Please be aware that the content and associated questions in this paper may be distressing or raise issues of concern for some readers.

There are a range of services available if you require support after reading this paper. Contact details for these services are located at the end of this paper under the heading ‘Support’.

Outline

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) published the Rights and attitudes issues paper (the issues paper) on 28 April 2020 and invited responses by 31 October 2020.

The issues paper looked at awareness of the rights of people with disability and attitudes towards disability in the community. The issues paper asked ten questions, although respondents were not limited to answering those questions.

Purpose of this document

The purpose of this overview is to outline what we have heard in response to the issues paper. Responses expressed a range of views, which are summarised below. The overview is not an authoritative statement on those responses. This overview does not state the position of the Royal Commission on any issue.

Scope of this document

This document provides a summary of what we were told in response to the issues paper. This document does not summarise what we have been told so far in submissions, community forums, private sessions, public hearings or via research projects that relate to rights and attitudes.

All information provided to the Royal Commission, including responses to issues papers, informs our work. That work will include further consideration of the rights of, and attitudes towards, people with disability and the role these play in their experience of violence, abuse, neglect and exploitation.
Who responded?

As at 31 October 2020 we had received 66 responses to the Rights and attitudes issues paper.

We received responses from 16 people with disability and family members of people with disability, including three culturally and linguistically diverse people with disability. We also heard from advocacy organisations and individual advocates, government and statutory agencies, professional bodies, disability-specific and mainstream service providers, and tertiary institutions and academics.

What did the responses say?

Responses to the issues paper told us that both people with disability and the broader community lack awareness of the rights of people with disability. The lack of awareness can enable violence, abuse, neglect and exploitation of people with disability.

Many respondents observed that negative attitudes underpin laws, policies and practices that discriminate against or ignore the experiences of people with disability, and that this can erode the rights of people with disability.

Responses described how discriminatory attitudes, a lack of or stigmatising representation in the media, assumptions about capacity and autonomy, and limited advocacy affect people with disability throughout their lives.

A common theme was that lack of awareness and understanding of the rights of people with disability, coupled with discriminatory and negative attitudes, go to the core of the mistreatment of people with disability.

Responses discussed how outdated stereotypes often portray people with disability as a burden, as childlike, or as an object of fear or pity. These stereotypes reinforce negative attitudes towards people with disability and may contribute to a person’s experience of maltreatment, exclusion, segregation, bullying, violence, abuse, neglect and exploitation.

We were told about the need to develop community awareness and understanding of disability through education from a young age, including in the family, throughout formal education and in the workforce.

Respondents highlighted the need for greater recognition of the importance of advocacy for people with disability, specifically to increase funding for peer, self and individual
advocacy. They also emphasised the importance of culturally appropriate advocacy and the need for greater financial support for culturally and linguistically diverse groups.

Proposals for change include co-designing strategies and initiatives that raise awareness of the rights of people with disability, and ensuring information and resources about the rights of people with disability are universally accessible. Respondents emphasised the important role of the media in promoting positive attitudes towards disability.

Rights awareness

Many responses said the lack of awareness of the rights of people with disability was a driver of violence against, and abuse, neglect and exploitation of, people with disability.

The Victorian Council of Social Services told us that when the rights of people with disability and relevant laws are not well known, understood or enforced, people with disability are at a significantly increased risk of experiencing discrimination, exclusion, isolation and violence. The response also identified that incidents are less likely to be reported.

Lojic Institute told us that Australians by and large do not understand the rights of people with disability, and that ‘observing the rights of people with a disability is always conditional’ on them being 'earned, justified, and managed'. Lojic Institute said that people with disability are treated as 'less’ or as unable to have control over their own lives due to paternalistic attitudes. The response argued that ‘ignorance and intolerance are key barriers to rights awareness’.

Family Planning NSW expressed concern that there was little opportunity for professionals and people in the general community to learn about the rights of people with disability, particularly their rights to reproductive and sexual health rights. The response argued that ‘misconceptions, prejudices, stereotypes and negative attitudes surround the reproductive and sexual health rights of people with disability and contribute to an overall increased risk of sexual violence, abuse, neglect and exploitation.’ It also noted that sexual violence against people with disability is usually underreported, which may be because of misconceptions regarding the credibility and capacity of people with disability.

The National Aboriginal Community Controlled Health Organisation noted that the implementation review of the National Disability Strategy found a lack of public awareness of both the rights of people with disability and of the National Disability
Strategy itself. The response expressed concerns that ‘few service providers seem to grasp the complexity of issues’ First Nations people with disability face. These include the ways their disability intersects with First Nations culture and its holistic view of health, and the unwillingness of First Nations people to identify as having a ‘disability’ due to the term being perceived as Western. The response told us that disability services are rarely culturally safe or appropriate for First Nations people.

JFA Purple Orange told us that people with disability want to know more about their rights, noting that ‘it should not be assumed that all people have the resources, skills and ability to search for such information online’. The response said that a lack of understanding of rights, coupled with negative community attitudes, can adversely affect how authorities and members of the broader community respond to violence against, and abuse, neglect and exploitation of, people with disability.

Advocacy Tasmania told us that while aged care services are governed by a clearly defined charter of rights, ‘legal rights for people with disabilities in Australia rely on multiple intersecting pieces of legislation, working at various levels of government, which ultimately invoke’ the Convention on the Rights of Persons with Disabilities (CRPD). The response noted this lack of clarity can contribute to disability support workers not being trained to understand and uphold the rights of their clients. Advocacy Tasmania argued that ‘rights and enforcement pathways’, such as under Tasmania’s Anti-Discrimination Act 1998, are often inaccessible or ineffective.

Down Syndrome Australia told us that people with intellectual disability in particular are not always made aware of their rights or supported to exercise them. The response highlighted that in 2017-2018, only 3% of disability discrimination complaints made to the Australian Human Rights Commission under the Disability Discrimination Act 1992 (Cth) were made by people with intellectual disability. It described the important role of advocacy bodies in raising awareness and supporting the exercise of rights, but noted that advocates are frequently inadequately or insecurely funded.

**Legal barriers**

The Australian Lawyers Alliance argued that legislation in Australia does not adequately recognise or give effect to the human rights of people with disability. The response identified this failure as a major reason why the human rights of people with disability in Australia are not respected or valued. The Alliance recommended Australia enact a federal human rights charter and include disability services within the definition of ‘places
of detention’ under laws implementing Australia’s obligations under the *Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*. The Lojic Institute went further and recommended Australia adopt a constitutionally enshrined charter of rights.

Multiple responses said that legislative and systemic change is unlikely to be effective in protecting the human rights of people with disability without a change in the underlying negative assumptions and attitudes towards people with disability in Australia. One respondent told us that law reform aimed at preventing indefinite detention will be of limited use while negative assumptions persist that people with mental impairment or intellectual disability are ‘vulnerable’ or a ‘danger to themselves or others’. This respondent said those assumptions, which are informed by the medical model of disability, underpin existing laws, such as the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997* (Vic), and judicial decisions made under those laws.

**Education settings**

Many responses also considered the role of schools and education in rights awareness for people with disability. The response from the Centre for Inclusive Education, Queensland University of Technology focused on the important role of schools as ‘sites for rights’. It told us that schools are critical in the transmission of community expectations, beliefs and attitudes, and as such, are places where individuals learn about rights and develop their attitudes towards people with disability. The response explained that students learn about disability and human rights both from the formal curriculum, and by witnessing how students with disability are treated by leaders and teachers, including their responses when the rights of individuals with disability are not upheld.

The Inclusive Education Team, Association of Independent Schools of Western Australia, discussed the gap between rights enshrined in laws and their ‘practical realisation on the ground’. The response said that ‘a lack of understanding of rights awareness often means the individual needs of a student with disability are not met’ and this can lead to a lack of participation, unfair suspension or expulsion, and students not reaching their full potential. According to the Team, ‘often parents just accept this and are unable to advocate for their child.’

The Team also said that students with disability may be bullied and harassed in schools if their rights are not upheld, and ‘may be abused or harmed by inappropriate responses to disruptive or challenging behaviour’. The Inclusive Education Team stated that schools
are rarely held accountable by human rights bodies as few complaints proceed to litigation determination, and those that do may be subject to confidentiality agreements.

**The role of advocacy**

Many responses emphasised the crucial role of advocacy as an effective tool at individual and systemic levels for the prevention of violence against, and abuse, neglect and exploitation of, people with disability.

Responses stated that there is insufficient awareness of advocacy services that may be available. Queenslanders with Disability Network argued that providing people with disability the knowledge and support to exercise their rights is critical to reducing violence, abuse, neglect and exploitation: ‘this is where well-funded, independent individual and systemic advocacy plays a key role’. The response said advocacy is vital as a means of challenging ingrained societal beliefs. The Network contended that the ‘attitudes and actions of service providers, businesses, community groups, governments and individuals towards people with disability are too often based on misconceptions and archaic stereotypes’. Advocacy is therefore essential to help service providers and governments improve their services and understand their obligations to uphold the rights of people with disability.

Many responses said that advocacy services are often underfunded and, as a result, cannot meet demand or provide an adequate service. Multiple responses discussed negative experiences with advocacy services where a person with disability did not receive the required support. One individual told us there is little to no advocacy support available that suits people with complex and challenging disabilities and their families. A culturally and linguistically diverse woman with disability told us that while many advocacy organisations ‘have the person with disability’s interest at heart’, the long-term interests of the person with disability can be compromised by the perceived short-term gains for the organisation. Another culturally and linguistically diverse person with disability told us their experience of advocates was actually ‘harmful’. They believe that self-advocacy is best.

JFA Purple Orange told us advocacy services are often understaffed and under-resourced, resulting in long waiting lists. More funding is needed as advocates are too busy assisting National Disability Insurance Scheme (NDIS) participants to deal with other matters.
Responses proposed that long-term funding, and awareness and recognition of advocacy services are necessary to achieve systemic change and address individual instances where rights have not been respected.

**Assumptions about capacity, choice and control**

Multiple respondents raised the connection between rights and perceived capacity of people with disability. Melbourne East Disability Advocacy told us that people with cognitive disability are routinely disempowered, not believed and excluded from decision making processes.

WWILD Sexual Violence Prevention Association Inc told us the ‘concept of capacity is one that can regularly overwhelm the discussion of rights’. The response said that when a person with disability is perceived to have diminished capacity, people often consider rights-based discussions unnecessary because the person is assumed to not have the capacity to understand them.

Assuming that a person with disability cannot make decisions limits their autonomy. Multiple responses explained that assumptions about lack of capacity exclude people with disability from important decisions about their health and wellbeing. Family Planning NSW said that health professionals often make assumptions about people with disability being ‘not capable of having a relationship or parenting’, which can effectively deny access to sexual education and healthcare. This results in poor sexual health outcomes for people with disability, as well as an increased risk of sexual violence, abuse, neglect and exploitation.

Respondents told us that choice and control can be limited for:

- adults with disability subject to guardianship orders
- older people with disability in aged care facilities
- children with disability.

Advocacy Tasmania explained the long term effects of being excluded from decision making processes on one woman with disability in her early fifties, ‘Lois’. When Lois’ disability employment service provider asked her what types of employment she was interested in, she said:

> in her entire life to date, she had been told what she ‘could’ do or was ‘allowed’ to do, but that she had never before been asked what she might want. She then requested assistance to formulate goals for herself as she had never been supported to do so before.
Lois reported it would have been easier for her to adjust to this new level of choice and control if she had had more experience with making decisions throughout her life.

Hermanus Mouthaan and Sharyn Yelverton’s response was based on their experiences with the guardianship system in the Northern Territory. They believed that the legislation is intended to uphold rights recognised by the CRPD, but told us that in practice that is not the case. In their view, that guardianship has the effect of ‘disenfranchising the subject of an order and often results in the individual subject to lose self-confidence and tends to gradually erode their potential for independent thought’.

The Northern Territory Office of the Public Guardian said that a lack of awareness and recognition of the rights of people with disability results in violence, abuse, neglect and exploitation, including the over-utilisation of guardianship for people with disability. The Public Guardian said that guardianship can be used ‘as a means to reduce the liability and exposure of health care providers, service providers and financial institutions who may be reluctant to rely upon the consent or instructions of a person with disability’. The response suggested that attitudinal change requires increased participation in decision-making, social inclusion and recognition of the contribution of people with disability in all aspects of life.

Another response criticised Australia’s guardianship regimes as overly paternalistic. This response argued that in cases where concerns are raised about the wellbeing of a person with disability, removing ‘control from a person who is being abused by taking away their decision-making authority’ compounds their trauma. The response argued that supported decision-making is not sufficiently implemented in Australia and that substituted decision-making is ‘largely unscrutinised’.

The response also expressed concern about the over-representation of parents with cognitive disability in child protection proceedings. The response said that adults with cognitive disability are widely viewed as ‘childlike’ and therefore lacking capacity to parent. The response suggests that appropriate supports should be offered to parents with cognitive disability before children are removed from their care.

**Attitudes**

Responses reported that discriminatory attitudes, assumptions and biases are drivers of violence against, and abuse, neglect and exploitation of, people with disability. Responses explained that people with disability are often considered to be ‘inferior’, ‘a

The Deafness Forum of Australia told us that people with disability can feel they have no voice and are ‘viewed as less intelligent, less capable & less able to do particular activities or jobs & their actual abilities are even less likely to be recognised or even considered’.

Numerous responses reported that people with disability are often perceived to be of lesser worth than people without disability, or as being incapable of knowing what is best for themselves. Respondents explained that while these attitudes are frequently held on a personal level, they are also evident at a systemic level, in laws, policies and practices.

Responses considered a range of sources of discriminatory attitudes towards people with disability including unconscious bias and historical devaluation. The Queenslanders with Disability Network (QDN) reported that the ‘most significant barriers facing people with disability from accessing our communities equally are often not the physical obstacles, but the attitudes, assumptions and biases of the people they meet’. QDN stated that despite decades of policy improvement, including the introduction of the NDIS, ‘QDN members report little progress in changing outdated and harmful attitudes towards people with disability in our communities’.

WWILD Sexual Violence Prevention Association Inc explained that the practical result of negative and harmful attitudes is that they disempower; devalue, depersonalise and trivialise experiences; contribute to vulnerability; and deny or dismiss the experiences of people with disability.

Blind Citizens Australia told us about the pressure faced by people who are blind or vision impaired to perform to an extraordinarily and unsustainably high standard, just to be regarded as equal to their peers. The response used the theory of Social Role Valorisation to explain how a person with a disability can feel pressured to perform to a higher standard to gain the same credibility as a person without disability.

Responses also detailed how attitudes affect responses to violence against, and abuse, neglect and exploitation of, people with disability. One respondent told us about the ‘vicious cycle’ created when a failure to educate society about the rights of people with disability results in low self-esteem for people with disability and reluctance to speak up when subject to violence or discrimination. The response said that when people with
disability speak out about the violence they experienced they are often ignored, which may lead to further violence.

The L’Arche Australia National Listening and Speaking Group provided examples of violence, abuse, neglect and exploitation experienced by people with disability. Contributors to the Listening and Speaking Group described being denied choice and control, the impacts of negative attitudes, being ignored or discriminated against, not being given a say or being listened to, inaccessible information and being segregated at school, in public and in other settings.

Dr Claire Spivakovsky explained how some legal and administrative systems are based on ableist assumptions, including in education, health and group home settings. Dr Spivakovsky told us supervised treatment orders (STOs) may be used to detain people within their residential service. She described an STO as ‘coercive prescription of behaviour-modifying “treatment” that is claimed to reduce the person’s risk of harm’. She contended that STOs are ‘a form of disability-specific lawful violence’. STOs reflect paternalistic attitudes about the presumed limits of people with disability’s capacity to make their own decisions and ableist assumptions about the claimed necessity for and perceived benefit of coercive ‘treatment’.

Dr Spivakovsky also stated that restrictive practices reflect compulsory ‘able-bodiedness’ in society in the sense that ‘disabled people have not yet established their entitlement to exist unconditionally as disabled people’. Dr Spivakovsky said incorrect assumptions about disabled people’s ability to control their lives and behaviours provide the grounds for the use of restrictive practices as a response to violence or abuse that occurs between residents in group home settings.

The role of the media

The power of media portrayals of people with disability was raised in several responses. Academics from the Centre for Culture, Technology, School of Media, Creative Arts and Social Inquiry, Curtin University discussed the role that media plays in both excluding people with disability, and shaping stereotypical and disabling attitudes. Their response said that disability is both under- and mis-represented on Australian television. According to a survey of people with disability conducted by the academics, the majority of respondents found portrayals of disability on television, including on the news, did not accurately depict the experience of people with disability. The response suggested that while the leadership of disability thinkers such as the late Stella Young has assisted
Australians in gaining an understanding of disability, contemporary Australian film and television tends to portray people with disability through negative stereotypes.

The mother of a teenage son with disability told us the media portrays people with disability negatively, as objects of pity or charity, ‘brave’ or childlike.

The Attitude Foundation stated that 'stereotyped, negative and patronising representations of people with disability are particularly troubling', given the influence of news media. The response also stated that people with disability are significantly under-represented on Australian television programmes, including as news reporters, and existing representations ‘are shamefully one-dimensional and often negative’. It suggested an effective way to improve attitudes towards people with disability was through non-stereotypical and non-derogatory portrayals of people with disability in the media and social media.

**Experiences of particular groups of people with disability**

Respondents addressed the specific attitudinal barriers and experiences of violence, abuse, neglect and exploitation faced by people with disability at the intersection of multiple disadvantage. Women, culturally and linguistically diverse people, First Nations people, LGBTIQ+ people and children with disability were identified by respondents as experiencing greater degrees of rights deprivation and attitudinal barriers.

**Women**

Some organisations and individuals outlined the experiences of violence and rights violations experienced by women with disability. Responses noted women and girls with disability experience intersectional discrimination.

One respondent told us that she has been taken advantage of by men in personal and professional capacities because she is a woman with cognitive disability. Dr Claire Spivakovsky detailed how ‘gatekeeping’ that occurs when group homes staff do not permit women with disability to talk about their experiences of violence, may stem from a lack of appreciation of the women’s capacities.

WWILD Sexual Violence Prevention Association told us it is essential to recognise the intersection of multiple forms of discrimination and negative attitudes that contribute to the perpetration of violence, abuse, neglect and exploitation. The response told us women with disability experience ‘sexist attitudes and myths that support rape culture and domestic violence’, in addition to attitudes specifically related to disability. The
response gave the example of women with disability being perceived as either hypersexualised or asexual, which can lead to an increased incidence of violence, abuse, neglect and exploitation.

**Children**

A number of responses outlined the problems faced by children with disability, including how intergenerational differences in rights awareness can affect the wellbeing of children with disability.

Advocacy Tasmania told us that some parents of children with disability are reluctant to raise concerns about discriminatory treatment or ask for support for fear of their children being taken away. Those parents had often been told to place their children into institutions when they were born. The response emphasised that for older generations, the ‘language of rights’ is unfamiliar and their experience of the system has been one of disrespect and disregard.

Advocacy Tasmania also detailed how it is difficult for children with disability to realise their rights if their wishes contradict those of their parents or guardians. The response explained that within the NDIS system, there is typically a single designated Child Representative who has full decision-making discretion regarding a child's NDIS Plan. This creates barriers to the voice of the child with disability being included, as well as difficulty in situations where parents may have differing interpretations of the child's wants and needs, but only one parent has decision-making authority.

Several responses discussed attitudinal and barriers to the protection of the rights of children with difficulties in education settings. The Centre for Inclusive Education, Queensland University of Technology, raised particular concerns about the use of restraint and seclusion practices in schools. The response reiterated the emphasis of the United Nations Committee on the Rights of the Child of ensuring that ‘all children with disabilities … are provided with the support they need and to address the use of restraints and seclusion’. It also noted the ‘compounding additional negative effects’ for children already at risk in addition to the increasing media exposure of incidents of violence against children and young people with disability in schools.

Dr Spivakovsky’s response discussed a range of ways in which students with disability in ‘mainstream’ schools are excluded or maltreated. It said this maltreatment teaches other children and young people who observe it about limits on the rights of people with
disability, and conveys strong messages about what is ‘acceptable’ treatment of people with disability.

**First Nations people**

The response from the National Aboriginal Community Controlled Health Organisations told us that services addressing disability without acknowledging a person’s Aboriginality (or other identities) can lead to feelings of seclusion from their representative communities. The response called for greater financial support of culturally appropriate advocacy and disability services, given the important role they play in providing holistic and culturally safe supports to First Nations people with disability.

The Australian Lawyers Alliance highlighted a range of particular challenges facing First Nations people with disability, including higher rates of poverty, a lack of disability appropriate housing, barriers to equal participation in education, and a lack of services in remote communities. The response also stated that gender inequity was created in some remote communities where a lack of services results in First Nations women disproportionately taking on the burden of unpaid care.

**Culturally and linguistically diverse people**

Several responses detailed the unique challenges that culturally and linguistically diverse people with disability encounter in having their rights recognised. One first-generation Australian with disability told us she has experienced discrimination ‘in many ways’ which has left her not feeling ‘good enough for the “normal society”’. Another response from a culturally and linguistically diverse person with a disability told us it was difficult to recognise whether the discrimination he experiences is due to disability, or his cultural background. He responds to this discrimination by remaining positive, as his solution is to remain highly confident in himself and his abilities.

One culturally and linguistically diverse man with disability suggested that understanding the rights of and attitudes towards people with disability could be enhanced by discussing how different cultural perspectives on disability. These discussions might improve attitudes towards disability and foster a more inclusive society. The response submitted that Anglo-Saxon culture pays insufficient attention to the ‘unique (less “efficient”) identity of the individual’, in comparison to other cultures.

Frankston Disability Access and Inclusion Committee told us that it is important to help de-stigmatise disability in some culturally and linguistically diverse communities by raising
awareness that there is no shame in asking for help in Australia and that it is safe to do so.

The response from the Multicultural Disability Advocacy Association NSW Branch detailed the experiences of domestic and family violence experienced by culturally and linguistically diverse people with psychiatric disability and a history of trauma. It focused on women and children who experience different forms of neglect, discrimination and re-traumatisation when seeking help. The response raised concerns that the police and health/mental health collaborative models in New South Wales are not delivered in culturally appropriate and trauma-informed ways. The response emphasised the significance of trauma on the mental health of people from culturally and linguistically diverse backgrounds. This manifests itself, for example, in the overmedication of people from culturally and linguistically diverse backgrounds with psychiatric disabilities, with little attention paid to understanding their past abuse and complex trauma.

Potential good practice

Responses reported some examples of good practice around changing attitudes towards people with intellectual disability. Family Planning NSW referred to the Outing Disability Project, showcasing LGBTIQ+ people with disability at art venues across Australia, which Family Planning NSW developed in partnership with people with disability.

Another response suggested existing practice tends to involve an ‘almost exclusive focus on physical access in the built and natural environments’, ignoring those barriers affecting people with communication disability. Speech Pathology Australia included a number of recommendations around accessible communication, citing a Scope initiative in Victoria as a good example. The response noted Scope’s development and endorsement of a registered accessible communication symbol, similar to the familiar wheelchair accessible and hearing impairment accessible symbols. It also noted Scope offers an accreditation program to assess organisations and businesses as communication accessible.

A response referred to the cultural and social change occurring in the Australian Capital Territory as a result of the Disability Justice Strategy 2019-2029, which seeks to address unequal access to justice in the ACT. The Strategy recognises that people with disability experience a greater need for legal support than many other people in society and face a range of disadvantages that make them more likely to come into contact with the justice system. The Strategy has paved the way for improvements through service delivery and supports. Another response cited the importance of legislative reforms and cross-sectoral
action for positive change, such as the Enabling Health Framework produced by Vic Health in 2014.

National Disability Services told us about their Zero Tolerance initiative aimed at driving behavioural and attitudinal change in service delivery, in response to the violence and abuse experienced by people with disability. It drew on the expertise of people with disability, public advocates, advocacy organisations, academics and service providers, to create a framework structured around primary, secondary and tertiary prevention, which ‘aims to prevent a nefarious event, reduce its impacts once it has occurred, and soften its ongoing effects and reduce recurrence.’ The response said four out of five respondents to a recent survey had seen positive outcomes as a result of implementing Zero Tolerance resources in their organisation.

The Attitude Foundation told us about media initiatives aimed at addressing negative attitudes towards people with disability. For example, it referred to the ABC’s 2019 guidance note on ‘Reporting and Portraying Disability in ABC Content’. This note provides guidance on appropriate behaviours and language to be used when making content for all ABC platforms and third party platforms, including social media. It also gave the example from the United Kingdom of the 2019 BBC Elevate initiative as part of the broadcaster’s three-pronged strategy to improve the representation of and opportunities for people with disability on and off air in 2020. It also told us the BBC allocated £100 million of its TV budget in July 2020 to produce ‘diverse and inclusive content’ and committed to increasing its disability workforce from eight per cent in 2016 to 12 per cent in 2022. Other examples of positive disability-focused media content included ‘Employable Me’, ‘Love on the Spectrum’, and ‘You can’t ask that’.

Proposals for change

Respondents to the issues paper made many proposals for change. We will consider these proposals in the course of our work at the Disability Royal Commission.

The proposals for change are broadly grouped into the categories below.

Rights

- The Australian Government should adopt a constitutionally enshrined charter of rights.
• All state and territory governments should enact human rights legislation to formally adopt the rights in the CRPD into domestic law.

Attitudes

• Paternalistic and ableist attitudes should be dismantled through a shift in the understanding of disability to counter the medical model of disability that perpetuates discriminatory attitudes towards people with disability.
• A human rights approach should be integrated into policy and legislation to give people and organisations a point of reference for ensuring their practices are advancing the human rights of people with disability.
• Governments and the National Disability Insurance Agency and the NDIS Quality and Safeguards Commission should continue support for cultural-change training for disability service providers, which seeks to counter violence, abuse, neglect and exploitation, such as the zero-tolerance initiatives.
• Laws and policies should be based on rights awareness and positive attitudes.
• The new National Disability Strategy should have a clear and targeted focus on improving attitudes towards people with disability, including through legislation, policies and funding.
• National Funding Agreements for mainstream services, including education, health and housing, must include clearer strategies to address negative attitudes and improve outcomes for people with disability. Across each of the National Funding Agreements, detailed and transparent criteria should be used to assess the impact of policies designed to create attitudinal change.
• A more inclusive society should be fostered by recognising the richness of different cultures.
• The visual and audio presence and representation of people with a disability should be increased in all areas of life, for example society, media, culture and the arts, to create accessible and inclusive communities, spaces and services.

Enabling choice and control

• The Australian Government should implement the Australian Law Reform Commission’s recommendations in its 2014 report Equality, Capacity and Disability in Commonwealth Laws.
• Supported decision-making should be increased through legislative amendments, including a supported decision-making framework as an alternative to guardianship (where the guardian becomes the decision maker).

• Choice and control should be made more meaningful by funding a range of supported decision-making alternatives. This can be achieved by making it possible for NDIS participants to purchase such supports through their NDIS plan.

• People with disability should be recognised as being the greatest experts on their disability as decision-makers under the NDIS.

Education

• Co-designed education on the rights of people with disability should be included in all areas of school curricula.

• School staff should be educated on the rights of staff and students with disability and there should be professional development for teachers on diversity.

• School leaders should foster a positive school culture by promoting inclusivity.

• All schools should develop Disability Action Plans.

• Education should be inclusive to break the cycle of negative attitudes that is reinforced through segregation.

• Training in relationships and sexuality education (RSE) programs should be developed and implemented for children, young people and adults with disability and those who support them.

• Disability awareness education training should be mandatory for all first responder emergency services, including police, ambulance and fire personnel, as well as health care, community and education sector workers.

Advocacy

• Governments should recognise advocacy organisations for their crucial role in raising community awareness and provision of support.

• Governments should increase long-term funding for peer support, advocacy and self-advocacy and individual advocacy through the National Disability Advocacy Program, including in regional and rural areas.

• Existing advocacy programs and initiatives should continue to be funded, particularly for groups such as First Nations and culturally and linguistically diverse people with disability.
• Funding for advocacy programs should be recognised as a crucial NDIS safeguard.

• State and territory governments should each fund an ongoing disability advocate position to identify and address systemic issues affecting people with disability.

• Funding for disability advocacy should be prioritised in the next National Disability Strategy.

• Culturally and linguistically diverse advocates should be funded to help destigmatise disability in some communities, to promote the understanding of services and supports available in Australia.

**Media representation**

• The new National Disability Strategy should include obligations in relation to awareness raising, combatting stereotypes, representing people with disability in the media, accessibility of information, communication technologies and participation in media and social media in accordance with the *CRPD*.

• A comprehensive set of standards should be developed regarding the representation and engagement of people with disability in the news media, with input from people with disability. These standards should be reviewed biannually.

• Media coverage should place a greater and positive emphasis on disability, with increased participation and representation of people with disability.

• Targeted support should be offered to people with disability to create material for the media.

• Media should make a concerted effort to challenge stereotypes of disability, and acknowledge and reflect the principles of the *CRPD*.

• News organisations should develop strategies to increase the recruitment and retention of people with disability into reporting and editorial roles.

• Broadcasters should set quotas for the inclusion of characters with identifiable disabilities in their programming which reflect community rates of disability. Progress against the quotas should be reported publicly.

• Broadcasters should employ people with disability to develop and advise on fictional content.

• Government should legislate for the provision of access features such as captions and audio description on all free-to-air television.
Funding

- Governments should fund programs that ensure successful transitions for children and young people with disability to primary school, secondary school and life after school (including tertiary education and employment).
- There should be funding for independent disability and community advocacy organisations to provide shadow reporting on all human rights issues for people with disability at the United Nations.
- There should be funding to create an Aboriginal Community Controlled Disability Service Sector.
- There should be an access to justice strategy for First Nations People with disability.

How will we use the information we received?

All information provided to us, including all responses to issues papers, is carefully considered by the Royal Commission. It informs our ongoing work, including public hearings, policy processes and our research agenda. It will also inform our Interim Report and help us to develop our recommendations.

Support

Blue Knot Foundation offers specialist counselling support and a referral service for anyone affected by the Disability Royal Commission.

For support please call its national hotline on 1800 421 468 (open 9 am-6 pm AEST Monday-Friday, 9 am-5 pm AEST Saturday, Sunday and public holidays).

In addition to the Blue Knot Foundation, the Australian Government provides support to assist people to engage with the Royal Commission. This support includes:

- free legal advisory services provided by National Legal Aid and the National Aboriginal and Torres Strait Islander Legal Services through the Your Story Disability Legal Service
- advocacy support services provided under the National Disability Advocacy Program.

Further information about these supports, including how to access them, is available on our website: disability.royalcommission.gov.au/counselling-and-support.