



Royal Commission
into Violence, Abuse, Neglect and Exploitation
of People with Disability

Overview of responses to the **Promoting inclusion** Issues paper

October 2021

Please be aware that the content in this overview may be distressing or raise issues of concern for some readers.

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Outline

The Promoting inclusion Issues paper

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability published the *Promoting inclusion issues paper* (**issues paper**) on 4 December 2020.

The issues paper outlined our preliminary understanding of what should be done to promote a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.

The paper asked nine questions, although respondents were not limited to those questions.

Purpose of this document

This document provides a brief summary of what we have been told in responses to the issues paper.

The responses expressed a range of views. The purpose of this overview is to outline what we have heard through responses. However, it is not an authoritative statement on the contents of those responses. This overview does not state the position of the Royal Commission on any issue.

Scope of this document

This document does not summarise what we have been told so far in submissions, community forums, private sessions or evidence at public hearings.

All information provided to the Royal Commission, including responses to issues papers, informs our work. The Royal Commission will continue to examine the inclusion of people with disability and seek input in a variety of ways.

Who responded?

As at 31 July 2021, the Royal Commission received 74 responses to the issues paper. This includes five responses from one organisation.

We received responses from:

- six people with disability
- three family members and supporters of people with disability
- nine national representative organisations of people with disability
- twenty seven peak bodies and non-government organisations
- fifteen advocacy organisations
- four disability service providers
- two government bodies
- two academics
- one group of media producers, and
- one university research centre.

What did the responses say?

Respondents defined 'inclusion' and identified the key characteristics of an 'inclusive society'. They also identified barriers to inclusion that people with disability experience, and provided proposals for change to address those barriers. This includes a number of examples of potential good practice.

What makes an inclusive society?

Characteristics of an inclusive society

Responses to the issues paper reflected on the meaning of inclusion and identified core characteristics of an inclusive society. Responses described an inclusive society as one that:

- recognises and enforces human rights
- adopts meaningful practices of co-production and co-design

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- embeds universal design to ensure full accessibility
 - provides culturally competent and safe services
 - recognises the social model of disability, and
 - promotes a sense of belonging.

Many respondents described inclusion as a human right. Queensland Advocacy Incorporated (**QAI**) explained that an inclusive society is an 'essential prerequisite' for the enjoyment and fulfilment of human rights for people with disability. Grampians disAbility Advocacy stated that an inclusive society is one where 'human rights are respected, supported and promoted by all of society and policies'. Other respondents noted that the standards of an inclusive society are articulated in the *United Nations Convention on the Rights of Persons with Disabilities (CRPD)*. Some respondents drew particular attention to Australia's obligations under the CRPD, including:

- Article 5 (equality and non-discrimination)
- Article 19 (living independently and being included in the community), and
- Article 24 (inclusive education).

Many noted that an inclusive society is one in which all members are treated equally and provided with equal opportunities.

Respondents identified co-production and co-design as a key feature of an inclusive society. Responses from H.A.V.E.N Self-Advocacy Group at Multicap, AED Legal Centre and the National Catholic Education Commission outlined how an inclusive society recognises diversity and ensures that people with disability are involved in, consulted with, and represented across all stages of policy development and decision-making. People with Disability Australia (**PWDA**) said that inclusion starts with 'honouring and hearing the voices of people with disability in debates, action, policy and any directive made' on behalf of people with disability.

Accessibility and universal design were also identified as key characteristics of inclusion. In the Victorian Council of Social Services' response, a person with disability stated:

Inclusion [means] ... that you have access to whatever is available in society, so if I feel like I want to participate in something, then I don't necessarily have to ask for modifications to be put in place, it would be there already.

Responses also highlighted the importance of the social model of disability. A number of organisations, including breakthru and the Victorian Advocacy League for Individuals with Disability (**VALID**), recognised that an inclusive society should remove the physical, attitudinal and systemic barriers to inclusion, while promoting full choice, independence and participation.

Some respondents identified access to culturally competent and safe services as important features of inclusion, particularly for First Nations and culturally and linguistically diverse people

with disability. The National Aboriginal Community Controlled Health Organisation (**NACCHO**) told us that Aboriginal and Torres Strait Islander people prefer to access services provided by Aboriginal and Torres Strait Islander professionals. These services are ‘more responsive to the ongoing impacts of colonisation and past government policies and practices which still negatively affect Aboriginal and Torres Strait Islander people’.

We heard that the concept of inclusion is linked to a sense of belonging, and people with disability feeling safe, valued, respected and welcomed. For example, QAI told us that inclusion is ‘about having autonomy, being respected, being valued, having opportunities to contribute to society in meaningful ways and having a sense of belonging’.

Achieve Australia told us that inclusion is an ongoing process and that an inclusive society will engage in a ‘continuous process of relationship building, inquiry, consultation, action and re-evaluation’.

Inclusion across the life course

Some respondents discussed the benefits of inclusion across the life course, with many highlighting the importance of promoting inclusion during the early years. Lifestart told us that promoting inclusion in the early years is critical to the formation of a child’s identity, sense of belonging and connection to their world. We heard that this has a profound impact on their life trajectory and life choices, as well as a positive influence for families in understanding their children. Similarly, Noah’s Ark said that ‘meaningful experiences of inclusion and participation in the early years’ sets the foundation for ‘lifelong positive outcomes and a more equitable and inclusive society’.

A number of respondents discussed the connection between inclusive education and the promotion of an inclusive society. For example, North East Citizen Advocacy said that in an inclusive educational setting, ‘children with and without disability alike benefit from flexible and individualised supports, and learn tolerance, equity, and appreciation for the diversity of human experience.’ They noted that these attitudes ‘will be taken into adult life’.

What is preventing an inclusive society for people with disability?

Laws, policies and practices

We heard that Australia has made several advances towards a more inclusive society for people with disability. As examples of this progress, the responses highlighted the introduction of the National Disability Insurance Scheme (**NDIS**), the National Disability Strategy (**NDS**) and the *Disability Discrimination Act 1992* (Cth) and its accompanying Standards.

However, most respondents highlighted that more needs to be done to promote inclusion in Australia. PWDA said that it is necessary to conduct a ‘deep examination of the ways in which

people with disability are culturally, systemically and legally excluded' within the Australian community. Autism Spectrum Australia (**Aspect**) stated that despite 'good intentions', Australia's lack of human rights laws and poor understanding of diverse needs 'has resulted in an Australian society that is currently far from inclusive, and often not even accessible'. QAI's response also drew attention to the areas of concern outlined in United Nations universal periodic reviews, general comments, and shadow reports as essential areas for the Australian Government to resolve.

Some respondents argued that existing law, policies and practices in Australia do not go far enough to promote inclusion. For example, responses raised concerns with structures that enable segregation, deny legal capacity, support substitute decision-making, and permit the use of restrictive practices. Responses also highlighted how the exclusion of people with disability over the age of 65 from accessing the NDIS can create barriers to inclusion. VALID told us that there is little understanding of, and government commitment to, national initiatives such as the Information, Linkages and Capacity Building program in promoting economic, social and civic inclusion.

Other responses made reference to the National Agreement on Closing the Gap (Closing the Gap). Closing the Gap is a national framework that includes seventeen socio-economic targets and associated outcomes that impact life outcomes for First Nations people.¹ NACCHO told us that Closing the Gap has changed the way 'policies and programs affecting Aboriginal and Torres Strait Islander people are designed and delivered.' They said that Closing the Gap has strengthened 'the community-controlled sector in developing and delivering disability programs and policy.' However, the First Peoples Disability Network (**FPDN**) told us that the 'Close the Gap targets do not mention disability, despite its centrality to progress across all areas, including education, health and justice.'

We heard that there are structural barriers to ending discrimination, which can prevent inclusion. For example, some responses referred to the limitations of the Australian Human Rights Commission (**AHRC**) in conducting effective compliance monitoring and investigations, and resolving systemic discrimination.

A response from the City of Melbourne's City Council recognised that government processes need to shift 'from a delivery mindset to an enabling mindset' to overcome structural barriers to inclusion. They told us that the *Disability Discrimination Act 1992* (Cth) is a complaints driven mechanism that 'requires support through compliance driven legislation, policy and funding that is monitored'. The City of Melbourne explained that this would represent a 'radical shift in authority, accountability and agency from centralised and top down decision making to self-determining and collectivist decision making'.

Other structural factors

We heard that increased rates of poverty, unemployment, health inequities, social isolation and discrimination across Australia drive social exclusion and prevent inclusion for people with disability. For example, the Physical Disability Council of NSW stated that in 2021, people with disability are more likely to be poor, unemployed, earn less, have poorer health, and experience higher rates of violence than people without disability. The **FPDN** and NACCHO highlighted how health and social inequities and rates of poverty compound barriers to inclusion for First Nations

people with disability. People with Disabilities Western Australia (**PWdWA**) also highlighted how disability discrimination is currently the most common form of discrimination reported to the AHRC.

Community attitudes and behaviours

Responses overwhelmingly identified negative attitudes and behaviours as key barriers to inclusion for people with disability. This included experiences of prejudice, stigma, discrimination and double discrimination, harmful language, and stereotyping.

We heard that people with disability are often devalued and marginalised because ‘they have characteristics linked to their impairments that are not typically valued by the wider community’. Access All Abilities told us that to achieve inclusion ‘people with disability need to stop being seen as a burden and that they have nothing to offer’.

Many respondents made explicit reference to ableism as a barrier to inclusion. Ableism refers to a set of beliefs and practices about ‘typical’ or ‘normal’ abilities that feed into prejudicial attitudes and the refusal to adapt to the needs of people perceived as inferior or ‘abnormal’.² Speech Pathology Australia stated that ableism contributes to the dehumanisation of people with disability. Speech Pathology Australia noted that it is necessary to address the ableism that exists in Australian culture, specifically amongst workers in the disability sector. Children and Young People with Disability Australia (**CYDA**) told us that when they asked young people with disability what prevents them from feeling included in their community, one participant said ‘I always get ableismed’.

Some respondents reported that negative attitudes towards people with disability contribute to a loss of autonomy, choice and control, and independence. North East Citizen Advocacy noted that historical perceptions of people with disability as helpless, worthless or ‘other’ has contributed to a denial of autonomy in decision-making. Family Planning NSW noted that professionals often make assumptions about capacity which result in substitute decision-making arrangements ‘without people with disability being involved’.

PWDA told us of the impact of ‘exclusionary language’ which may be used to ‘sanitise abuse or exploitative systems’. For example, PWDA explained that people without disability may be said to ‘rent or buy a home’, whereas people with disability are said to be ‘provided with accessible housing’. The response noted that:

The language used around disability persistently works to pathologise our activities, remove agency and emphasise the apparently benevolent nature of the people and systems managing our access and participation, while simultaneously erasing the exclusionary practices that placed us outside in the first place.

Respondents explained how negative attitudes about capacity can limit opportunities for people with disability. Lifestart told us that a medical, deficit-based model – which focuses on what a child with disability may not be able to do – ‘sets a precedence for what a family should not expect of their child, limiting their opportunities and narrowing their goals’. Blind Citizens Australia (**BCA**) explained that negative assumptions about capacity can limit opportunities for people who are blind or vision impaired to participate in civic and community life, such as through jury service.

Some respondents referred to poor organisational cultures that impact choice and control as a barrier to inclusion. Have a Say Bendigo, a group of self-advocates, told us that service providers continue to make ‘all the choices and decisions’, and that people with disability are not included in daily decisions, such as what to have for dinner and other activities. Respondents noted that some health care professionals hold paternalistic attitudes, and explained how the adoption of risk averse practices in the provision of disability services may reduce an individual’s right to choice and control.

Some responses explained the link between a lack of awareness about disability and the development of negative attitudes. Dementia Australia told us that the misconception that dementia is a condition of old age ‘contributes to, and exacerbates multiple challenges experienced by young people’ with younger onset dementia. They noted that the difficulty in recognising and diagnosing younger onset dementia leads to ‘community ignorance and stigma’.

New Wave Self Advocacy told us that negative attitudes may contribute to people with disability feeling unsafe in their communities. A member of the group told us that they have experienced harassment on public transport and argued that greater awareness of disability could improve safety.

We heard that negative community attitudes may be associated with an increased risk of violence, abuse, neglect and exploitation against people with disability. PWDWA noted that attitudes that view people with disability as ‘other’, ‘less’ and a ‘burden’ may lead to violence, abuse, neglect and exploitation. Family Planning NSW told us that negative attitudes and misconceptions about the reproductive and sexual health rights may put people with disability at an ‘increased risk of sexual violence, abuse, neglect and exploitation’.

Some organisations drew attention to the intersection between cultural attitudes, power dynamics, and barriers to inclusion. Down Syndrome Australia explained that ‘stigma and discrimination are social processes that reflect and reinforce power imbalances’ experienced by people with disability. They noted that addressing and tackling the stigma and discrimination experienced by people with intellectual disability ‘is a prerequisite if we are to create the social conditions required for a truly inclusive society’.

Some respondents discussed how the lack, or harmful representation, of people with disability in the media prevents inclusion. Stephanie Dower from Dower Productions and Tanya Modini from Screaming Birds noted that people with disability are rarely seen on screens. They explained that when people with disability are represented in mainstream media, they are often portrayed by able-bodied actors and presented in negative or stereotypical ways that reinforce long-held societal views of disability.

Intersectional barriers

Responses highlighted how negative community attitudes and behaviours are compounded for some people with disability due to factors such as race, gender, sexuality and age.

FPDN told us that First Nations people with disability experience double discrimination on the basis of their disability and their Aboriginal and Torres Strait Islander identity. The Aboriginal Health

Council of Western Australia (**AHCWA**) said that ‘double discrimination can further marginalise Aboriginal people with disability and place them at increased risk of abuse and neglect at both individual and systemic levels’. NACCHO identified individual and institutional racism as significant barriers to inclusion for First Nation people with disability. They explained that First Nations people with disability experience higher rates of discrimination than First Nations people without disability, and this impacts their engagement with services and inclusion in society.

The National Ethnic Disability Alliance (**NEDA**) and Federation of Ethnic Communities Councils of Australia (**FECCA**) told us that culturally and linguistically diverse people with disability experience ‘racial discrimination within both the disability and mainstream communities and disability discrimination within their cultural groups’. They explained that these experiences of negative attitudes and discrimination may create barriers to ‘seeking help and accessing community services, creating further isolation and reduced emotional wellbeing’ for culturally and linguistically diverse people with disability.

We heard that women with disability experience heightened barriers to inclusion. Women with Disabilities Australia (**WWDA**) outlined the impact of stereotypes relating to the capabilities of women and girls with disability. They told us that stereotypes are often used to justify forced sterilisation of women and girls with disability. Some respondents also discussed the impact of negative assumptions about parenting capabilities, particularly in relation to the experiences of women with intellectual disability. Speak Out Tasmania told us that a disproportionate number of parents with intellectual disability ‘come to the attention of child protection and support agencies due to claims that a child is at risk of abuse or neglect’. STAR Victoria told us that medical professionals do not genuinely examine the parenting capabilities of women with intellectual disability, nor do they consider ‘the parenting, housing and disability supports a parent requires to parent safely and successfully’. STAR Victoria notes that this often results in the removal of children shortly after birth and represents a failure to uphold Article 23 (Respect for home and family) of the CRPD.

We were told by Drummond Street that ‘LGBTIQ+ people with disabilities often experience social exclusion and/or discrimination in LGBTIQ+ communities as well as the broader community’.

Through CYDA’s response, young people with disability told us how negative attitudes and a lack of awareness impact their interactions with doctors and police officers. A young person told us that when they were out in the city one evening, they were asked by a police officer to provide a diagnosis paper as evidence that they had cerebral palsy – ‘[d]o I carry them with me in a bag? No! ... [L]ike, they just need support and education for people like us, y’know?’

Segregation and exclusion

Many respondents identified segregation and exclusion across different settings and life stages as a key barrier to inclusion for people with disability. We heard examples of people with disability experiencing exclusion through substitute decision-making practices, gatekeeping practices in

educational settings and discriminatory recruitment practices in the workplace. Family Advocacy told us that children with disability can be excluded in mainstream schools when they experience ‘bullying and rejection, isolation with an aide doing different work to other students, and isolation in the playground’.

Down Syndrome Australia explained the mutually reinforcing nature of segregation and cultural barriers in Australia, noting that segregated settings contribute to a lack of community awareness, stigma and misunderstanding of people with disability, which leads to further isolation and segregation.

Many respondents drew links between segregation, exclusion and an increased risk of violence, abuse, neglect and exploitation. QAI stated in their response:

People who are isolated and separated from the wider community are subject to less safeguards and protective oversight ‘from the gaze of citizens’ and are therefore more vulnerable to acts of abuse and violence. The denial of a person’s autonomy also increases their dependence on others which can increase the risk of violence.

A number of respondents expressed their support for the joint position paper signed by the Disabled People’s Organisations Australia, ‘Segregation of people with disability is discrimination and must end’.³ The position paper calls for the end of the segregation of people with disability in education, housing and workplace settings, and an end to substitute decision-making and other practices that deny or limit individual autonomy.

Intersectional barriers

We heard how experiences of segregation and exclusion are amplified for certain groups. AHCWA told us that First Nations people with disability ‘face discrimination and social exclusion in all areas of life’, which prevents ‘realisation of their rights’ and results in ‘extreme inequities’. They explained that exclusion can be ‘compounded by multiple dimensions of discrimination, for instance where education or other services are neither culturally appropriate nor accessible’, noting that factors such as sex, age and location can ‘further aggravate such forms of exclusion’.

WWDA noted that the likelihood of experiencing segregation is heightened for women and girls with disability, particularly women with intellectual, cognitive and psychosocial disability. They explained that this likelihood is further compounded for women with disability from First Nations or culturally and linguistically diverse backgrounds. For example, WWDA noted that ‘[a]cross every state and territory, Indigenous women with disability...are at a particularly high risk of being detained indefinitely, in prisons and in forensic psychiatric units’.

Physical and environmental barriers

Many responses discussed how physical and environmental barriers can prevent inclusion. For example, a person with disability criticised the lack of wheelchair access in sporting stadiums, asking ‘why do we have to fight to go to the footy?’ PWdWA highlighted how the inaccessibility

of public footpaths, toilets, transport, playgrounds and parks pose barriers to inclusion for many people with disability. QAI said the accessibility of environments requires consideration of noise levels, lighting or crowds that might present challenges for people with intellectual, cognitive or psychosocial disability.

Other respondents made reference to inaccessible forms of technology. BCA explained how people who are blind or vision impaired experience barriers to technology, such as through webpages that do not comply with the Web Content Accessibility Guidelines (**WCAG 2.1**) or COVID-19 sign-in protocols that require QR codes.

The Australian Communications Consumer Action Network (**ACCAN**) told us about barriers to inclusion due to inaccessible forms of information and communication. This included a failure to provide information in Easy English, plain English, braille, large print or Auslan, information not provided in community languages, and audio-visual information that is not captioned.

Some respondents also made reference to a lack of accessible and safe housing for people with disability, which may force individuals into congregated living arrangements that deny people with disability the right to live how, where and with whom they choose. The Australian Network for Universal Housing Design (**ANUHD**) also raised concerns with the adoption of a voluntary initiative under the National Construction Code as means of promoting universal housing design. ANUHD told us that over the last two decades voluntary initiatives have failed to promote universal housing design, recommending the introduction of mandatory access standards to drive accountability.

Assistive Technology Suppliers Australia (**ATSA**) told us that a lack of assistive technology can create barriers to inclusion for people with disability. ATSA explained that assistive technology can decrease isolation and support people with disability to participate in early childhood activities, school activities, employment, and recreational and social activities. ATSA said that:

Without AT [assistive technology], the opportunities for people with a disability to participate in society would be extremely limited and, in some cases, non-existent with people effectively imprisoned in their homes which would be a form of systemic abuse.

Respondents told us that inaccessible environments and forms of communication can reduce opportunities for people with disability to participate in their community. Volunteering Australia and VolunteeringACT told us that people with disability may be denied opportunities to volunteer in their communities due to inaccessible workspaces and negative attitudes. BCA told us that people who are blind or vision impaired encounter barriers to voting on an equal basis as others, due to a lack of accessible information about candidates, a lack of accessible how-to-vote cards, and inaccessible voting mechanisms.

AMPARO Advocacy told us culturally and linguistically diverse people with disability face 'extensive barriers to accessing the built environment, health care and housing'. They noted that culturally and linguistically diverse people with disability may 'have limited understanding of public housing processes and tenancy rights, further entrenching their disadvantage'. They explained that many culturally and linguistically diverse people with disability, and people with disability more broadly, 'continue to experience exclusion from employment, education and cultural opportunities due to the physical inaccessibility of public spaces'.

Lack of access to safe and quality services

We heard that inclusion can be prevented by a lack of access to, and availability of, necessary services and supports. Family Planning NSW, Autism Aspergers Advocacy Australia (A4) and the Uniting Church in Australia noted that people with disability experience a lack of access to family services, healthcare and mental health services, and legal services. Polio Australia noted barriers to accessing assistive technology. Disability Advocacy NSW noted that the lack of access to services is heightened for people with disability in regional, rural and remote communities.

We also heard about a lack of access to First Nations-led disability services and culturally competent services from NACCHO. NEDA and FECCA identified the lack of access to interpreters and culturally appropriate translation services for culturally and linguistically diverse people with disability.

PWDA told us that ‘the exclusion of people with disability from mainstream systems and services ... translates into a lack of access to the visibility, protections and freedoms offered by those systems’ and results in people with disability experiencing subtle and overt forms of violence, abuse, neglect and exploitation.’

Some respondents noted the poor quality of service provision, which was linked to inadequate monitoring and regulation, and a lack of accountability. For example, A4 explained that existing monitoring and regulatory frameworks in Australia are ‘completely inadequate’ and ‘spectacularly ineffective’. Disability Advocacy NSW told us that a lack of accountability can place people with disability ‘at risk of accepting subpar practices and poor treatment’.

Some respondents discussed the link between a lack of funding and a lack of access to advocacy and peer support services. QAI emphasised the role advocates play in ensuring people with disability ‘understand their rights, feel safe and enjoy equal treatment under the law’. The Australian Federation of Disability Organisations told us that the ‘underfunding of systemic advocacy’ means organisations have ‘scarce resources and uncertain futures’. They told us that this ‘sends the message to civil society that government does not place a high value on systemic advocacy and...discounts the voice of lived experience in reforming structures and systems’.

Carers Australia and Carers NSW said that a lack of support for those who provide informal care may also act as a barrier to inclusion. Both organisations told us that carers play a ‘critical role’ in supporting the inclusion and participation of people with disability. Carers NSW said carers continue to encounter barriers to participating in economic, social and community life. This included challenges in re-entering the workforce due to a lack of workplace flexibility, including limited leave entitlements.

Intersectional barriers

NACCHO explained that the lack of Aboriginal and Torres Strait Islander disability providers and culturally competent services is a key driver of poorer outcomes for First Nations people with disability. AHCWA told us that this lack of access may be linked to a lack of adequately trained workers; poor staff selection and retention; inadequate funding and resources; and the long

distance community members have to travel to access services and supports. AHCWA explained that a lack of services and supports for First Nations people with disability may lead to higher rates of displacement and removal of children, and higher rates of institutionalisation. FPDN raised similar concerns, noting:

... in rural and remote areas where community services and outreach support is absent, police are the first, and only responders to concerns relating to First Nations people with disability, including individuals with intellectual and psychosocial disability. Police are poorly equipped to recognise, and respond appropriately, resulting in jails becoming a default solution to an issue that requires a disability or mental health service response. Whilst being held, a lack of skilled assessment of disability requirements often results in an individual's disability support needs not being met.

NEDA and FECCA explained how discrimination and negative attitudes can create barriers to seeking help and accessing services for culturally and linguistically diverse people with disability. This is because many choose not to seek support until a crisis occurs. They noted that COVID-19 highlighted 'how poorly the needs of multicultural communities are integrated into government policies and services'. Their response noted how culturally and linguistically diverse people with disability encounter multiple barriers when accessing services, including:

- a lack of accessible information and knowledge about essential services
- a lack of cultural competency and disability awareness within service provision, and
- service providers relegating people to the 'too hard basket' due to the complexities of combined disability and ethnicity.

drummond street told us that LGBTQI+ people with disability experience a lack of access to quality service provision from both the disability and LGBTQI+ sectors. We heard that LGBTQI+ specialist services may fail to appropriately respond to the needs of LGBTQI+ people with disability. Spinal Cord Injuries Australia (SCIA) also noted that discriminatory practices may prevent LGBTQI+ people with disability from accessing necessary services and supports, including from faith-based organisations.

Some respondents highlighted the barriers faced by people with disability living in regional, rural and remote communities, where access to services may be limited. In a response from Disability Advocacy NSW, a person with disability told us:

I have to find support people willing to travel to my home and paraprofessionals will only visit when they can cluster other appointments in the area which means once or sometimes twice a year.

Barriers across systems and settings

Education

Many responses outlined the specific barriers encountered by students with disability in the mainstream education system. The Association of Independent Schools of Western Australia told us about the lack of resources and supports provided to educators to support students with disability in class. BCA highlighted how students who are blind or vision impaired are often faced with:

- inaccessible materials and information
- a failure or refusal to provide reasonable adjustment and accommodations, and
- bullying and harassment, including violence.

The Centre for Inclusive Education (**CEI**) highlighted how students with disability experience high rates of suspensions and exclusions and gatekeeping practices. They noted the lack of consultation between students with disability and educators, and a lack of collaboration with families, as barriers to inclusive education. CEI also highlighted how the right to culturally appropriate inclusive education supported by the provision of reasonable adjustment is not being met.

Family Advocacy, QAI, CIE and STAR Victoria noted that segregated education contributes to negative attitudes and is associated with poor education outcomes and lifelong exclusion for people with disability. Family Advocacy told us that 'Australia's poor inclusive education record, by continuing to support segregated education, severely limits the possibilities for students with disability, threatens Australia's human capital development and undercuts future economic development'. In relation to segregated education, Noah's Ark told us that 'the weight of evidence in favour of inclusion and against segregation is overwhelming to the degree that it is puzzling as to why change has been so slow' and questioning 'why in some regards, we appear to be going backwards'.

BCA noted that '[o]pinions differ in the blindness community about the best place to educate children who are blind or vision impaired'. Nonetheless, BCA also said that:

Wherever they learn and whoever teaches them their blindness skills, their teachers should be appropriately trained and qualified and should have an understanding of the social model of disability, and of the potential of people with disabilities.

We heard from A4 about the experiences of autistic students in mainstream education settings. A4 told us that 'autistic people and their representatives broadly agree with a principle of effective inclusion'. However, A4 noted that not all autistic people want to experience 'full inclusion'. A4 also told us that inclusive education settings may pose a risk to autistic people, stating that '[t]oo often, they leave some autistic people stressed, depressed and/or traumatised. Some autistic students end up simply refusing to go to school.' A4 also told us that autistic students are inadequately supported in mainstream education settings and can experience poor educational outcomes.

Health

Some respondents highlighted how health inequities and barriers in accessing health care prevent inclusion for people with disability. This included the negative attitudes of health professionals and a lack of access to necessary services and supports. For example, Down Syndrome Australia told us that prospective parents may meet health professionals who hold negative attitudes about the life prospects of people with Down syndrome. They explained that prospective parents may not be provided with accurate and balanced information and support, increasing the likelihood of decisions being made 'based on fear and misinformation rather than the lived experience of others'. BCA illustrated the specific barriers encountered by people who are blind and/or vision impaired in the health care sector, including inaccessible hospital environments and provision of information.

AMPARO Advocacy told us that culturally and linguistically diverse people with disability encounter additional barriers to accessing general and specialist health care. Examples included information and communication only provided in English, inadequate time allowed for interpreters, and a lack of trauma-informed practices. NACCHO told us that the stigmatisation of the western concept of 'disability' can lead to 'an unwillingness to identify when help is needed and reach out to engage with services'. They explained that racist connotations associated with 'disability' and Aboriginality can limit access to health services for First Nations people with disability, 'specifically those mainstream health services that are not culturally competent'.

Employment

We heard about specific barriers to inclusion experienced by people with disability in the context of employment. This included discriminatory recruitment processes and a lack of knowledge and awareness of disability from employers. SCIA highlighted that some employers were unwilling to provide reasonable adjustments or accommodations. PWdWA noted the lack of opportunities provided to employees with disability, including a lack of access to professional development and training.

Some respondents referred to segregated working environments and argued that these settings perpetuated 'harmful stereotypes and preconceived notions about the capabilities of people with disability.' New Wave Bass Coast Group told us that people with disability who work in segregated employment settings, such as day training centres, feel separated from their community – 'they didn't feel valued or part of their community.'

National Disability Insurance Scheme

While many respondents recognised the benefits of the NDIS, some identified challenges people with disability face in accessing the NDIS as barriers to inclusion. Disability Advocacy NSW identified barriers to rolling out the NDIS in regional, rural and remote communities. This included people with disability experiencing the discontinuation of existing services, a lack of diversity in services impacting on choice and control, and confusion about the interactions between different service systems. We also heard from PWdWA about the lack of meaningful community

participation options for NDIS participants. PWDA also told us that access to systems that are designed to facilitate inclusion, such as the NDIS, require people with disability to submit to 'rigorous application processes'. Their response noted how this forces people with disability to reflect on their differences and the ways they are excluded from society, and in doing so, 'prove' that they are 'deserving recipients of special efforts towards inclusion'.

FPDN, NACCHO and AHCWA highlighted barriers encountered by First Nations people with disability in accessing and using the NDIS. This included:

- a lack of culturally safe services
- a lack of awareness of supports available through the NDIS
- NDIS staff making incorrect assumptions about informal supports and cutting formal supports, and
- information and communication barriers.

AHCWA stated that 'the needs, situation and culture of Aboriginal people were not taken into account sufficiently when developing the NDIS, creating accessibility issues and service gaps for Aboriginal people with disability'.

Proposals for change

Respondents to the issues paper made many proposals for change. The proposals for change are broadly grouped into the following categories:

- nothing about us without us
- government leadership
- changing attitudes and behaviours
- addressing segregation
- ensuring accessibility
- providing access to safe and quality services
- strengthening oversight and accountability
- measuring and monitoring performance towards inclusion.

Nothing about us without us

- All government, non-government and private sector strategies to promote inclusion require ongoing and meaningful consultation and co-design with people with disability.
- Governments should ensure people with disability are meaningfully included in all stages of policy development, planning and decision-making, including representation from all intersectional groups.
- Governments should establish mechanisms to ensure people with disability from intersectional groups, such as migrant and refugees with disability, have opportunities to co-design, inform and evaluate policies and practices that affect them.
- Self-determination for First Nations people with disability must lie at the heart of any reforms to laws, policies, practices or funding structures.
- Greater investment in leadership development programs that drive peer support and self-advocacy to enable people with disability to engage in planning and design of new initiatives, in partnership with local community organisation.

Government leadership

- The Australian Government should commit to inclusion for people with disability by ensuring the next NDS:
 1. continues to be underpinned by the CRPD with a focus on upholding the human rights of all people with disability in Australia
 2. establishes cross-agency collaboration across all levels of government
 3. incorporates proper consultation with people with disability and their representative organisations throughout all stages of design, implementation, measurement, monitoring and reporting
 4. links to the Closing the Gap framework to ensure coordinated policy and program delivery across all levels of government, in partnership with First Nations people with disability and their representative organisations
 5. adopts an equity framework to ensure culturally and linguistically diverse people with disability can self-determine, access and participate in the community on an equal basis with others, and
 6. establishes an Office of Disability Inclusion to drive the next NDS and ensure compliance with the CRPD.
- The Australian Government should adopt a national human rights charter or bill of rights that protects the rights of people with disability.
- The Australia Government should withdraw its interpretative declaration on the CRPD to ensure people with disability can fully enjoy their human rights.

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- The Australian Government should reform the Disability Discrimination Act 1992 (Cth) to implement greater enforcement and accountability, such as for employment and minimum accessibility requirements.
 - Governments should invest in initiatives and programs that provide education, training and support to create inclusive practices across all sectors.
 - Governments should develop a coordinated strategy to invest in local place-based, peer-led social change programs to promote inclusion.

Changing attitudes and behaviours

- Governments should lead the way in shifting community attitudes and behaviours by developing and implementing population-wide initiatives to improve attitudes and raise awareness, including public awareness campaigns aimed at reducing stigma.
- Government, non-government and private sector organisations should increase investment in rights awareness training, led by people with disability.
- The Australian Government should develop standardised media guidelines on the representation of disability in the media, based on guidance from people with disability.
- Governments should review and consider the assumptions, values and beliefs that underpin current laws and policies.
- Governments should utilise models and frameworks that help shift attitudes towards disability such as Social Role Valorisation.
- The private sector should promote internal policies and practices that address the needs of people with disability, by:
 1. developing open, transparent and accountable policies and practices
 2. developing networks and coalitions of people with disability across their sectors and in their local communities, and
 3. promoting initiatives that help reduce discrimination and social exclusion within their organisations.

More general proposals for changing attitudes and behaviours included:

- Increasing investment in rights awareness for people with disability to ensure they learn about their rights and are empowered to understand what constitutes violence, abuse, neglect and exploitation.
- Greater funding for advocacy organisations to support rights awareness and inclusive practices for people with disability.
- Increasing access to advocacy and outreach programs for people with disability from intersectional groups.

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- Mandatory disability awareness and human rights training across sectors, such as education, employment, health and disability service provision.
 - Increasing the visibility and representation of people with disability in the media, with a greater responsibility for media organisations to ensure consideration is given to how people with disability are represented in the media.

Addressing segregation

- The Australian Government should adopt recommendations from international human rights treaty monitoring bodies to initiate structural and systemic reforms to dismantle laws, policies and practices that enable the segregation of people with disability, across education, employment and housing in particular.
- Governments should endorse the Australian Coalition for Inclusive Education's roadmap and take steps towards achieving inclusive education.⁴
- All stakeholders should take steps to address segregation and the use of restrictive practices by implementing person-centred planning and community-based support for people with disability.
- Governments should implement the following six recommendations to end segregation proposed in DPO Australia's position paper:⁵
 1. Ensure that the human rights model of disability and the principle and standard of equality and non-discrimination underpin the development, implementation and review of law, policy and practice frameworks.
 2. Recognise and conceptualise segregation as a form of discrimination, an enabler of violence, abuse, neglect and exploitation, and a form of systemic neglect and exploitation.
 3. Review and amend existing law, policy and practice frameworks for potential or actual support and/or funding of the segregation of people with disability or that limits their autonomy.
 4. Review and take action to eliminate this segregation by developing and implementing: a national, time bound Disability Employment Strategy; a national, time bound Deinstitutionalisation and Disability Housing Strategy; and a national, time bound Action Plan for Inclusive Education.
 5. Accept that formal and informal substitute decision-making mechanisms are not compliant with the CRPD and that these mechanisms must be replaced with fully supported decision-making mechanisms. Australia should withdraw its interpretative declaration on article 12 and implement a nationally consistent supported decision-making framework.
 6. Ensure the National Disability Research Partnership incorporates the development of a national disability research agenda that is strongly underpinned by the CRPD, and provides a comprehensive agenda that is not limited to existing service system improvement.

Ensuring accessibility

- The Australian Government should establish a national digital inclusion roadmap to provide a whole-of-government strategy on digital inclusion, providing guidance to government, non-government and private sector organisations to ensure a collaborative and inclusive approach to digital inclusion.
- The Australian Government should incorporate ACCAN's 'Ideal accessible communications roadmap' into the next NDS, and recognise digital communication technologies and services in the next NDS as an enabler of human rights.⁶
- The Australian Government should ensure the provision of reasonable accommodation and assistive technology.
- Government, non-government and private sectors should adopt universal design principles across physical and digital spaces.
- The Attorney-General of Australia should develop a Digital Communication Technology Standard under section 31 of the DDA.
- Governments should ensure greater transparency and compliance on the Disability Standards for Accessible Public Transport, including consequences for public transport providers who breach the DDA.
- Governments should make amendments to the National Construction Code to require at least Gold Level access in all new housing to ensure increased supply of accessible housing.
- Local governments should provide grants to community organisations and small businesses to make their premises more accessible.

More general proposals related to ensuring accessibility included:

- Enforcing greater compliance with the WCAG 2.1.
- Ensuring phone applications used for COVID-19 check-ins are co-designed with people with disability and tested for digital accessibility.
- Ensuring people with disability have access to accessible information including formats such as Easy Read, braille, Auslan, and languages other than English.
- Improving the safety and accessibility of public transport systems, including through the provision of disability awareness training for public transport workers.

Providing access to safe and quality services

- The Australian Government should invest in workforce development to improve the cultural competency and safety of services across all government, non-government and private sector agencies.
- The Australian Government should support and invest in the development of more Aboriginal Community Controlled disability services.
- The Australian Government should clarify service boundaries under the Council of Australian Governments Principles to improve the provision of health services. Under these changes, health services should provide funding for disability support workers when they are needed to assist a person with disability who has been admitted to hospital. Health providers should be required to subscribe to a zero tolerance approach to violence and abuse, with training to reinforce this.
- Government and Primary Health Networks should ensure mainstream and specialist services are accessible, culturally competent, and disability aware.
- All stakeholders across disability, government and non-government sectors should commit to improve collaboration and information sharing between mainstream and specialist services systems including for disability advocacy, LGBTIQ+ services and multicultural sectors.
- The NDIA should develop a strategy, in partnership with the First Nations community, to invest in Aboriginal and Torres Strait Islander staff to ensure all communities have access to a culturally appropriate workforce. The NDIA should invest in greater engagement and consultation with First Nations elders and organisations.
- The Royal Commission should work with the NDIS Quality and Safeguards Commission to develop greater accountability for NDIS service providers to ensure the safety and quality of services. It should also develop a robust complaint and monitoring mechanism for unregistered providers, mirroring aspects of the Health Care Complaints Commission.
- Governments should provide funding to all education authorities to employ consultants who have disability and/or human rights qualifications to provide targeted, high-quality professional learning to school teachers and leaders to support inclusive practice in education.
- Employers should introduce affirmative action measures and policies for employing people with disability.

More general proposals related to safe and quality services included:

- Building a culturally responsive service system and diverse workforce through recruitment, retention, management, and support processes that facilitates participation between First Nations staff with and without disability.
- Enforcing greater compliance with the National Standards for Disability Services.
- Incentivise disability service providers and allied health professionals to work in regional, rural and remote areas by extending the Workforce Incentive Program to these sectors.

Strengthening oversight and accountability

- The Australian Government should establish and resource an independent body to oversee implementation and accountability for the next NDS outcomes framework. The independent body should provide education and training in relation to monitoring and compliance with the outcomes framework, and guidance on best practice.
- Commonwealth and State and Territory governments should commit to annual and longitudinal reporting across the next NDS, to be tabled in parliament.
- The Australian Government should assign greater powers to the AHRC to perform compliance monitoring and investigations into cases of systemic discrimination against people with disability, or systemic failures to meet DDA standards.

More general proposals related to oversight and accountability included:

- Conducting mandatory audits through the Nationally Consistent Collection of Data on school students with disability to ensure verification of accommodations.
- Service providers should regularly monitor service standards across sectors, such as through regular accreditation audits to improve the quality of services and supports.
- Ensuring complaints processes and procedures are fully accessible.

Measuring and monitoring performance towards inclusion

- The Australian Government should use the CRPD human rights indicators to develop a reporting framework relevant to all aspects of inclusion for people with disability, to form the basis for reporting against CRPD obligations.
- Governments should demonstrate accountability to the NDS in achieving an inclusive society by establishing a central administering body to facilitate government and non-government sectors to provide consistent and long term data collection, measurement, monitoring and reporting requirements. Some respondents suggested the AHRC should act as an independent body tasked with monitoring progress and reporting publicly to parliament.
- Governments should support and resource tertiary institutions, with oversight by the Australian Research Council, to develop longitudinal and cross-sector research to identify and measure the conditions of social exclusion. This should be aligned with national and state-based policies and benchmarks, with explicit links identified between these conditions and key economic, health, employment, security and safety, housing and socio-emotional outcomes for individuals and communities.
- Governments should conduct a national evaluation of disability inclusion action plans across all levels of government to ascertain their relevance and impact on how communities understand, plan for and actively include people with disability.

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- Government agencies should work together to develop a nationally consistent approach to collecting data related to people with disability in Australia that reflects intersectional experiences.
 - The NDIA should develop an Aboriginal and Torres Strait Islander Disability Performance Framework to independently monitor social and economic outcomes of First Nations people with disability.

More general proposals related to measuring and monitoring performance included:

- Conducting regular analysis and public reporting of qualitative and quantitative data informed by the experiences of people with disability.
- Conducting ongoing research to measure community attitudes and their impact on people with disability.
- Mandating registration of disability access plans across all levels of government and within the non-government sector.
- Seeking greater feedback from people with disability to give them a platform through which they can meaningfully contribute to the development of laws and policy. This should be supplemented with systemic collection of data for Australian disability services on the impact of public policy.

Potential good practice

Responses reported examples of potential good practice in promoting inclusion, some of which are outlined in this section. VALID told us about their Peer Action Group (**PAG**) model of local community development, led by people with disability. The program invests in peer-led social and community change by training PAG members about community development theory and practice. It partners with local organisations to promote active citizenship, individual advocacy and capacity building for people with disability within their local communities.

Scope told us about their #AskForChange media campaign to promote inclusion across the Melbourne tram network, conducted in partnership with Yarra Trams in 2020. The campaign aimed to promote accessible communication services for people with disability, who were the faces of the campaign.

We heard about the Inclusive Volunteering program run across the ACT, Tasmania and NSW, designed to help remove barriers to volunteering and employment for people with disability. VolunteeringACT told us that the programs have had positive impacts on people with disability and the community through building individual capabilities, growing social networks, and promoting positive attitudes.

We were told about an awareness raising project called Advocacy at the Intersections (**AAI**), developed by Drummond Street and the Disability Advocacy Resource Centre. AAI is led by LGBTQI+ people with disability and aims to increase capacity across the disability advocacy and LGBTQI+ service sectors to include and respond to the needs of LGBTQI+ people with disability. It also educates communities about the inclusion of LGBTQI+ people with disability and creates opportunities for employment and professional development.

National Disability Services told us about their Zero Tolerance framework, which seeks to foster inclusion by transforming the attitudes of disability support workers. The framework overlaps with key elements necessary for promoting inclusion, such as recognising lived experience; supporting decision-making and risk-enablement; building community connections; and promoting cultures of respect.

We heard about the Changing Places program, which provides accessible bathroom facilities to people with disability who cannot use standard accessible toilets. In 2019, Australia became the first country in the world to include the Changing Places design in its National Construction Code. The program promotes inclusion by enabling greater freedom, dignity and choice for people with disability while in the community.

The eSafety Commission told us about a number of initiatives that promote inclusion online, with a focus on intersectional experiences. This includes programs that empower safety, accessibility and positive experiences online, such as 'eSafety Women', 'protecting LGBTQI+ voices', 'protecting adults with intellectual disability voices' and 'Safety by Design'.

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 final 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 their national hotline on **1800 421 468** (9am to 6pm AEST Monday to Friday, 9am to 5pm 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 the [counselling and support](#) section of our website.

Endnotes

1. Australian Government, 'Closing the gap targets and outcomes', web page. <<https://www.closingthegap.gov.au/national-agreement/targets>>
2. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Interim report, October 2020*, p 553.
3. Australian Federation of Disability Organisations, 'Segregation of people with disability is discrimination and must end', web page, September 2020. <<https://wwda.org.au/wp-content/uploads/2020/11/SEGREGATION-OF-PEOPLE-WITH-DISABILITY-Position-Paper.pdf>>.
4. The Australian Coalition for Inclusive Education, 'Driving change: A roadmap for achieving inclusive education in Australia', web page, February 2021. < <https://acie.org.au/2020/09/30/driving-change-a-roadmap-for-achieving-inclusive-education-in-australia/>>.
5. Australian Federation of Disability Organisations, 'Segregation of people with disability is discrimination and must end', web page, September 2020. <<https://wwda.org.au/wp-content/uploads/2020/11/SEGREGATION-OF-PEOPLE-WITH-DISABILITY-Position-Paper.pdf>>.
6. Australian Communications Consumer Action Network, 'Ideal accessible communications in Australia', web page, June 2020. <<https://accan.org.au/our-work/1765-accessible-comms-roadmap>>.



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