

The Senate

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Community Affairs  
References Committee

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Delivery of outcomes under the National  
Disability Strategy 2010-2020 to build  
inclusive and accessible communities

November 2017

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# MEMBERSHIP OF THE COMMITTEE

## 45<sup>th</sup> Parliament

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## ABBREVIATIONS

2014 progress report	<i>Progress Report to the Council of Australian Government 2014</i>
AACC	Mornington Peninsula Shire Council's All Abilities Consultative Committee
ABI	Acquired brain injury
ACAA	Association of Consultants in Access Australia
ACCAN	Australian Communications Consumer Action Network
ACTCOSS	ACT Council of Social Service
ADACAS	ACT Disability Aged Carer and Advocacy Service
AFDO	Australian Federation of Disability Organisations
AHRC	Australian Human Rights Commission
ALGA	Australia Local Government Association
AMA	Australian Medical Association
ANUHD	Australian Network for Universal Housing Design
ARATA	Australian Rehabilitation and Assistive Technology Alliance
AT	Assistive technology
Auslan	Australian sign language
BCA	Blind Citizens Australia
BSL	Brotherhood of St Laurence
CALD	Culturally and Linguistically Diverse
Civil society report	<i>Disability Rights Now, Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities</i>
COAG	Council of Australian Governments
Committee	Senate Community Affairs References Committee
DFA	Deafness Forum of Australia

Disability Convention	<i>United Nations Convention on the Rights of Persons with Disabilities</i>
Disability Convention report	<i>Initial reports submitted by States parties under article 35 of the Convention to the United Nations Committee on the Rights of Persons with Disabilities – CPRD/C/AUS/1</i>
Disability Discrimination Act	<i>Disability Discrimination Act 1992</i>
Disability Strategy	<i>National Disability Strategy 2010-2020</i>
DPOA	Disabled Peoples Organisations Australia
FECCA	Federation of Ethnic Community Councils of Australia
FPDN	First Peoples Disability Network
ICT	Information and Communications Technology
ILC	Information, Linkages and Capacity
JFA	JFA Purple Orange
MDAAN	Multicultural Disability Advocacy Association of NSW
Monash University	Monash University - Departments of Occupational Therapy and Architecture
NBN	National Broadband Network
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Services
NESA	National Employment Services Association
NSW MHC	Mental Health Commission of NSW
NTADC	Northern Territory Anti-Discrimination Commission
ODS	Office of Disability Strategy
PDCN	Physical Disability Council of NSW
PIAC	Public Interest Advocacy Centre
PWD WA	People with Disabilities WA
QAI	Queensland Advocacy Incorporated



QMHC	Queensland Mental Health Commission
RIA	Rights and Inclusion Australia
Shut Out report	<i>Shut Out: The Experience of People with Disabilities and their Families in Australia</i>
UN Concluding observations	<i>Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session (2-13 September 2013)</i>
UN Disability Committee	United Nations Committee on the Rights of Persons with Disabilities
VICSERV	Psychiatric Disability Services Victoria



# **LIST OF RECOMMENDATIONS**

## **Recommendation 1**

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

## **Recommendation 2**

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

## **Recommendation 3**

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

## **Recommendation 4**

**4.51** The committee recommends that specific measurable goals for implementation of the National Disability Strategy 2010-2020 are created, that these are routinely monitored, and data is collected and reported biannually to the Disability Reform Council, the Office of Disability Strategy (if created) and presented to parliament.

## **Recommendation 5**

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

## **Recommendation 6**

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

## **Recommendation 7**

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

# Chapter 1

## Introduction

**1.1** For people with disability, the accessibility and inclusivity of the community in which they reside fundamentally impacts how they live, work and socialise. A lack of accessibility creates external barriers that are not a function of a person's disability, but are a function of how well, or poorly, the community interacts with and provides support for that person's life.

**1.2** While the past decade has seen an increased focus in Australia on issues that impact people with disability, there are still many issues to address to ensure that communities are fully accessible to, and inclusive of, Australians with disability, their families and carers.

**1.3** In 2008, Australia ratified the United Nations *Convention on the Rights of Persons with Disabilities* (Disability Convention), which sets out the fundamental human rights of people with disability.<sup>1</sup> In 2009, Australia also became party to the *Optional Protocol to the Convention on the Rights of Persons with Disabilities*, which sets up an individual complaints procedure.<sup>2</sup>

**1.4** During 2008–2009, the Australian Government commissioned the National People with Disabilities and Carer Council to undertake extensive consultation, resulting in the report *Shut Out: The Experience of People with Disabilities and their Families in Australia* (Shut Out report).<sup>3</sup> The findings of this report informed and ultimately resulted in the development of the Council of Australian Governments' (COAG) *National Disability Strategy 2010–2020* (Disability Strategy).<sup>4</sup>

**1.5** Concurrently, a new mechanism for funding support for people with disability was investigated by the Productivity Commission, and subsequently the National Disability Insurance Scheme (NDIS) was announced in 2012.<sup>5</sup>

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1 United Nations, *Convention on the Rights of Persons with Disabilities*, [https://treaties.un.org/Pages/src-TREATY-mtdsg\\_no-IV~15-chapter-4-lang-en-PageView.aspx](https://treaties.un.org/Pages/src-TREATY-mtdsg_no-IV~15-chapter-4-lang-en-PageView.aspx) (accessed 28 November 2017).

2 United Nations, *Optional Protocol to the Convention on the Rights of Persons with Disabilities*, [https://treaties.un.org/Pages/src-TREATY-mtdsg\\_no-IV~15~a-chapter-4-lang-en-PageView.aspx](https://treaties.un.org/Pages/src-TREATY-mtdsg_no-IV~15~a-chapter-4-lang-en-PageView.aspx) (accessed 28 November 2017).

3 Australian Government, *Shut Out: the Experience of People with Disabilities and their Families in Australia* (Shut Out report), <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/shut-out-the-experience-of-people-with-disabilities-and-their-families-in-australia> (accessed 28 November 2017).

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

5 Parliamentary Library, *Budget Review 2012-13: National Disability Insurance Scheme*, [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/BudgetReview201213/NDIS](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/BudgetReview201213/NDIS) (accessed 28 November 2017).

**1.6** Together, these actions represent one of the greatest social development projects ever undertaken in Australia, to improve the lives of every Australian with disability and their families and carers. These programs were designed not just to be undertaken by Australian governments, but were intended to stimulate a partnership between government, industry and the community to achieve change. The Disability Strategy in particular, stated:

This commitment recognises the need for greater collaboration and coordination by all governments, industry and communities to address the challenges faced by people with disability. A new approach is needed to guide policies and program development by all levels of government and actions by the whole community, now and into the future.<sup>6</sup>

**1.7** These activities represent a significant body of work still underway by Australian governments, industry and communities, and, if successful, should result in meaningful improvement in the measurable quality of life indicators for people with disability.

**1.8** This inquiry provides an opportunity to examine if and how the Disability Strategy is driving change to improve those life indicators. This inquiry has focused on one aspect of the Disability Strategy, the accessibility and inclusiveness of the Australian community for people with disability. The evidence received during the inquiry underscores that accessibility is a threshold issue – accessibility is a necessary first step to achieve progress in other reform areas, most significantly in the implementation of the NDIS. Thus, a lack of progress in achieving accessible and inclusive communities has significant negative flow-on effects to achieving progress across the whole of the Disability Strategy.

### **What is the Disability Strategy?**

**1.9** The Disability Strategy is a COAG agreement, developed to establish a ten-year national plan for improving life for Australians with disability, their families and carers. The purpose of the Disability Strategy is to:

- Establish a high level policy framework to give coherence to, and guide government activity across mainstream and disability-specific areas of public policy.
- Drive improved performance of mainstream services in delivering outcomes for people with disability.
- Give visibility to disability issues and ensure they are included in the development and implementation of all public policy that impacts on people with disability.
- Provide national leadership toward greater inclusion of people with disability.<sup>7</sup>

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6 *Disability Strategy*, p. 3.

7 *Disability Strategy*, pp. 8-9.

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## ***Outcome areas***

**1.10** The Disability Strategy covers six outcome areas, which are based on issues raised during the Shut Out report consultations and are aligned to principals within the Disability Convention:

1. Inclusive and accessible communities—the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.
2. Rights protection, justice and legislation—statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.
3. Economic security—jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.
4. Personal and community support—inclusion and participation in the community, person-centred care and support provided by specialist disability services and mainstream services; informal care and support.
5. Learning and skills—early childhood education and care, schools, further education, vocational education; transitions from education to employment; life-long learning.
6. Health and wellbeing—health services, health promotion and the interaction between health and disability systems; wellbeing and enjoyment of life.<sup>8</sup>

**1.11** The terms of reference for this inquiry focus on the first outcome area, inclusive and accessible communities.

### ***Inclusive and accessible communities: policy directions***

**1.12** The six Disability Strategy outcome areas are further broken down into policy directions. For inclusive and accessible communities, the policy directions are:

1. Increased participation of people with disability, their families and carers in the social, cultural, religious, recreational and sporting life of the community.
2. Improved accessibility of the built and natural environment through planning and regulatory systems, maximising the participation and inclusion of every member of the community.
3. Improved provision of accessible and well-designed housing with choice for people with disability about where they live.
4. A public, private and community transport system that is accessible for the whole community.

5. Communication and information systems that are accessible, reliable and responsive to the needs of people with disability, their families and carers.<sup>9</sup>

***Inclusive and accessible communities: future action***

**1.13** The Disability Strategy also identifies areas for future action relating to Outcome One of the Disability Strategy:

1. Improve access and increase participation of people with disability in sporting, recreational, social, religious and cultural activities whether as participants, spectators, organisers, staff or volunteers.
2. Support the development of strong social networks for people with disability.
3. Monitor adherence to and evaluate the effectiveness of the Disability (Access to Premises – Buildings) Standards 2010 and Disability Standards for Accessible Public Transport 2002 and improve the accessibility of reports.
4. Promote the development of Disability Access Facilitation Plans by airlines and airport operators to improve communication between operators and passengers with disability.
5. All levels of government develop approaches to increase the provision of universal design in public and private housing in both new builds and modification of existing stock.
6. Improve community awareness of the benefits of universal design.
7. Promote universal design principles in procurement.
8. All governments adopt the mandated conformance levels for web accessibility as a baseline requirement to ensure more people with disability have access to online information and services.
9. Use the National Broadband Network as an enabling technology platform to deliver innovative services, communication and support for people with disability, their families and carers.<sup>10</sup>

***Roles and responsibilities***

**1.14** The Disability Strategy explicitly states it does not change any existing roles and responsibilities for delivery of disability programs and services, but instead 'seeks to create a more cohesive whole-of-governments approach'.<sup>11</sup>

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9 *Disability Strategy*, pp. 31-33.

10 *Disability Strategy*, p. 35.

11 *Disability Strategy*, p. 24.



## Consultation: Shut Out report

**1.15** As noted above, the Disability Strategy was based on the findings of the Shut Out report's extensive consultation held with people with disability, their families and carers as well as key advocacy organisations, from October 2008 to November 2008. The Shut Out report detailed the systemic disadvantage faced by people with disability. It is worthwhile to note that an analysis of the topics most often raised in the submissions to the Shut Out report consultation shows that 'social inclusion and community participation' were jointly the issues most often raised in submissions alongside 'disability services', showing that the personal impact to people with disability of the lack of accessible and inclusive communities has long been a priority for the disability community.<sup>12</sup>

**1.16** The Shut Out report is a valuable resource for this inquiry, as it provides a snapshot in time of the barriers faced by people with disability to social, cultural and economic participation in the community and allows for a comparison with the evidence presented during this inquiry on those barriers.

**1.17** Additionally, the Shut Out report identified proposed solutions to those barriers faced by people with disability. This inquiry provides an opportunity to review progress implementing those solutions nearly 10 years on from the consultation and six years after the Disability Strategy was adopted by COAG.

**1.18** The Shut Out report presented key findings and solutions in themes. Following is a summary of the key solutions proposed to be achieved under the Disability Strategy which are of greatest relevance to achieving accessible and inclusive communities, the focus of this inquiry.

**Table 1.1 Shut Out report key findings and solutions**

<i>Social inclusion and community participation solutions, pages 14–17</i>	
The Disability Strategy should play role in establishing a social inclusion framework.	Implement an integrated approach to policies, programs and services and an end to segregated services and options for people with disability.
Greater protection of rights, including own motion powers for the Human Rights or Disability Discrimination Commissioner, a comprehensive review of Commonwealth and state and territory legislation and policies for any discrimination against people with disability and an increase in funding for advocacy services.	Creation of a specific service—a 'one-stop shop'—where people with disabilities and their families, friends and carers could access information about services and programs.

12 *Shut Out report*, p. 3.

<i>Services, support and equipment solutions, pages 21–25</i>	
Create a system that truly places people with disabilities and their families, friends and carers at the centre.	Establish a nationally coordinated and funded equipment and assistive technologies scheme to eliminate existing inequities and ensure portability across jurisdictions.
Create an external accreditation system with regular monitoring of service standards.	Develop strategies to ensure increases in housing stock numbers and options.
<i>Employment solutions, pages 41–42</i>	
Government to lead from the front by improving public service participation rates.	Development of a more flexible individualised approach to employment support programs for people with disabilities.
Campaign to address negative employer and recruiter attitudes.	
<i>Built environment and transport solutions, pages 44–46</i>	
Speed up the current schedule of change conducted under the Disability Standards for Accessible Public Transport.	More resources to be made available for upgrades, modifications and retrofitting.
Create a central authority responsible for overseeing compliance with the <i>Disability Discrimination Act 1992</i> to improve accessibility.	Greater regulatory and legislative oversight to ensure existing and future infrastructure complies with universal design principles, including public buildings, public spaces, private businesses and private dwellings.
Modify government procurement practices to ensure all facilities and equipment purchased by government are fully accessible.	

*Adapted from the Shut Out report.*<sup>13</sup>

**1.19** The Shut Out report also outlined key features to be included in the Disability Strategy, as recommended by submitters to the consultation. The key features for the Disability Strategy to include were:

- Adoption of a coordinated national approach to enhance consistency across jurisdictions.
- Development of underlying principles that reflect the UN Disability Convention. Many submissions made it clear they expected the National Disability Strategy to realise the rights enshrined in the Convention. Without a strong Disability Strategy, many participants feared that the Convention

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<sup>13</sup> *Shut Out report*, pp. 14–17, 21–25, 41–42 and 44–46.

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would fail to change the lives of Australians with disabilities and become just another piece of meaningless rhetoric.

- Creation of an Office of Disability to coordinate efforts across portfolios and between levels of government.
- Implementation of policies under the Disability Strategy by each level of government and all government agencies, with clear outcomes and performance measures.
- Provision of funding increases to advocacy and other non-government agencies to participate in monitoring and evaluation of the Disability Strategy.<sup>14</sup>

**1.20** The following chapters will examine the Disability Strategy, the implementation plans and progress to date, to evaluate whether it is achieving the vision and goals for inclusive and accessible communities as captured under the 2008 Shut Out national consultation report.

### **What is accessibility?**

**1.21** Evidence presented to the inquiry suggested there is significant concern that there is a fundamental lack of understanding of what constitutes accessibility from a disability perspective, as well as a tendency to focus on more obvious notions of accessibility such as wheelchair ramps or braille readers. National Employment Services Association (NESA) summed up the issue of what constitutes accessibility and stated:

[A]ccessibility is far from just a physical mobility issue. The concept touches any kind of human interaction with the external environment, and covers mobility, visual and auditory perception, cognitive issues and so forth. Rather than treating accessibility as a question of providing environmental modifications aimed at a particular kind of disability, the notion is more reasonably thought of in terms of global ease of use of the physical and technological environment, and clarity of communications, both in their form and their content.<sup>15</sup>

**1.22** Agosci Inc. agreed that there is a tendency to focus on physical accessibility, and submitted that because accessibility-related regulations typically focus on the physical, employment and transport barriers, the accommodation requirements of people who use augmentative and alternative communication methods are rarely addressed. Agosci Inc. submitted it 'seeks to broaden the concept of an "accessible community" to one which actively recognises and accommodates Communication Accessibility'.<sup>16</sup>

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14 *Shut Out report*, p. 61.

15 National Employment Services Association, *Submission 26*, p. 4.

16 Agosci Inc., *Submission 15*, pp. 4–5.

**1.23** Speech Pathology Australia agreed there was an almost exclusive focus on physical access to the built and natural environments, which 'undermines the ability for the National Disability Strategy 2010–2020 to achieve its goals'.<sup>17</sup>

**1.24** The inclusion of cognitive impairments such as dementia and autism in discussions of accessibility was also raised by submitters. Amaze submitted that for people with on the autism spectrum, accessibility went beyond the physical features of the built environment and included 'a need for routine/predictability and delayed or single channel processing'.<sup>18</sup>

**1.25** Dementia Australia similarly submitted that accessibility issues related to dementia are mostly found in social-construct barriers such as attitudes to dementia and a lack of awareness, rather than physical barriers to the built environment.<sup>19</sup>

**1.26** The ACT Disability, Aged and Carer Advocacy Service submitted that communication accessibility is a key issue:

To be fully included in society is to be recognised by others in our society as a full citizen, able to take an active part in civic life and in personal decision making. It is in the recognition of and access to rights that citizenship is found. All people have rights - but ability to actually use and enjoy these rights on an equal basis with all others requires that information is provided in a form that the person can comprehend, that communication meets the communication needs of the individual and that support for decision making is available as required.<sup>20</sup>

**1.27** NESA further argued that in addition to a focus on physical accessibility, 'end-to-end accessibility' was also being missed when considering accessibility:

For example, providing obstruction-free access to a building is no good if the building has internal stairs and no lift, or if there is no accessible public transport to get anywhere near it in the first place.<sup>21</sup>

**1.28** Chapter 4 discusses recommendations made to this inquiry on ways to create formal definitions of accessibility, as a first step to creating solutions to accessibility barriers. Overall, submitters contended that a more sophisticated understanding of accessibility is needed, before progress can be made to achieve truly inclusive and accessible communities.

## **Report structure**

**1.29** Following this introductory chapter, this report consists of three subsequent chapters:

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17 Speech Pathology Australia, *Submission 19*, p. 2.

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

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

20 ADACAS, *Submission 85*, pp. 1–2.

21 National Employment Services Association, *Submission 26*, p. 4.

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- Chapter 2 outlines the Australian Government's Disability Strategy plans and progress reports and compares those to the Australian Civil Society report to the United Nations under the Disability Convention and the United Nations Disability Committee conclusions on Australia's progress;
  - Chapter 3 examines the evidence presented regarding ongoing accessibility issues being experienced by people with disability and the impact to their lives; and
  - Chapter 4 discusses the barriers to improving accessibility and contains the committee's conclusions and recommendations.

### **Conduct of the inquiry**

**1.30** On 29 November 2016 the Senate referred the delivery of outcomes under the National Disability Strategy 2010–2020 to build inclusive and accessible communities to the Senate Community Affairs References Committee (committee) for inquiry and report by 13 September 2017 with the following terms of reference:<sup>22</sup>

- (a) the planning, design, management, and regulation of:
  - (i) the built and natural environment, including commercial premises, housing, public spaces and amenities,
  - (ii) transport services and infrastructure, and
  - (iii) communication and information systems, including Australian electronic media and the emerging Internet of things;
- (b) potential barriers to progress or innovation and how these might be addressed;
- (c) the impact of restricted access for people with disability on inclusion and participation in economic, cultural, social, civil and political life; and
- (d) any other related matters.

**1.31** On 7 September 2017, the Senate granted an extension of time for reporting until 29 November 2017.<sup>23</sup>

### ***Submissions***

**1.32** The inquiry was advertised on the committee's website and the committee wrote to stakeholders inviting them to make submissions.

**1.33** The committee also issued media releases to promote public awareness about ways individuals could engage with the inquiry. Media releases were published on the committee's website and were tweeted using the @AuSenate handle.

**1.34** The committee invited submissions to be lodged by 28 April 2017. Submissions continued to be accepted after this date.

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22 [Journals of the Senate](#), No. 21, 29 November 2016, p. 656.

23 [Journals of the Senate](#), No. 59, 7 September 2017, p. 1895.

**1.35** The committee received 96 submissions from government agencies, organisations and individuals. A list of submissions provided to the inquiry is available on the committee's website<sup>24</sup> and in Appendix 1.

***Public hearings***

**1.36** The committee held five public hearings at locations around the country:

- 4 July 2017—Sydney;
- 6 July 2017—Melbourne;
- 24 August 2017—Perth;
- 30 October 2017—Brisbane; and
- 1 November 2017—Canberra.

**1.37** A list of witnesses who provided evidence at public hearings is available at Appendix 2.

***Notes on references***

**1.38** In this report, some references to *Committee Hansard* are to proof transcripts. Page numbers may vary between proof and official transcripts.

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24 See: [www.apf.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/AccessibleCommunities](http://www.apf.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AccessibleCommunities)

# Chapter 2

## Planning and reporting

My school received funding to build a new school hall and sports centre. The whole school was excited to attend the opening and use the new facilities. On opening day, I realised that it wouldn't be possible for me to access the building with my friends. I had to go around to the back of the building, be lifted up one step and enter through a fire door.<sup>1</sup>

2.1 In order to assess progress of the *National Disability Strategy 2010–2020* (Disability Strategy) in delivering inclusive and accessible communities, this chapter examines consulting, planning and reporting on the implementation of the Disability Strategy in relation to Outcome One, including:

- the implementation plans and progress reports from the Standing Council on Community and Disability Services to the Council of Australian Governments (COAG) under the Disability Strategy;
- reports on Australia's implementation of the Disability Strategy made under the *United Nations Convention on the Rights of Persons with Disabilities* (Disability Convention); and
- concerns raised within this inquiry by submitters and witnesses about Disability Strategy planning, reporting and implementation.

2.2 When compared against the evidence on progress presented to this inquiry by advocacy groups, discussed later in this chapter and also in Chapter 3, it appears the Disability Strategy progress reports present a more optimistic view of progress than the evidence on the ground suggests.

### *Disability Strategy: proposed plans*

2.3 At its launch in 2010, the Disability Strategy foreshadowed a series of implementation plans and progress reports to be published across its duration:

- Implementation plan—following the first year of the Disability Strategy, a report which would outline the implementation plan, identify areas of 'greatest need', and set timelines for implementation in each state and territory.<sup>2</sup>
- Progress reports—to be delivered every two years following the first implementation plan (i.e. in 2014, 2016, 2018 and 2020).<sup>3</sup>

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1 *Australian Human Rights Commission National Consultation report* in Australian Human Rights Commission, *Submission 38*, p. 9.

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

3 *Disability Strategy*, p. 66.

2.4 As set out in the Disability Strategy, progress reports were to include a review of implementation to date and outline achievements under the strategy, as well as amend the implementation plan as necessary to ensure alignment to vision, principles and policy directions.<sup>4</sup> Additionally, progress reports would include high-level tracking of progress for people with disability at a national level, using data from Australian Bureau of Statistics' surveys and collected under existing national agreements.<sup>5</sup>

2.5 The original Disability Strategy document also stated that an evaluation plan would be developed in the first year of the Disability Strategy.<sup>6</sup>

2.6 To date, the following reports have been presented to COAG:

- in 2012, *Laying the Groundwork 2011–2014*, the first year report consisting of the first implementation and evaluation plans;
- in 2015, the *Progress Report to the Council of Australian Government 2014*; and
- in 2016, *Driving Action 2015–2018*, the second implementation plan.

2.7 The following summaries outline key documents relevant to Outcome One of the Disability Strategy. In evaluating progress in delivering inclusive and accessible communities, it is useful to compare the plans for promised outcomes, with the monitoring reports to see whether those outcomes were achieved.

### **Disability Strategy: first implementation plan**

2.8 In the first implementation plan *Laying the Groundwork 2011–2014*, the Standing Council on Community and Disability Services set out a 'blueprint for action' in addressing the Disability Strategy, restating the broad goals of the Disability Strategy and outlining three implementation plans to be delivered throughout the life of the Disability Strategy; *Laying the Groundwork 2011–2014*, with *Driving Action 2015–2018* and *Measuring Progress 2019–2020* to follow. The report stated:

This approach allows governments to embed objectives early in the development of new policies and initiatives while also ensuring that the Strategy remains relevant and responsive to the expressed needs of people with disability over time. It also outlines areas of national cooperation to give effect to Strategy objectives. People with disability will be consulted throughout each phase of implementation.<sup>7</sup>

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4 *Disability Strategy*, p. 69.

5 *Disability Strategy*, p. 67.

6 *Disability Strategy*, p. 69.

7 COAG, *Laying the Groundwork 2011–2014*, January 2013, p. 5, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international-disability-strategy-2010-2020-report-to-coag-2012> (accessed 28 November 2017).



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2.9 *Laying the Groundwork 2011–2014* also included a timeline for implementation, reproduced further below, and a framework for implementation and evaluation of the Disability Strategy between 2011 and 2021.<sup>8</sup>

### ***Actions***

2.10 The report detailed six main actions to be taken in policies and programs across all areas of government to improve the design and delivery of services and programs to achieve more inclusive communities for people with disability. The six main actions of the first implementation plan were:

- National Agreements and Partnerships: influencing the mainstream support system through reviews of COAG national agreements and partnerships.
- Disability champion ministers: focusing on outcomes through the appointment of a Minister from each State and Territory to identify and monitor actions to ensure that mainstream service systems and regulatory frameworks become part of the solution to overcoming barriers.
- Improving the evidence base: improvements to research and data on disability, including the National Disability Research and Development Agenda, 'Best practice workshops' to showcase innovation in service delivery, and funding to develop a standard disability identifier to help to identify persons with disability at the point of service provision and measure the effectiveness of reforms through retrospective reporting within and across service domains.
- State and territory government disability plans: developing, reviewing and implementing state and territory government disability plans and/or initiatives.
- Embedding the voice of people with disability: by including people with disability in the development and implementation of government policies and programs, not just disability-specific policies and programs.
- Embedding change through areas of national cooperation: such as undertaking work to identify gaps in achieving the Strategy's policy outcomes and directions, including identifying possible new priorities for consideration, and ensuring that progress reports provided to COAG include an assessment of whether the current and proposed national areas of cooperation are achieving their outcomes and measures of success.

2.11 For each of these six main actions, the report included a work plan with four high-level characteristics of the proposed implementation: what will be achieved; when will it occur; who has responsibility; and who will contribute. These work plans did not include specific measures or instructions.

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8 *Laying the Groundwork 2011–2014*, Figure 3, p. 28.

**Monitoring**

2.12 In discussing monitoring and evaluating progress of the Disability Strategy, the report noted:

Achievements may not be immediately measurable because of the vision's long-term focus. A key initiative is the introduction of a periodic high-level report using population trend data to track national progress. These reports will be prepared every two years for the Council of Australian Governments commencing in 2014, and will be publicly available.<sup>9</sup>

2.13 The report noted that two-yearly progress reports were intended to monitor progress against the six policy outcomes of the Disability Strategy, and these progress reports would be based on independent reporting and trend indicators. The report further indicated that since the development of the Disability Strategy, improvements had been made to data and governments would seek advice on updating draft trend indicators from data agencies, stakeholders in the disability community and the National Disability Strategy Implementation Reference Group.<sup>10</sup>

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9 *Laying the Groundwork 2011–2014*, p. 22.

10 *Laying the Groundwork 2011–2014*, p. 22.

**Table 2.1 Laying the Groundwork 2011–2014 Implementation plan**

<b>Year</b>	<b>Evaluation elements</b>
2012	Publish plan for first implementation phase 2011–2014
2013	Commence review of first implementation phase 2011–2014
	Possible year for Australia's first appearance before the UN Committee on the CRPD about the first Australian report
2014	First two-yearly progress report
	Report on review of first implementation phase 2011–2014
	Scheduled year for the second Australian report under the UN CRPD
2015	Publish plan for second implementation phase 2015–2018
2016	Second two-yearly progress report
	Possible year for Australia's second appearance before UN Committee on the CRPD about second Australian report
2017	Commence review of second implementation period 2015–2018
2018	Third two-yearly progress report
	Report on review of second implementation phase 2015–2018
	Scheduled year for the third Australian report under the UN CRPD
2019	Publish plan for third implementation phase 2019–2020
2020	Commence review of third implementation phase 2019–2020
	Fourth two-yearly progress report
	Possible year for Australia's third appearance before UN Committee on the CRPD about second Australian report
2021	Final evaluation report (including report on review of third implementation phase)

National Disability Strategy, *evaluation timeline*<sup>11</sup>

11 Adapted from *Laying the Groundwork 2011–2014*, Figure 2, p. 27.

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## Disability Strategy: second implementation plan

2.14 The second implementation plan, *Driving Action 2015–2018*, was released in September 2016 and presented to COAG in November 2016, over a year after the designated start date.<sup>12</sup>

2.15 *Driving Action 2015–2018* built on the main actions identified in *Laying the Groundwork*, and set out four additional areas of 'increased national effort':

- Transition to the full National Disability Insurance Scheme.
- Improving employment outcomes for people with disability.
- Improving outcomes for Aboriginal and Torres Strait Islander people with disability.
- Communication activities to promote the intent of the Disability Strategy throughout the community.

2.16 The *Driving Action 2015–2018* implementation phase was to be supported by the following key planning elements:

- An Australian Government Action Plan, to 'drive implementation of the Disability Strategy across Commonwealth portfolios between 2015 and 2018'.<sup>13</sup>
- An Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability.
- State and territory disability plans.
- Local government disability plans.

2.17 The Australian Government Action Plan had not yet been released at the time of this inquiry.

2.18 The *Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability* was released in October 2017, two years into the three-year *Driving Action* implementation phase.<sup>14</sup>

2.19 The *Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability* included five areas of focus:

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12 Ms Therese Sands, Director, Disabled Peoples Organisations Australia (DPOA), *Committee Hansard*, 4 July 2017, p. 2.

13 COAG, *Driving Action 2015–2018*, October 2016, p. 3, <https://www.dss.gov.au/disability-and-carers/programs-services/government-international/national-disability-strategy-second-implementation-plan> (accessed 28 November 2017).

14 COAG, *Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability*, October 2017, <https://www.dss.gov.au/disability-and-carers/supporting-people-with-disability/resources-supporting-people-with-disability/australian-government-plan-to-improve-outcomes-for-aboriginal-and-torres-strait-islander-people-with-disability> (accessed 28 November 2017).

- Area 1: Aboriginal and Torres Strait Islander people with disability have access to appropriately designed shelter and live in accessible, well designed communities that are fully inclusive of all their residents.
- Area 2: Aboriginal and Torres Strait Islander people with disability have the right to:
  - be free from racism and discrimination;
  - have their rights promoted; and
  - a disability-inclusive justice system.
- Area 3: Aboriginal and Torres Strait Islander people with disability achieve their full potential through participation in an inclusive high quality education system that is responsive to their needs. People with disability have opportunities for lifelong learning.
- Area 4: Aboriginal and Torres Strait Islander people with disability, their families and carers have opportunities to gain economic security through employment and business ownership, enabling them to plan for the future and exercise choice and control over their lives.
- Area 5: Aboriginal and Torres Strait Islander people with disability attain the highest possible health and wellbeing outcomes throughout their lives, enabled by all health and disability services having the capability to meet their needs.<sup>15</sup>

2.20 The *Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability* noted the two-yearly reporting process for the Disability Strategy will be the primary reporting mechanism for this plan.<sup>16</sup>

### ***Implementation planning concerns***

2.21 Evidence presented to the committee showed there is significant concern in the disability advocacy community on the effectiveness of the implementation plans developed under the Disability Strategy. A consistent concern raised by many submitters and witnesses, was on the quality of consultation that fed into the implementation plans. This issue is discussed in greater detail in Chapter 3.

2.22 Disabled Peoples' Organisations Australia told the committee the second implementation plan of the Disability Strategy did not reflect the views of the community, as it focused on issues of importance to the Department of Social Services, such as access to employment and the National Disability Insurance Scheme (NDIS), rather than the issues raised by the community during consultations, which were education, access to justice and human rights issues.<sup>17</sup>

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15 *Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability*, pp. 19–29.

16 *Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability*, p. 33.

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

2.23 The ACT Disability, Aged and Carer Advocacy Service raised similar concerns with the second implementation plan, and submitted the plan retains focus on the NDIS but does not tackle the core issues that underpin inclusive and accessible communities for people with disability.<sup>18</sup>

2.24 The Australian Federation of Disability Organisations (AFDO) submitted the second implementation plan is 'a high-level plan that does not contain specific actions or measurable indicators of success.' AFDO further stated:

AFDO and its members believe the lack of an operational plan with matched funding has fundamentally compromised efforts to ensure the National Disability Strategy moves from words on a page to action.<sup>19</sup>

2.25 The Brotherhood of St Laurence submitted that the Disability Strategy should be revised to develop an implementation plan to identify:

...key areas of investment and [allow] for phased implementation of responses to areas of inclusion and participation that are priorities for people with disability. This plan should be devised through extensive consultation with people with disability, their families, carers and advocates. Local Area Coordination should also be recognised as a key vehicle for achieving the National Disability Strategy and be represented within any revisions to the strategy or associated implementation plans.<sup>20</sup>

### ***Local planning***

2.26 Conversely, evidence was presented to the inquiry that planning at a local government level was both consultative and effective in achieving results. The Physical Disability Council of NSW told the committee:

[T]he disability inclusion action plans that local governments are implementing are starting to have some effect, particularly in bigger areas like the City of Sydney where they have probably got more impetus and more funds to do it. They are starting to deliver on more accessible environments.<sup>21</sup>

2.27 The Mornington Peninsular Shire Council has established an All Abilities Consultative Committee which includes people with disability, carers, service providers, one councillor and three shire officers. Ms Kent told the committee:

There have been great achievements using this consultation model with our committee and the Mornington Peninsula Shire Council.<sup>22</sup>

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18 ACT Disability, Aged and Carer Advocacy Service, *Submission 85*, p. 1.

19 Australian Federation of Disability Organisations, *Submission 43*, p. 5.

20 Brotherhood of St Laurence, *Submission 34*, p. 4.

21 Ms Serena Ovens, Physical Disability Council of NSW, *Committee Hansard*, 4 July 2017, p. 63.

22 Mrs Elizabeth Kent, Chair, All Abilities Consultative Committee, Mornington Peninsula Shire Council, *Committee Hansard*, 6 July 2017, p. 14.

2.28 The Brotherhood of St Laurence stressed the importance of Local Councils, telling the committee that, as they were the tier of government closest to their communities, they had the potential to influence a wide range of things that would affect the inclusion of people with disability.<sup>23</sup>

2.29 The Australia Local Government Association (ALGA) agreed with this view, and submitted that local governments/councils have a key role in ensuring the roll-out of the Disability Strategy and the accessibility of communities, stating '[c]ouncils are often at the vanguard of change, responding to the unique needs of their communities.'<sup>24</sup>

2.30 ALGA further submitted that although in Western Australia, Victoria and NSW, it is mandatory for local government to develop a Disability Action Plan, local governments in other jurisdictions are voluntarily planning for the needs of people with disability in their communities. To assist the planning process, ALGA released a guideline in 2016 to assist councils.<sup>25</sup> This guideline stresses the importance of consultation in the planning process:

The development of a consultation plan at this early stage will help identify opportunities for co-design and collaboration throughout the entire process, rather than being a forum for reviewing a final document.<sup>26</sup>

2.31 However, the committee heard there is a lack of appropriate monitoring and evaluation of those local Disability Actions Plans. For example, the Western Australia government's state-level plan for Disability, *Count Me In*, requires Disability Access and Inclusion plans from state and local government entities.<sup>27</sup> However, People with Disabilities WA told the committee there is no reporting on planning quality or implementation progress, just whether there is a plan or not.<sup>28</sup>

### **Disability Strategy: progress reporting**

2.32 Seven years into the Disability Strategy, just one progress report has been presented to date. The *Progress Report to the Council of Australian Government 2014* (2014 progress report) was published in December 2015.<sup>29</sup>

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23 Mr Hudson, Brotherhood of St Laurence, *Committee Hansard*, 6 July 2017, p. 42.

24 Australian Local Government Association (ALGA), *Submission 42*, p. 2.

25 ALGA, *Submission 42*, pp. 2–3.

26 ALGA, *Attachment 1*, p. 38.

27 Ms Simone Spencer, Department of Communities WA, *Committee Hansard*, 24 August 2017, p. 20.

28 Ms Samantha Jenkinson, People with Disabilities WA, *Committee Hansard*, 24 August 2017, p. 3.

29 Department of Social Services, *Progress Report to the Council of Australian Government 2014*, December 2015, <https://www.dss.gov.au/disability-and-carers/programmes-services/government-international/progress-report-to-the-council-of-australian-governments-2014> (accessed 28 November 2017).

2.33 The 2014 progress report set out the progress and achievements of the Disability Strategy since 2011 across the six policy outcome areas and included two large appendixes: one with summaries of specific achievements and outcomes by jurisdiction; and one providing comprehensive trend indicator data, as prescribed in the original Disability Strategy.

2.34 The *Progress Report to the Council of Australian Government 2016* is expected to be presented later this year.

### **2014 Progress report**

2.35 The 2014 progress report stated that the 'success indicators and achievements of [Outcome One of the Disability Strategy] are most visible in the general community' and that community expectations are also perhaps the highest for this outcome. Furthermore, the report claimed that:

Since the launch of the strategy, there has been a positive movement at all levels of government, and across communities, towards greater consideration of accessibility and inclusiveness of the physical, sensory and technological environments that Australians enjoy.<sup>30</sup>

2.36 The report provided brief overviews of the following areas of improvement:

- Improving accessibility of the built environment, including raising awareness of universal design principles.
- Arts for people with disability, through the National Arts and Disability Strategy.
- Sport, including ongoing investments in sport for people with disability.
- Web accessibility, through the Web Accessibility National Transition Strategy, which concluded in 2014, as well as 'existing and emerging technological developments in media, telecommunications and IT devices, programmes and applications'.
- The role of local government in delivering state and federal government programs and accessible infrastructure.

2.37 However, the trend indicator summaries included in the report do not reflect the report's overall positive depiction of progress. The trend indicator summaries of two areas relating to inclusive and accessible communities, compare available data from 2011–12 to available data from before the Disability Strategy was released. The data was presented in further detail, without discussion, in the trend data appendix.

2.38 The first trend area, public transport, noted that people with disability reported an increase in difficulty in using public transport in 2012 (34 per cent) compared with 2009 (32 per cent) and 2003 (30 per cent). The rate of difficulty increased with the level of disability of the individual. Data from 2012 showed 70 per cent of people with

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30 *Progress Report to the Council of Australian Government 2014*, p. 27.



profound disability reported difficulties, compared with 26 per cent of people with mild and moderate disability.<sup>31</sup>

2.39 The second trend area, cultural and recreational participation, indicated that in 2012, 96 per cent of people with a disability participated in social or community activity<sup>32</sup> at home and 92 per cent participated away from home during the past 3 months. This represented a slight decrease from 2009 for participation at home (0.3 per cent) and a slight increase for participation away from home (one per cent).<sup>33</sup>

2.40 A brief summary of stakeholder feedback to Outcome One of the Disability Strategy was also included in the progress report. This summary observed mixed public perception on the effectiveness of the Disability Strategy to meet Outcome One, specifically in the areas of public transport, and information and communication systems. It also commented on 'increasing awareness and application of universal design principles and the increasing number of inclusive playgrounds' as positive improvements noted by stakeholders.<sup>34</sup>

### **Reporting to the United Nations**

2.41 In 2008, Australia ratified the Disability Convention. The six outcome areas of the Disability Strategy were developed to reflect the principals of the Disability Convention, and the Disability Strategy notes the important role it plays in fulfilling Australia's obligations under the Disability Convention:

The Strategy will play an important role in protecting, promoting and fulfilling the human rights of people with disability. It will help ensure that the principles underpinning the Convention are incorporated into policies and programs affecting people with disability, their families and carers. It will contribute to Australia's reporting responsibilities under the Convention.<sup>35</sup>

2.42 All State signatories to the Disability Convention must present an initial report (Disability Convention report) to the United Nations Committee on the Rights of Persons with Disabilities (UN Disability Committee) within two years, then every four years thereafter, detailing actions taken to ensure the rights enshrined in the convention are implemented on a practical basis. The initial Disability Convention report from the Australian government was submitted in December 2010. The UN

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31 *Progress Report to the Council of Australian Government 2014*, p. 34.

32 Defined as including: visiting friends or relatives; telephone calls with family or friends; church or special community activities; voluntary activities; visiting restaurants or clubs; performing arts group activities; art or craft activities with other people; and other special interest group activities.

33 *Progress Report to the Council of Australian Government 2014*, pp. 34 and 181.

34 *Progress Report to the Council of Australian Government 2014*, p. 35.

35 *Disability Strategy*, p. 9.

Disability Committee has agreed to accept a combined second and third report no later than 17 July 2018.<sup>36</sup>

2.43 The Disability Convention reports are useful tools to help gauge activities undertaken in the Disability Strategy, as the outcomes of the Disability Strategy are based on articles of the Disability Convention. It is also important to note that many of the activities reported through the United Nations reporting process are not necessarily captured through the Disability Strategy reporting process. Review of both reporting processes therefore provides a fuller view of all Australian Government activities intended to achieve inclusive and accessible communities for people with disability.

2.44 However, it is also important to note that because the United Nations reporting process is primarily a reporting function rather than an evaluation function, Disability Convention reports do not assess the actual impact caused by the activities.

### ***Initial report 2010***

2.45 The initial Disability Convention report submitted by Australia to the UN Disability Committee on the implementation of the Disability Convention was prepared before the adoption of the Disability Strategy, but briefly addressed the purposes and content of the draft strategy which was, at that time, available to the public.<sup>37</sup>

2.46 The Disability Convention report outlined actions being taken in Australia to implement articles of the Disability Convention, the following of which are also relevant to Outcome One of the Disability Strategy:<sup>38</sup>

- Article 9—Accessibility:
  - The Disability Standards for Accessible Public Transport 2002 commenced on 23 October 2002 and established minimum accessibility requirements. A compliance timetable, allows between five to 30 years for existing facilities to be made compliant.
  - The Disability (Access to Premises – Buildings) Standards 2010 were due to commence on 1 May 2011 to provide minimum national standards for accessibility requirements to ensure dignified access to, and use of, buildings for persons with a disabilities.
  - The Aviation Access Working Group was established in 2009 to consider practical measures that can be taken by both industry and

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36 United Nations Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session (2-13 September 2013)* (UN Concluding observations), p. 8.

37 Australian Government, *Initial reports submitted by States parties under article 35 of the Convention to the United Nations Committee on the Rights of Persons with Disabilities – CPRD/C/AUS/1* (Disability Convention report), pp. 7–8.

38 Only high level actions captured in the *Disability Convention report* are summarised here. This is not an exhaustive list.

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government to improve access to air services for persons with a disability.

- The Australian Government has been working with states and territories to implement the Australian Disability Parking Scheme.
- The Australian Government has established a National Companion Card Scheme to improve the social participation of persons with severe or profound life-long disability who require life-long attendant care. The scheme allows for free or discounted tickets for registered companions.<sup>39</sup>
- Article 19—Living independently and being included in the community:
  - The Home and Community Care Program provides services to support older Australians and persons with disabilities and their carers to be more independent at home and in the community.
  - The Younger Persons with Disabilities in Residential Aged Care Program aims to reduce the numbers of younger persons with disabilities living in, or at risk of admission to residential aged care throughout Australia.
  - In 2008, the Australian Government announced it will establish an additional 313 supported accommodation places for persons with disabilities by 2012.
  - In 2009, the Australian Government announced it will construct more than 19 300 new social housing dwellings in two stages. Approximately 16 500 of these dwellings will incorporate universal design elements that make the properties more accessible.<sup>40</sup>
- Article 20—Personal mobility:
  - The Australian Government is working with States and Territories as part of broad-ranging reforms under the National Disability Agreement to ensure more consistent access to aids and equipment for persons with disabilities across Australia by the end of 2012.<sup>41</sup>
- Article 21—Freedom of expression and opinion, and access to information:
  - Australian Government departments and agencies are required to comply with the World Wide Web Consortium Web Content Accessibility Guidelines 2.0. The *Disability Discrimination Act 1992* also requires all web pages by individuals or organisations to be accessible to persons with disabilities.

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39 *Disability Convention report*, pp. 13–14.

40 *Disability Convention report*, pp. 25–28.

41 *Disability Convention report*, p. 28.

- The Australian Government funds Media Access Australia to caption uncaptioned educational and community DVDs and downloadable versions for people who are deaf or hearing impaired.<sup>42</sup>
- Article 27—Work and employment:
  - Australia's workplace relations system under the *Fair Work Act 2009* (Cth) provides remedies for 'adverse action' taken on discriminatory grounds, including physical or mental disability.
  - The National Mental Health and Disability Employment Strategy aims to increase the employment of persons with disabilities, promote social inclusion and improve economic productivity.
  - There are over 325 Australian Disability Enterprise outlets across Australia, providing supported employment assistance to approximately 20 000 persons with moderate to severe disability who need substantial ongoing support to maintain their employment.
  - Disability Employment Services are a network of service provider organisations contracted by the Australian Government to provide specialist assistance to job seekers with disabilities, injuries or health conditions to find and maintain employment in the open labour market.<sup>43</sup>
- Article 29—Participation in political and public life:
  - The Australian Electoral Commission provides voters with a disability with a range of options to vote.
  - The Australian Government provides funding to twelve national disability peak bodies to contribute to government policies about disability issues affecting Australian families and communities.<sup>44</sup>
- Article 30—Participation in cultural life, recreation, leisure and sport:
  - The National Arts and Disability Strategy focuses on access and participation of persons with disabilities, barriers which prevent emerging and professional artists and arts workers with disabilities from realising their ambitions, and audience development.
  - In 2010, the Australian Government announced support for commercial cinemas to fast track audio description and captioning technology to improve cinema access for people who are deaf, blind, visually or hearing impaired.

2.47 Australian copyright law provides a number of exceptions and statutory licenses to facilitate access to copyright materials for persons with a disability.<sup>45</sup> The

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42 *Disability Convention report*, p. 29.

43 *Disability Convention report*, pp. 35–38.

44 *Disability Convention report*, pp. 38–39.

45 *Disability Convention report*, pp. 39–40.

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Disability Convention report also noted that the Disability Strategy would set up a framework to 'promote, protect and monitor the implementation of the Convention'.<sup>46</sup>

### ***UN Disability Committee response 2013***

2.48 The UN Disability Committee considered Australia's Disability Convention report at its 107<sup>th</sup> and 108<sup>th</sup> meetings, held 3 and 4 September 2013, and adopted its *UN Concluding Observations* report at its 118<sup>th</sup> meeting on 12 September 2013.<sup>47</sup>

2.49 The *UN Concluding Observations* report raised a number of positive aspects in Australia's Disability Convention report, as well as detailing a number of areas of concern and providing recommendations to the Australian Government.

2.50 While the UN Disability Committee commended the adoption of the Disability Strategy to 'implement the Convention across all jurisdictions',<sup>48</sup> it raised the following concerns in relation to accessible communities:

- Article 9—Accessibility:
  - There is a lower than acceptable level of compliance with the standards for public transport and access to premises.
  - Recommended that sufficient resources should be allocated to ensure monitoring and implementation of those standards and requirements<sup>49</sup>
- Article 19—Living independently and being included in the community:
  - Despite the policy to close large residential centres, many new housing initiatives replicate institutional living arrangements, and many persons with disabilities are still obliged to live in residential institutions in order to receive disability support.
  - Recommended that Australia develop and implement a national framework for closure of residential institutions, allocating resources necessary for people to live in the community. Ensure free choice for people with disabilities for where and with whom they want to live.<sup>50</sup>
- Article 21—Freedom of expression and opinion, and access to information:
  - Not all information is available in accessible formats, nor has there been effective promotion and facilitation of Auslan, in particular in official interactions.

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46 *Disability Convention report*, p. 44.

47 *UN Concluding Observations*, p. 1.

48 *UN Concluding Observations*, p. 1.

49 *UN Concluding Observations*, p. 3.

50 *UN Concluding Observations*, p. 6.

- Recommended that Australia recognise Auslan as one of the national languages of Australia, and allocate adequate funding for the development of accessible formats of communication.<sup>51</sup>

2.51 The UN Disability Committee also expressed some concerns about the data collected about people with disability, specifically recommending further disaggregation by age, gender, type of disability, place of residence and cultural background.<sup>52</sup>

2.52 Furthermore, the UN Disability Committee raised concerns about the national implementation and monitoring of the Disability Strategy, noting that Australia 'lacks a participatory and responsive structure for monitoring the convention' under article 33 of the Disability Convention.<sup>53</sup>

2.53 Finally, the UN Disability Committee recommended that civil society organisations, in particular disability organisations, should be involved in the preparation of the Australian Government's next report.<sup>54</sup>

### ***Australian Civil society report 2012***

2.54 The Australian Government supported the 2012 Australian Civil society report (Civil society report) to the UN Disability Committee by providing funding for the production of the report.<sup>55</sup>

2.55 The Civil society report, titled *Disability Rights Now*, provided 'the perspective of people with disability in relation to Australia's compliance with its obligations' under the convention and was compiled in consultation with people with disability, representative and advocacy organisations, evidence from government and community inquiries.<sup>56</sup>

2.56 The Civil society report highlighted positive initiatives being undertaken by the Australian Government through the development of the Disability Strategy and the National Disability Insurance Scheme. However, the Civil society report noted concerns with implementation of these initiatives. Key concerns were:

- A lack of consultation and meaningful engagement in the process of implementation and monitoring of the Disability Strategy.
- Insufficient funding of advocacy programs, and funding 'conflicts of interest' created by service agencies holding a dual role as advocacy funding decision-makers.

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51 *UN Concluding Observations*, p. 6.

52 *UN Concluding Observations*, pp. 7–8.

53 *UN Concluding Observations*, p. 8.

54 *UN Concluding Observations*, p. 8.

55 *Disability Convention report*, p. 45.

56 *Disability Rights Now, Civil Society Report to the United Nations Committee on the Rights of Persons with Disabilities* (Civil society report), p. 10.

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- A lack of an individual advocacy program for Aboriginal and Torres Strait Islander People with disability.
  - Legislation policy and programs that differ between state and territory governments restrict the ability of people with disability obtain equal protection of their rights and freedoms throughout the country.
  - A need for a much more robust effort by all levels of government to make communities fully accessible, as compliance with the Disability Convention relies heavily on accessible infrastructure, transport and telecommunication.
  - Many people with disability continue to rely on institutional warehoused housing and support arrangements due to the lack of a commitment by governments in each jurisdiction to invest in the necessary reforms and accommodation infrastructure.
  - Access to aids and equipment that promote mobility and independence is rationed and not offered as an entitlement.
  - There needs to be a significant effort taken by all levels of government to ensure that information available in various media is accessible in alternative formats. It is also critical for deaf people that Australian sign language (Auslan) is officially recognised by governments.
  - Little has been done to address structural and systemic barriers in the workplace that limit employability of many people with disability.
  - Programs that facilitate and support involvement of people with disability in a broad range of community cultural and recreation opportunities receive little attention from government and have declined over the last three decades.
  - Australia must develop consistent approaches to the collection of data disaggregated by disability type and other demographic information including gender, age, geographic location, Indigenous status, ethnicity, and cultural background.<sup>57</sup>

### **Committee view**

2.57 The Australian Government outlined a significant body of work in its report to the United Nations on progress under the Disability Convention. The UN Disability Committee noted this in its response, and in particular commended Australia for the adoption of the Disability Strategy. This was also noted and commended by the Civil society report.

2.58 However, both the UN Disability Committee and the Civil society report noted serious concerns with the implementation and the monitoring of the Disability Strategy, and highlighted the need for increased meaningful consultation with the disability community to ensure the Disability Strategy can fully realise its goals.

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57 *Civil society report*, pp. 10–20.

2.59 Evidence presented to this inquiry concurs with that view. There is goodwill in the Australian community towards the Disability Strategy and an acknowledgement that some work, attention and funding has been put towards this initiative by all levels of Australian Governments, industry bodies, community groups and individuals. However there is also concern that attention on the Disability Strategy has suffered while the focus has been on implementation of the NDIS.

2.60 Consistent key concerns raised throughout this inquiry focus on consultation and coordination: the quality of consultation used to determine the solutions to accessibility problems, and then the coordination of implementing those solutions. Overwhelmingly, these concerns were seen to be having a negative impact on the effectiveness of the Disability Strategy to deliver maximum positive change to the lives of Australians with disability, their families and carers.



# Chapter 3

## Key concerns and ongoing accessibility issues

3.1 Evidence to the inquiry shows that many of the same accessibility concerns raised in the first Shut Out report still exist. While there is positivity about the National Disability Strategy 2010-2020 (Disability Strategy)<sup>1</sup> in general, there are ongoing concerns with progress across a wide range of areas of access and types of disability. This chapter will highlight the key concerns raised in submissions and during hearings regarding accessibility issues that have continued since the implementation of the Disability Strategy.

### What are the main concerns with the Disability Strategy?

3.2 Broadly speaking, a lot of the criticisms of the progress of the Disability Strategy relating to inclusive and accessible communities received during this inquiry fell into consistent themes of consultation, coordination, and a lack of commitment leading to a lack of progress on implementation.

3.3 A great deal of evidence pointed to a lack of ongoing consultation with people with disability resulting in outcomes that were ineffective in resolving barriers to accessibility. Other evidence pointed to a lack of proactive coordination across a range of policy areas, meaning outcomes were significantly delayed and in some cases no concrete progress was seen to be made at all. These two issues are discussed later in this chapter.

3.4 Beyond these themes, many submitters and witnesses provided specific examples of ongoing accessibility concerns across various parts of the physical environment, such as the built environment, housing, transport and communication, and for groups with particular needs, such as Aboriginal and Torres Strait Islander peoples. These issues were presented to the inquiry as examples of a lack of progress under the Disability Strategy.

### Accessing the built environment and housing

3.5 A major factor in creating accessible and inclusive communities is ensuring people with disability can access the built environment and appropriate housing. For example, a fully accessible built environment improves capacity for social inclusion,<sup>2</sup> while appropriate housing and its distribution for people with disability can avoid concentrated areas of disadvantage and also promote inclusive communities.<sup>3</sup>

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

2 Centre for Applied Social Research, *Submission 6*, p. 1.

3 Monash University - Departments of Occupational Therapy and Architecture (Monash University), *Submission 44*, p. 10.

3.6 The Centre for Applied Social Research made the point that improvement in accessibility of built environment would result in reduction in need for formal or paid support for many people with disability. However, since the introduction of the Disability Strategy, a significant proportion of the existing built environment remains inaccessible.<sup>4</sup>

3.7 The ACT Council of Social Service (ACTCOSS) noted that there is no effective legal mechanism to drive comprehensive improvements to access to the built environment, especially in existing buildings. This is because the current *Disability Discrimination Act 1992* (Disability Discrimination Act) relies on people with disability making individual complaints which can be onerous, expensive and can only be enforced in a superior court.<sup>5</sup>

3.8 In her evidence to the committee, Ms Libby Callaway, a Senior Lecturer in the Department of Occupational Therapy at Monash University, identified three key barriers to people with disability being able to access housing: limited, well-located stock, low affordability and a lack of physical access.<sup>6</sup> Other submitters explained that lack of accessibility in housing increases social exclusion of people with disability,<sup>7</sup> and furthermore there is a 'very serious lack' of accessible housing in regional and remote Australia.<sup>8</sup>

3.9 There is also a chronic shortage of well-located, affordable housing for people with disability with high and complex needs.<sup>9</sup> The NDIS targets six per cent of people with disability with highly specialised housing needs under its Specialised Disability Accommodation program, but unless there is action on the other 94 per cent, then people with disability will continue to be stuck in hospital beds or entering aged care as young people.<sup>10</sup> Additionally where providers do wish to provide Specialised Disability Accommodation, there are barriers in accessing accreditation and funding.<sup>11</sup>

3.10 The Australian Network for Universal Housing Design (ANUHD) and Rights and Inclusion Australia (RIA) have expressed concern that there is an expectation from governments that private industry is responsible for addressing discrimination, which relies on the 'good will' of the industry to provide appropriate housing. ANUHD and RIA pointed to a number of factors that contribute to the reluctance of private housing developers to build accessible housing: the housing industry wants more reliable buyer demand than the disability sector provides; there is a lack of immediate financial incentives for building accessible housing; the structure of the

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4 Centre for Applied Social Research, *Submission 6*, p. 2.

5 ACT Council of Social Service (ACTCOSS), *Submission 83*, p. 4.

6 Ms Libby Callaway, Monash University, *Committee Hansard*, 4 July 2017, p. 51.

7 Australian Network for Universal Housing Design (ANUHD) and Rights and Inclusion Australia (RIA), *Submission 1*, p. 18; Centre for Applied Social Research, *Submission 6*, p. 2.

8 First Peoples Disability Network (FPDN), *Submission 40*, p. 2.

9 Summer Foundation, *Submission 29*, p. 7.

10 Ms Libby Callaway, Monash University, *Committee Hansard*, 4 July 2017, p. 51.

11 Mr Anthony Ryan, Youngcare, *Committee Hansard*, 30 October 2017, p. 11.

volume building sector means changes to designs to accommodate accessibility increases building costs too much; and there are still assumptions that people with disability live in facilities or congregate housing and do not live in the community.<sup>12</sup>

3.11 Submitters raised concerns about limited opportunities for people with disability to participate in the mainstream housing market because of their low rates of employment and therefore limited purchasing power. Rentals are often inaccessible due to costs and physical characteristics of housing stock.<sup>13</sup> The committee also received evidence from the Physical Disability Council of NSW that where NDIS home modifications are available, they are not effective due to rental instability and the requirement for tenants to restore property to original condition.<sup>14</sup>

3.12 The Monash University Departments of Occupational Therapy and Architecture indicated that integrated technologies in the built environment, such as home automation, could hold significant benefits in allowing people with disability to live independently. However, consideration needs to be made to ensure buildings have the necessary access to communications systems and electricity infrastructure, including back-up solutions.<sup>15</sup>

### ***Standards and legislation for the built environment***

3.13 The Australian Blindness Forum suggested that the Disability Strategy has not delivered any outcomes in relation to improving accessibility in the built environment due to long and protracted reviews of national standards.<sup>16</sup>

3.14 The Disability (Access to Premises – Buildings) Standards 2010, made under the Disability Discrimination Act, came into effect on 1 May 2011 and are subject to five-yearly review. However, some groups believe that these standards are not high enough to provide true accessibility<sup>17</sup> and raised concerns that there is no coordinated mechanism for monitoring the implementation of these standards.<sup>18</sup>

3.15 The committee also received a large amount of evidence that there is an emerging, strong view that mandatory minimum accessibility standards should also be enacted into the Building Code of Australia.<sup>19</sup> The Building Code of Australia, in

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12 ANUHD and RIA, *Submission 1*, pp. 13–14.

13 Summer Foundation, *Submission 29*, p. 8; Physical Disability Council of NSW (PDCN), *Submission 30*, p. 3.

14 PDCN, *Submission 30*, p. 3.

15 Monash University, *Submission 44*, pp. 13–14.

16 Australian Blindness Forum, *Submission 18*, p. 6.

17 Ms Samantha Jenkinson, People with Disabilities WA (PWD WA); *Committee Hansard*, 24 August 2017, p. 5.

18 Disabled People's Organisations Australia (DPOA), *Submission 39*, p. 20; Australian Federation of Disability Organisations (AFDO), *Submission 43*, p. 10.

19 Mr Alistair McEwin, Australian Human Rights Commission (AHRC), *Committee Hansard*, 4 July 2017, p. 21; Dr Margaret Ward, ANUHD, *Committee Hansard*, 4 July 2017, p. 25; Mr Michael Fox, RIA, *Committee Hansard*, 4 July 2017, p. 26; Ms Serena Ovens, PDCN, *Committee Hansard*, 4 July 2017, p. 58; Ms Mary Ann Jackson, Visionary Design Development, *Committee Hansard*, 6 July 2017, p. 34.

conjunction with the Plumbing Code of Australia, forms the National Construction Code issued by Australian Building Codes Board.

3.16 A new edition of the National Construction Code is due to be formalised in 2019 and will take into account feedback from the review of the standards in 2015. However, witnesses told the committee that any changes to the code which would introduce targets for private dwelling accessibility would not be available until the 2022 edition.<sup>20</sup>

3.17 The Department of Industry, Innovation and Science also explained to the committee the relationship between the standards and the National Construction Code and the roles of state/territory and federal governments in achieving building accessibility:

Schedule 1 of [the] standards, the access code, sets the performance requirements and technical specification for which a building certifier, building manager or building developer is required to avoid access related discrimination. The access code is replicated in the National Construction Code and enforced through state and territory building laws and regulations. As you know, the states and territories have constitutional responsibility and authority for building regulations, not [the] Commonwealth.<sup>21</sup>

3.18 The Deafness Forum of Australia recommended in their submission that the standards should specify a timeframe for all buildings to be compliant with the standards.<sup>22</sup> However, the Association of Consultants in Access Australia was mindful that:

While the [Disability Discrimination Act] Premises Standards does contain one small [requirement] for Affected Part upgrades of existing building the provision is usually nullified by the Lessees Concession within the same legislation.<sup>23</sup>

3.19 This means many building upgrades do not need to meet accessibility requirements of the standards.<sup>24</sup>

3.20 The standards likewise do not address all of the built environment concerns of people with disability: the Australian Blindness Forum observed that the standards still lack 'wayfinding standards' for people with vision impairment,<sup>25</sup> while Amaze suggested to the committee that the standards should include signage beyond toilets and exits.<sup>26</sup>

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20 Mr Neil Savery, Australian Building Codes Board, *Committee Hansard*, 1 November 2017, pp. 46, 49–50.

21 Department of Industry, Innovation and Science, *Committee Hansard*, 1 November 2017, p. 47.

22 Deafness Forum of Australia, *Submission 28*, p. 5.

23 Association of Consultants in Access Australia (ACAA), *Submission 25*, p. 6.

24 ACAA, *Submission 25*, p. 6.

25 Australian Blindness Forum, *Submission 18*, pp. 4–5.

26 Amaze, *Submission 24*, p. 12.

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### *Access to public facilities*

3.21 Evidence provided to the committee shows that access to public buildings and infrastructure remains ad hoc. While some excellent work is being done in some local council areas, accessibility for people with more complex needs is often not being achieved.

3.22 Inability Possability, a volunteer organisation focussed on the needs of young people with acquired brain injury (ABI), submitted that most access to public space is rated for people who have small wheel chairs and can self-drive. Large power chairs used by young people with severe ABI require more space through doorways and corridors and ramped access.<sup>27</sup> Likewise, recreational spaces such as restaurants rarely have accessible amenities.<sup>28</sup>

3.23 In regions with improving levels of accessibility, evidence presented shows that local governments appear to be leading the way in providing accessible facilities in their communities, with many councils already in the second or third iteration of disability and inclusion planning.<sup>29</sup>

3.24 However, local governments, particularly in rural and regional areas, often require state or federal government grants to fund accessible infrastructure, particularly where existing structures are upgraded to meet these requirements.<sup>30</sup>

3.25 Furthermore, local governments need guidance about accessible infrastructure beyond buildings, such as footpaths, playgrounds, and road crossing, particularly for groups with specific needs.<sup>31</sup>

### *Access to housing*

3.26 Mr Fox from RIA explained that while there is legislation around transport, communications, and public building access, there are no mandated national access requirements for housing:

... housing accessibility is voluntary rather than mandatory, and we believe this is, essentially, the final step in the comprehensive access strategy that Australians are so proud of. We have achieved so much, but housing is the missing link, in our opinion. Currently, there are no national access requirements for housing. There are all sorts of different guidelines. There is Australian standard 4299, which is called up by many local councils. There is Livable Housing Australia, which is used for the voluntary code. There is New South Wales SEPP 65. Many local governments around Australia have developed control plans that vary—five per cent, 10 per cent, 15 per cent, 20 per cent. It is really all over the place, and the builders

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27 Inability Possability, *Submission 23*, p. 4.

28 Centre for Applied Social Research, *Submission 6*, p. 2.

29 Australian Local Government Association (ALGA), *Submission 42*, p. 2; Ms Simone Spencer, Department of Communities WA, *Committee Hansard*, 24 August 2017, p. 21; Ms Julie Waylen, National Disability Services WA, *Committee Hansard*, 24 August 2017, p. 63.

30 ALGA, *Submission 42*, pp. 4–5.

31 ALGA, *Submission 42*, pp. 4–5.

and developers we speak to say that that is costing money because every development has to meet a different set of requirements. Everyone has to go through the process—'Which one do we apply this time?'.<sup>32</sup>

3.27 The Livable Housing Initiative sets up voluntary Universal Access design standards, however it is estimated that only five per cent of housing stock will meet a standard by 2020.<sup>33</sup> Compliance with the guidelines has been low, due to their voluntary nature<sup>34</sup> and despite agreement on measurable targets in the guidelines in 2009, no reviews have been undertaken to measure progress.<sup>35</sup> Witnesses told the committee that the aspirational target for all homes to meet universally accessible design specifications by 2020 is unlikely to occur due to the voluntary nature of the target and the number of compliant houses currently being produced.<sup>36</sup>

### ***Universal Design and the built environment***

3.28 While many submitters recommended Universal Design approaches to housing, such as in the voluntary Liveable Housing Standards discussed above, they also noted that universal design and built environment accessibility often needs to go beyond access for people with physical impairments and should include design for other issues such as hearing impairment, cognitive impairment, psychosocial disability, or autism, which may take the form of acoustic considerations, adjustable lighting, or use of particular colours.<sup>37</sup> Personalisation and customisation of spaces, even those built with universal design in mind, is still essential to meet the needs of individuals.<sup>38</sup>

3.29 It is important to note that the Disability Strategy embeds the concept of Universal Design as an underlying approach that should inform solutions to all types of accessibility issues, and is not constrained to being a design approach only for the built environment. The following box explains the concept.

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32 Mr Fox, RIA, *Committee Hansard*, 4 July 2017, pp. 25–26.

33 Ms Sands, DPOA, *Committee Hansard*, 4 July 2017, p. 5; Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 17; Dr Ward, ANUHD, *Committee Hansard*, 4 July 2017, p. 25; Mr Fox, RIA, *Committee Hansard*, 4 July 2017, p. 26; Ms Callaway, Monash University, *Committee Hansard*, 4 July 2017, p. 5; Mr Carl Thompson, Australian Rehabilitation and Assistive Technology Alliance (ARATA), *Committee Hansard*, 6 July 2017, p. 26; Mr Garry Ellender, Access Housing, *Committee Hansard*, 24 August 2017, p. 31.

34 National Disability Insurance Agency, *Submission 93*, p. 4.

35 ANUHD and RIA, *Submission 1*, p. 7.

36 Mr Savery, Australian Building Codes Board, *Committee Hansard*, 1 November 2017, p. 49; Dr Anne Byrne, Department of Industry, Innovation and Science, *Committee Hansard*, 1 November 2017, pp. 48–49.

37 ANUHD and RIA, *Submission 1*, pp. 7–9; Dementia Australia, *Submission 16*, p. 12; Amaze, *Submission 24*, p. 6; Mental Health Commission of NSW, *Submission 17*, p. 5; Self-Help for Hard of Hearing People, *Submission 11*, p. 5; AFDO, *Submission 43*, p. 10.

38 Monash University, *Submission 44*, pp. 11–12.

### Box 3.1 Universal design

#### The National Disability Strategy and Universal Design

Taking a universal design approach to programs, services and facilities is an effective way to remove barriers that exclude people with disability. Universal design allows everyone, to the greatest extent possible, and regardless of age or disability, to use buildings, transport, products and services without the need for specialised or adapted features.

Some examples of universal design include:

- light switches that can be reached from standing and sitting positions and which feature large flat panels instead of small toggle switches
- a ramp that is incorporated into a building's main entrance
- captions on all visual material such as DVDs, television programs and videotapes.

The principles of universal design can also be applied to the design of programs run by government, businesses and non-government organisations. This results in greater efficiency by maximising the number of people who can use and access a program without the need for costly add-ons or specialised assistance.

Universal design assists everyone, not just people with disability. For example, wider doorways are better for people with prams, while decals on glass help to keep everyone safe. Providing information in plain language can assist people who speak English as a second language and people with poor literacy.

As the population ages, the incidence of disability will increase, and universal design will become even more important.<sup>39</sup>

### Accessible transport

3.30 Accessible transport is fundamental to the inclusion objectives of the Disability Strategy<sup>40</sup> but remains a key problem for many people with disability.<sup>41</sup> Many submitters argued that providing accessible transport should go beyond providing accessible buses and trains in accordance with the Transport Standards, and include other considerations such as:

- access at a wide range of times during the day;<sup>42</sup>
- access beyond major metropolitan areas;<sup>43</sup>

39 *Disability Strategy*, p. 30.

40 Centre for Applied Social Research, *Submission 6*, p. 3, ARATA, *Submission 22*, p. 8, Monash University, *Submission 44*, pp. 19–21.

41 Ms Jenkinson, PWD WA, *Committee Hansard*, 24 August 2017, p. 6; Dementia Australia, *Submission 16*, p. 12; Ms Deanne Marie Ferris, Blind Citizens WA Inc., *Committee Hansard*, 24 August 2017, p. 47.

42 Ms Ovens, PDCN, *Committee Hansard*, 4 July 2017, pp. 59–60.

43 Monash University, *Submission 44*, p. 19.

- attention to the needs of people with impairment issues such as dementia;<sup>44</sup>
- training for drivers and conductors on public transport who may not be aware of the Transport Standards, or who refuse assistance dogs entry onto public transport;<sup>45</sup>
- non-transport related infrastructure barriers which prevent access to public transport such as lack of accessible pathways and kerbs;<sup>46</sup> and
- ensuring options such as planes, long distance coaches and taxis are also accessible to people with disability.<sup>47</sup>

3.31 National Disability Services made the point that disability organisations have been significant providers of transport for people with severe disability in the past, but an unintended consequence of the rollout of the Disability Strategy has been that an increasing number of them are reviewing this provision as it is not financially viable under the NDIS.<sup>48</sup>

3.32 The committee has been informed that people with disability are often forced to shoulder the financial burden of inaccessible public transport by using taxis or expensive private transport options.<sup>49</sup> The committee heard that changes to the mobility allowance under the NDIS (discussed further in Chapter 4) have exacerbated this burden and reduced access and utilisation.<sup>50</sup> This evidence also highlights that overall supplies of taxis have fallen, which impacts numbers of wheelchair accessible taxis.<sup>51</sup> There are further concerns that the growth of the ridesharing platforms, such as Uber, may threaten the ongoing viability of mobility taxis and further restrict the availability of transport options for people with disabilities.<sup>52</sup>

3.33 The Australian Federation of Disability Organisations (AFDO) was critical of inconsistency in the dimensions of public transport infrastructure and vehicles across the country causing ongoing issues for people with physical disabilities.<sup>53</sup> They also noted that 'assisted access' programs on public transport place a burden on people with disability to use systems at designated places at designated times and staff are often reluctant to provide necessary assistance.<sup>54</sup>

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44 Dementia Australia, *Submission 16*, p. 12.

45 Australian Blindness Forum, *Submission 18*, p. 7.

46 PDCN, *Submission 30*, p. 4; AFDO, *Submission 43*, p. 9.

47 ACAA, *Submission 25*, p. 4; AFDO, *Submission 43*, p. 9.

48 National Disability Services, *Submission 21*, p. 3.

49 Centre for Applied Social Research, *Submission 6*, p. 4.

50 National Disability Services, *Submission 21*, p. 3; AHRC, *Submission 38*, p. 15; ParaQuad Association of Tasmania, *Submission 58*, p. 3; Ethnic Disability Advocacy Centre, *Submission 66*, p. 5.

51 Mr Thompson, ARATA, *Committee Hansard*, 6 July 2017, p. 27.

52 Australian Medical Association (AMA), *Submission 47*, p. 2.

53 AFDO, *Submission 43*, p. 8.

54 AFDO, *Submission 43*, pp. 8–9.



3.34 Submitters told the committee that insufficient audible information continues to cause problems for vision-impaired people when using public transport.<sup>55</sup> They also recommended that transport help points should include dynamic real time visual information, including captioning, for deaf people and noted there is inconsistency in the availability of hearing loops in public transport buildings and vehicles. Digital media such as apps and SMS messaging to make transport accessible for these groups does not help those who are not digitally literate or do not have access.<sup>56</sup>

### ***Standards and legislation for transport***

3.35 The Disability Standards for Accessible Public Transport 2002 (Transport Standards) seek to provide certainty to providers and operators of public transport services and infrastructure about their responsibilities under the Disability Discrimination Act. These standards are subject to a statutory five-yearly review.<sup>57</sup>

3.36 The Department of Infrastructure and Regional Development stated in their submission that the Transport Standards continue to be effective in bringing forward investment in accessible infrastructure and conveyances, and in requiring governments, public transport operators and providers to plan and implement upgrades to the conveyances and associated infrastructure they are responsible for.<sup>58</sup>

3.37 The Minister for Infrastructure and Transport commenced the second statutory review of the Transport Standards in 2012, with the final report produced in 2015. This review found that although the Transport Standards have generally been effective in removing discrimination, they are not optimal in their present form. The review also discovered that a number of parts of the legislation, as well as the legislative guidelines, may need to be amended to provide a more flexible response to cover the different modes of public transport and the different environments in which public transport networks operate across jurisdictions.<sup>59</sup> The second review also received submissions from local governments pointing out that, while having the best intentions to ensure accessibility for people with disability, especially through providing accessible bus stops, they bore a large part of the burden of providing infrastructure with little or no financial assistance.<sup>60</sup>

3.38 Submitters complained that while the Minister's five-yearly reviews continue to make recommendations: the recommendations are not implemented or consistent;<sup>61</sup> there is no coordinated mechanism for monitoring the implementation of these standards;<sup>62</sup> and there is a lack of enforcement of compliance with the standards.<sup>63</sup>

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55 AFDO, *Submission 43*, p. 8.

56 Self-Help for Hard of Hearing People, *Submission 11*, p. 5, AFDO, *Submission 43*, p. 8.

57 Department of Infrastructure and Regional Development, *Submission 77*, p. 8.

58 Department of Infrastructure and Regional Development, *Submission 77*, p. 9.

59 Department of Infrastructure and Regional Development, *Submission 77*, p. 10.

60 Department of Infrastructure and Regional Development, *Submission 77*, pp. 10–11.

61 Australian Blindness Forum, *Submission 18*, p. 7; see also AFDO, *Submission 43*, p. 7; AHRC, *Submission 38*, p. 19.

62 DPOA, *Submission 39*, p. 20.

The Disability Services Commissioner of Victoria recommended in his submission to the committee that public transport should have mandated and enforceable accessibility standards.<sup>64</sup>

3.39 There are also gaps in accessibility related to specific exemptions to the standards: for example, school buses are currently exempt from the Transport Standards, with full compliance not due until 2044.<sup>65</sup> The Bus Association Victoria Inc. also expressed a related concern that the implementation of the NDIS would not provide an appropriate transport solution for all students with disabilities and told the committee this would have impacts not just on the safety of children being transported, but would also increase the workload for their schools:

The principals—indeed, some of the staff of the school—are extremely concerned at the prospect of managing multiple vehicles at their school at school arrival time and school pick-up time, because at present they manage just one bus operator, who might have one, two or three buses coming into the school.

... It is also of concern to the bus operators, because we are talking about a very vulnerable type of passenger here. The benefit of the special school bus network is that every bus has a supervisor on board the bus, as well as the driver, who attends to the needs of the children on that bus. Uber, community transport, carpooling and these other what we consider less-safe modes of transport don't have that.<sup>66</sup>

### **Accessibility of communication and digital information**

3.40 While improvements have been made in the availability, affordability and accessibility of communications products and services for people with disability, there are concerns that there is 'still a long way to go before all Australians with disability have the essential connectivity to benefit from our digitally connected society'. Barriers to reaching accessible communications include lack of access to appropriate equipment and devices; lack of awareness about mainstream options; lack of suitable connections, set-up and training and ongoing support; inaccessible services; and issues of affordability.<sup>67</sup>

3.41 The Australian Blindness Forum complained that information about disability is usually not available in formats that can be read by people who are blind or vision impaired.<sup>68</sup> Other submitters noted that electronic information in general is often not accessible, nor provided in various accessible formats.<sup>69</sup>

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63 AFDO, *Submission 43*, pp. 9–10.

64 Disability Services Commissioner Victoria, *Submission 2*, p. 3.

65 AFDO, *Submission 43*, pp. 7–8; see also Tasmania Bus Association, *Submission 95*.

66 Dr Christopher Lowe, Bus Association Victoria Inc, *Committee Hansard*, 6 July 2017, p. 9.

67 Australian Communications Consumer Action Network (ACCAN), *Submission 35*, p. 4.

68 Australian Blindness Forum, *Submission 18*, p. 4.

69 Centre for Applied Social Research, *Submission 6*, p. 7; PDCN, *Submission 30*, p. 4; ACCAN, *Submission 35*, p. 4.

3.42 The submission from ACT Disability Aged Carer and Advocacy Service (ADACAS) made the point that while technology has potential to be an enabler to more inclusive communities and opportunity for people living disability, that same potential may be lost due to web accessibility barriers:

People with cognitive and learning disabilities are particularly at risk to further marginalisation here – as less is understood about the specificity of supporting digital access for this group. Increasingly government, business, education, retail and entertainment information, service and functions operate on line. While applications that help us shop, enjoy friendships, bank, find a new home or new job are free and plentiful, they are often inaccessible for people with disability.<sup>70</sup>

### ***Web accessibility and web services for people with disability***

3.43 The National Broadband Network (NBN) is seen as vital communication tool for people with disability<sup>71</sup> and this was reflected in the Disability Strategy.<sup>72</sup> The committee was told by a number of submitters and witnesses that one barrier to web accessibility is gaining a connection to the internet, particularly a connection that can support high-bandwidth accessibility solutions such as video calls. The submission from Monash University advised that their National Housing Roundtable participants reported that the NBN has not yet offered this anticipated capacity.<sup>73</sup>

3.44 Internet-enabled technologies are useful tools to build participation, autonomy and environmental control, but affordability, access and user literacy can be significant barriers for people with disability who may be living on low incomes or without access to 'soft technologies' to build skills.<sup>74</sup> The committee was presented with a number of examples of the limitations of internet-enabled technologies as solutions to accessibility, such as:

- Deaf people require higher levels of data in their phone or internet accounts to allow for Auslan–visual communication, which poses a problem of affordability.<sup>75</sup>
- Only one third of vision impaired people having access to the internet, and therefore cannot use accessible services that are only supplied online.<sup>76</sup>

3.45 For people with disability for whom transport is difficult, the internet is an important communication and social tool, and often becomes a social meeting place. However disability communications websites such as ABC's *RampUp*, are often funded as a temporary communication portal for a specific purpose, rather than a

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70 ADACAS, *Submission 85*, pp. 2–3.

71 Mr Thompson, ARATA, *Committee Hansard*, 6 July 2017, p. 26; Mr David Gibson, WA Deaf Society, *Committee Hansard*, 24 August 2017, p. 40; Deaf Australia, *Submission 33*, pp. 29–30.

72 *Disability Strategy*, p. 33.

73 Monash University, *Submission 44*, p. 13.

74 ARATA, *Submission 22*, p. 8.

75 Deaf Australia, *Submission 33*, pp. 29–30.

76 ACCAN, *Submission 35*, p. 8.

permanent communication channel.<sup>77</sup> Disabled People's Organisations Australia (DPOA) told the committee that when *RampUp* was discontinued, there was significant concern and outrage from the disability community; as there are very few opportunities for people with disability to have public discourse, the portal gave people a space to discuss issues, and fostered writers with disability to develop their skills and voice.<sup>78</sup>

### ***Telecommunications accessibility***

3.46 A number of general concerns about national telecommunications accessibility were raised during the inquiry. These included that:

- The Universal Service Obligations for telephone and carriage services are not being met for people with disability.<sup>79</sup>
- While the National Relay Service provides a wide range of services to improve telecommunications access for deaf, hearing-impaired and speech-impaired people (including SMS relay, captioned telephony, two-way internet relay and the National Relay Service mobile app), not all services are available at all times and this leaves gaps in accessibility.<sup>80</sup>
- Deaf, hearing-impaired and speech-impaired people have inadequate access to Triple Zero '000' emergency services when 'out and about' in the community, and the use of SMS relay for emergency calls has not solved this issue.<sup>81</sup>

3.47 The high cost of living with a disability, particularly for those reliant on disability support pensions, was also raised with the committee in relation to telecommunications access. Some agencies suggest that the Centrelink Telecommunications Allowance program be reviewed to ensure that all income support recipients are able to connect to the telecommunications services which best suit their needs.<sup>82</sup>

### ***Access to interpreters***

3.48 The committee heard from advocates for the deaf community that the Disability Strategy has resulted in negative changes in accessibility for deaf Australians, in part due to the lack of interpreter standards in the NDIS<sup>83</sup> and the ongoing shortage of skilled Auslan interpreters across Australia.<sup>84</sup>

3.49 Furthermore, with the introduction of the NDIS, it is assumed that deaf people who have an interpreting fund in their package would be expected to cover the costs

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77 Ms Sands, DPOA, *Committee Hansard*, 4 July 2017, p. 5.

78 Ms Sands, DPOA, *Committee Hansard*, 4 July 2017, p. 5.

79 Mr Wayne Hawkins, ACCAN, *Committee Hansard*, 4 July 2017, pp. 44–45.

80 Deaf Australia, *Submission 33*, p. 5; ACCAN, *Submission 35*, p. 5.

81 ACCAN, *Submission 35*, p. 5.

82 ACCAN, *Submission 35*, p. 11.

83 Mr Kyle Miers, Deaf Australia, *Committee Hansard*, 6 July 2017, pp. 1–2; Mr Gibson, WA Deaf Society, *Committee Hansard*, 24 August 2017, p. 39.

84 Mr Gibson, WA Deaf Society, *Committee Hansard*, 24 August 2017, p. 40.

of an interpreter for sporting and cultural activities. This means that the boundaries between the NDIS and the requirements under Disability Discrimination Act that 'goods and services' accommodate people with disability have become muddled: it is unclear in many instances who is responsible to ensure that a service is accessible – the venue or the person with disability.<sup>85</sup>

3.50 There also continue to be systemic barriers to accessing and utilising professional interpreters for Culturally and Linguistically Diverse (CALD) people with disability. Government and non-government organisational staff are often unaware of their responsibilities to provide interpreters, and CALD people with disability often do not possess the information, or possibly the self-advocacy skills required to secure access to an appropriate interpreter.<sup>86</sup>

### ***Technology advancements as disadvantages to accessibility***

3.51 Advocates for blind and vision-impaired people told the committee that IT procurement is often done without first checking accessibility. Some improvements in technology for the able community, such as touchscreens, can actually mean less accessibility for disabled community. Touchscreen technology is inaccessible to people who are blind or vision impaired as it is not tactile, and any voice over functions cause privacy and security issues for those with disability.<sup>87</sup>

3.52 Despite these ongoing concerns about touchscreen technologies, according to submitters these technologies continue to be rolled out in Government offices following the implementation of the Disability Strategy.<sup>88</sup>

3.53 While a number of companies have 'developed methods for making touchscreen-based devices accessible to people who are blind or have low vision...these solutions are not standardised across manufacturers and operating systems'<sup>89</sup> and have caused particular concern following the recent introduction of touchscreen ATM and EFTPOS machines across Australia.<sup>90</sup> The Public Interest Advocacy Centre (PIAC) submission outlined a situation where a blind woman was required to whisper her PIN number to her doctor's surgery receptionist in order to make a payment on a touchscreen EFTPOS device, and noted that the accessibility solution for that particular device involved an audio-played instruction which lasts more than 10 minutes and would be impractical to use in a busy setting.<sup>91</sup>

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85 Deaf Australia, *Submission 33*, p. 26.

86 Federation of Ethnic Communities' Councils, *Submission 20*, p. 4.

87 Ms Ferris, Blind Citizens WA Inc., *Committee Hansard*, 24 August 2017, pp. 47–48.

88 Australian Blindness Forum, *Submission 18*, pp. 8–9; Vision Australia, *Submission 64*, p. 12.

89 Vision Australia, *Submission 64*, p. 15.

90 Public Interest Advocacy Centre (PIAC), *Submission 54*, p. 22; Vision Australia, *Submission 64*, p. 4; ACTCOSS, *Submission 83*, p. 5.

91 PIAC, *Submission 54*, pp. 22–23.

### ***Communications disabilities***

3.54 The committee also heard evidence from advocates for people with communications disabilities. Ms Dixon, National President of Speech Pathology Australia, explained how communications disabilities have different considerations for accessibility:

The National Disability Strategy does refer to communication access as an important component of accessible communities where it talks about inaccessible services and programs. Unfortunately, any progress made against the strategy appears to have been confined to improvements in physical access. We have seen almost no attention by governments to improving how accessible our communities are for people with communication problems. There are approximately one million Australians who have speech, language or communication problems. We know from recent ABS data that about a quarter of a million people with disability report to need assistance with communication. Communication access is a similar idea to providing curb cuts for people with physical disability. It is about changing the environment, including people in the environment, to enable people with communication disability to access that environment.

Communication barriers exist for people to use a range of government and community services that the rest of us take for granted: health services, Centrelink and Medicare, the electoral system, the justice systems, aged care services, the local post office, local council services and transport systems. Even the best designed physically accessible built environments do not enable inclusive and accessible access for people with communication disability unless a focus is made on what needs to be done in that environment to enable effective two-way communication.<sup>92</sup>

3.55 There are no standards or guidelines to ensure that community facilities and services, including transport, are accessible to people with little-to-no speech, or speech and language difficulties.<sup>93</sup> Even government services, such as Centrelink, have limited accessibility for people with communication disabilities.<sup>94</sup> Advocates are working to improve policy and regulation in this area, for example through the Communication Access Network, which is a community capacity building service in Victoria.<sup>95</sup>

### ***Standards and legislation for communication and digital information***

3.56 While the Disability Discrimination Act is supported by a series of disability standards for access to premises, transport and service, there are no Accessible Information and Communication Standards that require information to be fully

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92 Ms Gaenor Dixon, Speech Pathology Australia, *Committee Hansard*, 30 October 2017, p. 33.

93 Ms Denise West, Scope, *Committee Hansard*, 30 October 2017, p. 35.

94 Ms Dixon and Ms Patricia Johnson, Speech Pathology Australia, and Dr Stella Koristas, Scope, *Committee Hansard*, 30 October 2017, pp. 37–38.

95 Ms West, Scope, *Committee Hansard*, 30 October 2017, p. 38.

accessible, for instance in the same way that facilities must conform to Building Standards to enable access.<sup>96</sup>

### *Broadcast accessibility*

3.57 Part 9D of the *Broadcasting Services Act 1992* relates to the captioning of television programs for deaf and hearing impaired people and the obligations of broadcasters to provide captioning. The Act also applies different requirements to subscription TV compared with free-to-air and mandates increasing captioning levels for the subscription television industry.<sup>97</sup> Many exemptions for captioning are granted under the Act,<sup>98</sup> and one hundred per cent captioning for non-exempt programs across all subscription services is not set to be reached until 2033.<sup>99</sup>

3.58 The ABC provides the most captioned content of any broadcaster in Australia and told the committee that their content is accessible 'well above the legislated hours' set by the Act:

The ABC, like other broadcasters, is required by legislation to caption 100 per cent of programming between 6.00 am and midnight on our main channel, which we comply with. But, overall, over 24 hours a day for last financial year on our main channel we captioned 90 per cent of programming. For our multichannels, we captioned the majority of programming on those channels, as well. For example, on ABC2, from 7 pm to midnight, we captioned 97 per cent of programming. Across 24 hours a day it was 76 per cent of programming. So we do caption well above our legislative requirements under the Broadcasting Services Act.<sup>100</sup>

3.59 However, the Australian Communications Consumer Action Network (ACCAN) gave evidence that the ABC's voluntary captioning has in fact reduced since the implementation of the Disability Strategy, due to financial constraints, and they are now only providing what is required under law, which represents a reduction in the amount of captioned content available to people with disability.<sup>101</sup>

3.60 ACCAN also told the committee that securing the introduction of audio description on broadcast television, used by people with vision impairment, is an even greater challenge than introducing captioning. As there are no standards for audio description, and implementation is voluntary, it is unlikely to be done by any broadcaster.<sup>102</sup> There is no permanent audio description service on any Australian television, despite trials on ABC1 in 2012 and on ABC iView in 2015–16. There is a

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96 Deaf Australia, *Submission 33*, p. 24.

97 Australian Subscription Television and Radio Association, *Submission 3*; ACCAN, *Submission 35*, pp. 5–7.

98 Deaf Australia, *Submission 33*, p. 6.

99 ACCAN, *Submission 35*, p. 6.

100 Mr Kevin McAlinden, ABC, *Committee Hansard*, 1 November 2017, pp. 57 and 60.

101 Mr Hawkins, ACCAN, *Committee Hansard*, 4 July 2017, pp. 43–44.

102 Mr Hawkins, ACCAN, *Committee Hansard*, 4 July 2017, pp. 43–44.

government working group set to report on audio description by 31 December 2017.<sup>103</sup>

3.61 The committee were also informed of the emerging issues around captioning and audio description for online catch-up and on-demand television, which are growing areas for broadcast and not covered in the current *Broadcasting Services Act 1992*.<sup>104</sup>

#### *Web accessibility and ICT*

3.62 The Disability Services Commissioner of Victoria recommended in his submission to the committee that, in order to support the communication accessibility needs of people with disability, there should be minimum standards set for all government and public sector organisations for web accessibility; for example, in addition to WCAG 2.0 adherence, web content could include Easy English, Large Print, Rich Text Format, Auslan, audio and other community languages.<sup>105</sup>

3.63 The Australian Human Rights Commission (AHRC) noted in its submission that the Australian Government agreed in 2016 to adopt the European standard for the procurement of accessible Information and Communications Technology (ICT) (EN 301 549), known as the *Accessibility requirements suitable for public procurement of ICT products and services*.<sup>106</sup> However, other submitters recommended that national procurement guidelines for ICT should reflect the principles of Universal Design and mandate accessible ICT products and services.<sup>107</sup>

#### **Accessible and inclusive employment**

3.64 The committee notes that employment is not a specific area of focus for Outcome One of the Disability Strategy, but rather comes under Outcomes Three (Economic security) and Five (Learning and skills). However, evidence received through the course of the inquiry outlined a number of interrelationships between those areas of focus and the provision of accessible and inclusive communities.

3.65 The Australian Blindness Forum declared that the failure of the Disability Strategy to create inclusive and accessible communities has had an enormous effect on the employment rates of people with disability. The absence of accessible workplaces, transport, materials and communication services all restrict people with disability from participating in employment and thereby significantly reducing their income.<sup>108</sup>

3.66 Significant accessibility barriers for economic participation through employment include lack of physical access to many places of employment,

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103 ACCAN, *Submission 35*, pp. 7–8; Mr McAlinden, ABC, *Committee Hansard*, 1 November 2017, p. 57.

104 ACCAN, *Submission 35*, pp. 5–6; Deaf Australia, *Submission 33*, p. 27.

105 Disability Services Commissioner Victoria, *Submission 2*, p. 2.

106 AHRC, *Submission 38*, p. 19.

107 ACCAN, *Submission 35*, pp. 8–9; AFDO, *Submission 43*, p. 11.

108 Australian Blindness Forum, *Submission 18*, p. 13.



discriminatory hiring practices, and lack of public transport options, and lack of quiet spaces for autism.<sup>109</sup>

3.67 People with disability experience lower economic participation through employment and figures show employment rates are getting worse. Workforce participation of people with disability has declined in past 30 years and has not improved with the introduction of the Disability Strategy.<sup>110</sup> A Deloitte study found that if the gap between the unemployment rate for people with and without disability could be reduced by just one third, phased in over the next decade, the cumulative impact on GDP over the next decade would be \$43 billion.<sup>111</sup>

### **Accessible and inclusive communities for Aboriginal and Torres Strait Islander peoples**

3.68 There are a number of unique accessibility concerns for Aboriginal and Torres Strait Islander peoples with disabilities, particularly in regional and remote communities. Evidence received by the committee outlined the following key concerns:

- Access to suitable housing is difficult in regional and remote communities and Indigenous housing initiatives have not taken the needs of people with disability into consideration.<sup>112</sup>
- Access to transport systems for indigenous people with disability in regional and remote settings. These systems are 'virtually non-existent' and there is often significant distance for people to travel to access health services, education or employment. When transport is available, it is generally informal in a standard vehicle not designed to support physical disabilities.<sup>113</sup>
- Lack of information and expertise in assistive technology in remote areas means people live without available aids.<sup>114</sup> Delivery of these systems should take into account challenges faced by Australians living in regional and remote settings, including Aboriginal and Torres Strait Island peoples.<sup>115</sup>

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109 Centre for Applied Social Research, *Submission 6*, p. 6; Amaze, *Submission 24*, p. 10; ADACAS, *Submission 85*, p. 5.

110 Baptcare, *Submission 12*, p. 2; National Employment Services Association (NESA), *Submission 26*, pp. 2–3; Ms Zammit, AFDO, *Committee Hansard*, 6 July 2017, p. 21.

111 NESA, *Submission 26*, p. 6.

112 FPDN, *Submission 40*, pp. 1–2; Mr Damian Griffis, FPDN, *Committee Hansard*, 4 July 2017, p. 9.

113 FPDN, *Submission 40*, p. 2.

114 Ms Loizour, Independent Living Centre WA, *Committee Hansard*, 24 August 2017, pp. 17–18.

115 ARATA, *Submission 22*, pp. 8–9.

- A high need for culturally appropriate advocacy and information to improve Aboriginal and Torres Strait Island peoples' engagement with the NDIS and local disability services.<sup>116</sup>
- Remote indigenous communities may not have access to electronic media, including internet access, causing difficulty in accessing online disability services or filling out government forms for support, such as for NDIS, which are often based online.<sup>117</sup>
- Commercial spaces, such as shops, in small Aboriginal communities are not accessible, effectively completely excluding people with disabilities.<sup>118</sup>

3.69 The committee were also informed that many emerging issues for Aboriginal and Torres Strait Island persons with disability related to a focus on NDIS for solutions to accessibility. The First Peoples Disability Network (FPDN) explained to the committee that the NDIS takes an individual approach and this is not how Indigenous communities tend to structure themselves; a 'whole of community' approach is more culturally appropriate as well as a better mechanism for inclusion in places with fewer NDIS participants.<sup>119</sup> Lack of individual advocacy in communities has resulted in many individuals having no-one to help them join the NDIS.<sup>120</sup> However, the committee heard that access to the NDIS alone is not enough to ensure accessibility: in remote communities, people can have a NDIS plan completed but have nothing they can purchase in their community, or be provided with accessibility aids under the NDIS that they are unable to use out in the community because the built environment is not accessible.<sup>121</sup>

### **Assistive technology as a solution to accessibility**

3.70 Assistive technology (AT) is a key enabler in delivering accessible communities, as AT devices enable people to enhance independence, work, care for themselves and participate in community activities, and are part of an integrated solution for accessibility.<sup>122</sup> However, a range of evidence was submitted to the inquiry to indicate that both a lack of consultation and a lack of coordination has impacted progress to deliver AT solutions to accessibility issues.

3.71 AT and home modification are important for accessibility, but there are often long wait times for professional assessments and people often do not know what products are available or what is best. The Australian Rehabilitation and Assistive

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116 Ms Averil Williams, Developmental Disability Western Australia, *Committee Hansard*, 24 August 2017, p. 53.

117 FPDN, *Submission 40*, p. 2.

118 FPDN, *Submission 40*, p. 2.

119 Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, pp. 10–11.

120 Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, pp. 14–15, Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 20.

121 Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, p. 11, Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 20.

122 ARATA, *Submission 22*, pp. 3 and 5.

Technology Alliance told the committee that the 'soft technology' of expert advice is often the key to improving the uptake and impact of AT.<sup>123</sup>

3.72 However, there are concerns about gaps in AT solutions for accessibility from submitters. According to the Independent Living Centre WA, AT information services have generally been block funded from a variety of sources, often at a state level, however there is no indication of future funding under the NDIS.<sup>124</sup> Furthermore, the Macular Disease Foundation Australia described how subsidies for AT for low vision are inconsistent at national, state and territory levels and inconsistent depending on whether diagnosis occurs before or after age 65.<sup>125</sup>

### **Meaningful consultation: seeking better outcomes**

... unfortunately, saying 'we are going to consult' when you have one meeting and [saying] that is 'consultation' does not really mean that anything has come out of it.<sup>126</sup>

3.73 As outlined at the start of this chapter, a recurring theme from submitters and witnesses was the impact that poor consultation has had on the effectiveness of the implementation of the Disability Strategy. The committee received a large amount of evidence outlining concerns with consultation processes, including a number of concerns about both the quality and frequency of consultation across a broad range of sectors.

#### ***What does consultation look like?***

3.74 The text of the Disability Strategy stressed the importance of consultation. Each of the implementation plans for the Disability Strategy included a section 'Embedding the voice of people with disability', which set out the commitment of all governments to engage with people with disability, their families, carers and representative organisations. Specifically, the plan intended for this to occur in the following three ways:

- Providing advice and feedback to governments on the development and progress of each implementation plan through representative organisations of people with disability and government advisory bodies.
- Encouraging government agencies to adopt protocols that ensure people with disability and their representative organisations have the opportunity to contribute to policy and program development.
- Ensuring the experiences of people with disability are reflected in the Disability Strategy progress reports to the Council of Australian Governments and in the evaluation of the Disability Strategy. This would be done by

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123 ARATA, *Submission 22*, p. 5.

124 Ms Gerri Clay, Independent Living Centre WA, *Committee Hansard*, 24 August 2017, pp. 14–15.

125 Macular Disease Foundation Australia, *Submission 41*, pp. 2–3.

126 Ms Belinda Rodman, All Abilities Consultative Committee, Mornington Peninsula Shire Council (AACC), *Committee Hansard*, 6 July 2017, p. 16.

engaging with people with disability, their families and carers, through their representative organisations.<sup>127</sup>

3.75 The Department of Social Services addressed engagement protocols in the Disability Strategy in its submission to the inquiry:

Engagement protocols outline an agency's approach to involving people with disability in actions and decisions that impact on the lives of people with disability, their families or carers. All agencies and jurisdictions should, within their portfolio responsibilities, consider how people with disability might be included, or inadvertently excluded, in the course of their work. The protocols apply to governments' responsibilities as policymakers and administrators, and as an employer.<sup>128</sup>

3.76 The second implementation plan report renewed the Council of Australian Governments' commitment to ensure that government agencies develop protocols for engagement and consultation, noting that the first phase of the Disability Strategy had focused on Commonwealth agencies over state and territory groups. It also set out a plan for stakeholder input in monitoring implementation progress through consultation with and feedback from people with disability, their families, carers and their disability representative organisations. However, this plan did not include guidelines for the nature of this consultation, such as the form or frequency it should take.<sup>129</sup> DPOA noted in their submission that this consultation was not meeting expectations of the community:

While there has been opportunity to provide feedback to DSS regarding the progress of the [Disability Strategy] and the development of the Second Implementation Plan, these opportunities often rely on one-off consultation forums and meetings, and the provision of written submissions. There is no 'built-in' engagement mechanism for people with disability to genuinely inform design, implementation and evaluation of the [Disability Strategy].<sup>130</sup>

3.77 People with Disabilities WA told the committee that the lack of consultation is not only a Commonwealth level issue, but is also an issue at all levels of government:

We have a state plan here in WA called Count Me in, which is meant to be the iteration of the National Disability Strategy at the [state] level...There are programs and bits and pieces happening, but it happens behind the scenes. The coordination that happens around it isn't happening with the sector in terms of people with disabilities and our representative groups.<sup>131</sup>

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127 Council of Australian Governments, *Laying the Groundwork 2011–2014*, January 2013, p. 16; Council of Australian Governments, *Driving Action 2015–2018*, October 2016, p. 16.

128 Department of Social Services, *Submission 70*, p. 26.

129 *Driving Action 2015–2018*, October 2016, pp. 18–19.

130 DPOA, *Submission 39*, p. 14.

131 Ms Jenkinson, People With Disabilities WA, *Committee Hansard*, 24 August 2017, p. 3.

3.78 As part of fulfilling their responsibilities under the Disability Strategy, the Australian Local Government Association (ALGA) released their *Disability Inclusion Planning* guidelines in 2016 to assist councils in meeting their obligations under the Disability Strategy. These guidelines set out the disability consultation requirements for each state and territory, with a focus on how consultation impacts the success of local governments and councils at an implementation level. In addition, some States and Territory governments explicitly require consultation with people with disability when developing plans as part of their disability discrimination legislation, while others do not.<sup>132</sup>

3.79 ALGA's *Disability Inclusion Planning* guidelines provide information for local governments about disability consultation at all stages of planning, implementation, and reporting, and resources on how to implement inclusive consultation.<sup>133</sup> As an example of how consultation and progress can occur at the local government level, ALGA also provides a 'Good disability inclusion practice in local government' model, which outlines the following recommended approaches:

- Integrate disability inclusion actions with other policies and strategic plans.
- Disability inclusion is a process not a project.
- Consult with people with disability in a meaningful and ongoing way.
- Establish and foster an Advisory Committee.
- Leadership and support of elected officials and senior staff.
- Build strong partnerships with community organisations and service providers.
- Train council staff to encourage inclusive practice.
- Develop formal and informal networks between councils.
- Disability inclusion aims to go beyond compliance.
- Develop 'SMART' (i.e. specific, measurable, agreed upon, realistic and time-based) disability inclusion actions and goals.
- Involve people with disability within council—as employees, volunteers and elected members.
- Implement access audits.<sup>134</sup>

### ***Getting consultation right***

3.80 The inquiry received a great deal of evidence regarding consultation, indicating the level of importance given to this issue by many submitters and witnesses. The evidence showed that despite consultation protocols developed by

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132 ALGA, *Submission 42, Attachment A: Disability Inclusion Planning – A Guide for Local Government*, pp. 23–32.

133 *Disability Inclusion Planning – A Guide for Local Government*, pp. 35 and 58.

134 *Disability Inclusion Planning – A Guide for Local Government*, p. 35.

individual government agencies, local governments and captured within the Disability Strategy itself, the quality of consultation remains inconsistent, where it occurs at all.

3.81 Local groups gave evidence to the committee about positive stories of consultation through local government Advisory Committee models recommended by the ALGA guidelines above. Carers Queensland informed the committee of the accessibility improvements they achieved after engaging with the Toowoomba Council Regional Access and Disability Advisory Committee, including:

- After asset mapping of shops, rubber matting has been laid down to create wheelchair access for some of the stores.
- A performing arts organisation now has a number of people with disability doing programs in dance, martial arts and drawing, without requiring a support person to be present.
- The Languages and Cultures Festival now has an Auslan interpreter.<sup>135</sup>

3.82 However, it appears that local government Advisory Committees are not established in every local government area, and where they do exist, are not always properly engaged by developers, business owners and the broader community to provide accessibility feedback and advice. The committee heard an example from the Mornington Peninsula Shire Council's All Abilities Consultative Committee (AACC), where the AACC was invited to give feedback at the opening of a new vineyard cellar door and restaurant on the Mornington Peninsula, rather than being consulted at the start of construction:

The facility had, in their minds, done a lot of consultation presumably with consultants and industry experts to ensure that the facility was going to be attractive. There was a lot that they did do; however, our committee was invited to attend a few days out from the actual opening. The members of the management team were obviously really excited to have us there and were hoping that this was going to be an opportunity for us to be extremely jubilant about how amazing the place was. The reality was that we sat down at the tea after the tour and came up with the huge list of things that had actually not been addressed...It just seemed a crazy to us that we had not been invited right at the very beginning of the process. Why wait until things were already up and running to then come in and say, 'Come and have a look at this and give us your recommendations'? Our point is that we really believe that we need to be involved right at the very beginning.<sup>136</sup>

3.83 Submitters also expressed concerns that individuals were not being consulted at all about some access and inclusion issues in the community. AFDO noted that while it is pleased to see that the Disability Strategy implementation plans commit to engagement with people with disability, 'this promise to consult is expressed through a

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135 Ms Jocelyn Dee Wills, Carers Queensland, *Committee Hansard*, 30 October 2017, pp. 20-21; see also Ms Rodman, AACC, *Committee Hansard*, 6 July 2017, p. 14; Municipal Association of Victoria, *Submission 75*, p. 2.

136 Ms Rodman, AACC, *Committee Hansard*, 6 July 2017, p. 16.

commitment to engage with representative organisations rather than individuals'.<sup>137</sup> Furthermore, AFDO made the point that many of the representative organisations which receive funding from government are population-based, rather than disability specific organisations, which adds to their concerns about the adequacy of consultation:

It is difficult for generalist or population based organisations to have a comprehensive and in depth understanding of all the issues facing people with specific disabilities or conditions. It is unrealistic to expect a small number of organisations to have the depth of both experience and contacts to ensure adequate representation on any particular issue. It is also true that while there are issues common to all or many people with disability, there are particular issues that have a disproportionate impact on specific disability types. It is important that this expertise is not lost.<sup>138</sup>

3.84 Others held concerns about entire communities being left out of planning, or engaged too late in the process.<sup>139</sup> Mr Damian Griffis, CEO of FPDN, gave evidence to the committee about the impact of leaving communities out of consultation, particularly Indigenous, rural and remote communities.<sup>140</sup> In one example, he reported a lack of consultation ahead of the National Disability Insurance Scheme (NDIS) rollout in Tennant Creek and ongoing issues with accessibility due to this:

I was out in Tennant Creek a couple of weeks ago and an old fellow said very succinctly, 'I've got this flash wheelchair, but it is meaningless; I cannot get around my community.'

In a lot of ways, too often in the disability space in our community these things are sort of 'a bridge too far'. There has not been the front-end investment in fundamentally understanding the market. At the community event that we had in Tennant Creek a couple of weeks ago—and we were very keen to just talk with community—the community said to us, 'This is the first time anyone has come to talk to us about disability.' So that means that there have been plenty of presentations going on up there and a lot of PowerPoint presentations but they have not connected with community—the community has not gained an understanding of what all this talk is about.

At the front end we need to invest in more engagement and more consultation around disability more generally before we can even to notions of people getting access to the NDIS.<sup>141</sup>

3.85 The committee also heard of instances where individuals were not able to be involved in a consultation process due to accessibility issues. A case study in the submission from ADACAS outlined a situation where a woman with a disability, who

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137 AFDO, *Submission 43*, p. 28.

138 AFDO, *Submission 43*, p. 28.

139 AACC, *Submission 32*, pp. 4–5; Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, p. 11.

140 Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, pp. 9–16.

141 Mr Griffis, FPDN, *Committee Hansard*, 4 July 2017, p. 11.

also cares for a son with significant disability, was disinvited from the National Disability Insurance Agency co-design consultation processes when she asked for either the support she needs to access email or to be contacted by phone or mail instead.<sup>142</sup>

3.86 A lack of industry-based feedback groups was cited as another concern for facilitating proper consultation. ACCAN raised in their submission that there is often limited information for or consultation with people with disabilities and their representative organisations when it comes to telecommunications and that '[i]ndustry peak body Communications Alliance, Optus and Telstra have all retired their respective consumer consultative forums over the last several years'.<sup>143</sup>

3.87 Another issue raised was that when feedback was sought from the community or advocacy organisations, it was sometimes not incorporated into solutions, or the solutions did not match what community had asked for. Mr Kyle Miers, Chief Executive of Deaf Australia, cited an example of consultation with the Department of Communications and the Arts in relation to the National Relay Service:

On the outcomes issues that were raised the community provided feedback to consultation to the federal government. Then a decision was made, but they did not close the loop and come back to us regarding the recommendation. For example, on having to register for the National Relay Service we thought: 'Really? Taking that approach was not part of the community consultation. We do not believe that is an effective way to run the service'.<sup>144</sup>

3.88 Deaf Australia also provided an example of how a rollout of caption technology in cinemas, considered to be a 'reasonable accommodation' by the AHRC, still failed to meet the expectations of the deaf community. The project was instigated following a complaint to the AHRC by Deaf Australia about the lack of access to captioned cinema in Australia; however the solution decided by the Australian Government, AHRC and cinema industry was designed without consultation with the deaf community. Deaf Australia explained that:

Many deaf people feel that the current equipment is 'a step backward' from an enjoyable experience as many experience a wide range of problems and issues when using this equipment and they are not enjoying movies as they should, and therefore, is not reasonably accommodated.<sup>145</sup>

3.89 Specific problems with consultation in accessible transport projects were likewise addressed by submitters.<sup>146</sup> Ethnic Disability Advocacy explained how a lack

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142 ADACAS, *Submission 85*, p. 4.

143 ACCAN, *Submission 35*, p. 10.

144 Mr Miers, Deaf Australia, *Committee Hansard*, 6 July 2017, p. 3.

145 Deaf Australia, *Submission 33*, pp. 32–33.

146 Mr John McPherson, *Submission 48*, p. 1; Queensland Advocacy Incorporated (QAI), *Submission 84*, pp. 10–11; Maroondah City Council, *Submission 72*, p. 6; Mr Daniel Leighton, Brotherhood of St Laurence, *Committee Hansard*, 6 July 2017, p. 41.



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of consultation in implementing solutions could have flow-on effects for people with disability in accessing their community:

Lack of consultation by transport authorities with those most impacted by changes made to transport routes or discontinuation of public transport services results in making it difficult for people with a disability get to their hospital appointments, their educational institutions or their workplaces. This limits independence as they then have to rely on informal supports.<sup>147</sup>

3.90 Multiple submitters and witnesses expressed disappointment in a lack of consultation in a recent Queensland Rail project to build new suburban trains. These new trains have a number of issues for accessibility, such as narrow corridors between carriages and inaccessible toilet spaces, and have been granted an exemption under the Disability Discrimination Act due to construction restrictions caused by the narrow gauge rail used in Queensland.<sup>148</sup> Queensland Advocacy Incorporated (QAI) stressed in their submission that there 'is no legislative mechanism to ensure that the Queensland state government consults with people with disabilities before commissioning railway infrastructure'. QAI argued that:

If given the opportunity to do so, people with disabilities could have identified these problems much earlier in the design process. This would have made the trains fully accessible and would have saved taxpayers a lot of money that must now be spent on the redesign and rebuilding of the trains.<sup>149</sup>

3.91 These negative experiences of consultation are not universal. In contrast, the NSW Disability Network Forum commended the 'approach of Transport for NSW, which brings together representatives of a range of disability organisations in the Accessible Transport Advisory Committee'.<sup>150</sup> Similarly, Blind Citizens WA told the committee they have a good consultation relationship with TransPerth:

We're very pleased with their inclusion of us in a lot of their planning of things like the East Perth redevelopment of the station, the new station at the stadium. We also worked with them on the Wellington Street Perth busport. It's really good to be included at the planning stage and to be able to go through and see how they can make it more accessible for people who are blind and vision-impaired. Public transport, as you can imagine, it is hugely necessary when you have vision impairment and are not able to drive. Being able to use the transport system safely is very important.<sup>151</sup>

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147 Ethnic Disability Advocacy Centre, *Submission 66*, p. 5.

148 Mr John McPherson, *Submission 48*, p. 1; QAI, *Submission 84*, pp. 10–11.

149 QAI, *Submission 84*, p. 11.

150 NSW Disability Network Forum, *Submission 8*, p. 2.

151 Ms Ferris, Blind Citizens WA, *Committee Hansard*, 24 August 2017, pp. 46–47.

3.92 Amaze also noted in its submission that consultation with people with disability and their families resulted in the successful development of an autism guide for visitors to the St Vincent's hospital Melbourne.<sup>152</sup>

### ***The changing nature of advocacy in consultation***

3.93 Advocacy groups play a major role in embedding the voice of people with disability in the National Disability Strategy.<sup>153</sup>

3.94 The committee heard that disability advocacy groups run for and with people with disability are imperative in representing the interests of people with disabilities,<sup>154</sup> in particular for CALD people with disability due to language issues and fewer networks, which results in barriers to access and service provision.<sup>155</sup>

3.95 However, the NSW Disability Network Forum raised concerns that many of the advocacy groups involved in consultation to date do not have secure funding and may not even be in existence going forward, which could cause issues with continuity of consultation.<sup>156</sup> The committee was informed by a number of submitters that the future funding level under National Disability Advocacy Program is uncertain.<sup>157</sup>

3.96 The Disability Network Forum expressed concern that failure to adequately fund advocacy could lead to a failure of inclusion agendas. Advocacy is particularly important to the development of large scale services such as transport and infrastructure,<sup>158</sup> as shown in the Queensland rail transport example above.

3.97 The DPOA also noted that some state and territory funding for disability representatives and advocates was ceasing, as these funds are being transferred to the Commonwealth in order to support the NDIS. This will have the effect of preventing or reducing engagement opportunities for people with disabilities through such organisations and reducing advocacy.<sup>159</sup>

### **Coordination challenges**

Each state and territory had a different approach with different ways of funding and different ways of implementation. I think we are still seeing that in many ways...So it is important that we think about it holistically...When you see a central coordination approach, that works well, because people with disability present from a wide range of backgrounds—people from overseas, young people with disability, older

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152 Amaze, *Submission 24*, p. 13.

153 *Laying the Groundwork 2011–2014*, January 2013, p. 16; *Driving Action 2015–2018*, October 2016, p. 16.

154 Deaf Australia, *Submission 33*, p. 6.

155 Federation of Ethnic Communities' Councils Australia, *Submission 20*, p. 2.

156 NSW Disability Network Forum, *Submission 8*, p. 3.

157 NSW Disability Network Forum, *Submission 8*, p. 1; PDCN, *Submission 30*, p. 7; ADACAS, *Submission 85*, p. 8.

158 NSW Disability Network Forum, *Submission 8*, p. 2.

159 DPOA, *Submission 39*, p. 14.

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people with disability and so on. So, when you coordinate and when you recognise that people with disability have unique needs and you coordinate their needs, it works well.<sup>160</sup>

3.98 The inquiry heard a range of concerns from witnesses and submitters that a lack of structured coordination of programs and projects under the Disability Strategy, resulted in disjointed outcomes that did not meet the needs of people with disability, were geographically restricted to certain local areas, or simply lacked progress as no single agency took a leadership role. The following sections of the report discuss these issues.

### ***National solutions to problems experienced nationally***

3.99 The committee received evidence from a number of submitters indicating concerns about the coordination of national standards and differences in legislative requirements and responsibilities at local, state and territory and federal levels of government, since the introduction of the National Disability Strategy.

3.100 As discussed in the section on consultation, the role of ensuring the roll-out of Disability Strategy and the accessibility of communities frequently falls to local governments and councils. ALGA notes that local governments operate within both state and federal frameworks, which causes practical issues with implementation of accessible solutions:

Due to the different requirements across jurisdictions, councils need to meet the various requirements of their State [or] Territory, as well as national requirements...It is important to ensure that Commonwealth and State legislation are consistent in terms of requirements and objectives, to incorporate the practicalities of implementation, and that local government is engaged in discussions and decisions on local priorities.<sup>161</sup>

3.101 Better linkages between state/territory and federal requirements in relation to disability and access could also improve collection of comparable data for the evaluation of programs.<sup>162</sup>

### ***Accessibility for everyone: a chain of challenges***

3.102 Issues of coordination were also cited as existing even within individual projects or programs to improve accessibility. The committee notes that some of the criticisms of the National Disability Strategy's progress were related to failures in the coordination between various accessibility solutions or in gaps of coverage within these solutions. A number of submissions discussed the broad nature of accessibility and the interdependency of different solutions to achieve accessibility in the community.<sup>163</sup>

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160 Mr McEwin, AHRC, *Committee Hansard*, 4 July 2017, p. 19.

161 ALGA, *Submission 42*, p. 3.

162 ALGA, *Submission 42*, p. 3.

163 Department of Social Services, *Submission 70*, p. 27; NESAs, *Submission 26*, p. 4; ADACAS, *Submission 85*, p. 1; DPOA, *Submission 39*, pp. 5 and 16.

3.103 The National Employment Services Association's submission described the movement of a person with disability through the environment as a 'whole chain of challenges', wherein if one link is broken, the 'whole process becomes impossible':

[T]here is no point assuring wheelchair access to your restaurant if you do not also assure it in the toilet facilities, or if the tables are too close together to allow easy circulation; a sign in braille is no good if it is out of reach; there is no point having a mostly [Web Content Accessibility Guidelines]-compliant website if access depends upon a CAPTCHA challenge (only accessible to sighted internet users), and so on. Well-meaning accessibility solutions are often proposed in piecemeal fashion which fails to take end-to-end accessibility into account.<sup>164</sup>

3.104 In other examples, Speech Pathology Australia explained that there is limited value in only providing physical accessibility solutions such as ramps and parking spots outside a public building, if the officers inside the building are unable to communicate with a person with disability to understand their needs; in such a situation, the missing link in the chain is training staff in accessible communication.<sup>165</sup>

3.105 Communication accessibility was the area most commonly cited for gaps for people with specific needs. ACCAN made the point that while the National Relay Service provides a wide range of services to improve telecommunications access for deaf, hearing-impaired and speech-impaired people, it does not meet the needs of people with multiple disabilities, people with intellectual disabilities, deafblind people or those who are CALD. These people will continue to experience gaps in access, as they are not protected under the current National Relay Service legislation.<sup>166</sup> Similarly, while the Australian Accessible Emergency Response System ensures any emergency messages issued during an emergency are accompanied by messages in Auslan for people who are deaf or hearing-impaired, they do not include messages with audio description for people who are vision impaired.<sup>167</sup>

### **What is the impact of these ongoing accessibility issues?**

3.106 In addition to the specific areas of concern raised above, the committee was informed about the general impact of ongoing accessibility issues in the community and various negative consequences of these accessibility issues on the health, wellbeing and participation of people with disability.

3.107 The Australian Medical Association commented that for people with disability, poor accessibility of services results in poorer health outcomes, less full and effective participation and inclusion in society, and a reduction in dignity, autonomy and the ability to be independent.<sup>168</sup>

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164 NESAs, *Submission 26*, p. 4.

165 Speech Pathology Australia, *Submission 19*, p. 9.

166 ACCAN, *Submission 35*, p. 5.

167 Australian Blindness Forum, *Submission 18*, p. 12.

168 AMA, *Submission 47*, p. 2.

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3.108 National Disability Services explained that the ability to move easily around the community is essential for the economic and social participation of people with disability.<sup>169</sup> Other submitters told the committee that social isolation is one of the main consequences of restricted access for people with disability to participation in economic, cultural, social, civil and political life. Social isolation can lead to depression and other mental health issues as well as poor education, social and economic outcomes.<sup>170</sup>

### **Committee view**

3.109 Since the introduction of the Disability Strategy, Australian governments, industry bodies, community groups and individuals have been involved in myriad activities to improve the accessibility and inclusivity of communities. However, despite some positive instances indicating some progress there continue to be major problems in accessibility and inclusive for people with disability and the Disability Strategy has failed to live up to expectation for many.

3.110 Poor coordination and consultation across all sectors has made this situation worse and has had a negative impact on the effectiveness of the Disability Strategy.

3.111 Evidence received by the committee suggests that improvements to the consultation process, particularly by involving people and encouraging feedback at all stages of planning and implementation, could solve some of the ongoing problems which continue to frustrate the community in achieving accessibility goals.

3.112 Likewise, more considered coordination between governments, the private sector and disability advocates would ensure that standards and programs are developed, maintained and regularly reviewed, reducing gaps in access and inclusion across the community.

3.113 The committee notes that a recurrent theme in evidence to the inquiry is that there is a lack of centralised responsibility for the Disability Strategy. Many submitters have recommended the introduction of a federal body to take responsibility for oversight and implementation of the Disability Strategy. These recommendations will be explored in the next chapter.

3.114 Many of the concerns raised by submitters and witnesses to the inquiry are indicative of ongoing threshold barriers to meaningful change and progress in the community. Finding a way forward beyond these barriers represents the next great challenge for the effective implementation of the Disability Strategy. The next chapter will explore these issues further.

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169 National Disability Services, *Submission 21*, p. 2.

170 Australian Blindness Forum, *Submission 18*, p. 13; see also Dementia Australia, *Submission 16*, p. 15; Amaze, *Submission 24*, p. 7; Macular Disease Foundation Australia, *Submission 41*, p. 2.



# Chapter 4

## Barriers and solutions

### Universal barriers to progress

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

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

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

### *Lack of understanding of accessibility*

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

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

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

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

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

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

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

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

### ***Social construct barriers***

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

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

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

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

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

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

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

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

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

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

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

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



### ***Complaints schemes***

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

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

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

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

### ***Focus on NDIS***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.24 In this context, the Information, Linkages and Capacity (ILC) Building framework under the NDIS is an important pathway to improving inclusion. The ILC involves the whole community regardless of eligibility status, by building awareness and understanding of disability. It also has specific responsibility for people with disability who are outside of the NDIS,<sup>28</sup> However, AFDO told the committee that demand for the ILC already exceeds its allocated budget<sup>29</sup> and the Mental Health Community Coalition ACT noted that 'expectations in the sector that the ILC can fill the gaps opened up under the NDIS are low'.<sup>30</sup>

### ***Monitoring and reporting***

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

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

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

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

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

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

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

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

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

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

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

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

### **A way forward**

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

### ***Cementing coordination***

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

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

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

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

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

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

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

38 *Disability Strategy*, p. 9.

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

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

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

### ***Fixing the consultation process***

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

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

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

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

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

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

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

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

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

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

***Setting and monitoring measurable targets***

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

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

4.38 It was recommended that the Disability Strategy should include a broad measurable goal of establishing a 'closing the gap' strategy for disability, tracked through data and performance indicators across a range of focus areas.<sup>49</sup> Both qualitative and quantitative performance indicators were recommended for the Disability Strategy, as has the introduction of an annual report to Parliament to record progress in these areas.<sup>50</sup> This data could be tracked in a longitudinal fashion beyond the life of the Disability Strategy<sup>51</sup> and include items such as:

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

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

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

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

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

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

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

- proportion of the prison population with intellectual disability and with cognitive impairment.<sup>52</sup>

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

#### ***Further recommendations from submitters***

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

##### *Built environment*

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

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

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

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

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

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

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



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### *Communication*

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

### *Transport*

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

### *Advocacy and advice*

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

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

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

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

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

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

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

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

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

*Civil, social and economic*

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

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

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

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

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

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

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

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Commission report *Equality, Capacity and Disability in Commonwealth Laws*.<sup>71</sup>

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

### Committee view

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

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

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

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

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

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

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

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

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

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

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

## **Recommendations**

### **Recommendation 1**

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

### **Recommendation 2**

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

### **Recommendation 3**

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

### **Recommendation 4**

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

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

**Recommendation 5**

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

**Recommendation 6**

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

**Recommendation 7**

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

**Senator Rachel Siewert**

**Chair**



# **APPENDIX 1**

## **Submissions and additional information received by the Committee**

### **Submissions**

- 1** Australian Network for Universal Housing Design and RI Australia
- 2** Disability Services Commissioner Victoria
- 3** ASTRA (plus an attachment)
- 4** Confidential
- 5** Communication Access Network
- 6** Dr Raelene West, Centre for Applied Social Research, RMIT University
- 7** Transport Accident Commission
- 8** Disability Network Forum
- 9** Volunteering Tasmania
- 10** Advocacy for Inclusion
- 11** SHHH Australia Inc
- 12** Baptcare
- 13** MND Australia
- 14** Multiple Sclerosis Australia
- 15** AGOSCI Inc
- 16** Alzheimer's Australia
- 17** Mental Health Commission of NSW
- 18** Australian Blindness Forum

- 19** Speech Pathology Australia
- 20** Federation of Ethnic Communities' Councils of Australia
- 21** National Disability Services
- 22** Australian Rehabilitation and Assistive Technology Association
- 23** Inability Possability Incorporated
- 24** Amaze
- 25** Association of Consultants in Access Australia
- 26** National Employment Services Association
- 27** MOVE muscle, bone & joint health
- 28** Deafness Forum of Australia
- 29** Summer Foundation
- 30** Physical Disability Council of NSW
- 31** Visionary Design Development
- 32** Mornington Peninsular Shire Council - All Abilities Consultative Committee
- 33** Deaf Australia
- 34** Brotherhood of St Laurence
- 35** Australian Communications Consumer Action Network
- 36** Property Council of Australia
- 37** Business Council of Co-operatives and Mutuals
- 38** Australian Human Rights Commission
- 39** Disabled People's Organisations Australia
- 40** First Peoples Disability Network Australia
- 41** Macular Disease Foundation Australia



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- 42 Australian Local Government Association (plus an attachment)
  - 43 Australian Federation of Disability Organisations
  - 44 Monash University - Departments of Occupational Therapy & Architecture
  - 45 Monash University and FNQ Independent Living Support Association Ltd.
  - 46 Bus Association Victoria Inc
  - 47 Australian Medical Association
  - 48 Mr John McPherson
  - 49 Mr Michael North
  - 50 Tasmanian Government
  - 51 Royal Society for the Blind
  - 52 Volunteering and Contact ACT
  - 53 Multicultural Disability Advocacy Association
  - 54 Public Interest Advocacy Centre
  - 55 Youngcare
  - 56 Autism SA
  - 57 JFA Purple Orange
  - 58 ParaQuad Association of Tasmania Inc
  - 59 Access Easy English (plus three attachments)
  - 60 AED Legal Centre
  - 61 Occupational Therapy Australia
  - 62 Scope (Aust) Ltd
  - 63 VICSERV
  - 64 Vision Australia

- 65 Young People In Nursing Homes National Alliance (plus an attachment)
- 66 Ethnic Disability Advocacy Centre
- 67 People With Disabilities (WA) Inc.
- 68 Activ Foundation
- 69 Australian National Audit Office
- 70 Department of Social Services
- 71 Department of the Environment and Energy
- 72 Maroondah City Council
- 73 Mental Health Community Coalition of the ACT
- 74 Australian Network on Disability
- 75 Municipal Association of Victoria
- 76 Centre for Universal Design Australia
- 77 Department of Infrastructure and Regional Development (plus two attachments)
- 78 Karingal St Laurence
- 79 Blind Citizens Australia
- 80 Tourism Accommodation Australia
- 81 Queensland Mental Health Commission
- 82 Touched by Olivia
- 83 ACT Council of Social Service
- 84 Queensland Advocacy Incorporated
- 85 ACT Disability, Aged and Carer Advocacy Service Inc. (plus an attachment)
- 86 Carers NSW and Carers Victoria
- 87 Anglicare Australia

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- 88 Northern Territory Anti-Discrimination Commission
  - 89 Toowoomba Regional Council's Regional Access and Disability Advisory Committee
  - 90 Lifestyle in Supported Accommodation Inc
  - 91 Legacy Australia
  - 92 Queensland Government
  - 93 National Disability Insurance Agency (plus an attachment)
  - 94 Housing Industry Association (plus three attachments)
  - 95 Tasmanian Bus Association
  - 96 Mr David Roy

### **Additional Information**

- 1 Public Service Mutuals: A third way for delivering public services in Australia, White Paper, from Business Council of Co-operatives and Mutuals, received 27 July 2017
- 2 Senate Economics References Committee's report into Cooperative, mutual and member-owned firms, from Business Council of Co-operatives and Mutuals, received 27 July 2017
- 3 Pre-Budget Submission 2016-2017, NDS WA State Budget Priorities 2016-2017, November 2015, from National Disability Services WA, received 6 September 2017
- 4 Pathways to non-complex assistive technology for HACC clients in WA, full report, from Independent Living Centre WA, received 8 September 2017
- 5 Research insights - At a glance, Pathways to non-complex assistive technology for HACC clients, from Independent Living Centre WA, received 8 September 2017
- 6 Opening statement made at Brisbane public hearing on 30 October 2017, from Mr Herman Odijk, Member, Toowoomba Regional Council's Regional Access and Disability Advisory Committee, received 30 October 2017
- 7 Press release: St.George becomes Australia's first dementia friendly bank, 21 September 2017, from St.George Bank, received 2 November 2017
- 8 Statement, from Digital Transformation Agency, received 2 November 2017

### **Answers to Questions on Notice**

- 1 Answers to Questions taken on Notice during 4 July public hearing, received from Australian Human Rights Commission, 7 July 2017
- 2 Answers to Questions taken on Notice during 4 July public hearing, received from Australian Human Rights Commission, 20 July 2017
- 3 Answers to Questions taken on Notice during 4 July public hearing, received from First Peoples Disability Network, 4 August 2017
- 4 Answers to Questions taken on Notice during 24 August public hearing, received from Developmental Disability WA, 8 September 2017
- 5 Answers to Questions taken on Notice during 24 August public hearing, received from Blind Citizens WA Inc, 8 September 2017
- 6 Answers to Questions taken on Notice during 24 August public hearing, received from Independent Living Centre WA, 8 September 2017
- 7 Answers to Questions taken on Notice during 24 August public hearing, received from People With Disabilities (WA), 18 September 2017
- 8 Answers to Questions taken on Notice during 24 August public hearing, received from Department of Communities, WA, 27 September 2017
- 9 Answers to Questions taken on Notice during 24 August public hearing, received from Blind Citizens WA Inc, 28 September 2017
- 10 Answers to Questions taken on Notice during 24 August public hearing, received from National Disability Services, 29 September 2017
- 11 Answers to Questions taken on Notice during 24 August public hearing, received from Independent Living Centre WA, 2 October 2017
- 12 Answers to Questions taken on Notice during 30 October public hearing, received from Queensland Mental Health Commission, 24 November 2017
- 13 Answers to Questions taken on Notice during 1 November public hearing, received from Department of Industry, Innovation and Science, 20 November 2017
- 14 Answers to Questions taken on Notice during 1 November public hearing, received from Department of Communications and the Arts, 20 November 2017
- 15 Answers to Questions taken on Notice during 1 November public hearing, received from Department of Social Services, 21 November 2017
- 16 Answers to Questions taken on Notice during 1 November public hearing, received from National Disability Insurance Agency, 22 November 2017
- 17 Answers to Questions taken on Notice during 1 November public hearing, received from Department of Infrastructure and Regional Development, 24 November 2017
- 18 Answers to written Questions on Notice, received from Australian Broadcasting Corporation, 27 October 2017

### **Tabled Documents**

- 1 Low vision, quality of life and independence, A review of the evidence on aids and technologies, tabled by Macular Disease Foundation Australia, at Sydney public hearing, 4 July 2017

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- 2 Cost estimate of a federally funded low vision aids and technology program, tabled by Macular Disease Foundation Australia, at Sydney public hearing, 4 July 2017
  - 3 Symposium paper: Walk the Talk: Realising the 2010-2020 National Disability Strategy and our human rights promises, Highlights, tabled by Queensland Advocacy Incorporated, at Brisbane public hearing, 30 October 2017
  - 4 Symposium paper: Walk the Talk: Realising the 2010-2020 National Disability Strategy and our human rights promises, Report and outcomes from the forum, tabled by Queensland Advocacy Incorporated, at Brisbane public hearing, 30 October 2017
  - 5 Submission to Department of Social Services: National Disability Insurance Scheme Quality and Safeguarding Framework, tabled by Queensland Advocacy Incorporated, at Brisbane public hearing, 30 October 2017
  - 6 Position paper: The right to a home of one's own, tabled by Queensland Advocacy Incorporated, at Brisbane public hearing, 30 October 2017
  - 7 Extract from Brisbane City Council Access and Inclusion webpage: Catching public transport, last updated 3 November 2014, tabled by Anti-Discrimination Commission Queensland, at Brisbane public hearing, 30 October 2017
  - 8 Online article: Lawsuit claims Uber discriminates against people with disabilities; Engadget.com, 28 June 2017, tabled by Anti-Discrimination Commission Queensland, at Brisbane public hearing, 30 October 2017
  - 9 Extract from ADCQ website: Inaugural Robert Jones Memorial Oration 2014, Getting in the door: the public interest in the design of private housing, Dr Margaret Ward, tabled by Anti-Discrimination Commission Queensland, at Brisbane public hearing, 30 October 2017
  - 10 Extract from ADCQ website: 2015 Robert Jones Oration, Walking backwards into the future, Mr Maha Sinnathamby, Chairman of Springfield Land Corporation, tabled by Anti-Discrimination Commission Queensland, at Brisbane public hearing, 30 October 2017
  - 11 Robert Jones Oration 2017: Without limits: developing the social and economic potential of accessible tourism for Queensland, Professor Simon Darcy, UTS Business School – Management Group and the Centre for Business and Social Innovation, tabled by Anti-Discrimination Commission Queensland, at Brisbane public hearing, 30 October 2017
  - 12 Online article: Uber is being sued by NY disability advocates for not having accessible cars; Recode.net, 18 July 2017, tabled by Anti-Discrimination Commission Queensland, at Brisbane public hearing, 30 October 2017
  - 13 Disability Advocacy Network Australia: Independent Cost Benefit Analysis of Australia's Independent Disability Advocacy Agencies, tabled by ACT Disability, Aged and Carer Advocacy Service, at Canberra public hearing, 1 November 2017
  - 14 Opening statement, links and biography, tabled by Australian Information Industry Association, at Canberra public hearing, 1 November 2017



# **APPENDIX 2**

## **Public hearings**

*Tuesday, 4 July 2017*

*Portside Centre, Sydney*

### **Witnesses**

#### **Disabled People's Organisations Australia**

SANDS, Ms Therese, Director

#### **First Peoples Disability Network Australia**

GRIFFIS, Mr Damian, Chief Executive Officer

#### **Australian Human Rights Commission**

McEWIN, Mr Alastair, Disability Discrimination Commissioner

#### **Australian Network for Universal Housing Design**

WARD, Dr Margaret, Convenor

#### **Rights and Inclusion Australia**

FOX, Mr Michael, Chair

#### **Macular Disease Foundation Australia**

HERAGHTY, Ms Julie, Chief Executive Officer

CHOO, Mr Mark, Senior Policy Officer

#### **Australian Communications Consumer Action Network**

CLARK, Ms Narelle, Acting Chief Executive Officer

HAWKINS, Mr Wayne, Disability Policy Adviser

#### **Business Council of Co-operatives and Mutuals**

MORRISON, Mrs Melina, Chief Executive Officer

McFEE, Mrs Gillian, Chair, PSM Taskforce

#### **Department of Occupational Therapy, Monash University**

CALLAWAY, Ms Libby, Senior Lecturer and PhD candidate

#### **FNQ Independent Living Support Association Inc.**

CARLING, Ms Nita, President

**Physical Disability Council of New South Wales**

OVENS, Ms Serena, Executive Officer

*Thursday, 6 July 2017*

*Victorian Parliament, Melbourne*

**Witnesses**

**Deaf Australia**

MIERS, Mr Kyle, Chief Executive

**Bus Association Victoria Inc.**

LOWE, Dr Christopher, Executive Director

KAVANAGH, Mr Peter, Director, Member Services

**All Abilities Consultative Committee, Mornington Peninsula Shire Council**

KENT, Mrs Elizabeth, Chair

FANKHAUSER, Ms Karen, Vice-Chairperson

RODMAN, Ms Belinda, Committee Member

HILLS, Miss Kate, Senior Social Planner, Health and Wellbeing, Mornington Peninsula Shire Council

**Australian Federation of Disability Organisations**

McGEE, Mr Patrick, National Manager, Policy, Advocacy and Research

ZAMMIT, Ms Jessica, National Manager, Workforce Participation

**Australian Rehabilitation & Assistive Technology Alliance**

THOMPSON, Mr Carl, Board Member

HARRAWAY, Mr David, Occupational Therapist

**Visionary Design Development Pty Ltd**

JACKSON, Ms Mary Ann, Managing Director

KAUSHIK, Ms Saumya, Graduate

**Brotherhood of St Laurence**

HUDSON, Mr Robert, Group General Manager, Programs and Policy

LEIGHTON, Mr Daniel, General Manager, Local Area Coordination

PAGAN, Ms Amanda, Principal Research Fellow, Inclusive Communities



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*Thursday, 24 August 2017*

*Four Points by Sheraton Hotel, Perth*

**Witnesses**

**People with Disabilities WA**

JENKINSON, Ms Samantha, Executive Director

**CARA Inc.**

COHEN, Mrs Elizabeth, Chief Executive

NOONAN, Ms Amy, Media & Communications Manager

**Autism Spectrum Australia**

COYLE, Miss Linzi, Community Engagement and Operations Manager

TUTTON, Dr Thomas, National Manager Aspect Practice

WEBSTER, Ms Melissa, National Manager—Aspect Choose & Connect

**Independent Living Centre WA**

CLAY, Ms Gerri, Chief Executive Officer

LOIZOU, Mrs Danielle, Project Coordinator

SNADDEN, Ms Francine Joy, Manager

**Department of Communities**

CASH, Mr Greg, Assistant Director General Housing

SPENCER, Ms Simone, Assistant Director General NDIS

**Community Housing Industry Association**

DOYLE, Mr Barry, Project Director, WA

**Access Housing**

ELLENDER, Mr Garry, Chief Executive Officer

MORONEY, Mr Duane, Development Manager

**WA Deaf Society**

CROSS, Ms Linda, Fundraising and Marketing Coordinator, through sign language interpreter

GIBSON, Mr David, Chief Executive Officer

**Blind Citizens WA Inc**

FERRIS, Ms Deanne Marie, President

**Developmental Disability Western Australia**

KELLY, Ms Grace, Aboriginal Project Support Officer

WILLIAMS, Ms Averil, Co-facilitator, Developmental Disability Western Australia  
National Disability Insurance Scheme Yarning Workshop Series  
WRIGHT, Ms Wendy, Co-facilitator, Developmental Disability Western Australia  
National Disability Insurance Scheme Yarning Workshop Series, First Peoples  
Disability Network

**National Disability Services WA**

BUCHANAN, Ms Frances, Operations Manager  
WAYLEN, Ms Julie, State Manager

*Monday, 30 October 2017*

*Queensland Parliament, Brisbane*

**Witnesses**

**Queensland Advocacy Incorporated**

O'FLYNN, Ms Michelle, Director  
PHILLIPS, Dr Emma, Systems Advocate and Lawyer

**Youngcare**

RYAN, Mr Anthony William, Chief Executive Officer

**Young People in Nursing Homes National Alliance**

MORKHAM, Dr Bronwyn, National Director  
BLACKWOOD, Mr Alan McKenzie, Policy Director

**Carers Queensland Ltd**

WILLS, Mrs Jocelyn Dee, Senior Manager, National Disability Insurance Scheme  
Local Area Coordination Program

**Anti-Discrimination Commission Queensland**

COCKS, Mr Kevin, Commissioner

**Speech Pathology Australia**

DIXON, Ms Gaenor, National President  
JOHNSON, Ms Patricia, Senior Adviser, Ethics and Professional Issues

**Scope (Australia) Ltd**

WEST, Ms Denise, General Manager, North Division and State-Wide Services  
KORITSAS, Dr Stella, Manager, Strategic Research

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**Regional Access and Disability Advisory Committee, Toowoomba Regional Council**

ODIJK, Mr Herman, Member

**Mental Health Commission of New South Wales**

BURNS, Ms Karen, Deputy Commissioner

**Queensland Mental Health Commission**

FRKOVIC, Mr Ivan, Commissioner

*Wednesday, 1 November 2017*

*Parliament House, Canberra*

**Witnesses**

**ACT Council of Social Service**

HELYAR, Ms Susan, Director

WALLACE, Mr Craig, Policy Manager

**ACT Disability, Aged and Carer Advocacy Service**

MAY, Mrs Fiona, Chief Executive Officer

**Federation of Ethnic Communities' Councils of Australia**

GIUSTI, Ms Maria-Cristina, Senior Policy and Project Officer

**National Ethnic Disability Alliance**

CRANFIELD, Mr Dwayne, Chief Executive Officer

**Multicultural Disability Advocacy Association of New South Wales**

LAGUNA, Mrs Susan, Executive Director

**Dementia Australia**

McCARTHY, Ms Susan, Executive Director, Client Services

RAI, Ms Priyanka, Senior Programs and Policy Adviser

**National Employment Services Association**

GILL, Ms Annette, Principal Policy Adviser

**Disability Employment Australia**

KANE, Mr Rick, Chief Executive Officer

COLES, Mr David, Chairperson

**Department of Infrastructure and Regional Development**

JAMES, Mr Marcus, General Manager, Road Safety and Productivity Branch

CRISTOFANI, Ms Katrina, Director, Road Safety Policy and Transport Standards Section

SMITH, Mr Geoff, Assistant Director, Road Safety Policy and Transport Standards Section, Road Safety and Productivity Branch

**Department of Industry, Innovation and Science**

BYRNE, Dr Anne, General Manager, Industry Transition Branch

WOOD, Ms Cecilia, Manager, Building Industry Section, Industry Transition Branch, Industry Growth Division

**Australian Building Codes Board**

SAVERY, Mr Neil, General Manager

NEWHOUSE, Mr Kevin, Group Manager, National Construction Code Management and Product Certification

**Department of Communication and the Arts**

SILLERI, Ms Kathleen, Assistant Secretary, Consumer Safeguards Branch

OWENS, Ms Helen, Assistant Secretary, Content and Copyright Branch

AHLIN, Mr Sam, Director, Copyright Law, Content and Copyright Branch

HRAST, Ms Jacqueline, Acting Director, Intergovernmental and Program Support, Access and Participation Branch

**Australian Information Industry Association**

JOHNSON, Ms Marie, Board Director

**Australian Broadcasting Corporation**

McALINDEN, Mr Kevin, Government Relations Lead

**Department of Employment**

JENSEN, Benedikte, Group Manager

O'REGAN, Ms Carmel, Branch Manager, Labour Market Policy

RAINER, Ms Anne, Director

**Department of Social Services**

LYE, Mr Michael, Deputy Secretary, Disability and Carers

CARAPPELLUCCI, Ms Flora, Group Manager, Disability, Employment and Carers

BROADHEAD, Mr Peter, Branch Manager, Disability Employment Services

FLINTOFT, Mr Craig, Director, National Disability Policy Section

**National Disability Insurance Agency**

GUNN, Ms Stephanie, Acting Deputy Chief Executive Officer, Participants and Planning Experience Group

RUNDLE, Ms Vicki PSM, Acting Deputy Chief Executive Officer, People and Stakeholder Engagement Group