

Chapter 4

Barriers and solutions

Universal barriers to progress

4.1 As discussed extensively throughout Chapters 2 and 3, consultation and coordination were seen as universal barriers to progress under the National Disability Strategy 2010-2020 (Disability Strategy).¹ The level of consultation to establish the goals, implementation plans and evaluation strategies for the Disability Strategy were not seen to be either meaningful or regular enough, resulting in projects that did not adequately address the issues. Coordination of efforts, across jurisdictions, between government departments or as public and private joint efforts, was not seen to be either proactive enough, or was disjointed. This was seen to result in projects that were poorly implemented even where well-conceived.

4.2 A number of solutions to these two key universal barriers were proposed, and these are discussed later in this chapter.

4.3 Beyond consultation and coordination, a range of other universal barriers to achieving progress under the Disability Strategy were put forward by witnesses and submitters, and are discussed below.

Lack of understanding of accessibility

4.4 Chapter 1 briefly discussed what constitutes accessibility. Evidence presented to the inquiry showed there is a great deal of confusion in the community on what accessibility solutions should look like. Disturbingly, that confusion often comes from the entities who are implementing the accessibility project. Submitters argued that confusion around accessibility was particularly prevalent in issues around mental health or psychosocial disabilities.²

4.5 To address this issue, the Brotherhood of St Laurence suggested the Disability Strategy should go back to basics for understanding accessibility and it should:

Develop an in-depth understanding of inclusion and exclusion, particularly for those groups, such as people with mental health and psychosocial disability, who may find inclusion the most difficult. This could lead to the development of a set of exclusion/inclusion indicators and outcomes that reflect the social, cultural, civil and political inclusion needs.³

4.6 The National Employment Services Association made a similar recommendation for the establishment of national accessibility indicators, which can

1 Council of Australian Governments, *National Disability Strategy 2010–2020 (Disability Strategy)*, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy> (accessed 28 November 2017).

2 Mental Health Commission of NSW (NSW MHC), *Submission 17*, p. 4; Mr Ivan Frkovic, Queensland Mental Health Commission (QMHC), *Committee Hansard*, 30 August 2017, p. 49.

3 Brotherhood of St Laurence (BSL), *Submission 34*, p. 4.

be measured and then compared across communities with publication of a Community Accessibility League Table.⁴

Social construct barriers

4.7 Submitters and witnesses argued that for many forms of disability, particularly ones relating to cognitive or psychiatric impairment, the most prevalent barriers to accessible communities were social-construct barriers.

4.8 The Mental Health Commission of NSW (NSW MHC) submitted that 'in the case of psychosocial disability many of the changes required are not physical but attitudinal.' The NSW MHC listed the key barriers not being tackled adequately by the Disability Strategy as: stigma and discrimination; failure to identify and respond to the needs of people who experience psychosocial disability; and lack of understanding about trauma informed care.⁵

4.9 Dementia Australia concurred with the view that social-construct barriers were key issues for the Disability Strategy to address in relation to accessibility barriers for people with dementia, along with improved training for people to understand dementia.⁶

4.10 Amaze similarly submitted that an autism friendly environment is achieved both by physical as well as non-physical adjustments to support communication, sensory regulation and cognitive needs. These adjustments include 'lighting, acoustics, smells, colours, spatial features, flooring and other design elements. They may also include the way information is conveyed, for example a lack of non-verbal communication or signs.' Furthermore, cognitive or social barriers were seen as 'a need for routine/predictability and delayed or single channel processing.'⁷

4.11 Submitters put forward a number of recommendations around cognitive and psychiatric impairment that could make a significant positive impact on increasing accessibility and inclusivity for people with these types of disability. These included government lead campaigns to increase awareness and acceptance of cognitive and psychiatric impairment,⁸ training for general public and staff likely to provide services, including in industries such as health, transport and financial services,⁹ and more research to identify specific inclusion barriers for people with a cognitive or psychosocial impairment.¹⁰

4 National Employment Services Association (NESA), *Submission 26*, p. 8.

5 NSW MHC, *Submission 17*, pp. 3-4.

6 Dementia Australia, *Submission 16*, p. 6.

7 Amaze, *Submission 24*, p. 6.

8 NSW MHC, *Submission 17*, pp. 4-5; Amaze, *Submission 24*, pp. 3 and 7; Autism SA, *Submission 56*, pp. 3-4.

9 Ms Susan McCarthy, Executive Director, Dementia Australia, *Committee Hansard*, 1 November 2017, pp. 24-26; see also Amaze, *Submission 24*, p. 7.

10 Mr Robert Hudson, Group General Manager, BSL, *Committee Hansard*, 6 July 2017, p. 40.

Complaints schemes

4.12 Perceived inadequacies in the disability discrimination complaints process continue to draw widespread concern from the disability sector.¹¹

4.13 Submitters and witnesses argued that the compliance mechanism for accessibility relies on individuals to pursue complaints, first by raising the matter with the entity in question, and then through the courts. Deaf Australia noted that the *Disability Discrimination Act 1992* requires a person to self-fund a legal challenge to any unresolved complaints made through the Australian Human Rights Commission (AHRC).¹²

4.14 People with Disability WA also raised this issue, telling the committee the onus is on the individual to make individual complaints regarding any lack of accessibility. People with Disability WA recommended a change to the complaints framework to enable an individual to make a complaint to a third party body, which will inspect and enforce standards.¹³

4.15 Access Easy English also explained that for many individuals with intellectual disabilities or communication difficulties, complaints processes and forms are often not in a format that they can use.¹⁴

Focus on NDIS

4.16 The NDIS was raised by many submitters and witnesses as being both a key solution and a key challenge to achieving accessible and inclusive communities. It was noted that the success of the NDIS is dependent on the success of all aspects of the Disability Strategy;¹⁵ a person may not be able to use their NDIS package effectively if they cannot access the community through accessible transport, public spaces or justice systems.¹⁶

4.17 Throughout the inquiry, it was argued that the NDIS was taking all the focus and efforts of governments, which meant less focus and progress on the other

11 Australian Federation of Disability Organisations (AFDO), *Submission 43*, p. 10; Access Easy English, *Submission 59*, p. 5; Department of Infrastructure and Regional Development, *Submission 77*, p. 11; Northern Territory Anti-Discrimination Commission (NTADC), *Submission 88*, p. 3; National Disability Insurance Agency (NDIA), *Submission 93*, Attachment A: Independent Advisory Council of the NDIS, pp. 3, 11-12.

12 Deaf Australia, *Submission 33*, p. 32.

13 Ms Samantha Jenkinson, People with Disability WA (PWD WA), *Committee Hansard*, 24 August 2017, p. 1.

14 Access Easy English, *Submission 59*, p. 5.

15 NDIA, *Submission 93*, p. 1; Australian Human Rights Commission (AHRC), *Submission 38*, p. 4.

16 Ms Therese Sands, Disabled People's Organisations Australia (DPOA), *Committee Hansard*, 4 July 2017, p. 1; Mr Alistair McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 17; Ms Serena Ovens, Physical Disability Council of NSW (PDCN), *Committee Hansard*, 4 July 2017, p. 58.

outcomes of the Disability Strategy.¹⁷ Witnesses went so far as to say that in response to the implementation of the NDIS, state and territory Governments were divesting themselves of funding responsibility for all other disability issues.¹⁸

I think with the advent of the NDIS, the [Disability Strategy] has been conflated with the NDIS and has almost been a subset of it. So governments have basically been attending to the more instrumental demands of the NDIS and they've forgotten about the strategy. The NDIA [National Disability Insurance Agency] is now looking at the strategy to save its bacon in regard to access to mainstream services and not having all the cost and support coming back to the scheme. I think there needs to be some work done to separate out what is in the scheme's interest and what are the broader policy objectives of the [Disability Strategy].¹⁹

4.18 Agosci Inc. argued that funding different parts of the Disability Strategy should remain separate – while investing in individualised support under the NDIS has provided many opportunities to address needs and social participation of individuals, the overall creation of accessible communities requires direct funding to public and private organisations to help them provide accessibility solutions suitable for all users.²⁰

4.19 However, even if funding is separated, the NDIS cannot work in isolation from the rest of the National Disability Strategy. Mr Damian Griffis, Chief Executive Officer of First Peoples Disability Network (FPDN) told the committee this is particularly an issue in remote communities, where individualised support under the NDIS is difficult to obtain and may not reflect the needs or culture of a community:

...even on a practical level, in some of our communities it may be that there are only two or three people who are eligible for the NDIS and, if you take a market approach to that, the market is very likely to decide that it is not profitable, for want of a better word, to go and work there. So we need an alternative system that is more culturally appropriate, and that is why we say that a whole-of-community response is the appropriate way to go.²¹

4.20 Mr Griffis further explained that in remote communities, it is particularly significant to ensure that the built environment, transport and communications

17 Ms Sands, DPOA, Committee Hansard, 4 July 2017, p. 1; Ms Julie Heraghty, Macular Disease Foundation Australia, *Committee Hansard*, 4 July 2017, p. 36; Ms Ovens, PDCN, *Committee Hansard*, 4 July 2017, p. 58; Deaf Australia, *Submission 33*, p. 5; ACT Disability Aged Carer and Advocacy Service (ADACAS), *Submission 85*, p. 1.

18 Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 19; Ms Ovens, PDCN, *Committee Hansard*, 4 July 2017, p. 62; Ms Jenkinson, PWD WA, *Committee Hansard*, 24 August 2017, p. 5.

19 Mr Alan Blackwood, Policy Director, Young People in Nursing Homes National Alliance, *Committee Hansard*, 30 October 2017, p. 12.

20 Agosci Inc., *Submission 15*, p. 11.

21 Mr Damian Griffis, First Peoples Disability Network (FPDN), *Committee Hansard*, 4 July 2017, p. 10.

technologies have the capacity to accommodate people with disability as well as seeking other individualised solutions under the NDIS:

The fundamental problem that we have with the NDIS is that it will not deliver things like footpaths and it will not necessarily provide accessible transport...

I think the solution there is investment on the part of government, and it might be investing in things like a fleet of accessible vehicles, and then that can be driven by local community people and can create jobs, actually. At the moment, it is an absolutely informal set-up. If you live in, I don't know, Tennant Creek and you have to get down to Alice Springs, you can go on a Greyhound bus, but that is not exactly physically accessible if you are a wheelchair user. You have to try and get a ride with someone, basically, to get down there. There is no real, meaningful way of getting around.²²

4.21 The committee also received evidence that it is important to ensure that funding the NDIS is not unnecessarily preventing people with disability from accessing assistive technologies or other accessibility solutions. For example, since the introduction of the NDIS, state government funding for Independent Living Centres, which provide guidance on such devices, has generally decreased as the focus has moved towards the individual.²³ For those outside of the NDIS eligibility criteria, this can severely limit access to these services.²⁴

4.22 Eligibility for the NDIS itself has caused a major barrier to inclusion. People with disability who are not eligible for the NDIS, feel doubly excluded from the community as non-NDIS disability support programs are being reduced.²⁵

Many older people with disability who are ineligible for the NDIS currently find themselves in a state of limbo when it comes to accessing disability-related services and supports.²⁶

4.23 Changes to funding of and eligibility for accessibility measures under the NDIS, such as the mobility allowance, mean that people are missing out on what they need, or losing choice and autonomy in their everyday decision-making:

22 Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, pp. 10–11 and 14; see also Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 20; FPDN, *Submission 40*, p. 3.

23 Australian Rehabilitation and Assistive Technology Alliance (ARATA), *Submission 22*, p. 7; Ms Gerri Clay, Independent Living Centre WA, *Committee Hansard*, 24 August 2017, pp. 16–17.

24 Ms Clay, Independent Living Centre WA, *Committee Hansard*, 24 August 2017, p. 17.

25 ADACAS, *Submission 85*, Attachment A: Civil Society NDIS Statement, p. 4; Legacy, *Submission 91*, p. 4; Ms Libby Callaway, Department of Occupational Therapy, Monash University, *Committee Hansard*, 4 July 2017, p. 56; Mr Kyle Miers, Deaf Australia, *Committee Hansard*, 6 July 2017, p. 5; Ms Simone Spencer, Department of Communities, *Committee Hansard*, 24 August 2017, p. 21; Mr Barry Doyle, Community Housing Industry Association, *Committee Hansard*, 24 August 2017, p. 31; Ms Karen Burns, NSW MHC, *Committee Hansard*, 30 October 2017, p. 51; see also NDIA, *Submission 93*, Attachment A: Independent Advisory Council of the NDIS.

26 Blind Citizens Australia (BCA), *Submission 79*, p. 17.

Many people with disability who utilise the mobility allowance either won't be NDIS eligible or, if they're NDIS eligible, won't receive transport support in their plan....It goes like this: 'I am an NDIS participant and I've lost my mobility allowance. I did not receive transport allowance as part of my plan. The reason I was given is that I was allocated money in my plan for hand controls on a car. I normally drive, so of course I need this. Problem with this, though, is I still qualify for mobility allowance. I make the argument that, sure, I can drive, but a person without disability sometimes goes to a location where, for reasons like cost and convenience, it is easier to catch public transport. Inability to independently catch public transport is a criteria for mobility allowance, so they have taken away that ability for me to use a cheaper option and force me to always use my car'.²⁷

4.24 In this context, the Information, Linkages and Capacity (ILC) Building framework under the NDIS is an important pathway to improving inclusion. The ILC involves the whole community regardless of eligibility status, by building awareness and understanding of disability. It also has specific responsibility for people with disability who are outside of the NDIS,²⁸ However, AFDO told the committee that demand for the ILC already exceeds its allocated budget²⁹ and the Mental Health Community Coalition ACT noted that 'expectations in the sector that the ILC can fill the gaps opened up under the NDIS are low'.³⁰

Monitoring and reporting

4.25 Significant concerns were raised by many submitters and witnesses with the way progress of the Disability Strategy's implementation is monitored, evaluated and reported.³¹ FPDN told the committee that poor evaluation frameworks have the capacity to undermine the Disability Strategy:

Unless we have time frames and measurable outcomes, I think things like the National Disability Strategy, which are very good, actually falter at the finish line.³²

4.26 People with Disabilities WA told the committee that improvements have been piecemeal and the result of goodwill rather than the result of effective planning and

27 Ms Maria-Christina Giusti, Federation of Ethnic Community Councils of Australia (FECCA), *Committee Hansard*, 1 November 2017, pp. 11–12.

28 Bapcare, *Submission 12*, p. 3; Amaze, *Submission 24*, p. 3; AFDO, *Submission 43*, p. 53, Mrs Jocelyn Wills, Carers Queensland, *Committee Hansard*, 30 October 2017, p. 19.

29 AFDO, *Submission 43*, p. 52.

30 Mental Health Community Coalition of the ACT, *Submission 73*, p. 6.

31 Concerns with these issues were raised by: FPDN, *Committee Hansard*, 4 July 2017; Mornington Peninsula Shire Council's All Abilities Consultative Committee (AACC), *Committee Hansard*, 6 July 2017; AFDO, *Committee Hansard*, 6 July 2017; Advocacy for Inclusion, *Submission 10*; National Disability Services (NDS), *Submission 21*; AHRC, *Submission 38*; DPOA, *Submission 39*; PWD WA, *Submission 67*.

32 Mr McGee, AFDO, *Committee Hansard*, 6 July 2017, p. 22.

that as progress reporting is not specific, it is impossible to evaluate whether progress is caused by the Disability Strategy or other factors.³³

4.27 The AHRC submitted that the Disability Strategy needed to implement more rigorous monitoring and evaluation of progress being made,³⁴ while Advocacy for Inclusion stated '[i]t is incomprehensible that there remain absolutely no indicators and/or measurements and/or data collection and/or qualitative monitoring built into the National Disability Strategy'.³⁵

4.28 Multiple organisations recommended to the committee that a research and evidence base, including standardised data collection and monitoring, needs to be established in order to support the continuation of the Disability Strategy and to evaluate if it is proving effective.³⁶

A way forward

4.29 Submitters and witnesses provided a wealth of recommendations to improve the effectiveness of the Disability Strategy. A consistent recommendation was the need for a 'strengthened, national, consistent, performance accountability and public reporting mechanism' for the strategy.³⁷

Cementing coordination

4.30 Submitters argued that a key problem with the development of the Disability Strategy lies in the cross-portfolio responsibilities. While the Disability Strategy has been declared to be a mechanism to deliver Australia's responsibilities under the *United Nations Convention on the Rights of Persons with Disabilities* (Disability Convention),³⁸ for which the Attorney-General's Department has reporting responsibility, operational responsibility for the Disability Strategy lies with the Department of Social Services. Disabled People's Organisations Australia (DPOA) submits the assignment of portfolio responsibility has changed the focus of the Disability Strategy from a human rights focus to a welfare focus:

The Second Implementation Plan appears to be a document that highlights existing priorities within the remit of DSS...This has created the very real risk that the [Disability Strategy] has become a welfare focused strategy rather than a mechanism to drive [Disability Convention] implementation across government agencies and between jurisdictions.³⁹

33 Ms Jenkinson, PWD WA, *Committee Hansard*, 24 August 2017, pp. 1 and 4.

34 AHRC, *Submission 38*, p. 5.

35 Advocacy for Inclusion, *Submission 10*, p. 7.

36 NDS, *Submission 21*, p. 4; DPOA, *Submission 39*, pp. 12 and 20; AHRC, *Submission 38*, p. 5.

37 Ms Sands, DPOA, *Committee Hansard*, 4 July 2017, p. 2; see also: FPDN, *Committee Hansard*, 4 July 2017; AACC, *Committee Hansard*, 6 July 2017; AFDO, *Committee Hansard*, 6 July 2017; Advocacy for Inclusion, *Submission 10*; NDS, *Submission 21*; AHRC, *Submission 38*; DPOA, *Submission 39*; PWD WA, *Submission 67*.

38 *Disability Strategy*, p. 9.

39 DPOA, *Submission 39*, p. 8.

4.31 Many advocacy organisations agreed on a specific recommendation to establish an Office of Disability Strategy, with a view it should sit within an agency with a human rights focus, rather than the welfare focus of an agency such as the Department of Human Services.⁴⁰ The Department of Prime Minister and Cabinet was repeatedly recommended by submitters and witnesses as the most appropriate agency to house this office, to increase the attention paid to the Disability Strategy and give greater ability to oversee work of other departments. However, Deaf Australia recommended the function may be best placed outside of existing government structures.⁴¹

4.32 It was further recommended that an Office of Disability Strategy should also incorporate a tripartite governance and advisory structure consisting of disability Ministers, relevant nominees from other parts of government and disability organisations.⁴²

Fixing the consultation process

4.33 Key concerns raised by many organisations participating in this inquiry, were the fundamental lack of consultation, centralised coordination, and concrete measures and performance indicators across the whole Disability Strategy.⁴³

4.34 A key recommendation raised by a number of organisations, is to establish a policy engagement framework that enables people with disability and their representative organisations to be consulted and provide feedback on legislation and policy that affects their lives.⁴⁴ DOPA submitted a comparison to the consultation structure for the National Framework for Protecting Australia's Children 2009-2020 which includes a tripartite National Framework Advisory Committee that comprises community and disability ministers with nominees from other sectors along with non-government representative organisations. DPOA recommended:

A similar structure within the [Disability Strategy] would enhance collaboration, engagement and consultation between governments and people with disability, and build in a collaborative approach to design, implementation and evaluation of each policy outcome area.⁴⁵

40 Ms Sands, DPOA, *Committee Hansard*, 4 July 2017, pp. 2, 5 and 7; Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, p. 12; Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 19; Mr Hudson, BSL, *Committee Hansard*, 6 July 2017, p. 39.

41 Mr Miers, Deaf Australia, *Committee Hansard*, 6 July 2017, p. 2.

42 Ms Sands, DPOA, *Committee Hansard*, 4 July 2017, p. 2.

43 See: Ms Sands, DPOA, *Committee Hansard*, 4 July 2017, p. 3; Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, pp. 18–19; Mr McGee, AFDO, *Committee Hansard*, 6 July 2017, p. 22; Mr Hudson, BSL, *Committee Hansard*, 6 July 2017, p. 39; Ms Jenkinson, PWD WA, *Committee Hansard*, 24 August 2017, p. 1; AACC *Submission 32*, pp. 4–5; ALGA, *Submission 42*, p. 3.

44 See: DPOA, *Submission 39*, p. 16; AFDO, *Submission 43*, p. 27; Australian Medical Association (AMA), *Submission 47*, p. 1.

45 DPOA, *Submission 39*, p. 15.

4.35 Another key recommendation to improve consultation was development of investment strategies to increase participation through advocates and community supports, including encouragement of state/territory and/or Commonwealth funding for disability representative and advocacy organisations,⁴⁶ as these groups are often at the forefront of community consultation processes.

Setting and monitoring measurable targets

4.36 The current reporting mechanisms of the Disability Strategy have been ineffective in ensuring action or accountability due to a lack of measurable goals.⁴⁷

4.37 A significant number of submitters proposed that the Disability Strategy should be updated to include measurable performance indicators and targets, with clear reporting timeframes and evaluation mechanisms, beyond the small amount of trend data currently included in the implementation plans.⁴⁸

4.38 It was recommended that the Disability Strategy should include a broad measurable goal of establishing a 'closing the gap' strategy for disability, tracked through data and performance indicators across a range of focus areas.⁴⁹ Both qualitative and quantitative performance indicators were recommended for the Disability Strategy, as has the introduction of an annual report to Parliament to record progress in these areas.⁵⁰ This data could be tracked in a longitudinal fashion beyond the life of the Disability Strategy⁵¹ and include items such as:

- participation of people with disability in public sector employment;
- proportion of public transport that is accessible;
- proportion of new housing built to various levels of accessibility;
- proportion of people with disability satisfied with their hospital stay compared with the general population;
- proportion of people with severe or profound disability reporting poor or fair health outcomes compared with the general population; and

46 BSL, *Submission 34*, p. 4; Disability Network Forum, *Submission 8*, p.3; AHRC, *Submission 38*, p. 7.

47 AFDO, *Submission 43*, p. 6.

48 Mrs Kent, AACC, *Committee Hansard*, 6 July 2017, p. 14; Mr McGee, AFDO, *Committee Hansard*, 6 July 2017, p. 20; PWD WA, *Submission 67*, pp. 3, 5.

49 Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, p. 11; Mr McGee, AFDO, *Committee Hansard*, 6 July 2017, p. 20; Ms Pagan, BSL, *Committee Hansard*, 6 July 2017, p. 41.

50 NDS, *Submission 21*, p. 1; Public Interest Advocacy Centre (PIAC), *Submission 54*, pp. 8–9; DPOA, *Committee Hansard*, 4 July 2017, pp. 2, 7; Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 17; Mr Hudson, BSL, *Committee Hansard*, 6 July 2017, p. 40.

51 Vision Australia, *Submission 64*, p. 3.

- proportion of the prison population with intellectual disability and with cognitive impairment.⁵²

4.39 Monitoring adherence and implementation of national standards, such as the Disability Education Standards 2005, Disability (Access to Premises – Buildings) Standards 2010 and Disability Standards for Accessible Public Transport 2002, was also recommended as part of an annual evaluation of the Disability Strategy's implementation.⁵³

Further recommendations from submitters

4.40 A range of more specific solutions and recommendations were made by submitters and witnesses. It is important to capture those recommendations in one place, to assist in any future redesign of the Disability Strategy. In no order of importance, those recommendations are:

Built environment

- Amend the National Construction Code to include access features in all new and extensively modified housing, as specified in Liveable Housing Australia's Gold level.⁵⁴
- Increase the stock of accessible accommodation for purchase and rent through mechanisms such as incentives for developers and owners.⁵⁵
- Review whether Commonwealth Disability (Access to Premises – Buildings) Standards 2010 are effective in supporting all people with a disability, including those with hearing, cognitive or psychiatric impairments.⁵⁶
- Introduce mandatory requirements for the needs of people with disability to be taken into account in the safety management of public and corporate buildings and facilities.⁵⁷

52 NDS, *Submission 21*, p. 1.

53 NDIA, *Submission 93*, Attachment A: Independent Advisory Council of the NDIS, p. 10; NDS, *Submission 21*, p. 1.

54 Australian Network for Universal Housing Design and Rights and Inclusion Australia, *Submission 1*, p. 19. Also recommended by AFDO, AHRC, ARATA, Association of Consultants in Access Australia (ACAA), DPOA, JFA Purple Orange (JFA), Inability Possability, MS Australia, NDS, PDCN, PWD WA, Summer Foundation and Vision Australia.

55 MS Australia, *Submission 14*, pp. 4–5. Also recommended by AFDO, AHRC, Autism SA, FPDN, Housing Industry Association, Karingal St Laurence, NTADC, PDCN, Property Council of Australia, QMHC, Queensland Advocacy Incorporated (QAI) and Summer Foundation.

56 AMAZE, *Submission 24*, p. 16. Also recommended by AFDO, AHRC, Autism SA, BCA, Deafness Forum of Australia (DFA), JFA, Multicultural Disability Advocacy Association of NSW (MDAAN), Psychiatric Disability Services Victoria (VICSERV) and Vision Australia.

57 SHHH Australia, *Submission 11*, p. 5. Also recommended by AHRC and the Australian Blindness Forum.

Communication

- Improve communication services for people with disability, including but not limited to ensuring public sector websites, documents and materials are compliant with accessibility standards, and increasing captioning, audio description and relay and translation services.⁵⁸
- Ensure accessibility to essential services such as banking.⁵⁹
- Improve the use of and access to Auslan, by increased translator funding and enshrine the right to use Auslan as a recognised language.⁶⁰

Transport

- Improve transport services and standards, including funding for local solutions, fast-track national standards compliance, require accessible announcements for public transport and ensure taxis and ride sourcing services like Uber are subject to appropriate legislation upholding the right to full accessibility to services.⁶¹
- Maintain transport funding/mobility allowance for people with a disability who are unable to use public transport without substantial assistance.⁶²
- Maintain existing disability school bus systems.⁶³

Advocacy and advice

- Require all levels of government to ensure continued and appropriate levels of funding to disability representative and advocacy organisations to provide systemic and individual advocacy as part of creating inclusive and accessible communities under the National Disability Strategy.⁶⁴

58 DSCV, *Submission 2*, p. 2. Communication improvements were also recommended by ACAA, Access Easy English, ACT Disability Aged Carer and Advocacy Service (ADACAS), AHRC, ARATA, AACC, Australian Communications Consumer Action Network, BCA, BSL, Communications Access Network, Deaf Australia, DPOA, MDAAN, NDS, PDCN, PIAC, PWD WA, Scope, VICSERV and Vision Australia.

59 PIAC *Submission 54*, p. 22. Also recommended by BCA, DPOA, NTADC and PDCN.

60 Deaf Australia, *Submission 33*, p. 8. Also recommended by WA Deaf Society.

61 DSCV, *Submission 2*, p. 3. Transport improvements were also recommended by AACC, ACAA, ACT Council on Social Service (ACTCOSS), AFDO, ARATA, Autism SA, AHRC, AMA, BCA, DFA, DPOA, FPDN, Inability Possability, JFA, MDAAN, NDS, PDCN, PIAC, QAI, Tasmanian Bus Association and VICSERV.

62 AHRC, *Submission 38*, p. 6. Also recommended by BCA, FECCA, JFA, NDS and PWD WA.

63 Bus Association Victoria, *Submission 46*, p. 21. Also recommended by Tasmanian Bus Association.

64 Disability Network Forum, *Submission 8*, p. 3. Funding for advocacy was also recommended by ADACAS, AFDO, AHRC, BCA, BSL, DPOA, FECCA, NTADC, PDCN, PWD WA and QAI.

- Require all levels of government to ensure continued and appropriate levels of funding of Independent Living Centres to ensure ongoing availability of well established, consumer-focused assistive technology information services.⁶⁵

Civil, social and economic

- Incorporate measures to address violence, abuse and neglect of people with disability as a priority area within the Disability Strategy.⁶⁶
- Create agency capacity for examination of own-motion complaints regarding systemic discrimination against people with disability. This could sit with the existing AHRC.⁶⁷
- Strengthen the focus on employment, to improve the economic position of individual people with disability, including implementing the recommendations of the AHRC *Willing to Work* report.⁶⁸
- Ensure actions and concrete measures under the Disability Strategy are inclusive and responsive to the issues and concerns of diverse groups, including Aboriginal and Torres Strait Islander peoples with disability, women with disability, children and young people with disability and people from Culturally and Linguistically Diverse/Non English Speaking Backgrounds with disability.⁶⁹
- Support the *Whole of Community Response to Disability*, which involves mapping communities to ascertain unmet need, available resources, and requirements to improve accessibility.⁷⁰
- Ensure civil rights and access to justice, through supported decision-making, and enacting the recommendations of the Australian Law Reform

65 ARATA, *Submission 22*, p. 7. Also recommended by BSL and JFA.

66 FECCA, *Submission 20*, p. 3. Also recommended by AHRC, DPOA, PWD WA and QAI.

67 AFDO, *Submission 43*, pp. 13–14. Also recommended by ACTCOSS, Baptcare, BCA, Deaf Australia, PWD WA and Vision Australia.

68 NDS, *Submission 21*, p. 5. Also recommended by ADACAS, AFDO, AHRC, AMAZE, Association of Employees with Disability Inc., Australian Network on Disability, Baptcare, BCA, Deaf Australia, Disability Employment Australia, DPOA, AED Legal Centre, FPDN, FNQ Independent Living Support Association Inc., National Disability Services WA, NDS, NESAs, PWD WA, QAI, QMHC, Scope, VICSERV, Vision Australia and Volunteering and Contact ACT.

69 DPOA, *Submission 39*, p. 17. Also recommended by Access Easy English, ACTCOSS, AFDO, AMA, FECCA, FPDN, Ethnic Disability Advocacy Centre, JFA, MDAAN, National Ethnic Disability Alliance, NTADC and QAI.

70 FPDN, *Submission 40*, p. 3.

Commission report *Equality, Capacity and Disability in Commonwealth Laws*.⁷¹

- Improve options for the use of volunteering as a pathway to inclusion.⁷²
- Work with sporting and tourism organisations to improve the accessibility of the recreational sector.⁷³

Committee view

4.41 Accessibility, or the lack of it, is not created by a person's disability. It is created when the environment in which they live is being designed for other people's skills and needs. Accessibility is not about creating a 'special' solution to meet the needs of people with disability. It is about reducing the inherent discrimination of the way our communities have previously been designed, built and organised, to ensure that all abilities are catered for. Fundamentally, this is what the Disability Strategy is trying to achieve.

4.42 It is clear to the committee that, although there are significant and appropriate criticisms, overall support for the Disability Strategy is high. Submitters and witnesses from government, industry, advocacy groups and the community have emphasised their satisfaction with the stated goals of the Disability Strategy's outcomes. The Disability Strategy is viewed as essential to deliver better outcomes for those participating in the NDIS and particularly for people with disability not eligible for the NDIS. However, the implementation of the Disability Strategy in the seven years since its introduction has left much to be desired. Many people think it has been sidelined while the NDIS rollout has been happening.

4.43 The committee considers that the Disability Strategy is severely lacking in mechanisms for accountability and evaluation. With infrequent progress reports largely containing anecdotal evidence about local disability projects and a lack of specific and quantifiable goals, measuring the success of the Disability Strategy is a difficult task.

4.44 As there is no centralised agency with responsibility for coordination of implementation of the Disability Strategy, local, state/territory and federal government departments and agencies may not understand what it is that they need to do or whose responsibility it is to implement the specific outcomes of the strategy, leading to ongoing or increased gaps in access for people with disability. When it comes to the implementation of government solutions for accessible and inclusive communities, a

71 AFDO, *Submission 43*, p. 16–17. Access to justice was also raised by ACTCOSS, ADACAS, AHRC, BCA, Deaf Australia, DPOA, Mental Health Commission of NSW, NDS, PIAC, PWD WA, QMHC, Scope and Speech Pathology Australia.

72 Volunteering and Contact ACT, *Submission 52*, p. 6. Also recommended by BSL, PDCN, QAI and Volunteering Tasmania.

73 Tourism Accommodation Australia, *Submission 80*, pp. 8–9. Also recommended by AMAZE, ARATA, Autism SA, Bus Association Victoria, Centre for Applied Social Research, Inability Possability, MDAAN, PDCN, QAI and Summer Foundation.

large share of work is being done by local governments, which are often under-resourced.

4.45 Industries such as transport, communications and construction are still unsure how the Disability Strategy will affect them. There are fears that sudden alterations to standards or requirements will cause disruption to their work or be unattainable. The ongoing voluntary nature of many of these standards and many of the exemptions allowed, has meant minimal progress in implementing any real changes to improve the lives of people with disability since the introduction of the Disability Strategy.

4.46 Ironically, while the Disability Strategy aims to improve inclusion, people with disability are still feeling significantly left out of consultation around the implementation of the Disability Strategy. Without clear guidelines for how and when government and industry should involve people with disability, they find that they are consulted infrequently or incorrectly. Sometimes consultation occurs only at the start of a project, or only after implementation, or not at all. All too often, the solutions developed without the specific input of people with disability do not meet the expectations or needs of the community. Evidence has shown again and again that for consultation to work, it must be ongoing and adaptive through every stage in a project.

4.47 As stated above, accessibility barriers are a functional deficit created by poor planning and design. The Disability Strategy must be reinvigorated, and designed to ensure that every person with disability is offered a level playing field by the removal of those external barriers that prevent Australians with disability enjoying an accessible and inclusive community.

Recommendations

Recommendation 1

4.48 The Committee recommends that all Australian Governments recommit to the National Disability Strategy 2010-2020 and meeting associated domestic and international reporting obligations.

Recommendation 2

4.49 The committee recommends that the government takes to the Disability Reform Council for consideration a proposal to establish an Office of Disability Strategy under the oversight of the Disability Reform Council, as a coordination agency for the National Disability Strategy 2010-2020 and for the revised National Disability Strategy after 2020.

Recommendation 3

4.50 The committee recommends that if an Office of Disability Strategy is established, that people with disability are consulted at every stage of its development and implementation.

Recommendation 4

4.51 The committee recommends that specific measurable goals for implementation of the National Disability Strategy 2010-2020 are created, that these are routinely monitored, and data is collected and reported biannually to

the Disability Reform Council, the Office of Disability Strategy (if created) and presented to parliament.

Recommendation 5

4.52 The committee recommends the development of best practice guidelines for detailed consultation with people with disability and their advocates under the National Disability Strategy 2010-2020.

Recommendation 6

4.53 The committee recommends that a revised National Disability Strategy, with an extended timeframe of operation, be devised in consultation with people with disability, including consideration of the critical role of advocacy in this process.

Recommendation 7

4.54 The committee recommends the revised National Disability Strategy should include development of solutions to the barriers identified to this committee.

Senator Rachel Siewert

Chair

