference on Social Determinants of Health, 'Rio Political Declaration on Social Determinants of Health', *Rio Political Declaration on Social Determinants of Health*, 21 October 2011) <<https://www.who.int/publications/m/item/rio-political-declaration-on-social-determinants-of-health>>; World Health Assembly, *Social determinants of health*, WHA74.16, 74th sess, Agenda Item 22.21, (31 May 2021) ('*Social determinants of health*').

living conditions and levels of effective access to allied services, including legal assistance, as this can often ease or help address factors which have adverse health impacts.¹⁰ **The health-in-all-policies approach** emphasizes that health must be approached holistically and all policies, in all portfolio areas and all sectors are potentially relevant.¹¹

Recommendation 1: Rural, regional and remote health in all policies and legislation

The Commonwealth, States and Territories are currently vastly underutilising levers available to them, to advance sentiments and intentions about reducing levels of disadvantage in rural, regional and remote areas and increasing geographic equity and inclusion.

The effectiveness of Medicare for people in rural, regional and remote areas should be enhanced applying a whole-of-government, all levers and all policies approach to advance the wellbeing, rights and inclusion of people in these areas.

This includes ensuring that human rights legislation, anti-discrimination legislation, national agreements, all relevant agreements, all policies and all relevant legislation - are optimised for visible and effective inclusion of the full diversity of people in rural, regional and remote areas.

¹⁰ Margaret Camilleri and Alison M. E Ollerenshaw, 'Examining the impact of a health justice partnership service on the health and wellbeing of regional young people' (2025) 25 *Rural and Remote Health* 1; Hazel Genn, 'When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice' (2019) 72(1) *Current Legal Problems* 159–202; Suzie Forell, 'The impact of legal help beyond access to justice: learning from health justice partnership, presented at the International Legal Aid Group Conference, Ottawa', *HJA Website* (Conference paper, 17–19 June 2019) <<https://healthjustice.org.au/resource/report/the-impact-of-legal-help-beyond-access-to-justice/>>; Suzie Fozell, *Mapping a new path: the health justice landscape in Australia, 2017* (Health Justice Australia, 2018); National Regional Rural Remote and Very Remote Community Legal Network, 'Letter to the Commonwealth Attorney-General and to all State and Territory Attorney-Generals in response to the Report of the Independent Review of the National Legal Assistance Partnership with Attachment', *Submissions* (Submission, 2 September 2024) <<https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-4Rs-Network-letter-to-AGs-with-Report-Card-and-Backgrounder.pdf> and <https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-Att-1-to-Backgrounder-to-4Rs-Report-Card.pdf>>; National Regional Rural Remote and Very Remote Community Legal Network, 'Attachment 1 To The Backgrounder to the 4Rs Legal Assistance Report Card – Aug 24 Incorporating response to the Report of the Independent Review of the National Legal Assistance Partnership Agreement', *4Rs Network* (Submission, 1 September 2024) <<https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-Att-1-to-Backgrounder-to-4Rs-Report-Card.pdf>>.

¹¹ World Health Organization, 'Promoting Health in All Policies and intersectoral action capacities', *Activities* (Web page, 2025) <<https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities>>; Scott L. Greer et al, 'Health for All Policies: The Co-Benefits of Intersectoral Action', *European Observatory on Health Systems and Policies* <<https://doi.org/10.1017/9781009467766>>; Alex Workman et al, 'Implementing a Health in All Policies Approach in Australia: MCF Discussion Paper', *Research Papers & Reports* (Discussion Paper, Sept 2024) <<https://www.unimelb.edu.au/climate/expertise/research-papers-and-reports>>.

Medicare service access & assessment & reports for social security etc

11. This section draws attention to research and recommendations by Economic Justice Australia (previously called the National Social Security Rights Network) relating to social security and women in rural, regional and remote areas.
12. This large-scale research, which has taken several years, and involved many organisations, services and lived experience accounts, provides rich insight into how social security systems, law and processes are causing substantial anomalies and hardships for many experiencing disadvantage in rural, regional and remote areas due to insufficient customisation to their contexts, locations and circumstances. Consequently, this is an example of the kinds of improvements required across many areas (outlined in Recommendation 1 above) while raising some specific issues relating to Medicare.
13. So far EJA has released two reports, the third report is being launched at Parliament House in Canberra on 31 March 2026. The following are sections from the first two reports which are important, as just outlined, for the current inquiry.

Economic Justice Australia, [Social Security for Women Outside Our Cities - Part 1: Service Delivery Barriers, Report 1 May 25](#)

p. vii

“Adequate and accessible face-to-face services

Recommendation 1: That Services Australia allocate additional resourcing to improve access to face-to-face servicing in Service Centres (consistent with Robodebt Royal Commission recommendation 13.3).

Recommendation 2: That Services Australia identify communities with high need for face-to-face services and allocate additional resourcing for face-to-face services to these areas.

Recommendation 3: That Services Australia ensure frontline staff are trained to identify and assist those who struggle with digital access.

Recommendation 4: That Services Australia create private spaces for phone calls when in-person support is not immediately available.

Recommendation 5: That the Federal Government invest in digital inclusion programs to improve digital infrastructure, affordability and literacy, prioritising those who are digitally excluded, particularly in 4R areas.

Recommendation 6: That the Federal Government expand funded positions within community sector organisations to assist people to access and navigate digital interfaces.

Private consultation spaces in Service Centres

Recommendation 7: That Services Australia increase availability of safe, private interview spaces at Service Centres.

Recommendation 8: That Services Australia regularly seek input from service users ('customers') and community organisations on their privacy concerns and experiences, and design Service Centres guided by that input.

Recommendation 9: That Services Australia improve training for frontline staff on the importance of privacy and how to handle sensitive conversations discreetly”

Many other recommendations relating to Service Centres, Centrelink access points and their operations in and/or for people in 4Rs areas.

p. 3

“Service Centres

Service Centres are what people think of when they think of a Centrelink office. Of the 318 Service Centres across Australia, all provide Centrelink and Medicare services, six are co-located with the Veterans Information Service, and 107 are co-located with the National Disability Insurance Agency. As of 30 September 2024, 122 Service Centres have undergone a re-design under the ‘Modernising our service centres’ scheme. According to Services Australia, staff in Service Centres ‘are trained in a variety of tasks including new claims processing, payment eligibility, front of house processes, digital assistance, health eligibility and processing, managing customer aggression, privacy principles and ethics.’ Service Centre staff also ‘have access to subject matter experts ... program support staff, senior service officers and the Service Delivery Technical Support Model which includes Local Peer Support (LPS) as well as [Authorised Review Officers].’

Above as a screen shot:

Service Centres

Service Centres are what people think of when they think of a Centrelink office.

Of the 318 Service Centres across Australia, all provide Centrelink and Medicare services, six are co-located with the Veterans Information Service, and 107 are co-located with the National Disability Insurance Agency. As of 30 September 2024, 122 Service Centres have undergone a re-design under the ‘Modernising our service centres’ scheme.

According to Services Australia, staff in Service Centres ‘are trained in a variety of tasks including new claims processing, payment eligibility, front of house processes, digital assistance, health eligibility and processing, managing customer aggression, privacy principles and ethics.’ Service Centre staff also ‘have access to subject matter experts ... program support staff, senior service officers and the Service Delivery Technical Support Model which includes Local Peer Support (LPS) as well as [Authorised Review Officers].’

The desire for face-to-face servicing cannot be overstated, noting it was one of the strongest and most consistent findings of this project.

p. 8

“Women seeking help are forced to discuss their most personal matters in public. Some report feeling humiliated and exposed given the potential for other customers to hear their private information.

Where I live, [Centrelink] is in the same office with Medicare ... So, you take a ticket and then you go and sit down with everyone for whatever they’re there for and then it’s all open. It’s not even private. I saw a couple of people I knew, and I could hear what they were saying. None of them were allowed to sit and they had to stand, and the people were behind glass. It was intimidating, it was not private, and the staff were not nice. Whether they’re

taught ... to be stone cold ... I wouldn't want to be standing there talking about anything in a situation like that. I mean it doesn't have to be an office, but it should be private. It shouldn't be yelling out your name and your details and ... your private business. — Australian Capital Territory

Agents and access points

p. 19

“Agents and Access Points provide critical access for many women in 4R Australia. Some service providers reported positive outcomes, noting that some local Agents were working beyond their allocated hours to meet community demand because they knew how much the community relied on their support. One community worker from an organisation providing a Services Australia Agent service reported:

We don't get that support from Services Australia. We have to Google it ourselves ... Pretty much everything we know, we learn ourselves ... we have the Silver Service line [but we] could be on the phone for 40 minutes, waiting for help there and in complex cases, sometimes it's an hour, two hours ... We don't even get to have to have a Services Australia officer, we have to just do it ourselves and just say, 'There's a self-service ... help yourself'. But when we got the contract [from Services Australia], we put it to the Board. The Board said we wanted a Service Australia officer to be able to sit in there and help clients and do it ... But they don't cover the cost of that staff member ... We have some days, there [are] two of us in there, one setting up emails for clients, **one setting up Medicare**. My God.”

p. 31

“How does Services Australia provide digital and phone services?

The scale of Services Australia's online service delivery is vast. In 2024, there were 1.1 billion online transactions across Services Australia's services, including Centrelink, Child Support and **Medicare**.”

Economic Justice Australia, Social Security for Women Outside Our Cities Part 2: Issues of Eligibility, August 2025

<https://www.ejaustralia.org.au/social-security-for-women-outside-our-cities-issues-of-eligibility-report-2-of-3/>

p. vii and 61

Recommendation 26: That Centrelink reintroduce a Treating Doctor Report as part of the Disability Support Pension claim package, with introduction of a new **Medicare** item number to ensure it is **billable under Medicare**.

p. 49

Disclosure of private health information during face-to-face servicing Health-related information is generally protected by strong privacy provisions, yet people are put in situations where they are forced to disclose private health information in open-plan offices. It's in a local community and everybody knows everybody, and you're also in the same office as Medicare and other services.

— Statewide Victoria

p. 57

“EJA is hopeful that the recent policy change, which extends the maximum period allowed for a medical certificate from 13 weeks to up to two years, will go some way towards minimising the cost and inconvenience of managing poor access to medical services. However, it is not a fix. EJA supports the Federal Government’s recent commitment to increase bulk billing, and will be seeking reassurance that bulk billing will become more accessible in 4R areas.¹⁹

Unfortunately, that change will not address a critical issue: **the lack of a Medicare line item for the preparation of written evidence. Medical professionals can be unwilling to provide a report to support a DSP claim because report preparation, which is often time consuming, cannot be billed to Medicare.**

I’ve heard of one specialist that you have: the traveling specialist. They turn up only once every six weeks or once every three months, and they refuse to provide anything in support of DSP. So the only specialist available will not provide anything that can be used for a DSP claim. — Statewide New South Wales

Doctors must either try to compile and complete medical evidence within the time allocated for a medical consultation, or complete reports in their own time. Rushed reports are less likely to assist women to access DSP where they have not been drafted to address DSP qualification criteria and relevant Impairment Tables.”

p. 58

“Medical professionals can be unwilling to provide a report to support a DSP claim because report preparation, which is often time consuming, **cannot be billed to Medicare**”

Recommendation 2: Ensure effective access to Medicare service centres

The Government should ensure that resources are provided and other steps are taken for effective in-person Medicare service centre access in rural, regional and remote areas, and other effective arrangements where suitable.

The objective should be that every person can receive the assistance they need with cultural safety, dignity and privacy as outlined in all of the relevant recommendations made by Economic Justice Australia in the *Women outside our cities* reports.

Recommendation 3: Medicare coverage for medical assessments and reports for social security, NDIS and similar

That a Medicare item number be introduced to ensure medical assessments and reports required by people for social security eligibility or related purposes be covered by a Medicare item number and be billable under Medicare. This also applies to assessments and reports required for NDIS and similar application and entitlement purposes.

This is to ensure that people who are unable to pay are not left in limbo where shortfalls in one area of Government provision (Medicare) leave them unable to

address Government requirements for access to entitlements (e.g. Social Security, NDIS, Veterans entitlements).

Conclusion

14. It is hoped that this submission will be of assistance to the Committee in reviewing how Medicare and related aspects can be improved to best align with the wellbeing, needs and rights of all people in rural, regional and remote areas.

Regards,
Judy Harrison
Co-convenor 4Rs Network

Attachment 1:

4Rs Network, 'Submission Disability Discrimination Act (Cth) Review', (Submission, 28 November 2025) <<https://clcs.org.au/4rs-network/>>

National Regional, Rural, Remote and Very Remote Community Legal Network

<https://clcs.org.au/4rs-network/>



Review of the Disability Discrimination Act
Attorney-General's Department
Canberra, ACT 2601
Lodged via the consultation portal
28 November 2025

Dear Colleagues

Review of the Disability Discrimination Act 1992 (Cth)

This submission to the Review of the Disability Discrimination Act 1992 ('DDA') **relates to the roles the DDA should play in promoting non-discrimination toward people with disability in regional, rural, remote and very remote ('4Rs') areas.**

We acknowledge the traditional owners of Country throughout Australia and express our respects to them, their culture and their Elders past, present and emerging.

The centrality of Country, culture and kinship for Aboriginal and Torres Strait Islander people with disability and for rights-inclusive approaches must be front of mind in effectively and inclusively modernising the DDA.¹

Please contact us if clarification or further input is useful.

Judy Harrison

Yours sincerely

Co-Convenor 4Rs Network

¹First Peoples Disability Network, 'Disability Discrimination Act (DDA) Review', *Policy & Research* (Web page, 2025) <<https://fpdn.org.au/our-work/policy-research/>>.

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Executive summary

The submission makes four key recommendations

1. That the modernisation of the DDA visibly, specifically, effectively, and substantively reflect all people with disability in 4Rs areas including Aboriginal and Torres Strait Islander people and children with disability.
2. That the modernisation of the DDA apply a principled approach reflecting the mutually reinforcing principles of *a human rights-based approach, inclusive equality, intersectionality, substantive compared to formal equality, and full geographic inclusion.*

3. That drafting to modernise the DDA apply the thrust of the language, vocabulary, and substantive drafting prompts for inclusion of people with disability in 4Rs areas, provided in the submission.
4. That a holistic approach be implemented to place the modernised DDA into a fully leveraged environment which includes an *all-policies* approach, including:
 - A people with disabilities in-all-policies approach
 - An Aboriginal and Torres Strait Islander people and children with disabilities in-all-policies approach
 - A human rights in-all-policies approach
 - A 4Rs-areas in-all-policies approach, and
 - A justice and access to justice in-all-policies approachwith relevant participatory linkages, structures and monitoring arrangements.

1. About the 4Rs Network

1. The 4Rs Network consists of about 85 community-based legal assistance services, networks and peaks most of which provide legal and related assistance in or to 4Rs areas. This includes participating Aboriginal Community Controlled Organisations (ACCOs) and non-Indigenous organisations.
2. Members work with and for their communities and regions, their methods and programs often reflect deep understanding and long-term efforts to address important community needs. Their programs, services and advocacy often reflect involvement in community issues that have not been addressed by other means, including by local, state, or federal governments.
3. The Network promotes justice where people live in 4Rs areas, against a backdrop of chronically insufficient access to legal assistance across large parts of 4Rs Australia and high rates of disadvantage and unmet legal need.
4. The Network addresses four of the five categories of remoteness namely: Inner Regional, Outer Regional, Remote and Very Remote areas (see [Figure 1](#) below) which equates to Modified Monash Model ('MMM') levels 2-7 (see [Figure 2](#) below).
5. Services, networks and groups participating in the 4Rs Network aim to effectively respond to the diverse lived experience and needs of people with disability in 4Rs areas. This includes receiving leadership from Aboriginal and Torres Strait Islander

and non-Indigenous people with disability and collaborating in justice seeking, empowerment, inclusion and increasing the well-being of people, including children, with disability facing poverty or disadvantage.

6. In many cases, people with disability were involved in establishing and developing Aboriginal Community Controlled legal services and non-Indigenous community-based legal assistance services in or for, 4Rs areas. People with disability are highly represented among those who access these services, among those involved in providing services as staff and board members, and among collaborators, networks and across systemic efforts.

1.1 Contexts – geographical

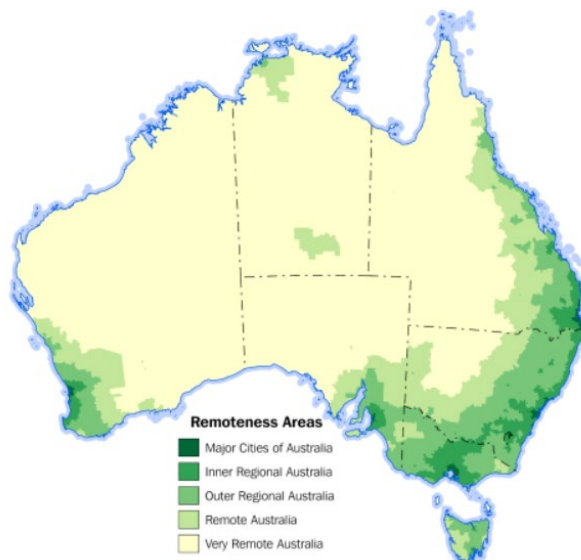
1. This submission outlines why reflection of the vast and diverse geographical contexts and circumstances of people with disability in Australia, including Aboriginal and Torres Strait Islander people and children, is a crucial aspect in modernising the DDA. This section includes some maps which underline why the DDA must be visibly inclusive and effective for *where people with disability are located, including in 4Rs areas*.
2. First, the AIATSIS map of Indigenous Australia, is a visual reminder of language, social and nation groups: <https://aiatsis.gov.au/explore/map-indigenous-australia> This map helps prompt critically engaged responses about all maps which embody aspects of subsequent and continuing colonisation, including the maps below.
3. Secondly, as the proportion of the population who are Aboriginal and Torres Strait Islander people increases with remoteness,² the importance of the DDA effectively including where people with disability are located in Australia deeply intersects with the human rights of Aboriginal and Torres Strait Islander people, the Royal Commission's findings in relation to First Nations people,³ and Closing the Gap priorities, including disability as a cross-cutting outcome.⁴

² Australian Institute of Health and Welfare, 'Profile of First Nations people', *AIHW*, 16 October 2025) <<https://www.aihw.gov.au/reports/australias-welfare/profile-of-indigenous-australians>>; Australian Institute of Health and Welfare and National Indigenous Australians Agency, 'Measure 1.14 Disability, Aboriginal and Torres Strait Islander Health Performance Framework', *AIHW* (Web page, 2023).

³ Royal Commission into Violence Abuse Neglect and Exploitation of People with Disability, 'Listening to First Nations people with disability', *Publications* (Brochure, October 2023) <<https://disability.royalcommission.gov.au/publications/listening-first-nations-people-disability>>; Abuse Royal Commission into Violence, Neglect and Exploitation of People with Disability, 'Final Report Vol 9: First Nations people with disability', *Royal Commission* (Report, 2 November 2023) <<https://disability.royalcommission.gov.au/publications/final-report-volume-9-first-nations-people-disability>>.

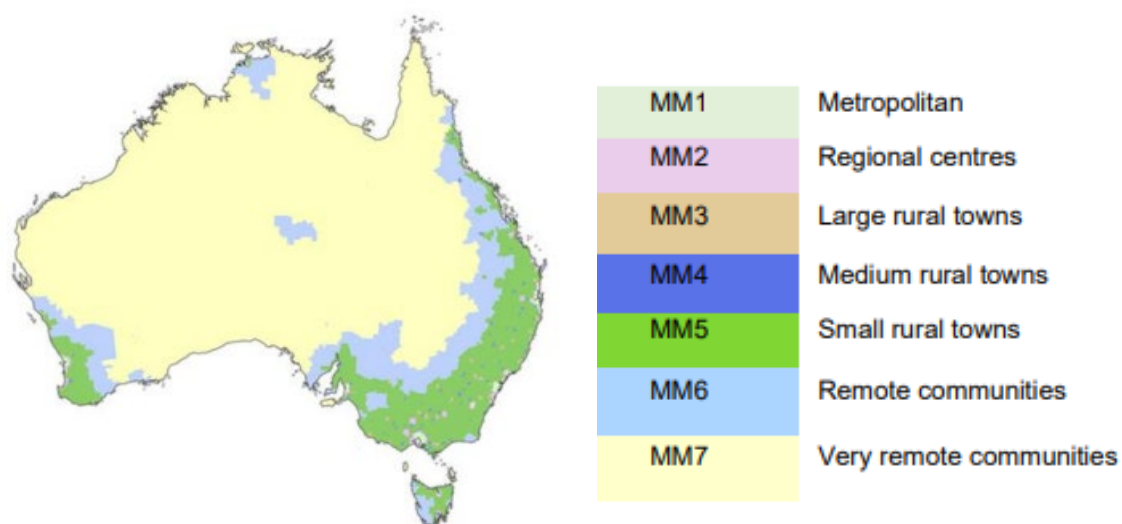
⁴ Department of Social Services, 'Disability cross-cutting outcome', *Closing the Gap* (Web page, 2025) <<https://www.dss.gov.au/closing-gap/disability-cross-cutting-outcome>>.

Figure 1: Australian Statistical Geography Standard (ASGS Edition 3) – Remoteness Areas⁵ - Measures remoteness based on distance from population centres and relative access to services



The above map, and the others which follow, must be put in dialogue with the processes and detail of modernising the DDA.

Figure 2: Modified Monash Model (MMM 2023)⁶ - uses 7 levels

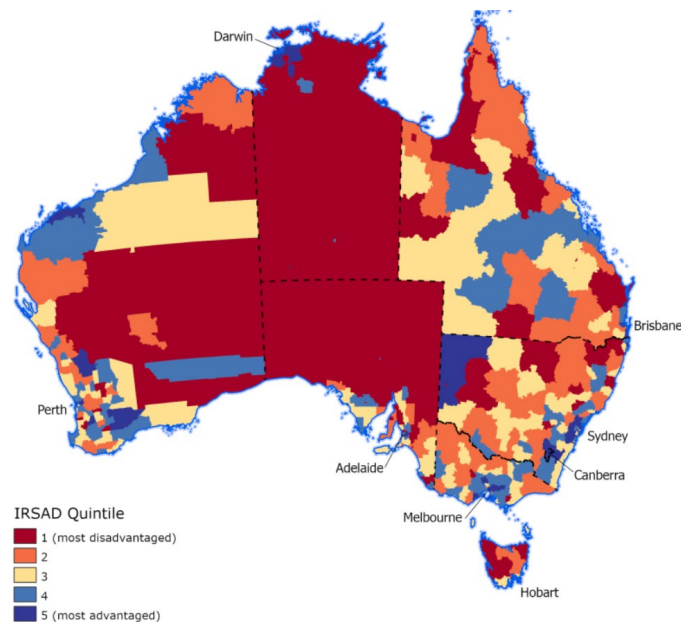


⁵⁵ Australian Bureau of Statistics. (Jul2021-Jun2026). *Remoteness Areas*. ABS. Released 21 March 2023.

⁶ Disability and Ageing Department of Health, 'Modified Monash Model', *Department of Health, Disability and Ageing* (Web page, 10 April 2025) <<https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>>; Disability and Ageing Department of Health, 'Modified Monash Model Fact sheet', *Modified Monash Model* (Fact sheet, 28 June 2019) <<https://www.health.gov.au/topics/rural-health-workforce/classifications/mmm>>.

Modified Monash Category (MMM 2023)	Description (including the Australian Statistical Geography Standard – Remoteness Area (2021))
MM 1	Metropolitan areas: Major cities accounting for 70% of Australia's population All areas categorised ASGS-RA1.
MM 2	Regional centres: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are in, or within a 20km drive of a town with over 50,000 residents. For example: Ballarat, Mackay, Toowoomba, Kiama, Albury, Bunbury.
MM 3	Large rural towns: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 and are in, or within a 15km drive of a town between 15,000 to 50,000 residents. For example: Dubbo, Lismore, Yeppoon, Busselton.
MM 4	Medium rural towns: Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas that are not MM 2 or MM 3, and are in, or within a 10km drive of a town with between 5,000 to 15,000 residents. For example: Port Augusta, Charters Towers, Moree.
MM 5	Small rural towns: All remaining Inner (ASGS-RA 2) and Outer Regional (ASGS-RA 3) areas. For example: Mount Buller, Moruya, Renmark, Condamine.
MM 6	Remote communities: Remote mainland areas (ASGS-RA 4) AND remote islands less than 5kms offshore. For example: Cape Tribulation, Lightning Ridge, Alice Springs, Mallacoota, Port Hedland. Additionally, islands that have an MM 5 classification with a population of less than 1,000 without bridges to the mainland will now be classified as MM 6 for example: Bruny Island.
MM 7	Very remote communities: Very remote areas (ASGS-RA 5). For example: Longreach, Coober Pedy, Thursday Island and all other remote island areas more than 5kms offshore.

Figure 3: SEIFA – Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) Quintiles for all LGAs⁷ - Ranks areas according to their relative socio-economic advantage and disadvantage using Census data.



⁷ Australian Bureau of Statistics, 'Socio-Economic Indexes for Areas (SEIFA), Australia', *People and Communities* (Web page and interactive map, 27 April 2024)
<<https://experience.arcgis.com/experience/32dcbb18c1d24f4aa89caf680413c741/> via <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/2021#interactive-maps>>.

Figure 4: Areas of disadvantage – Compilation from *Dropping off the Edge 2021: Persistent & multilayered disadvantage in Australia*, report ⁸

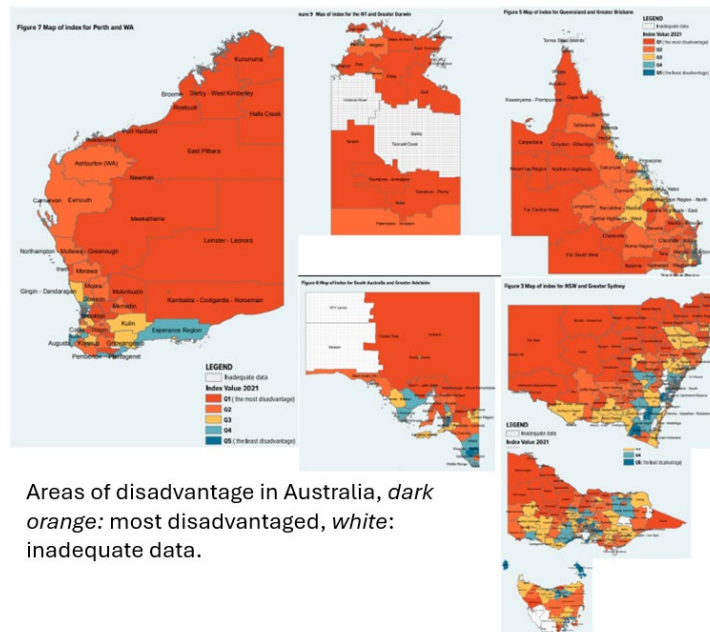
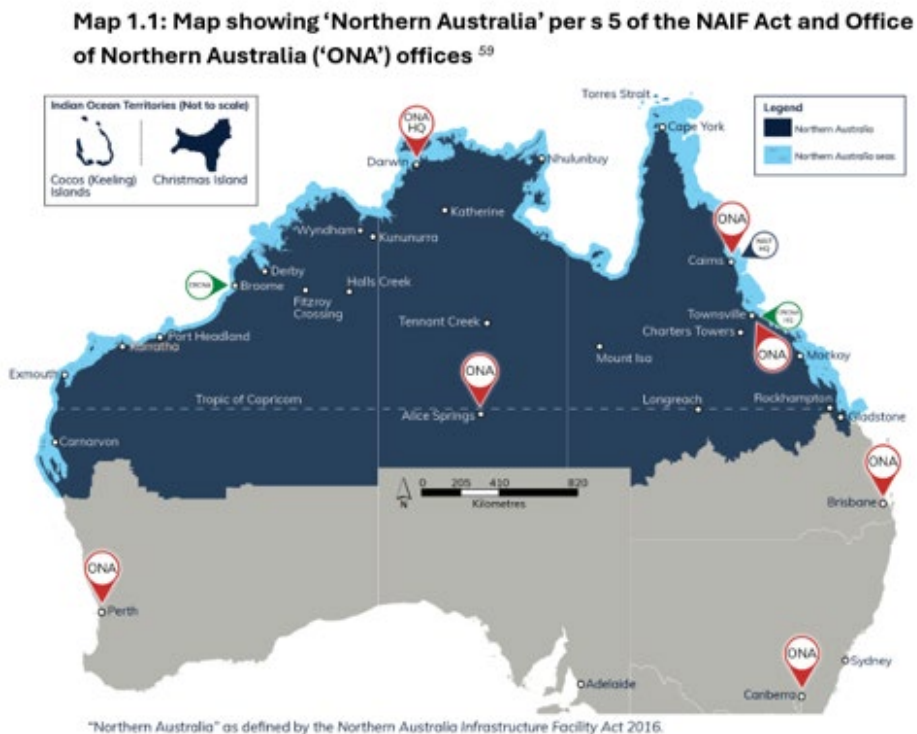


Figure 5: Northern Australia and the Rest of Australia ('ROA') map (Office of Northern Australia)⁹



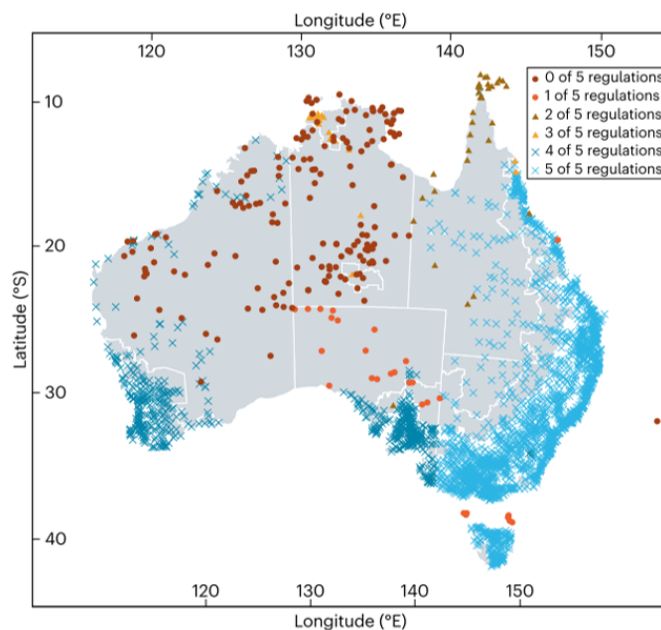
⁸ Robert Tanton et al, 'Dropping Off the Edge 2021: Persistent and multilayered disadvantage in Australia', *DOTE2021* (Report, 19 November 2021) <<https://www.dote.org.au/>>.

⁹ Office of Northern Australia, 'Northern Australia as defined by the Northern Australia Infrastructure Facility Act 2016', *Regional Australia* (Map, November 2025) <<https://www.infrastructure.gov.au/territories-regions/regional-australia/office-northern-australia>>.

‘The [Northern Australia] region covers around three million square kilometres (53 per cent of Australia's land mass) with over 10 000 kilometres of coastline. All of Northern Australia is classed as regional, remote or very remote’.¹⁰

Capital and social infrastructure shortfalls in Northern Australia include communications, transport, health services, childcare, aged care, disability services, education, social housing and justice and emergency services and workforce shortages in many of these sectors.¹¹

Figure 6: Regulation of electricity - Lee V White, 2024, ‘[Regulatory disparities disadvantage remote Australian communities in energy transition](#)’¹²



Communities where Australian consumers are underserved by regulations for electricity. Mapping the absence of legal protections across multiple dimensions, compiling

- 1) life support protections;
- 2) guaranteed service level;
- 3) solar connection process stated in contract;
- 4) disconnection reporting requirements; and
- 5) complaints process clarity and independence (n = 3,047 settlements).

Remote or very remote areas shown in grey, urban or regional areas shown in white, shaded using the Accessibility/Remoteness Index of Australia (ARIA+).

This map of communities where consumers are underserved by regulations for electricity is part of the context affecting people with disability in these communities, the majority of whom are First Nations people. Geo-regulatory failures, including insufficient safety-nets, increase with remoteness and disproportionately impact First Nations people in remote and very remote communities.




¹⁰ Parliamentary Joint Select Committee on Northern Australia, 'Northern Australia Workforce Development Final Report', *Workforce Development in Northern Australia Inquiry* (Report, Nov 2024) <https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Northern_Australia_47P/Workforce_Development/Final_report>. *ibid* 6.

¹¹ For example see: Parliamentary Joint Select Committee on Northern Australia, 'Issues Paper - Workforce Development in Northern Australia', *Workforce Development in Northern Australia Inquiry* (Issues Paper, June 2023) <https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Northern_Australia_47P/Workforce_Development/Issues_Paper>.

¹² Lee V. White et al, 'Regulatory disparities disadvantage remote Australian communities in energy transition' (2024) 9(1) *Nature Energy* 14, 15.

Figure 7: People with disability in Australia access to health services by remoteness¹³

Table ACCESS.1: Difficulties accessing health services by people with disability^(a) in the last 12 months, by remoteness, 2018

	 Major cities	 Inner regional	 Outer regional and remote
Visit a hospital emergency department for care they feel could be provided by a GP ^(b)	10.5%	17.0%	11.8%*
Wait longer than they feel acceptable for an appointment with a GP ^(c)	21.2%	28.1%	34.2%
Wait longer than 1 day to see a GP for urgent medical care ^(d)	28.9%	30.4%	36.4%
Face difficulties caused by lack of communication among health professionals ^(e)	19.4%	20.4%	32.3%
Wait longer than they feel acceptable for an appointment with a medical specialist ^(f)	29.9%	33.9%	36.6%
Wait 6 months or more on public dental waiting list before receiving dental care ^(g)	34.6%	23.6%	63.9%
Experience discrimination from health staff (GP, nurse, hospital staff) ^(h)	2.7%	3.9%	8.0%

Notes:

* Relative standard error of 25%–50% and should be used with caution.

(a) People with disability living in households.

(b) People aged 64 and under who have been to hospital emergency department in the last 12 months, for most recent visit to emergency department.

(c) People aged 15–64 who saw a GP in the last 12 months.

(d) People aged 64 and under with disability living in households who saw a GP for urgent medical care in the last 12 months.

(e) People aged 64 and under who saw 3 or more health professionals for the same health condition.

(f) People aged 15–64 who saw a medical specialist in the last 12 months.

(g) People aged 64 and under who had been on a public dental waiting list in the last 12 months, excluding people who are still waiting.

(h) People aged 15–64.

Source: ABS 2019a; see also tables ACCE13, ACCE17, ACCE25, ACCE37, ACCE43, ACCE55, and ACCE69, [Data – Access to health services](#).

¹³ Australian Institute of Health and Welfare, 'People with disability in Australia 2024', *AIHW* (Report, 24 April 2024) 115 <<https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia>>.

Figure 8: Proportion of children aged 0-14 with severe disability by priority population group, 2015 (*)

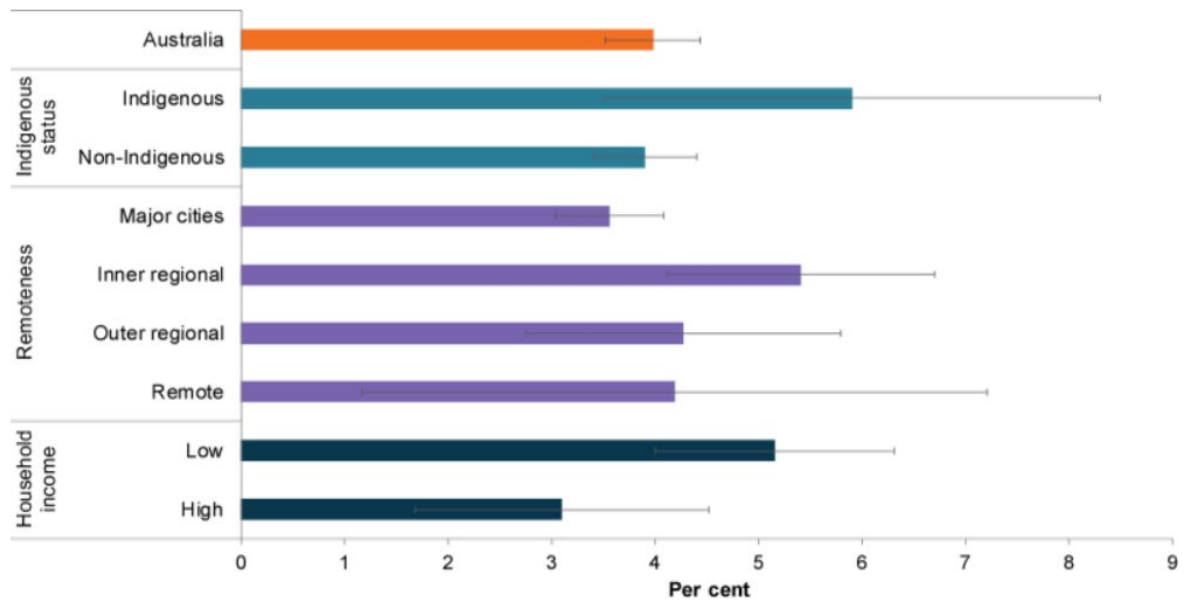


Chart: AIHW. Sources: ABS 2015, 2017.

The above tables show some of many statistical indicators of adverse geographical disparities for people with disability in 4Rs areas. However, undercounting is also present due to current data gaps.¹⁴ For example, the proportion of Indigenous children with disability, including severe disability (*) by remoteness, is likely undercounted.¹⁵

1.2 Contexts – human rights of people with disability

1. The DDA Review sits in the overall context of the human rights of people with disability in Australia, including the human rights of all people with disability in 4Rs areas. The DDA Review matters in wide ranging ways for the rights, inclusion and well-being of all people with disability in 4Rs areas, including and especially for Aboriginal and Torres Strait Islander people and children with disability in 4Rs areas.

¹⁴ For example, the AIHW report highlighted that ‘Existing data sources could be improved to better capture the diversity and intersectionality in the disability population.... key data gaps exist for people with disability who: • are Aboriginal and/or Torres Strait Islander • live in rural and remote Australia • live in care settings • are LGBTIQ+ people • are culturally and linguistically diverse • have suffered abuse • have suffered discrimination • are homeless.’ :ibid 409.

¹⁵ Ibid.

2. The Convention on the Rights of Persons with Disabilities ('CRPD')¹⁶ is expressed to apply to all people with disability. 'Rural' is UN vernacular for all non-urban areas,¹⁷ and 'rural' appears in 3 of the 30 plus CRPD articles related to substantive human rights. These are:
- Art 11 (Accessibility)
 - Art 25 (Health), and
 - Art 26 (Habilitation and rehabilitation).

The word 'urban' appears once, in Art 11 and the words 'regardless of place of residence' appears in Art 22 (Respect for privacy (Art 22)).

3. The Convention on the Elimination of All Forms of Discrimination Against Women ('CEDAW')¹⁸ similarly only refers to 'rural' in two articles (Art 10 and 14) however Art 14 is specifically about 'rural women'. The general language and approach of CEDAW makes it clear that CEDAW applies to all women and girls. The CEDAW Committee confirmed in a General Recommendation that the whole of CEDAW applies to women in rural areas unless a provision specifically conflicts.¹⁹

4. The rights guaranteed by the CRPD are fundamental rights of people with disability which must be fully realised for all people with disability including those in 4Rs areas. An approach which is silent about geographic location would fall short and not balance against urban norms resulting in a formal approach to equality which is in fact an 'urbanist' approach. The rights of people with disability in 4Rs areas require a substantive approach to all obligations under CRPD including those listed below which the DDA should help protect and ensure, wherever people with disability are located.

<ul style="list-style-type: none"> • General obligations (Art 4) • Equality and non-discrimination (Art 5) • Women with disability (Art 6) 	<ul style="list-style-type: none"> • freedom from torture or cruel, inhuman or degrading treatment or punishment (Art 15) • freedom from exploitation, violence and abuse (Art 16) 	<ul style="list-style-type: none"> • respect for privacy (Art 22) • respect for home and the family (Art 23) • education (Art 24) • health (Art 25)
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¹⁶ *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 2515 UNTS 3 (entered into force 3 May 2008) ('*Convention on the Rights of Persons with Disabilities*').

¹⁷ Amanda Lyons, 'Rurality as an Intersecting Axis of Inequality in the Work of the U.N. Treaty Bodies' (2022) 79 *Washington and Lee Law Review* 1125.

¹⁸ *Convention on the Elimination of All Forms of Discrimination Against Women*, opened for signature 18 December 1979, 1249 UNTS 13 (entered into force 3 September 1981) ('*Convention on the Elimination of All Forms of Discrimination Against Women*').

¹⁹ CEDAW Committee, *General Recommendation No. 34 (2016) on the rights of rural women*, UN Doc CEDAW/C/GC/34 (7 March 2016) ('*General Recommendation No. 34 (2016) on the rights of rural women*'); Lisa R Pruitt, 'Deconstructing CEDAW's Article 14: Naming and Explaining Rural Difference' (2021) 17 *University of Baltimore, Law Review* 347.

<ul style="list-style-type: none"> • Children with disability (Art 7) • awareness raising (Art 8) • rights relating to accessibility (Art 9) • the right to life (Art 10) • rights relating to situation of risk and humanitarian emergencies (Art 11) • equal recognition before the law (Art 12) • access to justice (Art 13) • liberty and security of the person (Art 14) 	<ul style="list-style-type: none"> • protecting the integrity of the person (Art 17) • liberty of movement and nationality (Art 18) • living independently and being included in the community (Art 19) • personal mobility (Art 20) • freedom from exploitation, violence and abuse (Art 21) • freedom of expression and opinion and access to information (Art 21) 	<ul style="list-style-type: none"> • habilitation and rehabilitation (Art 26) • work and employment (Art 27) • adequate standard of living and social protection (Art 28) • participation in political and public life (Art 29) • participation in cultural life, recreation, leisure and sport (Art 30) • statistics and data collection (Art 31)
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2.Principles in modernising the DDA

1. This submission emphasises the following **mutually reinforcing principles** in modernising the DDA:

- Human rights-based approach
- Inclusive equality
- Intersectionality
- Substantive compared to formal equality
- Full geographic inclusion - no one left behind, no people with disability in 4Rs areas left behind

2.1 Background - DDA Review Issues Paper and 4Rs areas

1. The DDA Issues Paper noted that:

“The Disabilities Convention requires countries to ensure and promote the full realisation of all human rights and fundamental freedoms for all people with disability on an equal basis with others.”²⁰

and that the DDA aims to encompass all people with disability.²¹

²⁰ Attorney-General’s Department, 'Disability Discrimination Act 1992 Review', *Review Disability Discrimination Act*) 10 and further at p. 38 <<https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/australias-anti-discrimination-law/review-disability-discrimination-act>>.

²¹ Ibid 21.

2. However, as outlined below, the Issues Paper did not engage with 4Rs location or how 4Rs location may be relevant.

2.1.1 Intersectionality and 4Rs

1. Referring to intersectionality, the Issues Paper outlined that:

‘Intersectionality recognises that a person or group of people can be affected by multiple and compounding forms of discrimination and disadvantage due to their race, sex, gender identity, sexual orientation, disability, class, religion, age, social origin, and other identity markers. For example, a First Nations woman with disability may experience discrimination with respect to her First Nations identity, her gender, and her disability.’²²

2. Although the 4Rs locations of people with disability *were not excluded* by this account of intersectionality, it is notable that 4Rs location or similar *were not visibly included*. That the lived experience of people with disability in 4Rs areas does include being discriminated and disadvantaged due to their 4Rs location – lack of visible inclusion of 4Rs location risks intersectional erasure and negation. That is, it risks non-recognition of discriminatory treatment toward people with disability relating to 4Rs location, leaving this aspect of multiple and compounding forms of discrimination wide open.
3. Appreciating intersectionality as a way lived experience can be heard and recognised, and that intersectionality gives insights into the existence, workings and effects of forms of power – makes intersectional inclusion of spatial, locational and geographic dimensions of power essential
4. Referring to intersectionality and the workings of power, Crenshaw has noted that:

‘Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It’s not simply that there’s a race problem here, a gender problem here, and a class or LGBTQ problem there. Many times that framework erases what happens to people who are subject to all of these things.’²³
5. Focusing on racism as a health determinant, Shannon et al, locate space and spatiality as part of the systems used and produced by racism. The diagram below, shows the model applied to the world, inclusive of urban and non-urban spatiality.

²² Ibid 27.

²³ Kimberlé Crenshaw, 'Kimberlé Crenshaw on Intersectionality, More than Two Decades Later', *Stories*, 8 June 2017) <<https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later>>.

Figure 9: Racism as an intersectional system of oppression (Shannon)²⁴

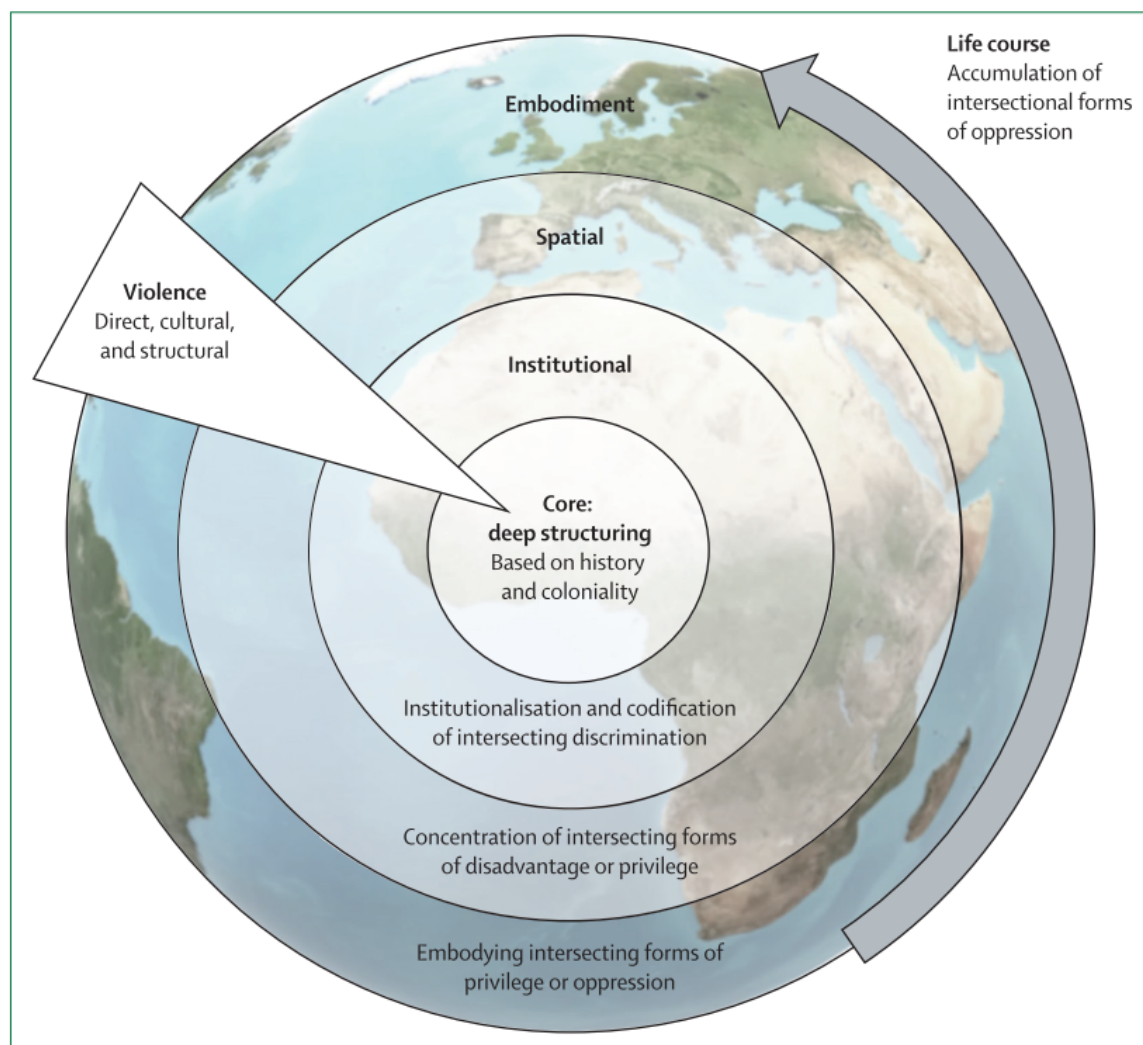


Figure: Racism as an intersectional system of oppression

The diagram represents a socioecological system, with different forms of intersectional oppression operating at or across each layer. At the core of the model is deep structuring, linked to history and coloniality. Next is the institutionalisation of intersecting forms of discrimination. Subsequently, spatial concentration of intersecting privilege or disadvantage. On the outside of the sphere is embodiment of intersecting oppression. These forces accumulate over the life course. Violence (direct, cultural and structural) cuts across each layer.

6. The concept of intersectionality does not propose closed categories or closed analysis or validate practices which are problematic for the purposes and contexts to be served.
7. That spatiality may be embedded in intersectional thinking, while being unexpressed, warrants consideration of whether this achieves spatially visible, spatially equitable, spatially accountable and spatially sophisticated

²⁴ Geordan Shannon et al, 'Intersectional insights into racism and health: not just a question of identity' (2022) 400(10368) *The Lancet (British edition)* 2125, 2132.

intersectional analysis.²⁵

8. Invisibility of 4Rs location occurs frequently in descriptions and treatments of intersectionality in Australia, including in government and institutional reviews, reports and policies. This contrasts with the diverse voices of lived experience from 4R areas in Australia and active and continuing efforts across a range of sectors including disability sectors.
9. Sarah Redshaw has summarised concerns as follows (references in the original omitted):

‘...intersectionality has not been adequately accommodated to the depth of engagements with differences because it has often ignored the logic of space, seeing the “urban” as the predominant spatial domain where such interlocking exclusions occur. This focus on the “urban” is not surprising as it is the “urban” that is constructed as the spatial norm through which difference and the superdiversity of identities is often engaged, resulting in regular experiences of exclusion invoked by the intersections of “race”, class, gender and sexuality ... The “urban” became the dominant spatial frame of normative diversity with the enclosure of the “commons” and the rise of industrial capitalism in the late 18th century These processes facilitated a cultural and social modernity, and an expansion of a globalised urbanism which saw the demography of the city rapidly change, becoming a spatial lens for diversity and competing and shifting identity and power relations ...’²⁶

10. Redshaw reviewed themes in academic literature in Australia and the global North relating to intersectionality and rurality (meaning all non-urban areas) indicated on the diagram below,²⁷ and concluded that urban-centric and white-dominated views of intersectionality need to be further challenged.²⁸

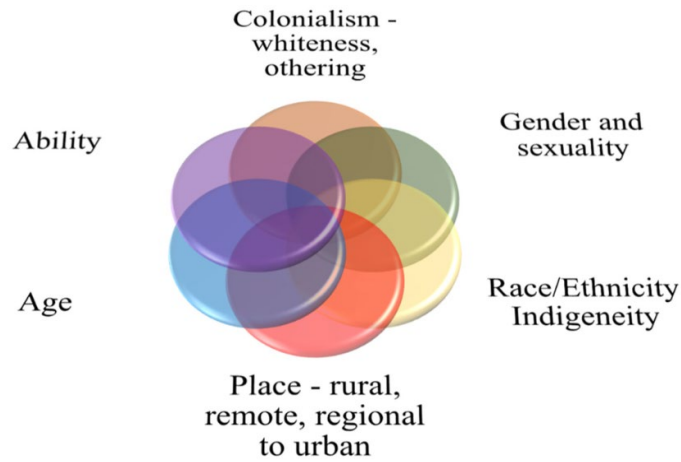
²⁵ For discussion of some of these issues see: Sharlene Mollett and Caroline Faria, 'The spatialities of intersectional thinking: fashioning feminist geographic futures' (2018) 25(4) *Gender, place and culture : a journal of feminist geography* 565.

²⁶ Sarah Redshaw et al, 'Rurality and intersectionality: a literature review' (2025) 44(9) *Equality, Diversity and Inclusion* 208, 209.

²⁷ Ibid.

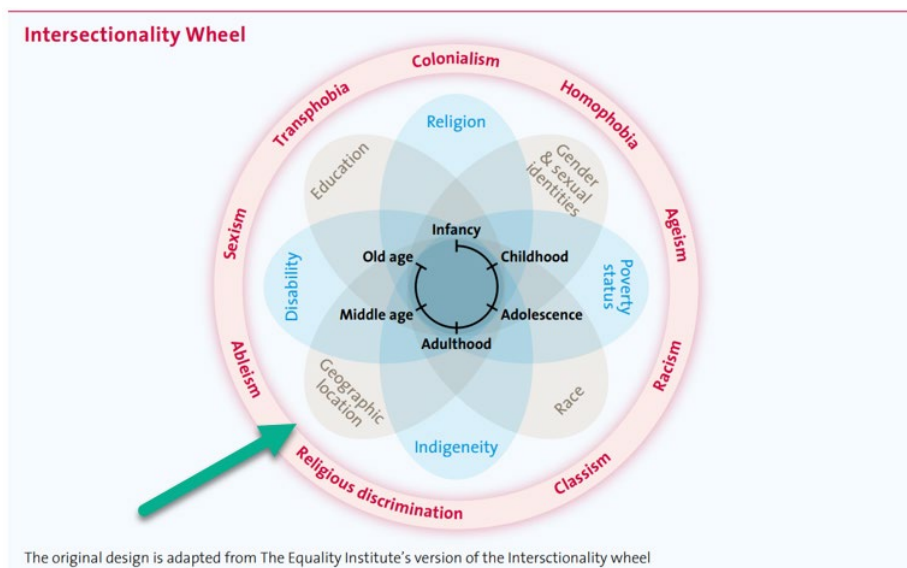
²⁸ Ibid 221-222.

Figure 10: Intersections of place, gender and sexuality, age, ability, race/ethnicity and colonialism²⁹



11. By comparing treatments of intersectionality which omit ‘Place - rural, remote, regional, to urban’, and similar – to examples with these included - the option to include is clear. For example, Figures 11, 12, and 13 treat ‘geographic location’ as an intersectional aspect of identity:

Figure 11: UN Women and UNPRPD Intersectionality Wheel³⁰

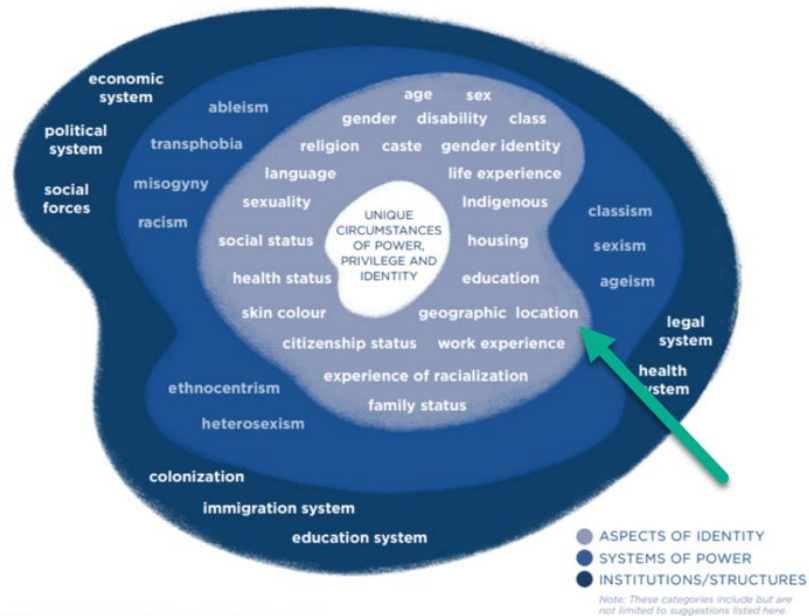


²⁹ Ibid 221.

³⁰ UN Women and UN Partnership on the Rights of People with Disability, 'Intersectionality Resource Guide and Toolkit: An Intersectional Approach to Leave No One Behind', *Publications* (Guide, 2021) 8 <<https://www.unwomen.org/en/digital-library/publications/2022/01/intersectionality-resource-guide-and-toolkit>>.

Figure 12: Feminist Intersectionality – Canadian Research Institute for the Advancement of Women³¹

What is “Feminist Intersectionality”?



<https://www.criaw-icref.ca/publications/feminist-intersectionality-poster/>

Figure 13: Feminist Intersectionality – Canadian Research Institute for the Advancement of Women³²



Described as

³¹ Canadian Research Institute for the Advancement of Women, 'CRIA W-ICREF's Intersectionality Wheel', *Feminist Intersectionality and Gender Based Analysis (GBA) Plus* (Web page, 2025) <<https://www.criaw-icref.ca/our-work/feminist-intersectionality-and-gba-plus/>>.

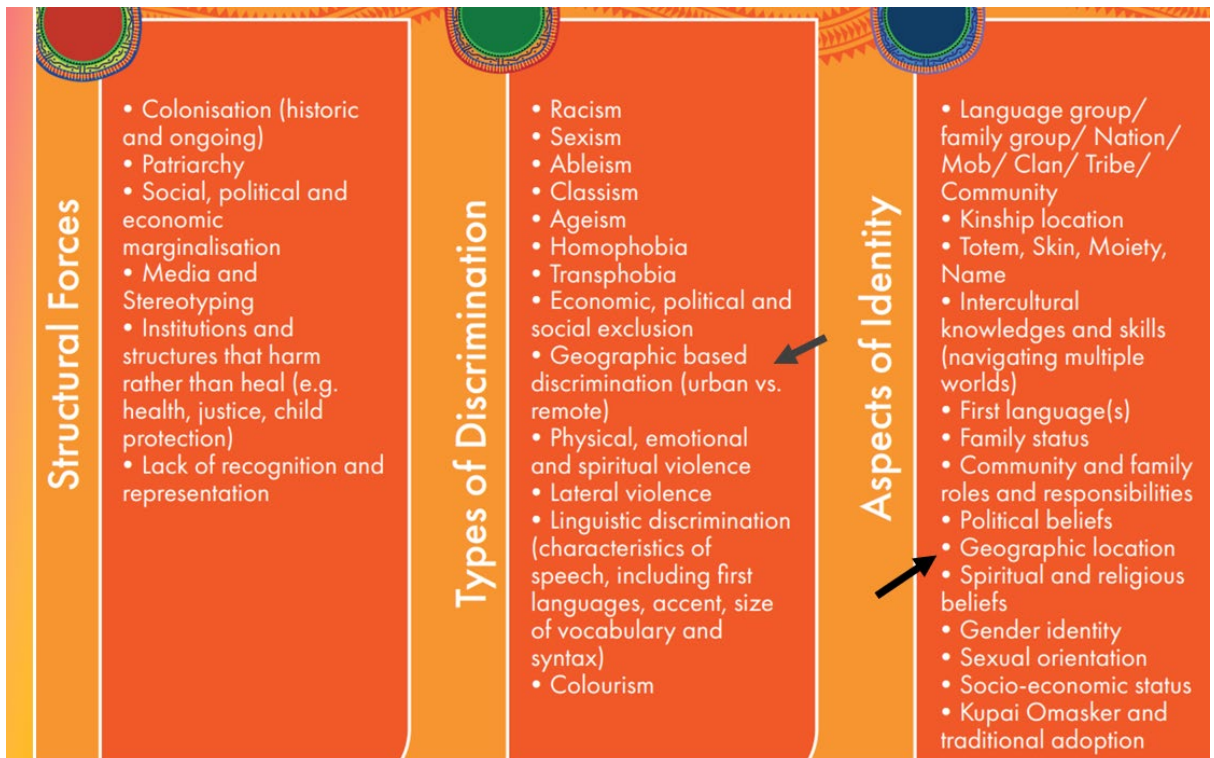
³² Ibid.

“This popular visual tool illustrates the concept of intersectionality:

- The innermost circle represents a person’s unique circumstances.
- The second circle from inside represents aspects of identity.
- The third circle from the inside represents different types of discrimination/isms/attitudes that impact identity.
- And the outermost circle represents larger forces and structures that work together to reinforce exclusion.”³³

13. Figure 14 below, reflecting the diverse lived experiences of Aboriginal and Torres Strait Islander women from around Australia, confirms ‘geographic location’ as an intersectional aspect of identity and that Types of Discrimination include ‘geographic discrimination (urban vs remote)’. Similarly, Professor Megan Davis expressed as Chair of the United Nations Permanent Forum on Indigenous Issues, that there are ‘triple layers of discrimination’, whereby Indigenous women in rural areas (i.e. all non-urban areas) are discriminated as women, as Indigenous, and as rural – see Figure 15. Considering the aspects outlined above and elsewhere in this submission about pervasiveness and dynamics, structural dimensions are also established.

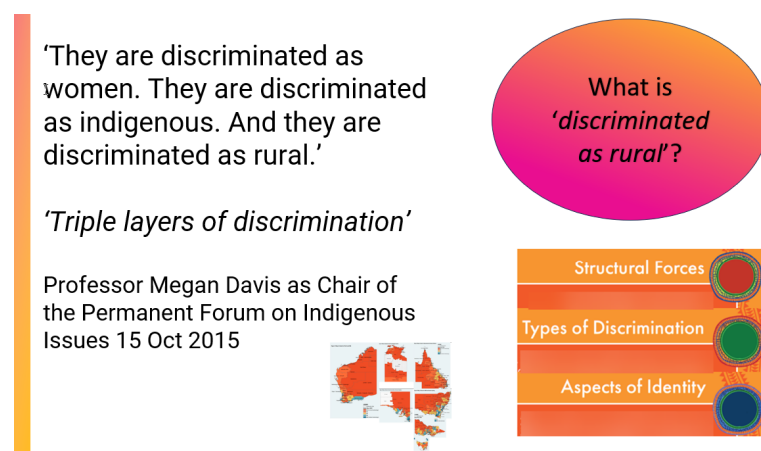
Figure 14: Intersectionality a Summary of Overlapping Oppressions and Identity
Markers Wiyi Yani U Thangani (Women's Voices) Report ³⁴



³³ Ibid.

³⁴ Aboriginal and Torres Strait Islander Social Justice Commissioner, *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Final Report* (Australian Human Rights Commission, 2020) 74.

Figure 15: Slide from 4Rs Network and Economic Justice Australia presentation, September 2025³⁵ quoting Professor Megan Davis³⁶



14. In summary, modernisation of the DDA requires an intersectional approach which visibly, effectively and substantively engages with geographic location and similar.

2.1.2 Treatment of 4Rs in the DDA Issues Paper

1. Frequency analysis can provide insights into how issues and themes are treated. For example, Professor Stuart Wark considered how 4Rs areas were treated in the Royal Commission's Final Report (all volumes), by reviewing treatment of 'regional', 'rural' and 'remote' and 'geographic disadvantage'.³⁷ The following outlines key points from Professor Wark's analysis:

“How often did the Commission's report specifically comment on rurality?”

A frequency analysis was performed to establish how often the of (sic.) key terms “regional”, “rural” or “remote” appeared throughout the Executive Summary and the 12 volumes of the Final Report... The phrase “geographic disadvantage” was also searched for, but it only appeared a single time in both Volumes 5 and 6, as part of a reference to the *Victorian Mental Health and Wellbeing Act 2022*, and twice in the overall recommendations within the Executive Summary. Therefore, this phrase was not included the overall summary of mentions below in Table 1.³⁸ ...

³⁵ 4Rs Network and Economic Justice Australia, 'Justice where you live' (PowerPoint, The Law and More: National Community Legal Centres Conference, 2-5 September 2025) slide 8.

³⁶ Megan Davis, 'Woman, Rural And Indigenous – Breaking Triple Layers Of Discrimination' (UN DESA Media Release, 15 October 2015) <<https://social.desa.un.org/issues/indigenous-peoples/news/woman-rural-and-indigenous-breaking-triple-layers-of-discrimination>>.

³⁷ Stuart Wark, 'The findings of the Disability Royal Commission: the relevance for people with intellectual disabilities in rural areas' (2024) 11(1) *Research and Practice in Intellectual and Developmental Disabilities* 121.

³⁸ Ibid 124.

Table 1. Overall mentions* of “regional”, “rural” and “remote” in the final report.

Volume	Regional	Rural	Remote
Executive Summary: Our vision for an Inclusive Australia and Recommendations	10	3	58
1: Voices of People with Disability (Books 1 to 3)	127 (46 + 47 + 34)	35 (12 + 8 + 15)	39 (11 + 22 + 6)
2: About the Royal Commission	10	4	50
3: Nature and extent of violence, abuse, neglect and exploitation	16	4	17
4: Realising the human rights of people with disability	11	5	8
5: Governing for inclusion	2	0	6
6: Enabling autonomy and access	14	16	41
7: Inclusive education, employment and housing (Summary + Parts A, B & C)	26 (1 + 19 + 5 + 1)	5 (0 + 1 + 3 + 1)	9 (0 + 5 + 3 + 1)
8: Criminal justice and people with disability	11	3	12
9: First Nations people with disability	12	5	182
10: Disability services	23	11	87
11: Independent oversight and complaint mechanisms	1	0	0
12: Beyond the Royal Commission	1	1	4
Totals	264	92	513

*There is some overlap in the reporting of these numbers, particularly in relation to issues mentioned in both the Executive Summary and then in a distinct volume, and also when the combined phrase “regional and remote” was used.

2. The conclusions included that:

- There were a high number of references to ‘rurality’ (meaning regional, rural, or remote) in the *Voices of People with Disability* volume; specific treatment in some recommendations and inclusion without specific reference in many others – some of which would have benefited from specific consideration of ‘rurality’ because of geographic patterns and dynamics of disadvantage faced by people with disability.
- ‘Regional’, ‘rural’ and ‘remote’ should not be conflated with each other and each should be treated fully and specifically as there are often different issues for people with disability in each of these areas.
- Treatment of remote areas must occur, and care should be taken to ensure that treatment of ‘regional’ and ‘rural’ areas occurs.
- Care should be taken to ensure inclusion of the presence and lived experiences of First Nations people with disability in ‘remote’ areas and the experiences of First Nations people with disability in metropolitan, regional and rural areas. Language which treats First Nations people with disability as covered off only or mainly by reference to *remote areas* is conflating and insufficient.

3. The frequency analysis below highlights the extent to which geographical diversity, geographical contexts and issues relating to 4Rs areas are reflected in the Issues Paper for the DDA Review.³⁹ The analysis applies Professor Wark’s search criteria (in bold) and the additional terms shown.

³⁹ Attorney-General’s Department (n 20).

DDA Reform – Issues Paper	Search terms and table of pertinent occurrences								
	Urban	City ⁴⁰	Metro	Regional ⁴¹	Rural	Remote	Geo ⁴²	Place ⁴³	Local ⁴⁴
Introduction & Glossary	0	0	0	0	0	0	0	0	0
Part 1 – Updating understandings of disability and disability discrimination	0	0	0	0	0	0	0	0	0
Part 2 – Positive duty to eliminate discrimination	0	0	0	0	0	0	0	0	0
Part 3 - Encouraging inclusion of people with disability in employment, education and other areas of public life	0	0	0	0	0	0	0	0	0
Part 4 – Improving Access to Justice	0	0	0	0	0	0	0	0	0 ⁴⁵
Part 5 - Exemptions	0	0	0	0	0	0	0	0	0
Part 6 – Modernising the DDA	0	0	0	0	0	0	0	0	1 ⁴⁶
Part 7 – Further options for reform	0	0	0	0	0	0	0	0	0
Total pertinent references	0	0 ⁴⁷	0	0 ⁴⁸	0	0	0	0 ⁴⁹	1

⁴⁰ ‘City’ in the name of a case cited in footnote

⁴¹ Searched on ‘region’ and ‘regional’

⁴² ‘Geo’ to identify uses of ‘geography’, ‘geographic’, ‘geo-social’, ‘geographic disadvantage’, ‘geographic inclusion’ etc.

⁴³ ‘Place’ to identify references to location

⁴⁴ ‘Loca’ to identify reference to ‘local’, ‘location’, locality’ etc.

⁴⁵ Searching on ‘loca’ for variations, returned 3 instances one was not pertinent, the word ‘local’ appeared once in quoting the current definition of services in the DDA but this was not specific to 4Rs areas i.e. (with the occurrence of ‘local’ bolded): “services includes: a. services relating to banking, insurance, superannuation and the provision of grants, loans, credit or finance; or b. services relating to entertainment, recreation or refreshment; or c. services relating to transport or travel; or d. services relating to telecommunications; or e. services of the kind provided by the members of any profession or trade; or f. services of the kind provided by a government, a government authority or a **local** government body. “

⁴⁶ The third return from searching ‘loca’ was one occurrence of ‘location’ although this was not 4Rs specific it was about locational inclusion, that reference (with ‘location’ bolded) was: ‘The Disability Discrimination Act could be amended to provide greater clarity on training requirements. Any changes would need to ensure people who cannot access formal training and/or accreditation for their assistance animals due to their **location** or other circumstances are not unreasonably excluded from protection.’

⁴⁷ There were 8 references to ‘city’ i.e. 4 in the term ‘capacity’ and 4 in the name of cases cited in footnotes e.g. footnote 214 ‘*IW v City of Perth* (1997) 191 CLR 1, 12’

⁴⁸ The word ‘region’ did not appear, the word ‘regional’ appeared twice, both in the name of the Department i.e. ‘. The Transport Standards are co-administered by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts and the Attorney-General’s Department’.

⁴⁹ There were 34 returns on the word ‘place’ however this appeared in terms such as ‘This exemption is in place to ...’, ‘public place/s’, ‘workplace’, ‘in place’, ‘replace’ etc.

4. The frequency analysis included the full text of the Issues Paper including the 51 questions and the six stories of lived experience of people with disability. The six stories selected for inclusion in the Issues Paper,⁵⁰ which are drawn from the Royal Commission's Final Report 1 parts 1, 2 and 3,⁵¹ do not reflect on geographic location. This reduces the visibility, inclusion, appreciation and relevance of geography and 4Rs locations and it is not reflective of the geographical range of stories of lived experience in Report 1 or the overall treatment by the Royal Commission.⁵²
5. That the Issues Paper does not engage with geographic patterns, geographic dynamics, geographic issues or geographic inclusion of people with disability in 4Rs areas – warrants reflection on the frameworks, norms, reasoning and systems which contributed, and which purported to make this acceptable. The non-engagement appears to incorrectly assume that:
 - the diversity of locations and contexts of people with disability in 4Rs areas is not relevant to disability discrimination or to the review of the DDA
 - 4Rs location is not a relevant intersectional or compounding aspect – even though patterns and lived experience input indicate the reverse
 - actors and duty-bearers do not fall short on their obligations towards people with disability in 4Rs areas in respect of their 4Rs location
 - approaches to what disability discrimination is, and what it will be following on from the DDA Review, do not need to consider how diverse 4Rs geographic contexts, and responses to these contexts, may escalate or compound disability discrimination individually and systemically.
6. Each of these assumptions is incorrect and must not be perpetuated in the processes and outcomes in relation to the modernisation of the DDA. The modernised DDA must reflect full inclusion of people with disability in 4Rs areas.

2.2 Who is the DDA for?

1. A DDA which is inclusive of people with disability in 4Rs areas:
 - Will modernise the DDA, which is currently silent on these aspects – to visibly, specifically and substantively respond. The diversity of people with disability in 4Rs areas will then see the geographic and locational dimensions of their lived experience *recognised and properly reflected*, and
 - Will better orientate and equip all who engage with the Act to holistically support the rights, inclusion and well-being of people with disability in 4Rs area. This

⁵⁰ Attorney-General's Department (n 20) at pages 12, 13, 14 and 15.

⁵¹ Abuse Royal Commission into Violence, Neglect and Exploitation of People with Disability,, *Final Report Vol 1-12 with Corrigendum* (Commonwealth of Australia, 2023).

⁵² Wark (n 37).

includes duty-bearers and actors including governments, agencies, services, advocates, educators, media, the legal system, and researchers.

2. The modernised DDA will then reflect that the learnings from the social model of disability and the implementation of the human rights models of disability do not permit 4Rs geographic location to be bracketed out. Rather that 4Rs geographic location must be fully considered. Accordingly, the DDA will visibly:
 - Reflect that human rights are universal and apply to people with disability wherever located, including in urban, regional, rural, remote or very remote areas.
 - Ensure that Intersectionality includes, and effectively considers and responds to, implications and relevance of 4Rs geographic location.
 - Support and promote special measures, to ensure a positive norm that effective safety-nets are required where people with disability in 4Rs areas would otherwise be adversely discriminated.
 - Guard against adverse discrimination against people with disability involving geographic location which has adverse impacts relating to race, gender, age or any other protected attribute.

6. The modernised DDA should be accompanied by structures and capabilities for effective implementation across *all* relevant areas of federal government including agencies, programs, services and policies (outlined further at 4. Other issues).

3.DDA reform, inclusive equality and 4Rs

1. As outlined at the outset the modernisation of the DDA should reflect principles, including the principle of *inclusive equality* of people with disability. This should include people with disability, including Aboriginal and Torres Strait Islander people and children, in 4Rs areas.

3.1 Inclusive equality and 4Rs

1. The United Nations Committee on the Rights of Persons with Disabilities, recognises **inclusive equality** as core to the human rights of people with disability.⁵³ The Committee outlined inclusive equality in *General Comment No. 6 (2018) – equality and non-discrimination*. Key sections are quoted below in the left-hand column of the table. The right-hand column outlines implications for DDA reform relating to people with disability in 4Rs areas in Australia.

⁵³ CRPD Committee, *General Comment No.6 (2018) on equality and non-discrimination*, CRPD/C/GC/6, 19th sess, (9 March 2018) ('*General Comment No.6 (2018) on equality and non-discrimination*'); Human Rights Council, *Rights of persons with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities*, A/HRC/46/27, 46th sess, Agenda Item 3, (22 February–19 March 2021) ('*Rights of persons with disabilities: Report of the Special Rapporteur on the rights of persons with disabilities*').

<p>CRPD, General Comment 6 (2018) - equality and non-discrimination</p>	<p>Submissions related to DDA reform</p>
<p>“III. The human rights model of disability and inclusive equality 8. Individual or medical models of disability prevent the application of the equality principle to persons with disabilities. Under the medical model of disability, persons with disabilities are not recognized as rights holders but are instead “reduced” to their impairments. Under these models, discriminatory or differential treatment against and the exclusion of persons with disabilities is seen as the norm and is legitimized by a medically driven incapacity approach to disability. Individual or medical models were used to determine the earliest international laws and policies relating to disability, even after the first attempts to apply the concept of equality to the context of disability. The Declaration on the Rights of Mentally Retarded Persons (1971) and the Declaration on the Rights of Disabled Persons (1975) were the first human rights instruments that contained equality and non-discrimination provisions for persons with disabilities. While these early soft-law human rights instruments paved the way for an equality approach to disability, they were still based on the medical model of disability, as impairment was seen as a legitimate ground for restricting or denying rights. They also include language that is now considered inappropriate or obsolete. A further step was taken in 1993 with the adoption of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, which proclaimed “equality of opportunities” a fundamental concept of disability policy and law.”</p>	<ul style="list-style-type: none"> • The human rights model of disability and inclusive equality applies to all people with disability, including Indigenous and non-Indigenous people and children with disability in 4Rs areas. The DDA should reflect this. • Barriers to full human rights inclusion of people with disability in 4Rs areas are often created, with duty-bearers and actors producing, normalising and /or perpetuating barriers which do not have to exist. These regressive dynamics often use 4Rs location to purportedly justify shortfalls and block or slow progress. • Currently, 4Rs location is often advanced to restrict or deny the rights of Indigenous and non-Indigenous people with disability in 4Rs areas. For example, when 4Rs location is used to purportedly justify failing the human rights of children with disability despite protections via CROC and CRPD and the matrix of interlinking human rights instruments and obligations. That is, 4Rs location is used to discriminate against Indigenous and non-Indigenous children, young people, women, older people and others with disability in 4Rs areas. • Language which fails to make people with disability in 4Rs areas visible – must now be considered inappropriate and obsolete. Similarly, language in legislation which fails to make

	<p>human rights real for people with disability in the diversity of contexts in 4Rs areas – must now be considered inappropriate and obsolete.</p> <ul style="list-style-type: none"> • Equality of opportunities must be implemented as a fundamental concept of disability policy and law relating to people with disability in 4Rs areas.
<p>“9. The human rights model of disability recognizes that disability is a social construct and impairments must not be taken as a legitimate ground for the denial or restriction of human rights. It acknowledges that disability is one of several layers of identity. Hence, disability laws and policies must take the diversity of persons with disabilities into account. It also recognizes that human rights are interdependent, interrelated and indivisible.”</p>	<ul style="list-style-type: none"> • The DDA should reflect the human rights model of disability. • The DDA should reflect recognition that human rights are interdependent, interrelated and indivisible for people with disability wherever they are located, including in 4Rs areas. • The DDA should reflect that the 4Rs location of a person with disability is not a basis for denying or restricting their human rights or adversely discriminating against them. • The DDA should reflect acknowledgment that layers of identity and diversity, including contextual diversity, can include 4Rs location. This should be visibly apparent on the face of the legislation and throughout the legislation, wherever relevant. • The DDA should include protection for people with disability in 4Rs areas from adverse discrimination (direct or indirect, if this distinction continues in the Act) related to their 4Rs location whether accompanied by further kinds of prohibited discrimination or not.

<p>“10. Equalization of opportunities, as a general principle of the Convention under article 3, marks a significant development from a formal model of equality to a substantive model of equality. Formal equality seeks to combat direct discrimination by treating persons in a similar situation similarly. It may help to combat negative stereotyping and prejudices, but it cannot offer solutions for the “dilemma of difference”, as it does not consider and embrace differences among human beings. Substantive equality, by contrast, also seeks to address structural and indirect discrimination and takes into account power relations. It acknowledges that the “dilemma of difference” entails both ignoring and acknowledging differences among human beings in order to achieve equality.”</p>	<ul style="list-style-type: none"> • Currently the DDA is silent about the diversity of geographic locations and contexts in which people with disability are located throughout Australia. This can be described as a formal, rather than a substantive, approach to geographic inclusion of people with disability throughout Australia. • The DDA’s geographical silence is not geographically neutral or benign. The DDA’s de-spatialised approach fails to promote inclusion, fairness and equity for people with disability wherever located, including in 4Rs areas. • Meanwhile, people with disability in 4Rs areas are systemically relegated and left in a cycle of advocating and re-advocating to duty-bearers who often fail to act, delay, or implement sufficient responses – often blaming 4Rs locations. The lived experience of many people with disability in 4Rs areas is of systems and processes which often operate insolently and with impunity towards them, grossly limiting daily-lives, participation, opportunities, and well-being. • The DDA should be visibility and effectively optimised for full substantive inclusion of people with disability in 4Rs areas to help counter practices, actions and attitudes which adversely discriminate by failing to protect, respect and fulfil their rights.
<p>“11. Inclusive equality is a new model of equality developed throughout the Convention. It embraces a substantive model of equality and extends and elaborates on the content of equality in: (a) a fair redistributive dimension to address socioeconomic disadvantages; (b) a recognition dimension to combat stigma,</p>	<ul style="list-style-type: none"> • The inclusive equality model, which is the basis of the CRPD, should be reflected in the DDA in support of people with disability in 4Rs areas for all the reasons elaborated in para 11 sub-paras (a)-(d) of the General Comment.

stereotyping, prejudice and violence and to recognize the dignity of human beings and their intersectionality; (c) a participative dimension to reaffirm the social nature of people as members of social groups and the full recognition of humanity through inclusion in society; and (d) an accommodating dimension to make space for difference as a matter of human dignity. The Convention is based on inclusive equality.”

- Inclusive equality, reflecting the rights of people with disability in 4Rs areas, and all intersecting, co-occurring and/or compounding identities, attributes and contexts of people in 4Rs areas - should be reflected in all other relevant legislation, policies, programs and practices.
- This applies the design and theory of change logic underpinning the health-in-all-policies ('HIAP') approach based on the social determinants of health.
 - HIAP recommends ensuring that all opportunities to orient to better health be utilized (outlined further at 4.1 below).
 - Similarly, all opportunities towards protecting, respecting and fulfilling the human rights of people with disability in 4Rs areas should be leveraged.

3.2 Phenomenon of 4Rs being dropped off

1. Language and vocabulary for the DDA to become visibly, substantively and effectively inclusive of people with disability in 4Rs areas will require an intentional, consultative and accountable approach. Factors include:
 - **Phenomenon** - The phenomenon that people with disability in 4Rs areas ***keep being dropped off and not included***.
 - While this can be seen as a sub-set of how people facing disadvantage in 4Rs areas are often dropped off in treatments of intersectionality across policy areas and legislation – that this is occurring for people with disability in 4Rs areas in the context of the DDA Review requires consideration, reflection and correction.⁵⁴
 - The strong commitment of disability sector NGOs and their allies, to effective inclusion of all people with disability, including people with disability in 4Rs areas, is highly propitious for progress. Similarly, many of the federal Government’s positive expressions and efforts in relation to 4Rs areas, including the focus of the Special Envoy for Remote Communities, are conducive for modernisation to ensure new and existing legislation is aligned and working well in positive, and progressive ways inclusive of 4Rs areas.
 - **The likelihood of consensus for visible and substantive inclusion of people with disability in 4Rs areas in the DDA.** This has two parts, being pre-consensus and consensus. That is:
 - ***Pre-consensus***: While a wide range of submissions to the DDA Review may not refer to people with disability in 4Rs areas or make any proposals for visible and substantive inclusion of people with disability in 4Rs areas in the DDA, this is likely to reflect multiple factors – which reflect pre-consensus, rather than opposition. For example, the following are very likely to be easily recognisable as unsatisfactory:
 - The non-engagement of the DDA Issues Paper with people with disability in 4Rs areas.
 - The scarcity of touchpoints regarding disability discrimination using 4Rs location against people with disability in legal expert commentary, including textbooks.

⁵⁴⁵⁴ Stuart Wark’s review of the Royal Commission’s Final Report for treatment of people with disability in regional, rural and remote areas was prompted by non-inclusion in the Easy-Read version, being an example of focus on people with disability in 4Rs areas being dropped off, see: Wark (n 37)

- The levels and patterns of under-engagement across policy areas with impacts of structural urbanism / urban-normativity on people with disability in 4Rs areas.⁵⁵
 - The frequency and currency of approaches to intersectionality which leave out 4Rs location, place, distance, geography, and contexts and do not engage with the potential relevance.
 - The use of expressions and vocabulary which generalise, homogenise and invisibilise people with disability in 4Rs areas.
- **Consensus:** In fact, there is likely to be willingness to support visible and effective inclusion of people with disability in 4Rs areas in the reformed DDA. This is because:
- There is a major difference between submissions and commentary being silent or muted compared to being opposed.
 - The reasons for visible, substantive and effective inclusion of people with disability in 4Rs areas are compelling.
 - The lived experiences of people with disability in 4Rs areas was visible during the Royal Commission and in the final reports⁵⁶ and continue to be visible via many processes and inquiries. The latter includes submissions and evidence to:
 - the Joint Standing Committee on the NDIS Inquiry into NDIS participant experience in rural, regional and

⁵⁵ Regarding structural urbanism and urban-normativity see for example: Janice Probst, Jan Marie Eberth and Elizabeth Crouch, 'Structural Urbanism Contributes To Poorer Health Outcomes For Rural America' (2019) 38(12) *Health Affairs* 1976; Karen Hayes, Kristy Coxon and Rosalind A Bye, 'Rural and remote health care: the case for spatial justice' (2025) 25(1) *Rural and Remote Health* 1; Philip Roberts and Bill Green, 'Researching Rural Places: On Social Justice and Rural Education' (2013) 19(10) *Qualitative Inquiry* 765; Gregory M. Fulkerson and Alexander R. Thomas (eds), *Introduction - The Need to Reimagine Rural* (Lexington Books, 2016); regarding how non-Indigenous dichotomies structure space and place compared to Indigenous non-binary, non-dichotomous and relational approaches see for example: Michelle Daigle, 'Indigenous peoples' geographies I: Indigenous spatialities beyond place through relational, mobile and hemispheric & global approaches' (2025) 49(2) *Progress in human geography* 182-193.

⁵⁶ Wark (n **Error! Bookmark not defined.**); for example the submission by DCLS with numerous case studies: Darwin Community Legal Service, 'DCLS Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability', *Submissions* (Submission, 31 December 2022) <<https://web.archive.org/web/20230324042706/https://www.dcls.org.au/wp-content/uploads/2023/01/DCLS-31-Dec-22-Disability-Royal-Commission-Submission-formatted-1.pdf>>.

remote Australia⁵⁷ including the submission by the 4Rs Network⁵⁸ and

- the current parliamentary inquiry into the Thriving Kids initiative⁵⁹ including the submission by Children and Young People with Disability Australia ('CYDA') endorsed by the 4Rs Network⁶⁰ and the 4Rs Network submission.⁶¹
- There are straightforward ways to reflect and include people with disability in 4Rs areas in the modernised DDA.

3.3 DDA and 4Rs: language, vocabulary and inclusion

1. The following are examples of language, vocabulary and drafting techniques to reflect people with disability in 4Rs areas in the modernised DDA:

- Use language such as 'including people with disability in regional, rural and remote areas' in the Long Title, Objects and Principles in the Act and when referring to human rights and base definitions on Levels 2 to 7 of the Modified Monash Model (see 1.1 Contexts – geographical, above) or other appropriate and agreed definition.
- If drafting includes reference to Australia's human rights obligations include reference to Australia's endorsement of the Declaration on the Rights of Indigenous Peoples and make specific reference to all people with disability

⁵⁷ Joint Standing Committee on the NDIS, 'Inquiry into NDIS participant experience in rural, regional and remote Australia', *Inquiry home page* (Web page, 28 March 2025) <https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/RuralRegionalandRemote>.

⁵⁸ 4Rs Network, 'Submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS participant experience in rural, regional and remote Australia', *Submissions* (Submission, 8 March 2024) <<https://clcs.org.au/4rs-network/> and <https://clcs.org.au/wp-content/uploads/2024/05/8-March-24-4Rs-with-endorsements-included-16-April-24-Network-NDIS-RRRR-submission-combined.pdf>>.

⁵⁹ Aged Care and Disability House of Representatives Standing Committee on Health, 'Inquiry into the thriving kids initiative', *Inquiry home page* (Web page, 24 November 2025) <https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Disability/ThrivingKidsinitiative>.

⁶⁰ Children and Young People with Disability Australia, 'CYDA Submission to the Standing Committee on Health, Aged Care and Disability, Inquiry into the thriving kids initiative', *Submissions* (Web page, 2 October 2025) <<https://www.aph.gov.au/DocumentStore.ashx?id=defb2838-b090-4cfd-a2da-8e6dc6562ce3&subId=778888>>.

⁶¹ 4Rs Network, 'Submission to the Standing Committee on Health, Aged Care and Disability, Inquiry into the thriving kids initiative', *Submissions* (Web page, 3 October 2025) <<https://www.aph.gov.au/DocumentStore.ashx?id=ec05dfb9-371e-4490-8c6c-6ce66e3f67e0&subId=779195>>.

in regional, rural, remote and very remote areas. The reasons for this type of approach have been outlined in several previous submissions by the 4Rs Network.⁶² In brief terms the reasons are that although DRIP is a Declaration rather than a Covenant or a Convention, there are compelling reasons for visible and explicit inclusion. Further, visible, explicit inclusion of 4Rs areas is to achieve greater human rights inclusion for people with disability in 4Rs areas in the absence of a single headline international Convention or instrument relating to the elimination of all forms of discrimination against people in rural and remote areas or similar.

- When referring to ‘all people with disability’ or to ‘people with disability’ (in the sense of meaning ‘all people with disability’) - use vocabulary such as ‘wherever located including in regional, rural, and remote areas’ for visibility and inclusion.
 - When referring to intersectionality, whether that term is used or not, ensure that the words such as ‘regional, rural, remote and very remote areas’ / ‘geographical location including regional, rural, remote and very remote areas’ / ‘all geographical locations including regional, rural, remote and very remote areas’, are included.
 - Use similar language to visibly refer to 4Rs when applying intersectionality to coverage, diversity, forms of discrimination, and factors which may be contextual to whether adverse discrimination occurred and its effects.
2. Grounds of discrimination should reflect substantive engagement with the diverse dynamics of discrimination experienced by people with disability in 4Rs areas related to their 4Rs location, and should:
- reflect that adverse discrimination towards a person with disability based on or relating to their 4Rs location is unacceptable and discriminatory, and
 - close off ways that this type of discrimination may be excused.

⁶²The following 4Rs Network submissions have raised similar proposals in relation to other legislation: 4Rs Network, 'Submission to the Parliamentary Joint Committee on Human Rights Inquiry into Enhanced Income Management and Compulsory Income Management for Compatibility with Human Rights', *4Rs Network* (Submission, 22 March 2024) <<https://clcs.org.au/4rs-network/>>; 4Rs Network, 'Submission to the Independent review of the Human Rights Act 2019 (Qld)', *4Rs Network* (Submission, 21 June 2024) <<https://clcs.org.au/wp-content/uploads/2024/07/21-June-24-4Rs-submisison-review-of-the-Qld-Human-Rights-Act.pdf>>; 4Rs Network, 'Submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS participant experience in rural, regional and remote Australia' (n 58).

3. Some further examples of language and vocabulary for 4Rs inclusion are in 4.1 below.

4. Other issues

1. This section highlights two further issues being:
 - the need for an ‘all-policies’ approach, and
 - achieving full geographic access to justice, including advocacy and legal assistance, by people with disability in 4Rs areas.

4.1 Disability, human rights, 4Rs and justice in-all-policies

1. As noted above (at 3.1) the ‘Health in All Policies Approach’ (‘HIAP’) is widely endorsed as a logical, available, strategic, leveraged approach to improving health and well-being.⁶³ Based on social determinants, the approach treats all policies in all domains as opportunities to advance (1) their own effectiveness and (2) better health – that is, to achieve *co-benefits*.
2. CRPD Art 4(1) - General obligations begins with the following requirements, notably including 4(1)(c) which supports an ‘in-all-policies’ approach.
 1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:
 - a. To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;

⁶³ World Health Organization, 'Promoting Health in All Policies and intersectoral action capacities', *Activities* (Web page, 2025) <<https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities>>; World Health Organization, 'Working together for equity and healthier populations Sustainable multisectoral collaboration based on Health in All Policies approaches', *Promoting Health in All Policies and intersectoral action capacities* (Report, 31 August 2023) <<https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities>>; Global Network for Health in All Policies, 'Global Status Report on Health in All Policies', *WHO collaborating centre*, (2019) <<https://www.preventivehealth.sa.gov.au/our-agency/other-prevention-work/partnerships/who-collaborating-centre>>; Scott L. Greer et al, 'Health for All Policies: The Co-Benefits of Intersectoral Action', *European Observatory on Health Systems and Policies* <<https://doi.org/10.1017/9781009467766>>; NAACHO, 'National Housing and Homelessness Plan Submission to the Department of Social Services', *Policy and Advocacy* (Submission, December 2023) <<https://www.naccho.org.au/policy/>>. Alex Workman et al, 'Implementing a Health in All Policies Approach in Australia: MCF Discussion Paper', *Research Papers & Reports* (Discussion Paper, Sept 2024) <<https://www.unimelb.edu.au/climate/expertise/research-papers-and-reports>>.

- b. To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
 - c. To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;**
 - ...
- 3. Applying the HIAP approach, and Art 4(1)(c), the modernised DDA should be accompanied by a holistic approach to place the DDA in a fully leveraged environment which includes:
 - An *in-all-policies* approach
 - A people with disabilities in-all-policies approach
 - An Aboriginal and Torres Strait Islander people and children with disabilities in-all-policies approach
 - A human rights in-all-policies approach
 - A 4Rs-areas in-all-policies approach, and
 - A justice and access to justice in-all-policies approach
 - With relevant participatory linkages, structures and monitoring arrangements.
- 4. The following are some further examples of language and vocabulary to help promote inclusion of people with disability in 4Rs areas:

Example 1: Sections from the Australian NGO Coalition submission to the 4th UN Human Rights Committee Periodic Review of Australia, 17 July 2025:⁶⁴

Green arrows indicate geographic language.

⁶⁴ Australian NGO Coalition, 'Australia's 4th Universal Periodic Review – 2025-26 Joint NGO Report on behalf of the Australian NGO Coalition', *Australia's human rights record under scrutiny through 2025-26 UN Universal Periodic Review* (Report, 17 July 2025) <<https://www.hrlc.org.au/projects/universal-periodic-review-2025-26/>>.

People with Disability

109. People with disability are deeply disappointed²⁰⁵ by ongoing segregation and Australia's response²⁰⁶ to the DRC.²⁰⁷
110. **Australia must implement DRC recommendations regarding full desegregation in education, employment and housing, and incorporate DRC recommendations into Australia's Disability Strategy²⁰⁸ with binding targets and legislative mandates.**
111. Implementation gaps in CRPD²⁰⁹ rights to prevent discrimination, violence,²¹⁰ abuse, neglect and exploitation of people with disability exist,²¹¹ and are compounded for Aboriginal and Torres Strait Islander Peoples²¹² geographically and other marginalised communities.²¹³
112. **Australia must implement a Human Rights Act, which gives effect to all CRPD obligations; and modernise the outdated *Disability Discrimination Act* to properly protect the rights of people with disability and include a positive duty to prevent disability discrimination.**
113. Restrictive practices, involuntary treatments and forced sterilisation²¹⁴ are prevalent. Inaccessible housing and insufficient disability and community support²¹⁵ maintain institutionalisation.²¹⁶
114. **Australia must:**
- (a) **implement the CRPD Committee's deinstitutionalisation guidelines;**
 - (b) **urgently replace all substituted decision-making laws and withdraw its Interpretative Declarations;²¹⁷**
 - (c) **implement human rights compliant legal frameworks regulating restrictive practices in all settings and prohibit forced sterilisation;**
 - (d) **invest significant resources in establishing foundational supports;²¹⁸ and**
 - (e) **ensure ongoing NDIS reforms are disability-led²¹⁹ and comply with CRPD.**
115. People with disability are disproportionately impacted by criminal legal systems and subjected to indefinite detention.²²⁰
116. **Australia must implement DRC recommendations relating to the criminal legal system.**

Footnote 213:

²¹³ Groups impacted by implementation gaps in CRPD include Aboriginal and Torres Strait Islander People, and people living in regional, rural, remote, and very remote geographical areas and people from CALD backgrounds. See, for example: Royal Commission Into Violence, Abuse, Neglect and Exploitation of People with Disability, *The experience of First Nations people with disability in Australia Issues paper*, (June 2020); National Ethnic Disability Alliance (NEDA), People with Disability Australia (PWDA), and Federation of Ethnic Communities' Councils of Australia (FECCA), *The Experiences & Perspectives of People with Disability from Culturally and Linguistically Diverse Backgrounds: joint submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (2021); Dew, Angela. 2022. "What, If Anything, Has Changed over the Past 10 Years for People with Intellectual Disabilities and Their Families in Regional, Rural, and Remote Geographic Areas?" *Research and Practice in Intellectual and Developmental Disabilities* 9 (2): 103–7; submissions to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS participant experience in rural, regional and remote areas (2023-2025).

²¹⁴ The practice of the consensual administration of contraceptives, abortion and sterilisation of women with disabilities is ongoing across multiple reports

Women

131. Aboriginal and Torres Strait Islander women and girls are subject to unacceptably high rates of GBV, mass incarceration and destruction of family wellbeing through child removals.²⁴⁹ They are also subject to economic disempowerment and poverty, through geographic discrimination,²⁵⁰ financial abuse, and pay inequity,²⁵¹ and their families are overrepresented in Income Management Policies.²⁵²
132. **Australia must urgently deliver a principled,²⁵³ coordinated, whole-of-government response led by Aboriginal and Torres Strait Islander women to ensure safety, economic security, and self-determination.**
133. Australia's systematic and pervasive withholding of services from remote and rural areas violates women's rights under Australia's treaty obligations, including CEDAW.²⁵⁴
134. **Australia must ensure women's human rights inclusion without geographic exception or discrimination.²⁵⁵**
135. Migrant and refugee women frequently encounter workplace sexual harassment, exploitative conditions and racial discrimination.²⁵⁶
136. **Australia must:**
- (a) **strengthen employment protections for women;**


Example 2: Two submissions to the UN Committee on the Rights of the Child call in 2025 for inputs on Draft General Comment 27 on the Rights of the Child to Access to Justice and to an Effective Remedy⁶⁵

Example 2.1: Submission by the Australian Child Rights Taskforce⁶⁶ (three excerpts below)

Green arrows indicate geographic language.

Further Attention Required

We propose further key adjustments to the current Draft GC.



- To rigorously **affirm the right of each child to access to justice** where they live, including children in remote and rural areas and challenging settings. 
- To call for **fundamental review and reform** to ensure all children are empowered to receive and enjoy access justice, all children's rights are judiciable, and all abuse can be reviewed and remedied to achieve justice.
- To provide a **compelling vision of how this can be achieved**.


Commentary on Sections

The following commentary on Sections in the Draft GC text should be read considering the recommendations above.

I. Introduction and II. Objectives

These sections provide sound groundwork for the General Comment, although we recommend:

- A stronger **opening statement** about the context for children e.g. number of children in the world, gender, diversity of cultures, indigenous status, disability and geographic location including rural and remote areas; and 
- A statement that children's access to justice means **every child**, and specifically and visibly refers to children in urban, rural and remote areas, and children experiencing poverty, disadvantages and systemic harm. 

Para 20 highlights the importance of child-centred mechanisms but again makes this seem like an optional luxury rather than integral to a **coordinated framework of child-centred and formal justice system mechanisms**. Para 20 should be redrafted to reinforce that an effective approach to children's access to justice requires comprehensive frameworks that operate at a local, national, regional and international level. 

⁶⁵ Committee on the Rights of the Child, 'Call for submissions on the draft of general comment No. 27 on children's right to access to justice and to an effective remedy', *UNOCHR* (Web page, 2025) <<https://www.ohchr.org/en/calls-for-input/2025/call-submissions-draft-general-comment-no-27-childrens-right-access-justice>>.

⁶⁶ Australian Child Rights Taskforce, 'Submission to the United Nations Committee on the Rights of the Child on the Draft General Comment 27 on Access to Justice', *Our Work* (Submission, June 2025) <<https://childrightstaskforce.org.au/our-work/> and <https://www.ohchr.org/en/calls-for-input/2025/call-submissions-draft-general-comment-no-27-childrens-right-access-justice>>.

Example 2.2: Submission by the Australian National Commissioner for Children⁶⁷

Green bold indicates geographic language

UN Committee on the Rights of the Child Draft General Comment 27, para 27	Submission by the Australian National Children’s Commissioner on para 27⁶⁸
<p>Children’s rights based approach</p> <p>27. States should be mindful that remedial mechanisms may reproduce the dynamics that contribute to marginalizing certain groups of children and that fail to offer equality in redress. The claims of certain groups of children may not be taken seriously, may result in decisions that dismiss the importance of their case and may more likely result in reprisals. Remedial mechanisms should ensure that their impartiality is not compromised by biased assumptions, prejudice and stereotypes against certain groups of children, such as girls, children with disabilities, children belonging to minority and Indigenous groups, lesbian, gay, bisexual, transgender and intersex children, children in situations of migration, undocumented and stateless children and children in street situations. Mechanisms should make proactive efforts to build trust among these groups.</p>	<p>“Paragraph 27: It would be beneficial to include ‘children living in rural and remote areas’ in the second last sentence in paragraph 27. For example, ‘Remedial mechanisms should ensure that their impartiality is not compromised by biased assumptions, prejudice and stereotypes against certain groups of children, such as girls, children with disabilities, children belonging to minority and Indigenous groups, lesbian, gay, bisexual, transgender and intersex children, children in situations of migration, undocumented and stateless children, children living in rural and remote areas, children in closed environments and children in street situations’.</p>

4. These examples, in addition to others in this submission, can help support ways of making people with disability in 4Rs areas visible in the modernised DDA and related policies, material and related vernacular.

4.2 Access to justice & justice for people with disability in 4Rs areas

1. Many people with disability in many 4Rs areas face major barriers to access to justice and justice across criminal, family and civil areas of law relevant to legal, due process and human rights.

⁶⁷ National Children's Commissioner, 'Submission on the Draft General Comment No 27 on Children's Right to Access to Justice and to an Effective Remedy', *OHCHR* (Submission, 27 June 2025) <<https://www.ohchr.org/en/calls-for-input/2025/call-submissions-draft-general-comment-no-27-childrens-right-access-justice>>.

⁶⁸ Ibid.

2. Aboriginal and Torres Strait Islander people with disability, including children and young people, men, women, older people and others, in 4Rs areas often face further barriers against a backdrop of structural factors including inadequate responses by duty-bearers to access needs and levels of disadvantage in 4Rs locations - contributing to disproportionate criminal justice, child protection, and adult guardianship involvement.

4.2.1 Human rights and chronic justice and access to justice shortfalls

1. Although Art 13 of CRPD relates to access to justice, attainment of substantive rights under CRPD requires an active, holistic, wide ranging and substantive approach as outlined by the UN Committee on the Rights of Persons with Disabilities in General Comment 6 – equality and non-discrimination⁶⁹ and in the Committee’s International Principles and Guidelines on Access to Justice for Persons with Disabilities (‘the International Principles and Guidelines’).⁷⁰
2. Many of the International Principles and Guidelines (summarised at **Figure 16** below), are not being met for people with disability, especially in 4Rs areas. Examples of shortfalls are contained in some of the language examples given above, which are about or mesh with aspects of justice and access to justice for people with disability in 4Rs areas. Further examples are at **Figures 17 and 18** below.
3. We urge consideration of submissions by the 4Rs Network, and all others who have raised issues about serious and unacceptable shortfalls in access to advocacy assistance for people with disability in 4Rs areas.⁷¹ Also, **the importance of establishing a principle of full geographic access to justice**, for people with disability and all facing disadvantage to be able to access legal assistance where they live.⁷² These issues also relate to multiple federal, state and territory policy areas, many of which are not properly attending to advocacy, justice and access to justice needs of people with disability in 4Rs areas within

⁶⁹ CRPD Committee, (n 53).

⁷⁰ United Nations Special Rapporteur on the rights of persons with disabilities, 'International Principles and Guidelines on Access to Justice for Persons with Disabilities', *OHCHR* (Report, August 2020) <<https://www.ohchr.org/en/special-procedures/sr-disability/international-principles-and-guidelines-access-justice-persons-disabilities>>.

⁷¹ For example: 4Rs Network, 'Submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS participant experience in rural, regional and remote Australia' (n 57)

⁷² For example: 4Rs Network, 'Letter to Commonwealth, State and Territory Attorneys-General in response to the report of the independent review of the National Legal Assistance Partnership Agreement with backgrounder and attachment', *4Rs Network* (Submission, 2 September 2024) <<https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-4Rs-Network-letter-to-AGs-with-Report-Card-and-Backgrounder.pdf> and <https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-Att-1-to-Backgrounder-to-4Rs-Report-Card.pdf>>.

their portfolio and policy ambits.⁷³

Figure 16: Summary of International Principles and Guidelines⁷⁴

International Principles and Guidelines on Access to Justice for Persons with Disabilities

Principle 1

All persons with disabilities have legal capacity and, therefore, no one shall be denied access to justice on the basis of disability.

Principle 2

Facilities and services must be universally accessible to ensure equal access to justice without discrimination of persons with disabilities.

Principle 3

Persons with disabilities, including children with disabilities, have the right to appropriate procedural accommodations.

Principle 4

Persons with disabilities have the right to access legal notices and information in a timely and accessible manner on an equal basis with others.

Principle 5

Persons with disabilities are entitled to all substantive and procedural safeguards recognized in international law on an equal basis with others, and States must provide the necessary accommodations to guarantee due process.

Principle 6

Persons with disabilities have the right to free or affordable legal assistance.

Principle 7

Persons with disabilities have the right to participate in the administration of justice on an equal basis with others.

Principle 8

Persons with disabilities have the rights to report complaints and initiate legal proceedings concerning human rights violations and crimes, have their complaints investigated and be afforded effective remedies.

Principle 9

Effective and robust monitoring mechanisms play a critical role in supporting access to justice for persons with disabilities.

Principle 10

All those working in the justice system must be provided with awareness-raising and training programmes addressing the rights of persons with disabilities, in particular in the context of access to justice.

⁷³ Ibid.

⁷⁴ United Nations Special Rapporteur on the rights of persons with disabilities (n

Figure 17: Justice section of the Australian NGO UPR submission⁷⁵

Green arrows highlight geographical references

Justice




33. Funding shortfalls, increasing complexity, high volumes of legal need, and insufficient responses to legal assistance market failure,⁵⁶ especially in remote and rural areas, is causing chronic access to justice failures.⁵⁷ 
34. **Australia must deliver needs-based funding, planning and initiatives for geographically comprehensive access to legal assistance.**⁵⁸ 
35. Aboriginal and Torres Strait Islander Peoples are subject to mass incarceration,⁵⁹ with increasing numbers held on remand.⁶⁰
36. Women experience rising incarceration rates, particularly Aboriginal and Torres Strait Islander women and mothers,⁶¹ who outstrip other groups.⁶² 
37. **Australia must ensure geographically comprehensive non-carceral early intervention, prevention and diversionary solutions, co-designed with impacted communities, including trauma-informed, GBV-informed and culturally safe services.**⁶³
38. Children as young as 10 are being criminalised and incarcerated.⁶⁴
39. **Australia must raise the minimum age of criminal responsibility to at least 14**

Figure 18: Office of the Aboriginal and Torres Strait Islander Children's Commissioner, Submission on the Draft General Comment No 27 on Children's Right to Access to Justice and to an Effective Remedy⁷⁶

5. GEOGRAPHIC LOCATION AND REMOTENESS

The overrepresentation of Indigenous youth in detention reflects systemic failures and the enduring impacts of colonization. Access to justice must be understood through the lens of structural disadvantage. First Nations children living in remote, regional, or homeland communities often face systemic barriers that place justice services physically, culturally, and institutionally out of reach. First Nations children are disproportionately affected by underinvestment in community infrastructure, jurisdictional fragmentation, and the failure to design systems that reflect their lived realities.

When access to justice relies on engagement with centralised or formalised service systems, many of which have actively harmed or excluded Indigenous families, it reproduces patterns of inequality and denies the right to equal and effective remedy guaranteed under Article 40 of the UNCRC. This exclusion is compounded when justice systems fail to reflect the cultural, linguistic, and legal norms of First Nations communities, violating children's rights to culture, identity, and non-discrimination (Articles 2, 8, and 30 UNCRC; Articles 3, 5, and 40 UNDRIP). A rights-based approach must confront and dismantle these structural barriers by embedding justice mechanisms within community-led, culturally grounded, and place-based models that uphold children's dignity and collective rights.

⁷⁵ Australian NGO Coalition (n 64).

⁷⁶ Office of the Aboriginal and Torres Strait Islander Children's Commissioner, 'Submission on the Draft General Comment No 27 on Children's Right to Access to Justice and to an Effective Remedy', *OHCHR* (Submission, 30 June 2025) <<https://www.ohchr.org/en/calls-for-input/2025/call-submissions-draft-general-comment-no-27-childrens-right-access-justice>>.

4.2.2 Portfolio and policy shortfalls

1. Four examples of major portfolio and policy shortfalls in promoting and ensuring justice and access to justice for people with disability in 4Rs are line areas relating to:

- **NDIS – regarding unmet needs of people with disability in 4Rs areas for community based independent advocacy and legal assistance regarding rights under the NDIS**⁷⁷
- **Department of Social Security – regarding unmet needs of people with disability in 4Rs areas for access to independent advocacy and legal assistance regarding rights under the Social Security Act and related legislation**⁷⁸
- **Department of Education and Attorney-General’s portfolios – regarding workforce supply for justice and access to justice for people with disability in 4Rs areas.** Chronic under-supply of lawyers in 4Rs areas to provide legal assistance to people with disability and others in need, requires a holistic and coordinated response. **Figure 19** below shows the distribution of solicitors in Australia, and **Figure 20** shows the ratio of solicitors to population.
- The 4Rs Network has called for all relevant workforce measures and incentives applied in rural and remote health to be paralleled for the legal assistance workforce in 4Rs areas subject to shortages. The relevant issues include legal education and law schools through the whole system of contributors impacting supply, recruitment and

⁷⁷ 4Rs Network, 'Submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS participant experience in rural, regional and remote Australia' (n 57).

⁷⁸ Economic Justice Australia, 'Social Security for Women Outside Our Cities - Part 1: Service Delivery Barriers', *Reports*, May 2025) <https://www.ejaustralia.org.au/wp-content/uploads/Womens-access-project-report-FINAL_All-Chapters.pdf>; Economic Justice Australia, 'Social Security for Women Outside Our Cities Part 2: Issues of Eligibility', *Research Reports*, August 2025) <<https://www.ejaustralia.org.au/social-security-for-women-outside-our-cities-issues-of-eligibility-report-2-of-3/>>; National Regional Rural Remote and Very Remote Community Legal Network, 'Letter to the Commonwealth Attorney-General and to all State and Territory Attorney-Generals in response to the Report of the Independent Review of the National Legal Assistance Partnership with Attachment', *Submissions* (Submission, 2 September 2024) <<https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-4Rs-Network-letter-to-AGs-with-Report-Card-and-Backgrounder.pdf> and <https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-Att-1-to-Backgrounder-to-4Rs-Report-Card.pdf>>; National Regional Rural Remote and Very Remote Community Legal Network, 'Attachment 1 To The Backgrounder to the 4Rs Legal Assistance Report Card – Aug 24 Incorporating response to the Report of the Independent Review of the National Legal Assistance Partnership Agreement', *4Rs Network* (Submission, 1 September 2024) <<https://clcs.org.au/wp-content/uploads/2024/11/2-Sept-24-Att-1-to-Backgrounder-to-4Rs-Report-Card.pdf>>.

retention. Resources for community based legal assistance services should be at least doubled, for wage justice and to place services on a stronger footing.⁷⁹

Figure 19: Solicitors in Australia⁸⁰

SIZE OF THE PROFESSION

In October 2024, there were 97,500 practising solicitors in Australia. The largest proportion of solicitors was in New South Wales (42%), followed by Victoria (25%) and Queensland (16%).

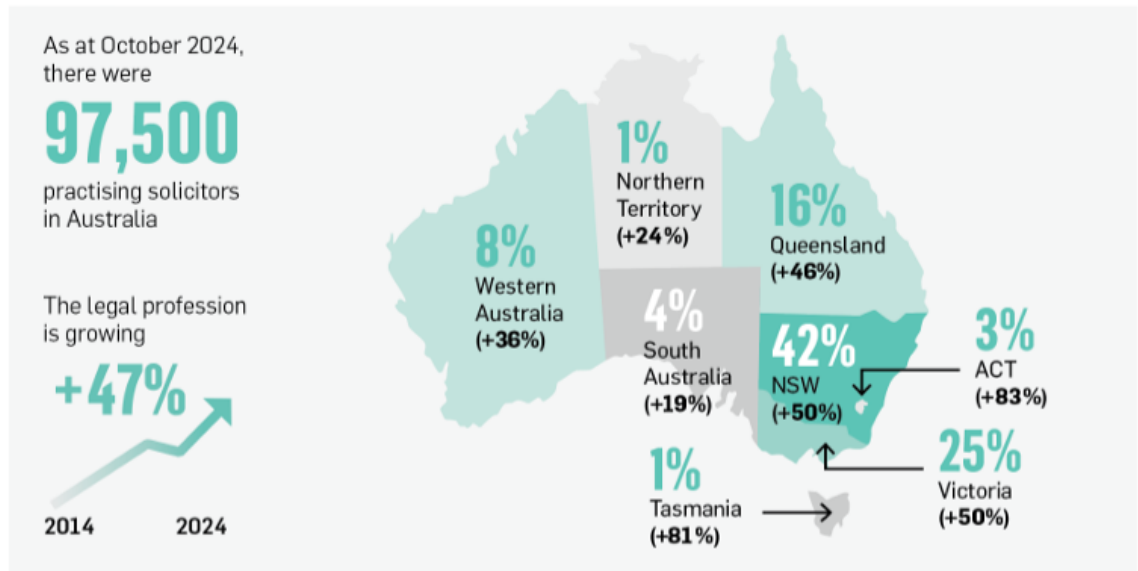


Figure 20: Ratio of solicitors to population in order from highest (best) to lowest (worst)⁸¹

Jurisdiction	Number of solicitors in 2024	Population ⁸²	Ratio (solicitors: population)
ACT	3,198	475,600	1:149
NSW	41,304	8,511,200	1:206
VIC	24,301	7,013,000	1:289

⁷⁹ National Regional Rural Remote and Very Remote Community Legal Network, 'Letter to the Commonwealth Attorney-General and to all State and Territory Attorney-Generals in response to the Report of the Independent Review of the National Legal Assistance Partnership with Attachment' (n ; National Regional Rural Remote and Very Remote Community Legal Network, 'Attachment 1 To The Backgrounder to the 4Rs Legal Assistance Report Card – Aug 24 Incorporating response to the Report of the Independent Review of the National Legal Assistance Partnership Agreement' (n 72).

⁸⁰ Urbis, '2024 National Profile of Solicitors Final Report', *Reports and Statistics*, 13 June 2025) <<https://www.lawsociety.com.au/advocacy-and-resources/gender-statistics/profiles-surveys-and-statistics>>.

⁸¹ Ibid 8.

⁸² Australian Bureau of Statistics. (2024). National, state and territory population. ABS. <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release>

QLD	15,158	5,608,700	1:370
NT	662	255,600	1:386
WA	7,698	2,981,800	1:387
SA	4,270	1,882,700	1:441
TAS	909	576,000	1:634

- **Department of Health, Disability and Ageing** - regarding resources, facilitation and collaboration to implement ACCO and non-ACCO Health Justice Partnerships in 4Rs areas. Currently, these accessible and attuned models are mainly available in urban areas. The 4Rs Network continues to press the recommendation that:

‘Recommendation 12: Health Justice Partnerships in 4Rs areas and similar

Federal and state / territory governments provide collaborative leadership to achieve new funding, with active support/facilitation, action research and learning to:

- Substantially increase funding for community-based legal services in 4Rs areas to collaborate and/or lead health justice partnerships directed to the needs of people with disability, carers and other vulnerable groups.
- Build on the integrated, social determinants model to fund other locally relevant approaches in the 4Rs, for example collaborations with community support services, safehouses, remote community employment programs, rehabilitation programs and wellbeing and education and training initiatives.⁸³

5. Endorsement of other DDA Review submissions

1. In relation to the directions for reform of the DDA *in addition* to the issues raised above about ensuring fully visible and substantive inclusion of people with disability in 4Rs areas, the submissions below are endorsed:

- Australian Federation of Disability Organisations – submission [14 Nov 2025](#)
- Women’ with Disabilities Australia - submission [Nov 2025](#)
- Queensland Independent Disability Advocacy Network submission – [Nov 2025](#)
- First Peoples Disability Network submission – [Nov 2025](#)⁸⁴
- Disability Advocacy Network Australia - submission [24 Oct 2025](#)
- Australian Discrimination Law Experts Group – submission [16 Oct 2025](#)
- Network for Disability Reform – statement [14 Oct 2025](#)
- Welcoming Disability submission – [Oct 2025](#)

2. Likely many other submissions would also be endorsed once they are to hand.

⁸³ 4Rs Network, 'Submission to the Joint Standing Committee on the National Disability Insurance Scheme Inquiry into NDIS participant experience in rural, regional and remote Australia' (n 57), pp. 31-32.

⁸⁴ Link is to the anticipated public location of the submission on the FPDN web site.