



2010–2020

# National Disability Strategy

An initiative of the Council of Australian Governments

# Contents

<b>Foreword</b>	<b>03</b>
-----------------	-----------

---

<b>Overview</b>	<b>07</b>
-----------------	-----------

---

<b>Why we need a National Disability Strategy</b>	<b>11</b>
---	-----------

INTRODUCTION	12
--------------	----

THE HUMAN RIGHTS IMPERATIVE	16
-----------------------------	----

THE SOCIAL IMPERATIVE	17
-----------------------	----

THE ECONOMIC IMPERATIVE	19
-------------------------	----

---

<b>The National Disability Strategy</b>	<b>07</b>
---	-----------

VISION	22
--------	----

PRINCIPLES	22
------------	----

WHO IT COVERS	23
---------------	----

ROLES AND RESPONSIBILITIES	24
----------------------------	----

RESEARCH	26
----------	----

AREAS OF POLICY ACTION	27
------------------------	----

 <b>Inclusive and accessible communities</b>	<b>29</b>
---	-----------

 <b>Rights protection, justice and legislation</b>	<b>36</b>
---	-----------

 <b>Economic security</b>	<b>42</b>
--	-----------

 <b>Personal and community support</b>	<b>47</b>
---	-----------

 <b>Learning and skills</b>	<b>53</b>
--	-----------

 <b>Health and wellbeing</b>	<b>59</b>
---	-----------

---

<b>Implementing the National Disability Strategy</b>	<b>66</b>
--	-----------

IMPLEMENTATION PLANS	66
----------------------	----

GOVERNANCE ARRANGEMENTS	66
-------------------------	----

STAKEHOLDER ENGAGEMENT	67
------------------------	----

MONITORING AND REPORTING PROCESS	67
----------------------------------	----

---

<b>Notes</b>	<b>70</b>
--------------	-----------

# Foreword

This document represents the Australian Government's draft National Disability Strategy. This Strategy has been developed in consultation with people with disability, the community, State and Territory Governments and the Australian Local Government Association.

The Gillard Labor Government is committed to ensuring that people with disability are able to fulfil their potential and this plan outlines a nationwide approach to improving the lives of people with disability.

The Strategy will guide public policy across governments and aims to bring about change in all mainstream services and programs as well as community infrastructure so that people with disability have the same opportunities as other Australians – to a quality education, to health care, to have a job where possible and to access buildings, transport and social activities.

A re-elected Gillard Labor Government will take this National Disability Strategy Council of Australian Governments meeting early next term.

Australian Government Draft National Disability Strategy.

Pages 4-7 have been deliberately left blank.



# Overview

---

The National Disability Strategy (the Strategy) sets out a ten year national plan for improving life for Australians with disability, their families and carers. It draws on the findings of extensive consultation conducted in 2008-09 by the National People with Disabilities and Carer Council and reported in *Shut Out: The Experience of People with Disabilities and their Families in Australia (2009)*. The report is available at [http://www.fahcsia.gov.au/sa/disability/pubs/policy/community\\_consult/Pages/default.aspx](http://www.fahcsia.gov.au/sa/disability/pubs/policy/community_consult/Pages/default.aspx):

“ People with disabilities want to bring about a transformation of their lives. They want their human rights recognised and realised. They want the things that everyone else in the community takes for granted. They want somewhere to live, a job, better health care, a good education, a chance to enjoy the company of friends and family, to go to the footy and to go to the movies. They want the chance to participate meaningfully in the life of the community. And they are hopeful. They desire change and they want others in the community to share their vision. They recognise that governments cannot work in isolation and they want others to see the benefits of building more inclusive communities (Shut Out, 2009).<sup>1</sup> ”

The Commonwealth, State and Territory governments have developed this Strategy in partnership under the auspices of the Council of Australian Governments (COAG). The Australian Local Government Association has assisted in the development of the Strategy and there will be a strong role for local governments in its implementation. The shared vision is for **an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens.**

Each level of government has specific roles and responsibilities across the range of policies and programs that impact on people with disability and their families and carers. The Strategy does not change the nature of these roles and responsibilities, but seeks to create a more cohesive approach across all governments.

The purpose of the National 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.

The Strategy will be revised and updated over its ten year life span in response to reviews of progress.

Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2008. 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.

In addition to the human rights and social imperatives for action, the Strategy acknowledges the economic imperative. Projected demographic change will see a progressively older Australian population and a more urgent need to maximise the potential of all Australians. For the benefit of everyone, the barriers to the contributions that can be made by people with disability, their families and carers need to be removed.

The Strategy looks beyond the specialist disability support system delivered by the Commonwealth, States and Territories under the National Disability Agreement (NDA). All States and Territories have individual disability strategies; however, this is the first time in Australia that a national strategy articulates long-term goals across a number of key policy areas which impact on people with disability, their families and carers. It also provides leadership for a community-wide shift in attitudes to look beyond the disability.

*Shut Out* reported that people with disability wanted a whole-of-life approach involving coordinated and comprehensive planning between all levels of government and across all portfolios. The Strategy embodies this approach with all levels of government involved in both its development and implementation.

The Strategy covers six policy areas:

**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.

**Rights protection, justice and legislation**—statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.

**Economic security**—jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.

**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.

**Learning and skills**—early childhood education and care, schools, further education, vocational education; transitions from education to employment; life-long learning.

**Health and wellbeing**—health services, health promotion and the interaction between health and disability systems; wellbeing and enjoyment of life.

An essential part of this ten year Strategy is the engagement of people with disability in the further development, implementation and monitoring of progress. In particular, the first year of the Strategy will provide opportunities for people with disability, their families and carers, policy makers, service providers, unions, business and community members to work together on the best ways to implement the Strategy and work towards the 2020 vision.

A key initiative of the Strategy is the introduction of a periodic high level report using trend data to track national progress for people with disability in Australia. The report will be prepared every two years and will use trend data based on the six outcome areas of the Strategy. More detail and draft trend data is outlined later in this document in “Monitoring and reporting progress”.

There will be a report to COAG from Community and Disability Services Ministers at the end of the first year of the Strategy, outlining an implementation plan. Following this, there will be regular two-yearly reports on achievements in implementing the priority actions. At these points, the policy directions and areas for future action will be reviewed to ensure that the Strategy continues to drive better outcomes for people with disability. These reports will contribute to Australia’s report under the CRPD.



# Why we need a national disability strategy

# INTRODUCTION

A national effort is needed to make the necessary changes to transform the experience of people with disability and demonstrate the benefits for all Australians of more inclusive communities.

This Strategy provides an opportunity to make clear the shared national vision for people with disability and to outline the future directions of public policy.

Australians with disability have significantly worse life outcomes compared to others or to people with disability in similar countries.<sup>2</sup>

People with disability are more likely to experience:

- relatively poor health
- lower levels of participation in education, training and employment
- social exclusion
- lack of access to goods, services and facilities
- ongoing discrimination.<sup>3</sup>

These poor outcomes provide the impetus for a significant increase in effort from all governments, the community and business. Equal participation by people with disability in Australian life will enrich life for all Australians.

## Changing policy

Over recent decades there have been significant changes in disability policies in Australia at Commonwealth, State and Territory levels. In the 1980s, there was a general move by service providers away from institutional approaches towards more community orientated service provision. Following the International Year of Disabled Persons in 1981, governments introduced a range of initiatives that had positive impacts on the lives of people with disability.

Disability Services Acts, both Commonwealth, State and Territory, provided a comprehensive framework for the funding and provision of support services for people with disability.

Anti-discrimination legislation was introduced across the country, with Equal Employment Opportunity addressing the issue of discrimination in the workplace.

From the 1980s onwards the education of children with disability within mainstream schools has been promoted. The Disability Standards for Education, which came into effect in August 2005, underline the continued obligations of education and training providers to ensure that students with disability are able to access and participate in education without experiencing discrimination.

There is greater awareness of the need for full access to public and private facilities to ensure all members of the community are able to participate. Person-centred approaches to planning, design and delivery of supports and services have emerged, and interest is growing in individualised, self-directed funding and supports.

Much of this change has been driven by the representations and involvement of people with disability. However, there is still a long way to go to achieve full inclusion of people with disability in everyday Australian life.

## Improving the mainstream response

Some people with disability and their carers need specialist supports to be able to maintain everyday wellbeing at home, and to be involved in community life. It is important to have these specialist supports in place, and to work to improve their quality and accessibility. However, a key imperative is for the broader community and mainstream services and facilities that are part of ordinary Australian life to be available and fully accessible for people with disability. That is, people with disability need to be able to access and use local doctors, dentists, shopping centres, sports clubs, transport, schools, websites, voting booths and so on.

All governments in Australia are working on these issues. However, governments agree that they can build on these strengths by working together to develop an integrated national approach that seeks to improve the life experiences of people with disability.

The Strategy provides a cohesive vision for advancing the interests of people with disability, their families and carers across the whole community. The Strategy will work in conjunction with the National Disability Agreement and other Commonwealth-State/Territory agreements to ensure that all mainstream services and programs across the country - including healthcare, education, Indigenous reform and housing - address the needs of people with disability.

An important long-term initiative of this Strategy is that governments have agreed to use the review points of these mainstream agreements to assess their consistency with the National Disability Strategy, and to consider the inclusion of strategies and performance indicators to ensure they address the needs of people with disability.

## An inclusive agenda

The Strategy recognises that not all people with disability are alike. People with disability have specific needs, priorities and perspectives based on their personal circumstances, including the type and level of support required, education, sex, age, sexuality, and ethnic or cultural background. Some experience multiple disadvantages. Sex, race and age can significantly impact on the experience of disability.

Women and men with disability often face different challenges by reason of their sex, or experience the same issues in different ways. For example, women and men with disability are likely to experience violence in different ways and so need different supports.

Aboriginal and Torres Strait Islander Australians experience higher rates of disability than do other Australians. After taking into account age differences between the Indigenous and non-Indigenous populations, the rate of disability among Indigenous people is almost twice as high as that among non-Indigenous people.<sup>4</sup> *Closing the Gap* strategies for improving outcomes for Indigenous people need to tackle specific barriers faced by Indigenous people with disability.

People from culturally and linguistically diverse backgrounds—in particular newly arrived migrants such as refugees and special humanitarian entrants—can be particularly vulnerable. Those with disability are likely to experience multiple disadvantages. Lack of accessible information, communication difficulties or cultural sensitivities and differences can create barriers to services and support.

Additional stresses are often faced by people living in rural and remote areas. Remote areas are characterised by low population density and a lack of access to larger service centres and transport routes. This can limit equity and access to services, and where services are available, providers sometimes face difficulties in recruiting and retaining an appropriately qualified workforce. The characteristics of rural and remote areas can provide challenges for people with disability that are distinctly different from those for people who live in metropolitan areas.

The Strategy takes an approach that is comprehensive while recognising the different needs, perspectives and interests of people with disability. Recognition of the diversity of experiences of people with disability underpins the six outcome areas of the Strategy.

## A shared agenda

It is clear from the consultations on the Strategy that people with disability and their families and carers expect governments to work together and with the wider community to come up with solutions.

“ In outlining a high-level strategic vision, submissions argued that the Strategy must ensure that there is co-ordinated and comprehensive planning across all portfolios and between all levels of government (Shut Out, 2009).<sup>5</sup> ”

The Strategy provides a shared agenda to help achieve the vision of an inclusive Australian society that enables people with disability to achieve their full potential as equal citizens.

It will guide governments at all levels, together with business and the community sector, to consider the needs and rights of people with disability.

“ Importantly, the Strategy must recognise the complexity of people’s lives and the intersection and interdependence of many areas (Shut Out, 2009).<sup>6</sup> ”

A whole-of-governments approach is needed to reduce fragmentation and improve the coordination of policy and programs. Complementary reforms across a number of areas will be more effective than addressing issues separately.

While having a national focus, the Strategy builds on existing efforts under State and Territory plans and will ensure that each level of government retains the flexibility to respond to the unique characteristics, priorities and challenges of their individual jurisdictions.

## THE HUMAN RIGHTS IMPERATIVE

People with disability must be afforded the same rights as all other Australians. Australia formally recognised this by ratifying the CRPD in 2008, and acceding to its Optional Protocol in 2009. People with disability are citizens with rights, not objects of charity.

### Attitudes and practices are disabling

The Strategy is based on a social model of disability. This recognises that attitudes, practices and structures are disabling and can prevent people from enjoying economic participation, social inclusion and equality. This is not the inevitable result of an individual's impairment.

“ If I lived in a society where being in a wheelchair was no more remarkable than wearing glasses, and if the community was completely accepting and accessible, my disability would be an inconvenience and not much more than that. It is society which handicaps me, far more seriously and completely than the fact that I have Spina Bifida (Shut Out, 2009).<sup>7</sup> ”

The idea that people with disability can be more disadvantaged by society's response to their disability than the disability itself is leading to a greater focus on policies that seek to remove these barriers.

Concerted attention is needed to improve the responsiveness of Australia's policies in areas such as health, education, employment support, housing and income support. Australia's performance in these areas for people with disability continues to lag well behind achievements for the rest of the population.<sup>8</sup>

The Strategy identifies and will monitor action to ensure that mainstream service systems and regulatory frameworks such as building codes become part of the solution to overcoming barriers for people with disability.

### Reporting to the United Nations

The Strategy will help ensure that the principles underpinning the CRPD are incorporated into policies and programs affecting people with disability and their families and carers.

The CRPD is unique in that it is both a human rights instrument and a development instrument which aims to redress the social disadvantage of people with disability. It is also a policy instrument which is cross-sectoral and cross-disability, and requires the development of a framework to promote and monitor implementation.

The six policy areas of the Strategy are aligned to the articles of the CRPD and were agreed following substantial consultation. The consultation received a large number of submissions and a high level of community engagement, reflected in the publication of *Shut Out: The Experience of People with Disabilities and their Families in Australia*. The document is available at [http://www.fahcsia.gov.au/sa/disability/pubs/policy/community\\_consult/Pages/default.aspx](http://www.fahcsia.gov.au/sa/disability/pubs/policy/community_consult/Pages/default.aspx).

## Advocacy

It is important that people with disability have the opportunity to participate in decisions that affect their lives. For some people this participation is supported by advocacy services.

Disability advocacy enables and supports people with disability to safeguard their rights and overcome barriers that impact on their ability to participate in the community. Advocacy supports people to make sure that their rights are promoted and valued, to participate in the decisions that affect their lives, especially around access to services and support, and to be actively involved in the life of their communities. Disability advocacy enables people with disability to actively participate in the decision-making processes that safeguard and advance their human rights, wellbeing and interests.

Individual advocacy supports people with disability to understand and exercise their rights, through either one-to-one support, or by supporting people to advocate for themselves individually, or on a group basis. Systemic advocacy seeks to introduce and influence longer term changes to ensure the rights of people with disability are attained and upheld to positively affect the quality of their lives. Systemic advocates can influence positive changes to legislation, policy and service practices and work towards raising and promoting community awareness and education of disability issues.

## THE SOCIAL IMPERATIVE

The *Shut Out* report highlighted a pressing need to address issues of social exclusion and discrimination and poor social experiences and community participation for many people with disability:

“ For some people with disabilities, the years of isolation and exclusion have had a profound impact on self-worth and self-esteem (Shut Out, 2009).<sup>9</sup> ”

Many of the issues raised by people with disability, their families and carers in the national consultation for the Strategy were about exclusion from ordinary daily life.

“ Children with disability finding themselves excluded from local kindergartens and schools, and everyday social interactions.

People who use wheelchairs not able to access the public facilities taken for granted by others in the community, such as playgrounds, swimming pools, cinemas, restaurants, hotels and cafes.

Qualified and competent candidates for jobs rejected because of their disability (Shut Out, 2009).<sup>10</sup> ”

People with disability want the same things as everyone else, whether that is forming personal relationships, having a family, taking part in continuous learning or enjoying retirement. Young people with disability have the same aspiration to grow up, get a job and leave home as other young people—and they deserve the same opportunity.

What is equally important but often overlooked is the contribution that people with disability make to building social capital and goodwill in the community. The Strategy highlights this positive contribution and seeks to change attitudes about inclusion, participation and equality.

A community that only sees deficits when it sees a person with disability is a community that creates barriers to participation and entrenches dependencies on formal support systems.

Australia should be a country where it is not unusual to see people with disability as participants, organisers and leaders in all parts of civic life including cultural, religious, recreational, political, professional and sporting spheres.

## Everyone is part of the solution

The responsibility for changing attitudes and responses to disability belongs to everyone. The Strategy articulates the values and principles needed to underpin policies and programs for people with disability. It helps provide national leadership to build awareness and understanding of what needs to change so that people with disability fulfil their potential as equal citizens.

## THE ECONOMIC IMPERATIVE

In addition to the individual and family benefits of improving outcomes for people with disability, there is a strong economic imperative to encourage workforce participation and build human capital.

The number of people with disability in Australia is growing significantly at both ends of the lifecycle—young and old—including those with highest needs.<sup>11</sup>

“ The number of people with severe or profound disability is projected to increase over the next 40 years from 1.4 million to 2.9 million.<sup>12</sup>

The projected growth rate in the population with severe or profound disability will outstrip the (general) population growth rate by two to three times over next 70 years.<sup>13</sup> At the same time, the ratio of informal carers will decrease by more than half over the next 50 years.<sup>14</sup> ”

Families and other carers play a significant role in supporting people with disability.<sup>15</sup> In 2003, approximately 2.5 million people reported providing informal care to a person because of the care recipient's disability or old age.<sup>16</sup> Primary carers are less likely to be in the labour force (39 per cent) compared to non-carers (67.9 per cent).<sup>17</sup>

“ Primary carers are likely to be in the poorest two-fifths of all households and 55 per cent receive income support as their main source of cash income.<sup>18</sup> ”

Women with disability are less likely to be in paid work than other women, men with disability, or the population as a whole.<sup>19</sup>

### Improving productivity

The Strategy will help ensure that policy settings, including health, education, employment and income support systems and infrastructure are properly designed to help meet the aspirations of people with disability, and to maximise productivity across all sectors of the population wherever possible.

This is important now and even more so into the future. By 2050 there will be only 2.7 people of working age for every person aged 65 and over, compared with 5 people today.<sup>20</sup> The *2010 Intergenerational Report* has highlighted that population ageing will put significant pressures on the economy.<sup>21</sup> As the workforce becomes a smaller proportion of Australian society, harnessing the

potential of the working age population will become increasingly important. This applies equally to people with disability, who would be able to take up job opportunities with appropriate support.

The Strategy is part of a prudent response to one of the most pressing challenges which faces Australia over the next forty years.

There is an important relationship between educational outcomes for people with disability and their economic contribution as workers and taxpayers. Changing attitudes towards disability—accompanied by improved accessibility of buildings, transport, information and telecommunications—have the potential to increase the contribution of people with disability to the economy as customers and users of technology. A good example of this is tourism. People with disability represent a sizeable potential travel and tourism market that can be tapped through improved customer service, accessible transport, venue, and accommodation options.

## Looking to the long term

Australia's specialist disability support system provides a range of personal and community support for people with disability and their families and carers, and is jointly funded by State and Territory governments and the Commonwealth. Under the National Disability Agreement there is important reform work underway to improve the existing system.

Support for people with disability and their families and carers is a social investment as it assists people to realise their potential and enables them to contribute to society, economically and socially.

However, the demand for services exceeds supply and continues to do so, despite governments providing significant growth in funding in recent years. The demand for both disability-specific and mainstream services is continuing to grow due to a number of factors, including increases in the prevalence of chronic health conditions, increased expectations of the quality of care, and a trend towards community-based living arrangements. A further factor is a projected decline in the number of carers available due to the ageing of the workforce, the changing roles of women and changing family structures.

“ A decrease in informal care rates of 1.6 per cent per annum is projected from 2006 to 2036. This is likely to result in a requirement of 7.2 per cent per annum increase in formal service provision.<sup>22</sup> ”

The Australian Government has asked the Productivity Commission to conduct an inquiry into a national disability long-term care and support scheme, including consideration of a national disability insurance scheme. Exploring alternative approaches to the funding and delivery of disability services with a focus on early intervention and long-term care will be an important contribution to the Strategy.



# The national disability strategy

## VISION

An inclusive Australian society that enables people with disability to fulfil their potential as equal citizens.

To achieve this vision all Australian governments, non-government organisations, businesses and the wider community have a role to play. This Strategy outlines actions that need to be taken at all levels of government and across the community during the next ten years.

Through valuing the participation and contribution of people with disability, the Strategy encourages innovation in the design of communities and environments to invite participation on a universal and equal footing.

The experiences and needs of people with disability and their families are central to the Strategy, its vision, and its principles.

## PRINCIPLES

The Strategy adopts the principles set out in Article 3 of the CRPD:

- respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- non-discrimination
- full and effective participation and inclusion in society
- respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- equality of opportunity
- accessibility
- equality between men and women
- respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

These principles align well with Australian public policies of inclusion and non-discrimination.

The policies and practices developed by governments under the Strategy, including in mainstream areas, will reflect and reinforce the following approaches:

**Involvement of people with disability**—the views of people with disability are central to the design, funding, delivery and evaluation of policies, programs and services which impact on them, with appropriate support and adjustment for participation.

**Community engagement**—a whole-of-community change effort is required to remove barriers and support inclusion of people with disability in the life of their communities.

**Universal approach**—products, services, environments and communities are accessible and usable by all people to the greatest extent possible without the need for specialised modification.

**Life course approach**—takes into account a person’s likely needs and aspirations over their lifetime, paying particular attention to milestones and times of transition.

**Person-centred**—policies, programs and services for people with disability are designed to respond to the needs and wishes of each individual.

**Independent living**—the provision of services and equipment that facilitate the greatest level of independence and the enjoyment of a lifestyle that reflects the choices of people with disability.

**Interconnectivity**—governments work together to ensure interconnectivity of policies and programs.

## WHO IT COVERS

For the purposes of this Strategy, the term ‘people with disability’ refers to people with all kinds of impairment from birth or acquired through illness, accident or the aging process. It includes cognitive impairment as well as physical, sensory and psycho-social disability. There is a more detailed definition of disability in the *Disability Discrimination Act 1992* (Cwlth).

Carers in this context refers to all those who provide care, support and assistance to a person with disability as a family member, friend, neighbour or work colleague. Many people with disability are carers too. The National Carer Strategy will address carer issues more specifically and is expected to be released by the end of 2010.

## ROLES AND RESPONSIBILITIES

The Strategy creates a framework for policy makers, service providers, community groups, businesses and families to engage with people with disability. The goal is to enable people with disability to realise their aspirations, maximise their independence and participate in their communities.

All Australians have a role to play in working together to achieve a society that enables people with disability to reach their full potential:

- **People with disability** have lived experience of disability and must play a central role in shaping and implementing policies, programs and services that affect them.
- **Family members and carers** provide relationships and support enabling independence and participation in the community.
- **Community** provides social connectedness through genuinely welcoming, respecting, valuing and actively involving people with disability.
- **Disability organisations** are essential in promoting the rights of people with disability and in helping people with disability to reach their full potential through participation in all aspects of Australian life.
- **Businesses and community groups** play a vital role in creating an inclusive, flexible and accessible environment for people with disability who work or volunteer for them, purchase their goods, access their services or participate in their events.
- **Governments** at all levels—Commonwealth, State, Territory and local—develop policies, deliver programs and services and fund infrastructure. They have a responsibility to ensure inclusion, accessibility and connection across levels of government in all matters affecting the interests of people with disability.

The Strategy does not change the specific roles and responsibilities of each level of government across the range of policies and programs that impact on people with disability and their families and carers. The Strategy seeks to create a more cohesive whole-of-governments approach.

Implementing the National Disability Strategy will assist governments in meeting their obligations under the following:

- United Nations Convention on Rights of Persons with Disabilities
- National Disability Agreement
- *Disability Discrimination Act 1992* (Cwlth) and related disability standards
- *Disability Services Act 1986* (Cwlth) and complementary legislation
- Equal Employment Opportunity legislation
- Other State/Territory legislation including the Australian Capital Territory and Victorian Charters of human rights
- Public Service Acts.

## Indigenous Australians with disability

By any measure, Aboriginal and Torres Strait Islander people with disability are among the most disadvantaged members of the Australian community. They often face multiple barriers to meaningful participation in their own communities as well as the wider community, facing double disadvantage because of discrimination on the basis of their Aboriginality as well as their disability.

The prevalence of disability among Indigenous people is significantly higher than in the general population. Until recently, the prevalence of disability in Aboriginal and Torres Strait Islander communities has been reported only anecdotally. However, a recent report by the Commonwealth Steering Committee for the Review of Government Service Provision made the following conclusions:

“ The proportion of the Indigenous population 15 years-and-over reporting a disability or long-term health condition was 37 per cent (or 102 900 people). The proportions were similar in remote and non-remote areas. This measure of disability does not specifically include people with a psychological disability.<sup>23</sup> ”

The high prevalence of disability— approximately twice that of the non-Indigenous population<sup>24</sup> —occurs in Aboriginal and Torres Strait Islander communities for a range of social reasons, including poor health care, poor nutrition, exposure to violence and psychological trauma (e.g. arising from removal from family and community) and substance abuse, as well as the breakdown of traditional community structures in some areas<sup>25</sup>.

The National Indigenous Reform Agreement (NIRA) reflects a partnership between all levels of government to work with Indigenous communities to achieve the target of *Closing the Gap* in Indigenous disadvantage.

COAG recognises that overcoming Indigenous disadvantage will require a long-term, generational commitment that sees major effort directed across a range of strategic platforms or ‘Building Blocks’ which support the reforms aimed at *Closing the Gap* against six specific targets. The Building Blocks endorsed by COAG are early childhood, schooling, health, economic participation, healthy homes, safe communities, and governance and leadership.

The NIRA, like other National Agreements, is a dynamic document subject to enhancement over time to reflect additions and changes to existing and new National Agreements and National Partnership agreements. As COAG agrees to additional reforms to close the gap in Indigenous disadvantage, these will be reflected in this Agreement and will also take account of the National Disability Strategy.

### Area for future action:

At the review points of the National Indigenous Reform Agreement and related National Partnership agreements, parties agree to consider including strategies consistent with the National Disability Strategy, to ensure they address the needs of Indigenous people with disability.

## RESEARCH

The Strategy needs to be informed and supported by a strong and robust approach to disability research. Work is already underway in a number of areas, including under the National Disability Agreement, but more needs to be done, particularly in mainstream areas such as health and education to help track progress against the priorities set by governments. Good data and research are especially necessary for a sound evidence base to improve the effectiveness of mainstream systems for people with disability. Data needs to capture the diversity of people with disability and be disaggregated by factors such as sex, age and Indigenous and cultural background.

A key part of the Strategy will be the development of a nationally agreed approach to research on disability issues that can inform research priorities across both mainstream and disability service systems. It will identify gaps in information, and where data definitions, collections and reporting are inconsistent. Moreover, it will consider the frequency and scope of the range of national data collections, including the ABS Survey of Disability and Carers, the ABS General Social Survey and the ABS Household Expenditure Survey, the ABS Australian Health Survey (which includes the National Health Survey and the National Health Measures Survey). The agenda will identify areas of particular interest across jurisdictions, complement existing research activity at Commonwealth, State and Territory levels, and identify where research activity specified in relevant National Partnerships and National Agreements needs to take account of disability.

### Area for future action:

Develop a national research agenda on disability issues to inform research priorities across both mainstream and disability-specific areas.

## AREAS OF POLICY ACTION

Policy actions will focus on improvements in areas where there is evidence of inadequacies or inequalities for people with disability. To ensure that people with disability achieve the same outcomes as the wider population when participating in everyday life, different or enhanced responses may be necessary.

### **Six outcomes**

The National Disability Strategy is structured around six broad outcome areas. These are based on issues raised during the consultation on the Strategy and are also aligned to principles underpinning the CRPD. These are:

- Inclusive and accessible communities
- Rights protection, justice and legislation
- Economic security
- Personal and community support
- Learning and skills
- Health and wellbeing

Under each of these outcome areas, the desired outcomes and agreed policy directions are identified, together with areas for future action. The future actions will be prioritised against specific timelines in the implementation plan, which will be developed in the first year of the Strategy.

The Strategy will be implemented in line with the current roles and responsibilities of respective levels of government. In the two-yearly progress reports, policy directions and priority actions will be reviewed and updated as necessary.

The National Broadband Network will provide the enabling technology platform to underpin all of the outcome areas. It will facilitate innovation in government service delivery and provide people with disability with dramatically improved access to a wide range of life-enhancing opportunities. The National Broadband Network will provide Australians with disability and their carers access to a range of benefits including e health services, remote monitoring for assisted living, interactive learning opportunities, employment opportunities, increased connectedness within the community, and improved access to communication services.

# The six outcomes:



Inclusive and accessible communities



Rights protection, justice and legislation



Economic security



Personal and community support



Learning and skills



Health and wellbeing

# 1

## Inclusive and accessible communities

**Outcome:** People with disability live in accessible and well designed communities with opportunity for full inclusion in social, economic, sporting and cultural life.

People with disability may experience restricted access to social and cultural events and to civic, political and economic opportunities because of inaccessible attributes of the built and natural environment, and of services and programs. The way information is provided can also restrict the participation of people with disability in the community.

A key first step in removing these barriers is to incorporate universal design into the design and build of community resources, from parks to houses, to shopping centres and sporting arenas.

Australia has taken some important measures towards introducing universal design and reducing barriers, including the adoption of minimum accessibility standards for public transport and buildings. The accessibility of banking and telecommunications has also been improved. However, more can be done to make sure that to the greatest extent possible, our community resources, including information, can be used by everyone.

## 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.

## POLICY DIRECTION 1

### Increased participation of people with disability, their families and carers in the social, cultural, religious, recreational and sporting life of the community.

People with disability have lower rates of participation in work and socially; and barriers to access play a big role in this.

- “ It was clear from the submissions that too many people with disabilities in the community are isolated and lonely. For some, the barriers in the built environment limit their ability to participate fully in community life. But for others the barriers are social and attitudinal. It is these barriers that have proved the most difficult to overcome (Shut Out, 2009).<sup>26</sup> ”
- “ 64 per cent of people without disabilities take part in sport or physical activities or attend sporting events as a spectator, compared with only 50 per cent of people with disabilities and 28 per cent of those with a profound or severe core-activity limitation (ABS, 2006).<sup>27</sup> ”
- “ The achievements of Australia’s athletes with disability are something that all Australians are, and should be, proud of. However, as a nation we can do more to ensure that people with disability, and our high performance athletes with disability, have opportunities to participate in sport at all levels (Australian Sport – the pathway to success, 2010).<sup>28</sup> ”

## POLICY DIRECTION 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.

While it is generally acknowledged that the built and natural environments need to be accessible, the reality for people with disability in Australia is that there is much more to be done. Planning systems are critical in improving access. It is usually cheaper and more effective to incorporate accessibility specifications in the planning stage. The benefits of a universal approach to access extend across the whole community. Many of the features which can benefit people with disability are also friendly to children and people with prams. They also help to prevent falls and accidents among older Australians.

- “ Many professional services [such as dentists] are based on secondary levels with stair access only. Many cafes have step entry ... cinemas and swimming facilities are still often inaccessible. This prevents me from participating in these recreational activities with family and friends (Shut Out, 2009).<sup>29</sup> ”
- “ It is the environment that acts to facilitate integration or contribute to isolation, influencing a person’s ability to participate in society (Australian Institute of Health and Welfare, 2003).<sup>30</sup> ”

### POLICY DIRECTION 3

#### Improved provision of accessible and well designed housing with choice for people with disability about where they live.

Finding suitable accommodation is important to all Australians. It is a prerequisite for a happy and stable life. There is evidence that people with disability experience substantial barriers in finding a place to live, especially in the private market. Barriers are often presented by designs which do not allow the building structure of the home to change without significant expense, to meet the needs of a person who is ageing or who has a disability. The greater the take up of universal design features, the more open the community is to people with disability, including those with age-related disability. This provides greater choice about where to live, but also more social opportunities for visiting friends and family.

- “ More than 32 per cent of submissions identified difficulties with housing and accommodation. Concern included a lack of support for people in private dwellings (owned or rented) as well as those in a range of publicly funded models of accommodation (Shut Out, 2009).<sup>31</sup> ”
- “ Households where a disability is present are less likely to be home purchasers and more likely to be tenants (Australian Housing and Urban Research Institute, 2009).<sup>32</sup> ”

### POLICY DIRECTION 4

#### A public, private and community transport system that is accessible for the whole community.

The ability to move around the community underpins all aspects of life for people with disability and is essential to achieving all the policy outcomes outlined in this strategy—from learning and skills, to employment and to the enjoyment of rights. In order to move freely around the community, people with disability need access to private as well as public transport. This can be achieved through modified motor vehicles and accessible parking. However, people with disability are often still unable to make use of footpaths, cycle paths and local roads as many of these have not been designed to be fully accessible. A continuous accessible path of travel for people with disability needs to connect public transport nodes with local services and accessible housing.

- “ Few things are more fundamental than the ability to get where one needs to go. Without access to transport, participation in critical activities such as education, employment and health care is difficult, if not impossible (Shut Out, 2009).<sup>33</sup> ”

Paralympian Kurt Fearnley ... crawled the Kokoda Track and ended up doing the same through an airport terminal—and to a bathroom—after airline staff refused to allow him to use his own wheelchair ... Fearnley, 28, was told the airline’s policy was to take some wheelchairs from people with disability to check in as baggage and

offered him a less-mobile wheelchair ... “I said there is not a chance that I am going to sit there and be pushed through an airport”.<sup>34</sup> Kurt took this action to highlight the importance of being independent and having access with dignity rather than accepting their option of a wheelchair that he was unable to propel and was therefore dependent on some one else to push. This highlighted for many why independence and access with dignity is so important in the provision of services.

## POLICY DIRECTION 5

### Communication and information systems that are accessible, reliable and responsive to the needs of people with disability, their families and carers.

People with disability may face challenges in communication which range from a need to use sign interpreters or speaking boards, to accessing information in alternative formats. Being able to communicate is important in every aspect of life—completing school, applying for a job, going shopping, using transport, banking, filing a yearly tax return or maintaining social contact. For some people with disability, the issues can be as basic as being able to communicate about health issues and other essential human needs. People with disability from non-English speaking backgrounds may be especially disadvantaged.

The use of the Internet is becoming increasingly important for accessing education and government services, social networking and community support. For example, by using a broadband connection, people with disability can utilise video communication to get assistance with daily living tasks such as reading documents or contacting family and friends.

It is important that people with disability are not left behind as the use of digital communication continues to grow. Increased access to technology through initiatives such as the National Broadband Network will enable the development of innovative new applications and opportunities for people with disability.

- “ Over 32 per cent of respondents with a disability said that assistive technologies would make it easier to use their public library whilst 28 per cent said that a range of formats available for books (for example, large print, audio, Braille, electronic and so on) would make it easier to use their public library (State Library of Victoria, 2007).<sup>35</sup> ”
- “ Some consumers benefit from a combination of signing, lip reading, text display and enhanced audio. This type of multi-modal communication is sometimes referred to as ‘Total Conversion’ ... Deaf people, people with hearing impairments and Deaf-blind people make especially good use of Total Conversion. People with communications impairments would also benefit from this multi-modal communication (Australian Communications Consumer Action Network, 2010).<sup>36</sup> ”
- “ Significant cultural change is needed to enable greater support for the adoption of accessible Web 2.0 tools, collaboration and online community engagement activities, and PSI [public sector information] delivery projects (Government 2.0 Taskforce, 2010).<sup>37</sup> ”

## Current commitments 2010

- Improved accessibility in social housing is being achieved through the incorporation of universal design elements in more than 15,000 new public and community housing dwellings which are being built under the social housing component of the Nation Building—Economic Stimulus Plan. Funding provided through the Social Housing Initiative will support the inclusion of six specified universal design features in these dwellings that will provide improved access to people who have limited mobility. Of these, more than 5,000 dwellings will also achieve an even higher level of adaptability through compliance with the Australian Standard for Adaptable Housing Class C.
- The Commonwealth, States and Territories are collaborating to develop the Australian Disability Parking Scheme that will introduce a new nationally recognised Australian Disability Parking Permit by the end of 2010, replacing over 100 permits currently in use across Australia. The scheme will increase opportunities for independence and the social inclusion of people with disability, particularly those who have limited access to alternative transport options.
- All States and Territories have collaborated to create a National Companion Card scheme to promote the social inclusion of people with disability who require attendant care to access events and activities. The Card allows holders to obtain a second ticket for a companion at no charge. The National Companion Card Scheme was launched on 3 December 2009.
- The Commonwealth Government is rolling out the National Broadband Network which will provide high speed broadband access to all Australian premises. The National Broadband Network is capable of enabling Australians with disability and their carers to access a range of benefits including e health services, remote monitoring for assisted living, interactive learning opportunities, employment opportunities, increased connectedness within the community, and improved access to communication services. Other key initiatives in the area of digital technologies include the establishment of an SMS emergency call service for people who are deaf or have a hearing or speech impairment and progressing reforms under the Access to Electronic Media for the Hearing and Vision Impaired discussion report.
- The Commonwealth is working with representatives from all levels of government, key stakeholders from the disability, ageing and community support sectors and the residential building and property industry on the National Dialogue on Universal Design to ensure that housing is designed and developed to be more accessible and adaptable. An aspirational target that all new homes will be of agreed universal design standards by 2020 has been set, with interim targets and earlier completion dates to be determined.
- In May 2011, the *Commonwealth Disability (Access to Premises – Buildings) Standards 2010* will commence. These Standards will be mirrored in the Building Code of Australia, which will be referenced in respective State and Territory building regulatory frameworks. The Standards align Commonwealth disability discrimination law with State and Territory building law, delivering consistent, systemic and widespread improvements in non-discriminatory access for people with disability to publicly accessible buildings.

- States and Territories are implementing the *Disability Standards for Accessible Public Transport 2002* to remove discrimination in providing public transport for people with disability and assist them to fully participate in community life. The Commonwealth will be releasing a response to the review of these standards later this year.
- Improved cultural participation of people with disability through the National Disability Arts Strategy.
- Through *Australian Sport – the Pathway to Success*, expanding opportunities for people with disability to participate in sport, and supporting high performance athletes with disability.

## Areas for future action

- 1.1 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.
- 1.2 Support the development of strong social networks for people with disability.
- 1.3 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.
- 1.4 Promote the development of Disability Access Facilitation Plans by airlines and airport operators to improve communication between operators and passengers with disability.
- 1.5 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.
- 1.6 Improve community awareness of the benefits of universal design.
- 1.7 Promote universal design principles in procurement.
- 1.8 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.
- 1.9 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.

# 2

## Rights protection, justice and legislation

**Outcome:** People with disability have their rights promoted, upheld and protected.

Australia's Human Rights Framework recognises that all Australians are responsible for respecting and protecting human rights and ensuring that our commitment to a 'fair go' becomes a reality for all Australians. Australia has had a rights-oriented focus in relation to disability for many years. This focus is demonstrated in Australia's *Disability Discrimination Act 1992*. It is also implicit in Australia's ratification of the CRPD which views persons with disability as people with rights.

Nevertheless, people with disability continue to face discrimination in many areas of their lives. The Strategy seeks to promote awareness and understanding of the rights of people with disability, improve responses to people with disability in the justice system, ensure their safety and enable them to participate fully in the economic, civic and social life of our nation.

## POLICY DIRECTION 1

### Increase awareness and acceptance of the rights of people with disability.

While Australia has had rights-focused legislative protections for people with disability for many years, more can be done to promote widespread awareness and acceptance of the rights of people with disability in practice.

- “ In 2008, the Victorian Office for Disability commissioned research into community attitudes towards disability. The research built on previous, similar research undertaken in Victoria, elsewhere in Australia and overseas. The survey found that attitudes towards people with a disability are steadily improving, with a significant decrease in the number of people who report feeling sorry for people with a disability, from 71 per cent in 2001, to 57 per cent in 2008. Respondents believed that community attitudes had improved, but acknowledged that there was still a long way to go (Office for Disability Victoria, 2008).<sup>38</sup> ”
- “ Overall, the DDA has been reasonably effective in reducing discrimination. But its report card is mixed and there is some way to go before its objectives are achieved (Productivity Commission, 2004).<sup>39</sup> ”
- “ Over the last 5 financial years (2004-05 to 2008-09), 3,854 complaints sent to the AHRC were lodged under the *Disability Discrimination Act*. This equates to 44 per cent of all complaints received by the AHRC. For the past five reporting periods, the majority of complaints have been lodged under the *Disability Discrimination Act* and the *Sex Discrimination Act* (Australian Human Rights Commission, 2009).<sup>40</sup> ”
- “ Rates are also high in State/Territory jurisdictions. For instance, the most recent report from the New South Wales Administrative Decisions Tribunal (ADT) says disability is the most frequently cited grounds of discrimination and this is well in front of race and sex discrimination (NSW Administrative Decisions Tribunal, 2009).<sup>41</sup> ”

## POLICY DIRECTION 2

### Remove societal barriers preventing people with disability from participating as equal citizens.

Sometimes societal barriers can stand in the way of people exercising their rights as citizens, including within the political and justice systems. For instance, while most people with disability may not be directly excluded from voting, some experiences may discourage individuals from staying on the electoral roll. Many polling places are in community halls and schools and if these are not accessible, or if support is not provided to cast a vote, a significant barrier is presented. Likewise, if court rooms are not accessible, people with disability are not able to serve on juries or participate effectively in trials.

- “ S” is a 45-year-old woman who is blind. Despite having a detailed knowledge of Australia’s electoral system and being a keen participant in civic life, S had never been able to cast her own vote until the 2007 federal elections (Shut Out, 2009).<sup>42</sup> ”

“ We are concerned that decisions to remove children from parents with disability are made on the basis of the disability, rather than on the parent’s capacity to parent effectively and appropriately (Legal Aid Queensland, 2008).<sup>43</sup> ”

### **POLICY DIRECTION 3**

#### **People with disability have access to justice.**

Effective access to justice for people with disability on an equal basis with others requires appropriate strategies, including aids and equipment, to facilitate their effective participation in all legal proceedings. Greater awareness is needed by the judiciary, legal professionals and court staff of disability issues.

“ The process to lodge a complaint under the *Disability Discrimination Act 1992* (Cwth) is onerous and relies too heavily on individuals being prepared and able to take part in costly legal proceedings (Shut Out, 2009).<sup>44</sup> ”

“ A consultation on access to justice conducted by the Law and Justice Foundation of New South Wales found that there is a series of barriers preventing people with disabilities from accessing the legal system, including accessibility of court premises and processes; issues of formality and the adversarial nature of judicial proceedings; the operation of the rules of evidence; negative perceptions of players in the justice system of people with disabilities; and the lack of people with disabilities who perform significant functions within the justice system (Law and Justice Foundation of NSW, 2003).<sup>45</sup> ”

“ In order to help to ensure effective access to justice for persons with disabilities, States Parties shall promote appropriate training for those working in the field of administration of justice, including police and prison staff (Article 13(2) CRPD).<sup>46</sup> ”

### **POLICY DIRECTION 4**

#### **People with disability to be safe from violence, exploitation and neglect.**

There is a range of evidence which suggests that people with disability are more vulnerable to violence, exploitation and neglect.<sup>47</sup> People with disability fare worse in institutional contexts where violence may be more common.<sup>48</sup> People with disability are more likely to be victims of crime and there are also indications that women face increased risk.<sup>49</sup>

“ States Parties shall take all appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence and abuse, including their gender-based aspects (Article 16 CRPD).<sup>50</sup> ”

- “ 18 per cent of people with a disability report being victims of physical or threatened violence compared to 10 per cent without (ABS, 2006).<sup>51</sup> ”
- “ The National Police Research Unit at Flinders University studied 174 people with an intellectual disability and found that they were 10 times more likely to have experienced abuse than non-disabled people (Llewelyn-Scorey, 1998).<sup>52</sup> ”
- “ A recent US study found that women with disabilities were 37.3 per cent more likely than women without a disability (20.6 per cent) to report experiencing some form of intimate partner violence. 19.7 per cent of women with disabilities reported a history of unwanted sex compared to 8.2 per cent of women without a disability (Time for Action, 2009).<sup>53</sup> ”

## POLICY DIRECTION 5

### **More effective responses from the criminal justice system to people with disability who have complex needs or heightened vulnerabilities.**

People with disability who have complex needs, multiple disability and multiple forms of disadvantage face even greater obstacles within the justice system. There is an over-representation of people with an intellectual disability both as victims and offenders in the criminal justice system.<sup>54</sup> Significant rates of acquired brain injury are found among male and female prisoners.<sup>55</sup> Research into intellectual disability and acquired brain injury has demonstrated the presence of co-morbidities with mental illness and substance abuse.<sup>56</sup> This complex profile indicates the need for a specialist response.

- “ In New South Wales the 2009 Young People in Custody Health Survey found that 13.5 per cent of young people surveyed had an IQ score equivalent to an intellectual disability (less than 70). A further 32 per cent scored in the borderline category (between 70 and less than 79) (NSW Juvenile Justice, 2009).<sup>57</sup> ”
- “ Identification of higher rates of deferral of parole of prisoners with an intellectual disability (compared with non-disabled prisoners) due to a lack of post-release accommodation with appropriate support (Department of Justice, Victoria 2009).<sup>58</sup> ”
- “ Prisoners with an intellectual disability have a higher average number of prison incidents recorded against them (Department of Justice Victoria, 2007).<sup>59</sup> ”

## Current commitments 2010

- Australia ratified the United Nations Convention on the Rights of Persons with Disabilities on 18 July 2008 and under the Convention is obliged to ensure, promote and recognise that people with disability are entitled to all human rights and fundamental freedoms, without discrimination of any kind on the basis of disability.
- The Commonwealth, States and Territories have assessed the extent to which their legislation, policies and programs comply with the obligations in the Convention. At a national level, the assessment identified a number of policies and programs common to most States and Territories, including: government disability action plans, disability advisory councils, public advocates, disability services standards, community or disability legal centres, funding of disability organisations and compliance with website accessibility guidelines.
- Disability advocacy services enable and support people with disability to safeguard their rights and overcome barriers that impact on their ability to participate in the community. Advocacy services are provided through organisations operating in all States and Territories. Across Australia, governments spend more than \$48 million on disability advocacy, information and print disability services.
- The States and Territories have been working with the Commonwealth to develop a National Plan to Reduce Violence against Women and their Children, recognising that women with disability are especially vulnerable to violence and that specific and targeted measures are required to protect their human rights.
- The National Framework for Protecting Australia's Children 2009–2020 includes enhanced support for children or parents with a disability to protect their rights, particularly the right to a safe, healthy childhood free from abuse and neglect. The National Standards for Out of Home Care is a key initiative of the framework that will develop best practice national standards for out of home care, including for children with disability.
- Court diversion programs for people with disability in State and Territory magistrates' courts are designed to address the mental health or disability needs of defendants and their offending behaviour. The programs include disability coordinators in magistrates' courts and specialised magistrates' courts.
- The Commonwealth, States and Territories are providing information and voting services to people with disability, such as specific services for voters with vision impairment, assistance at polling places to voters with cognitive disabilities, accessible polling places and changes to electoral law to enable polling officials to assist people with disability to vote outside the polling place.

## Areas for future action

- 2.1 Promote awareness and acceptance of the rights of people with disability.
- 2.2 Monitor and ensure compliance with international human rights obligations.
- 2.3 Develop strategies to reduce violence, abuse and neglect of people with disability.
- 2.4 Review restrictive legislation and practices from a human rights perspective.
- 2.5 Examine recommendations arising from the report of the Joint Standing Committee on Migration on migration treatment of disability, *Enabling Australia*.
- 2.6 Improve the reach and effectiveness of all complaint mechanisms.
- 2.7 Provide greater support for people with disability with heightened vulnerabilities to participate in legal processes on an equal basis with others.
- 2.8 Ensure people with disability have every opportunity to be active participants in the civic life of the community—as jurors, board members and elected representatives.
- 2.9 Support people with disability with heightened vulnerabilities in any contacts with the criminal justice system, with an emphasis on early identification, diversion and support.
- 2.10 Ensure that people with disability leaving custodial facilities have improved access to support in order to reduce recidivism. This may include income and accommodation support and education, pre-employment, training and employment services.
- 2.11 Support independent advocacy to protect the rights of people with disability.
- 2.12 Ensure supported decision-making safeguards for those people who need them are in place, including accountability of guardianship and substitute decision-makers.

# 3

## Economic security

**Outcome:** People with disability, their families and carers have economic security, enabling them to plan for the future and exercise choice and control over their lives.

Work is essential to an individual's economic security and is important to achieving social inclusion. Employment contributes to physical and mental health, personal wellbeing and a sense of identity. Income from employment increases financial independence and raises living standards. People with disability can face greater direct costs than other people because of additional expenses with transport, personal and health care, diet and communications requirements. Adequate housing security provides people with disability freedom of choice and is the basis for independent community involvement. The three policy directions in this outcome area focus on the economic and housing security necessary for people with disability, their families and carers, to fully participate in all aspects of Australian society.

### **POLICY DIRECTION 1**

**Increase access to employment opportunities as a key to improving economic security and personal wellbeing for people with disability, their families and carers.**

The vast majority of people with disability can and do want to work and be as financially independent as possible, but employment is one critical area where Australia is lagging behind other countries.<sup>60</sup> Work is the pathway used by most Australians to long-term economic security and wellbeing. Job retention and career development are also important. Barriers have to be

identified and addressed, so that people with disability have opportunities for more control over their lives and, like other Australians, are able to build personal and community wealth.

- “ The concept of ‘giving someone a break’ fails to recognise the important economic benefits of ensuring skilled individuals are able to fully participate in the economy. Greater independence also produces long-term benefits by enabling people to become less reliant on government income support (Shut Out, 2009).<sup>61</sup> ”
- “ After my accident on the building site, I did a course to help me get a job in the building game working in an office providing quotes, costing, etc. I sent out over 350 applications without any result. In the end my brother and I had to start up our own business managing a motor vehicle repair business. It was tough at first but we are doing very well now (Disability Council of NSW, 2008).<sup>62</sup> ”
- “ In 2003, the labour force participation rate of people with disability aged 15 to 64 years was 53 per cent and the unemployment rate was 8.6 per cent. Corresponding rates for people without disability were 81 per cent and 5.0 per cent (ABS, 2004).<sup>63</sup> ”
- “ In 2003, primary carers also had a lower labour force participation rate (39 per cent) than people who were not carers (68 per cent) (ABS, 2004).<sup>64</sup> ”
- “ As in the broader community, women with disability face poorer economic outcomes than men with disability. Data from 2003 indicate that the labour force participation rate of women with disabilities was only 46.9 per cent compared to 59.3 per cent for men with disabilities. The unemployment rate of disabled women in the same year was 8.3 per cent compared to 5.3 per cent for non-disabled women. In any type of employment women with disabilities are already more likely to be in low paid, part- time, short-term casual jobs (ABS, 2004).<sup>65</sup> ”

## POLICY DIRECTION 2

### **Income support and tax systems to provide an adequate standard of living for people with disability, their families and carers; while fostering personal financial independence and employment.**

Income support remains an important safety net to ensure an acceptable standard of living for many Australians with disability. These payments should allow people to live with dignity. In 2009-10 the Commonwealth Government reformed the pension system to improve pension adequacy, make its operation simpler and ensure its sustainability.

Income support payments also need to be geared so that where possible they encourage people who choose to seek employment to do so, rather than creating new barriers. Similarly, the system should not create disincentives for those families who are able to make future financial provision for a family member.

- “ It is important that these pensions [Carer Payment and Disability support Pension] actively support people to participate to the extent their capacity permits, to develop this capacity and to be able to re-enter the workforce if their circumstances change (Harmer Pension Review Report, 2009).<sup>66</sup> ”
- “ Primary carers are likely to be in the poorest two-fifths of all households and 55 per cent receive income support as their main source of cash income (Disability Investment Group, 2009).<sup>67</sup> ”
- “ Households of people with a disability are more likely to have lower incomes. 33 per cent of households affected by a disability report annual household incomes of less than \$25,000 (AHURI, 2009).<sup>68</sup> ”

### POLICY DIRECTION 3

#### Improve access to housing options that are affordable and provide security of tenure.

A secure and affordable place to live is the basis of economic and social participation in the community. For many people with disability there are additional dimensions around the capacity to visit friends and family and to choose where and with whom they wish to live. People with disability require a range of housing options, including public and social rental, and private rental and purchase.

There is a widespread view that since the introduction of the *Disability Services Act* in 1986, control of functions such as support services and accommodation are best separated at some level in people’s lives to minimise the potential for conflict of interest and effective control over a person’s whole life by the one human service. However, there is also a need for services to work collaboratively. Through all of this, young people with disability should have the same opportunity to grow up, get a job and leave home as other young Australians. Housing is the critical underpinning for this transition.

- “ The freedom to choose where and with whom to live is a fundamental freedom, but it is one few people with disability are able to exercise (Shut Out, 2009).<sup>69</sup> ”
- “ 34.7 per cent of newly allocated public housing tenants in 2006-07 comprised people with disability (HIA, 2007).<sup>70</sup> ”
- “ Compared to households where there was no disability, people with a disability and their carers experience greater housing stress. 36 per cent of households affected by a disability and renting paid more than 30 per cent of their gross income for housing compared with 26 per cent of households where no disability was reported (AHURI, 2009).<sup>71</sup> ”

## Current commitments 2010

- In the 2009-10 budget the Commonwealth Government delivered an historic increase in pension payments to more than 870,000 pensioners and carers, and a new ongoing Carer Supplement for around 500,000 carers.
- States and Territories make substantial contributions to the financial wellbeing of people with disability through a range of concessions for costs in areas such as transport, housing, utilities, health, education and communications.
- The Commonwealth has implemented a number of strategies to assist Australians with disability to find and maintain employment through the National Mental Health and Disability Employment Strategy, including:
  - \$1.7 billion for new, demand-driven Disability Employment Services
  - creation of an Employment Assistance Fund to improve workplace accessibility
  - a \$6.8 million Disability Support Pension Employment Incentive Pilot with wage subsidies of up to \$3,000 to employers
  - improved viability and better outcomes through Australian Disability Enterprises through a new 10 year vision which will include consideration of the social enterprise model and the benefits of a mixed workforce.
- The Commonwealth is also introducing better and fairer assessment procedures for the Disability Support Pension to ensure that appropriate employment services and income support are provided to people with disability.
- The \$5.6 billion Social Housing Initiative, involving all States and Territories, provides affordable and accessible housing that has access to transport, services, and education and training opportunities.
- The Commonwealth, States and Territories are working together to develop a National Quality Framework to achieve better outcomes for people who are homeless or at risk of homelessness, including people with disability, by improving the quality and integration of services they receive.

## Areas for future action

- 3.1 Improve employer awareness of the benefits of employing people with disability.
- 3.2 Reduce barriers and disincentives for the employment of people with disability.
- 3.3 Encourage innovative approaches to employment of people with disability such as social enterprises, or initiatives to assist people with disability establish their own small business.
- 3.4 Improve employment recruitment and retention of people with disability in all levels of public sector employment, and in funded organisations.
- 3.5 Develop innovative approaches to future financial planning including private provision for people with disability, their families and carers.
- 3.6 Develop innovative options to improve affordability and security of housing across all forms of tenure.
- 3.7 At the review points of the National Affordable Housing Agreement and related National Partnership agreements, parties agree to consider including strategies consistent with the National Disability Strategy, to ensure they address the housing needs of people with disability.
- 3.8 Consider the implications for economic security for people with disability, their families and carers arising from investigation into a national long term care and support scheme.

# 4

## Personal and community support

**Outcome:** People with disability, their families and carers have access to a range of supports to assist them live independently and actively engage in their communities.

Some people with disability need specialised forms of support to be able to maintain everyday wellbeing at home and to be involved in community activities such as school, work, training, recreation, cultural life and neighbourhood activities. Personal and community support is available from both disability specialist supports funded and provided through the National Disability Agreement and from universally-available support services available to the general population. The four policy directions in this outcome focus on people with disability, their families and carers being able to achieve the independence and community participation outlined in the other five outcomes by accessing personalised community supports when needed.

## POLICY DIRECTION 1

### **A sustainable disability support system which is person-centred and self-directed, maximising opportunities for independence and participation in the economic, social and cultural life of the community.**

The specialist disability support system in Australia is largely provided under the National Disability Agreement between the Commonwealth, States and Territories. The current Agreement, signed in 2009, commits to a number of important reforms and policy directions. These are designed to provide more streamlined access to a quality disability services system that is more responsive, focused on early intervention and based on improved planning and better understanding of unmet need.

There is growing support in Australia and internationally for a move towards more individualised and self-managed funding approaches with a full range of choices within the service system.<sup>72</sup> An individualised approach provides greater choice and flexibility for people with disability, their families and carers.

- “ The focus of the Strategy needs to be on the individual with the disability with the aim of optimising their quality of life, not creating structures and barriers between levels of government, artificial eligibility criteria or categorising people based on a ‘one-size-fits-all’ model (Shut Out, 2009).<sup>73</sup> ”
- “ The initial evidence is very promising: not only are individual budgets delivering their primary purpose of giving people more power and control over their own support, they also seem to be leading to overall improvements in well-being and to greater efficiency (University of Birmingham, 2007).<sup>74</sup> ”
- “ Managing my own package has given me the flexibility to alter the assistance I need as my circumstances change. I have also found it to be quite empowering to know I am able to buy services from other agencies when, and if, the need arises (Shut Out, 2009).<sup>75</sup> ”
- “ There is a compelling case to not only achieve long overdue equity for people with disability, but also to provide security in the event of severe or profound disability for all Australians and establish long-term sustainability of the disability support system (DIG, 2009).<sup>76</sup> ”

## POLICY DIRECTION 2

### **A disability support system which is responsive to the particular needs and circumstances of people with complex and high needs for support.**

People with high and complex needs face specific and higher barriers to accessing the community and getting the supports they need. They are often the most at risk of community exclusion and are more likely to require long-term care and support arrangements, including support to families.

- “ People with complex needs or multiple disabilities often have difficulty finding appropriate care or support (AIHW, 2002).<sup>77</sup> ”
- “ Increased severity of disability is also associated with lower rates of participation in a range of activities offering health benefits and the potential for community interaction. For example, 64 per cent of people without disabilities take part in sport or physical activities or attend sporting events as a spectator, compared with only 50 per cent of people with disabilities and 28 per cent of those with a profound or severe core-activity limitation (ABS, 2006).<sup>78</sup> ”

## POLICY DIRECTION 3

### **Universal personal and community support services are available to meet the needs of people with disability, their families and carers.**

Like other Australians, people with disability need access to support services such as relationship or financial counselling, parenting support, women’s crisis services or drug and alcohol services. Personal and community services need to be available to people in the community, including people with disability.

- “ People living with a disability or mental health issue are a part of the community, so general/universal services should be available to all, including those living with a disability or mental health issue—this is not an ‘extra’ (Australian Social Inclusion Board, 2008).<sup>79</sup> ”
- “ Women with disabilities who are parents or seeking to become parents experience discriminatory attitudes and widely held prejudicial assumptions which question their ability and indeed, their right to experience parenthood. They experience significant difficulty in accessing appropriate parenting information, services and support in a host of areas (Women With Disabilities, Australia, 2009).<sup>80</sup> ”

## POLICY DIRECTION 4

### The role of families and carers is acknowledged and supported.

The relationship between people with disability and families and carers is often one of mutual support. Better outcomes for people with disability will also mean better and more sustainable outcomes for carers and families. Universal access to goods, services, spaces and places helps to create a sustainable world for carers too, especially for long term carers and those at crisis point. There are sound reasons for doing more—over the next fifty years there will be an increase in the number of people needing care and support, but a decrease in ratio of carers.

Women perform the majority of care work in Australia, with 71 per cent of primary carers being women, doing most of the caring for children with disability.<sup>81</sup> Men mostly care for spouses. Supporting carers is an important step to supporting equality of economic outcomes between women and men generally.

- “ It is therefore in the best interests of all concerned – carers, care receivers, governments and society—to share the responsibility of providing care more evenly. If realised, this will allow carers and their families to participate more fully in society through engagement with education, employment and social activities (House of Representatives, 2009).<sup>82</sup> ”
- “ Almost half (48 per cent) of primary carers of children with a disability reported needing more support (AIHW, 2006).<sup>83</sup> ”
- “ In Aboriginal communities in particular, family members take on caring responsibilities because of kinship responsibilities (Australian Social Inclusion Board, 2008).<sup>84</sup> ”
- “ The caretaker ratio at the start of the millennium stood around 2.5 people most likely to care (women aged 50-64) to people most likely to need care (people over 80). There will also be a steady fall in Australia’s ‘caretaker ratio’, over the next 50 years the caretaker ratio will drop to below 1 (AMP and National Centre for Social and Economic Modelling (NATSEM), 2006).<sup>85</sup> ”

## Current commitments 2010

- States and Territories have worked with the Commonwealth to substantially increase investment in specialist disability services, with around \$5 billion provided annually for services for people with disability and their families and carers.

The National Disability Agreement reflects a strong commitment from both levels of government to provide more opportunities for people with disability to participate in and enjoy Australia's economic and social life. The Agreement specifically aims to assist people with disability to live as independently as possible, by helping them to establish stable and sustainable living arrangements, increasing their choices, and improving their health and wellbeing. Under the National Disability Agreement, services are provided to support people with disability in independent living and community access, and to assist families and carers in their caring role. Research, evaluation and training and development projects are also undertaken.

All governments have agreed to priority reforms, including:

- making it easier to access disability services
  - simplifying and improving the consistency of assessment processes
  - putting more focus on early intervention and planning to make sure that people with disability receive timely, effective support
  - better access to disability services for Indigenous Australians
  - improving the quality of the workforce
  - improving access to disability aids and equipment
  - improving the quality of disability services through a National Quality Framework for Disability Services which aims to promote and drive a focus on enhancing outcomes for people who use these services. As part of the project to develop a National Quality Framework, the National Standards for Disability Services will be revised.
- The Commonwealth Government is committed to finding the best solutions to improve care and support services for people with disability and has asked the Productivity Commission to conduct an inquiry into a long-term care and support scheme for people with disability. The Commission is examining a range of options and approaches, including a social insurance model on a no-fault basis.
  - The Commonwealth Government has committed to developing a National Carer Recognition Framework, including a National Carer Strategy and carer recognition legislation (which was tabled in Parliament on 17 March 2010).

## Areas for future action

- 4.1 Continue reform begun under the National Disability Agreement.
- 4.2 Consider new approaches to long-term disability care and support, including responses to the Productivity Commission Inquiry, which is due to provide its final report to Government on 31 July 2011.
- 4.3 Adopt sustainable funding models and service approaches that give information, choice and control to people with disability and that are flexible, innovative and effective.
- 4.4 Support the development of assistive technologies and more access to aids and equipment for people with disability.
- 4.5 Continue development of innovative and flexible support models for people with high and complex needs, including supported accommodation and community and family living approaches.
- 4.6 Improve access to timely, comprehensive and effective early intervention for people with disability.
- 4.7 Collaborate with providers of universal personal and community support services to improve access for people with disability.
- 4.8 Promote and sustain community support networks which provide information and support to families and carers.

# 5

## Learning and skills

**Outcome:** People with disability achieve their full potential through their participation in an inclusive high quality education system that is responsive to their needs. People with disability have opportunities to continue learning throughout their lives.

The role of education is vital to Australia having a productive, sustainable and inclusive future. Research has shown that countries with high average education and skill levels have higher economic output. By acquiring new skills and knowledge throughout their working lives, individuals have the capacity to contribute at their full potential to the country's prosperity.

At present there remains a significant gap between students with disability and those without, notably in the attainment of year 12 or equivalent, vocational education and training qualifications, and participation in university studies. Targeted support is needed to assist people who are disadvantaged in education and in the workforce, but mainstream education programs need to be designed for people of all abilities.

## POLICY DIRECTION 1

### Strengthen the capability of all education providers to deliver inclusive high quality educational programs for people with all abilities from early childhood through adulthood.

An inclusive and accessible educational culture based on the principle of universality will assist students of all abilities. Teacher training and development is critical to ensure that teachers can meet the diverse educational needs of all students. Many people with disability cite low expectations from those around them as a major reason for not reaching their full potential. It is vital that education providers have the same expectations of students with disability as of others, and collaborate with and support families in their aspirations for family members with disability.

- “ The new, more direct role of the general education teacher has demanded an increased understanding of various types of disabilities, types of appropriate curricular and instructional modifications, and interactions with the students with disabilities in the classroom. In-service training in these areas is vital and continues to be addressed as schools move to an inclusive model. Teachers have a right and a responsibility to be prepared for the task at hand (N D Turner, 2003).<sup>86</sup> ”
- “ I remember my Year 8 science teacher said she couldn't wear my microphone because it put holes in her clothes. I couldn't do anything about it ... she was the teacher—I was the student. For the record—I failed Year 8 science—and it had nothing to do with my ability because in Year 9 science, I had a teacher who wore the mic and I topped the class (Shut Out, 2009).<sup>87</sup> ”
- “ Interviews ... seemed to reinforce the belief that disabled students are socialised into low expectations ... This is illustrated by the comments of one pupil “I don't think the teachers knew what I could do” (Williams and Farley, 1992).<sup>88</sup> ”
- “ Education workers have low expectations for students with disabilities ... Incorrect assumptions that people with disabilities do not have the capacity to learn, or will not be able to contribute meaningfully to society through study continue to thrive in Australian communities. Unfortunately, teachers are no exception with numerous students and parents reporting that some teachers express low expectations and negative perceptions of students with disabilities (Advocacy for Inclusion, 2010).<sup>89</sup> ”

## POLICY DIRECTION 2

### Focus on reducing the disparity in educational outcomes for people with a disability and others.

Reducing the gap between students with disability and other students is essential to improve the social wellbeing and economic security of people with disability, their families and carers. This is especially the case with educational attainment.

- “ Despite education standards drafted under the *Disability Discrimination Act*, the education system continues to fail to respond to the needs of students with disabilities and, as a result, these students continue to lag behind on a range of attainment indicators (Shut Out, 2009).<sup>90</sup> ”
- “ Around 63 per cent of school children with disabilities experienced difficulty fitting in at school (AIHW, 2006).<sup>91</sup> ”
- “ In 2003, 29.6 per cent of people aged 15 to 64 years with reported disability had completed Year 12 compared to 49.3 per cent of people without a disability (ABS, 2004).<sup>92</sup> ”
- “ In 2003, 12.7 per cent of people with a disability had completed a bachelor degree or higher compared to 19.7 per cent of people without a disability (ABS, 2004).<sup>93</sup> ”

## POLICY DIRECTION 3

### Ensure that government reforms and initiatives for early childhood, education, training and skill development are responsive to the needs of people with disability.

Education reforms driven by States and Territories, and at the national level by COAG, provide opportunities to improve the responsiveness of education to people with disability across the life course. For example, one of the outcomes of the current National Education Agreement is that All Australian children are engaged in and benefiting from schooling.<sup>94</sup>

- “ It has been estimated that the Australian community is contributing to an annual recurrent cost of \$18.8 billion dollars per annum by not addressing the vocational training needs of people with a disability. Failure to address this issue nationally is keeping productive people out of the workforce. Research shows that people with vocational education and training qualifications are more likely to be employed than those who have no post-school qualifications. People with a disability, however, are not reflected in participation rates compared to their presence in the community (ANTA, 2000).<sup>95</sup> ”

## POLICY DIRECTION 4

### Improve pathways for students with disability from school to further education, employment and lifelong learning.

While many students with disability receive education and training there is evidence that specific attention needs to be focused on the transition between education settings and in moving from education to employment.

- “ The proportion of people with disability commencing Australian Apprenticeships has generally declined over the last ten years. Since 2002, the proportion of apprentices with disability has varied between 1.2 and 1.5 per cent. Between 1995 and 2001, the proportion of apprentices with disability varied between 1.6 and 2.4 per cent (NCVER, 2008).<sup>96</sup> ”
- “ People with disability constitute 5.9 per cent of all VET students, and 11.8 per cent of people with disability have a VET qualification (NCVER, 2008).<sup>97</sup> ”
- “ Young people with a disability can transition to viable and meaningful post-school pathways where they have ‘someone’ who can support them in achieving their career plan. This is sustained by a service system that is ‘joined-up’; provides a range of options and increases and sustains effort for those with special needs (SA Social Inclusion Board, 2008).<sup>98</sup> ”

## Current commitments 2010

- The Disability Standards for Education were introduced in 2005 to make sure that students with disability enjoyed the same rights as other students. The Standards recognise that all students, including students with disability, should be treated with dignity and enjoy the benefits of education and training in a supportive environment which values and encourages participation by all students. The Standards aim to overcome discrimination based on stereotyped beliefs about the abilities and choices of students with disability. The Standards will be reviewed in 2010.
- Commonwealth, State and Territory governments are working together to develop a nationally consistent definition of disability that can be used by schools. This will improve information on the number of school students with disability across Australia, which in turn will make assessments of the educational outcomes of children with a disability more accurate.
- Commonwealth, State and Territory governments are committed to improving early intervention and support for children with autism. The Commonwealth Helping Children with Autism initiative (\$190 million) includes:
  - establishing eight Autism Specific Early Learning Centres across Australia
  - funding for early intervention therapies
  - PlayConnect Playgroups (autism-specific playgroups)
  - Early Days family workshops
  - professional development for teachers, school leaders and other school staff
  - workshops and information sessions for parents and carers.

New Medicare items are also available for children aged under 13 years (for diagnosis and treatment planning) and under 15 years (for treatment).

A number of States and Territories have introduced autism plans designed to help children with autism and their families get the specialised support they need, and to make the community more welcoming and inclusive. Plans include measures designed to strengthen the capacity of the workforce to respond to children with autism, provide greater support to children and families, especially at times of transition, improve access to educational opportunities, and improve our understanding of autism.

- The Commonwealth, States and Territories have agreed to help young people with disability to develop and complete their education through the National Strategy for Young Australians, the Smarter Schools National Partnerships, the National Partnership Agreement on Youth Attainment and Transitions, and the review of the National Assessment Program—Literacy and Numeracy (NAPLAN).
- States and Territories have developed a range of integrated programs and services, including resources, to support children to make successful transitions into school, and from school to employment. This includes curriculum support and capacity building for teachers aimed at ensuring that children and young people with disability receive support and assistance that is based on an accurate assessment of their needs and abilities. Transition from education is assisted with support to develop the skills and/or qualifications needed to secure and sustain employment, and to increase independence and participation as active members of the community.

## Areas for future action

- 5.1 Reduce barriers and simplify access for people with disability to a high quality inclusive education system including early learning, child care, school and further education.
- 5.2 At the review points of the National Education Agreement, the National Agreement for Skills and Workforce Development, Smarter Schools—Improving Teacher Quality National Partnership and other learning and skills-related National Partnerships, parties agree to consider including strategies, consistent with the National Disability Strategy, and performance indicators to ensure they address the needs of students with disability.
- 5.3 Develop innovative learning strategies and supports for students with disability which are accessible, reliable and responsive to strengthen their aspirations and enable them to reach their full potential.
- 5.4 Investigate options for reporting on educational outcomes of students with disability.
- 5.5 Identify and establish best practice for transition planning and support through all stages of learning and from education to employment.
- 5.6 Respond to the recommendations of the review of the Disability Standards for Education.
- 5.7 Ensure the Early Years Learning Framework, Australian Curriculum and national assessment processes incorporate the needs of students with disability within an inclusive education framework.
- 5.8 Promote leadership development for people with disability.

# 6

## Health and wellbeing

**Outcome:** People with disability attain highest possible health and wellbeing outcomes throughout their lives.

People with a long-term disability are among the most disadvantaged and invisible groups in our community, with comparatively poor health status and a health system that often fails to meet their needs.<sup>99</sup> This includes people with an intellectual disability, as well as people with other long-term physical and mental conditions, whether present at birth or acquired later in life.<sup>100</sup>

These poorer health outcomes include aspects of health that are unrelated to the specific health conditions associated with their disability.

At least one third of Aboriginal and Torres Strait Islander people aged over 15 years report having a disability or long-term health condition.<sup>101</sup>

## POLICY DIRECTION 1

**All health service providers (including hospitals, general practices, specialist services, allied health, dental health, mental health, population health programs and ambulance services) have the capabilities to meet the needs of people with disability.**

Good health and wellbeing is important for everyone. However, Australia's mainstream health services are not always well informed or well equipped to respond to the needs of people with disability. Research indicates that despite increased longevity, the mortality and morbidity rates for adults with disability/impaired decision-making capacity are still significantly higher than for the general population.<sup>102</sup> This is not necessarily an inevitable outcome. A lack of training or experience may lead health professionals to assume that the symptoms are part of the disability, not a separate health condition that requires treatment.

- “ The aim [of the health system] has to be to encourage and support everyone to achieve their maximum health potential, regardless of their age or whether they have a chronic illness or a disability (National Health and Hospitals Reform Commission, 2009).<sup>103</sup> ”
- “ Life expectancy may be up to 20 years lower for people with a severe intellectual disability than the general population:
  - There is a huge burden of undiagnosed illness. Only 29 per cent of health conditions are diagnosed and treated appropriately in this population. Some 42 per cent of health conditions go undiagnosed. And, even when health conditions are diagnosed, half of those patients still have their conditions inadequately managed.
  - Psychiatric disorders are among the conditions that are frequently not well diagnosed or managed in people with an intellectual disability.
  - Dental disease is up to seven times more common than in the general population (Australian Association of Developmental Disability Medicine Inc and National and NSW Council's for Intellectual Disability, 2008).<sup>104</sup> ”
- “ Another [submission] told the story of a young man with a disability denied a vital organ transplant because of his disability—but who was then told he would, of course, be welcomed as a donor (Shut Out, 2009).<sup>105</sup> ”

## POLICY DIRECTION 2

### Timely, comprehensive and effective prevention and early intervention health services for people with disability.

Access to early intervention and rehabilitation is critical for people with disability. As well as improving long-term outcomes for individuals, early intervention can help reduce future costs of care and support. Information about disability status is not currently collected by screening programs, so participation rates are not known.

People with disability should receive the same preventative health care as others, but this does not always happen for reasons including physical barriers, lack of knowledge by health providers, stereotyping or communication difficulties.

- “ Intensive educational and behavioural interventions have produced positive outcomes for children with autism (Commonwealth Department of Health and Ageing, 2006).<sup>106</sup> ”
- “ Women with disabilities are one of the most under-screened groups in Australia for breast and cervical cancer. Data from the late 1990s indicated 41 per cent of women with disabilities aged 70-75 with core activity restriction have never had a mammogram (WWDA, 2009).<sup>107</sup> ”
- “ In Australia there is a growing evidence base (such as a 2001 report commissioned from the Centre for Community Child Health<sup>108</sup>) on why and how it is possible to improve the health, well-being and learning of young children through initiatives at a child, family, community or service system level. ”
- “ Reports such as the Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report No. 6, 2004<sup>109</sup> stress the importance of early intervention in addressing long term disadvantage for Indigenous Australians. ”

## POLICY DIRECTION 3

### Universal health reforms and initiatives address the needs of people with disability, their families and carers.

System changes flowing from health reforms and initiatives across Australia provide important opportunities to improve responses to the health needs of people with disability, their families and carers. Key health reforms with implications for people with disability include the commitment to a universally accessible health care system, transforming the way patients with chronic disease are treated through the development of personalised care plans and increased focus on support for mental health. These reforms need to ensure that people with disability are not left behind.

- “ People with a disability or a mix of complex health problems may find that there are major gaps in access to medical and other specialist services and the ‘system’ does not connect up all their care needs ... universalism is a vital platform for our health system (National Health and Hospitals Reform Commission, 2009).<sup>110</sup> ”
- “ Evidence indicates that Indigenous Australians find accessing mainstream services difficult, and in some cases, traumatic. This is in part due to past associations with removal of children, or with discriminatory treatment. Consequently, many Aboriginal and Torres Strait Islander people may delay seeking help for mental health problems until a crisis occurs (Australian Indigenous Doctors Association, 2008).<sup>111</sup> ”

## POLICY DIRECTION 4

### Factors fundamental to wellbeing and health status such as choice and control, social participation and relationships, to be supported in government policy and program design.

The level of control an individual has over his or her own life can make a big difference to the quality of their life and to their health and wellbeing.

- “ After the introduction of person-centred planning, the research demonstrated ... for those who received a plan, positive changes were found in six areas: social networks, contact with family, contact with friends, community activities, scheduled day activities and choice. PCP resulted in a 52 per cent increase in the size of social networks, a 140 per cent increase in contact with family members, a 40 per cent increase in the level of contact with friends, a 30 per cent increase in the number of community activities, a 33 per cent increase in hours per week of scheduled day activities and 180 per cent more choice (Sanderson, Thompson and Kilbane, 2006).<sup>112</sup> ”

## Current commitments 2010

- Commonwealth, State and Territory governments (except Western Australia; and except Victoria for Home and Community Care) have agreed to establish the National Health and Hospitals Network and to invest an additional \$7.3 billion over five years in health and hospitals. People with disability will benefit from this historic reform of primary health care and aged care through better integration of care and an increased focus on prevention and early intervention.
- Improved access to health services for people with disability through new Medicare Benefits Schedule items including Intellectual Disability Health Check and Chronic Disease Management; and new items under the Helping Children with Autism initiative and the Better Access initiative for mental health services.
- The Fourth National Mental Health Plan (2009-2014) commits all governments to achieving a mental health system that enables recovery, prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community.
- Through the National Health and Hospital Reforms, the Australian Government will be delivering additional investment in mental health to provide a foundation for better mental health care, and help young people get access to mental health services.
- States and Territories use resources such as the Comprehensive Health Assessment Program (CHAP) to enable preventative health checks and identify undiagnosed conditions in people with disability.
- For the first time, people with disability will be specifically included within the *Measure Up* social marketing campaign which is part of the Australian Better Health Initiative (ABHI), a national program, supported by the Australian and State and Territory governments, which aims to reduce the risk factors for chronic disease such as some cancers, heart disease, and type 2 diabetes.

## Areas for future action

- 6.1 Increase the representation of people with disability on universal health advisory bodies.
- 6.2 At the review points of the National Healthcare Agreement, the National Health and Hospitals Network Agreement and health-related National Partnership agreements, parties agree to consider including strategies consistent with the National Disability Strategy, and performance indicators to ensure they address the health needs of people with disability in all age groups.
- 6.3 Ensure a strong interface between disability services, Local Hospital Networks and Medicare Locals with strong links to local communities and health professionals.
- 6.4 Strengthen health care planning, training and the capacity of universal health care providers to diagnose and treat the health and co-morbid conditions of people with disability.
- 6.5 Strengthen the continuity, coordination and range of primary, multidisciplinary and sub-acute care available to meet the health needs of people with disability.
- 6.6 Address issues specific to people with disability as part of the national expansion of key public health strategies such as dental programs, nutrition and physical activity programs, mental health, drug and alcohol and sexual and reproductive health programs, so that they explicitly meet the needs of people with disability.
- 6.7 Ensure informal and supported decision makers are part of preventative, diagnostic and treatment programs where necessary and appropriate, always ensuring the rights of the individual are respected and protected.
- 6.8 Further develop the evidence base for the social and environmental determinants of health and ensure it informs the development and implementation of programs and policies.



# Implementing the national disability strategy

Governments in Australia are committed to taking action in accordance with this Strategy and to provide leadership for the broader community towards the shared vision of *an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens*.

The Strategy provides a framework to guide policies and program development by all levels of government and actions by the whole community over the next ten years. COAG will oversee implementation and monitor progress in the six policy areas.

## IMPLEMENTATION PLAN

In the first year of the Strategy, the focus will be on the development of an implementation plan that will include mainstream policy areas identified in the Strategy. Areas for future action will be prioritised in collaboration with people with disability and other key stakeholders through the mechanisms below. The first year report of the Strategy will set out the implementation plan, including timelines that take into account the areas of greatest need within each jurisdiction.

## GOVERNANCE ARRANGEMENTS

The Community and Disability Services Ministers are responsible for driving implementation of the Strategy with support from Ministers in other portfolios who may act as champions for disability issues, such as those dealing with health or education.

Community and Disability Services Ministers will report to COAG after the first 12 months and then every two years including specific reports from champion Ministers on their respective elements.

The existing National Disability Strategy Development Officials Working Group (DOWG) will support the Community and Disability Services Ministers in the implementation of the Strategy. DOWG membership includes representation from departments with responsibility for specialist disability services and central agencies in each jurisdiction.

## STAKEHOLDER ENGAGEMENT

Governments implementing the Strategy will work collaboratively with people with disability and their representative organisations, their families and carers, communities, unions, businesses, service providers, advocacy and other organisations in the development of programs, policies and systems that affect people with disability. The Australian Human Rights Commission will have an important role in ensuring the Strategy upholds the human rights of people with disability.

States and Territories and the Commonwealth each have arrangements in place to engage with people with disability, families, carers, service providers and others representing varied interests and views. These and other forums and disability people's organisations will be engaged in the implementation of the Strategy in each jurisdiction. The Commonwealth will work closely with the National People with Disabilities and Carer Council on the implementation of the national elements of the Strategy.

The chairs or representatives of the State and Territory and national disability advisory bodies will be invited to meet with officials on an annual basis for discussion on policy priorities and progress of the Strategy.

Ministers with responsibility for disability issues will also hold a national forum with stakeholders in conjunction with each two-yearly report on the Strategy. Additional roundtables or forums will be held on specific topics once the engagement details have been developed and as the need arises during the implementation of the Strategy.

## MONITORING AND REPORTING

Monitoring and reporting progress against the Strategy is vital to ensure that life is improving for Australians with disability. The Strategy also provides a mechanism to contribute to the reporting requirements under the CRPD.

An important initiative of the Strategy is the introduction of a high level report to track progress for people with disability at a national level. The report will be prepared every two years and will use national trend indicator data based on the six outcome areas of the Strategy. The proposed indicators reflect data that is currently available, largely through Australian Bureau of Statistics (ABS) population surveys such as the Survey of Disability, Aging and Carers (SDAC), Australian Bureau of Statistics Household Expenditure Survey (HES), ABS General Social Survey (GSS), ABS Australian Health Survey and Survey of Education and Training (SET); and through data collected under existing National Agreements.

Over time, more comprehensive and appropriate performance indicators including baselines could be identified along with the processes needed to collect and analyse the data. For example the draft indicators below for Personal and Community Support, drawn from the National Disability Agreement, relate to service output rather than outcomes for people with disability.

The population and other national data on which the indicators are based become available at different intervals, so the reporting will be aligned with the availability of new data. This may mean that a number of the indicators are reported every second reporting period.

Wherever possible, indicators will be disaggregated to include specific information:

- broad categories of impairment (self care, mobility and communication)
- gender
- children
- Indigenous people
- people from culturally and linguistically diverse backgrounds.

The draft indicators will be subject to consultations in the first year of the Strategy with people with disability, their families and carers, organisations, experts and governments, to ensure that the measures reflect areas that really matter in improving outcomes for people with disability.

## Draft trend indicators

A set of draft indicators based on trend data has been agreed against each of the six areas of policy action. These are:

### **Inclusive and accessible communities**

Proportion of people with a disability reporting difficulties using public transport.  
Proportion of people with disability participating in common cultural and recreational activities.

### **Rights, protection, justice and legislation**

Feelings of safety in different situations by disability category.  
Proportion of people with disability participating in civic life.  
Proportion of complaints under the *Disability Discrimination Act*, by sub-category (eg employment, education).

### **Economic security**

Proportion of people with disability participating in the labour force.  
Proportion of people with disability in both private and public sector employment.  
Difference between the average income of people with disability and the average income for all Australians.  
Proportion of people with disability experiencing housing stress.

### **Personal and community support**

Proportion of the potential population accessing disability services.

Proportion of the potential population expressing unmet demand for disability support services

Proportion of carers of people with disability accessing support services to assist in their caring role

Proportion of Indigenous people receiving disability services.

### **Learning and skills**

Educational achievement of people with disability

- proportion of people with disability in mainstream schools.
- proportion of people aged 19-25 with disability who have attained at least Year 12 or equivalent qualification.
- proportion of people with disability with post-school qualifications.

### **Health and wellbeing**

Proportion of people with a disability who report their health status as 'good' or better.

Access to general practitioners, dental and other primary health care professionals for people with disability.

Risk factors for preventable disease in people with disability.

## **Key achievements**

In addition to the high level report tracking national progress, Community and Disability Services Ministers will report to COAG on achievements under the Strategy, including reporting from other portfolio Ministers. These two-yearly reports will be made available to the community and be placed on the Commonwealth's website.

## **Review**

The two-yearly reports will also include a review of the Strategy, and the implementation plan will be amended as necessary. Amendments will ensure that there is alignment to the vision, principles and policy directions within the Strategy. These reporting points will also provide an opportunity to review the appropriateness of the policy directions, actions and indicators.

An evaluation plan will be developed in the first year of the Strategy.

# Notes

- <sup>1</sup> National People with Disabilities and Carer Council, *Shut Out: The experience of people with disabilities and their families in Australia – National Disability Strategy Consultation Report*, Commonwealth of Australia, 2009, p. 9
- <sup>2</sup> See NDS evidence base on [www.fahcsia.gov.au](http://www.fahcsia.gov.au)
- <sup>3</sup> See NDS evidence base on [www.fahcsia.gov.au](http://www.fahcsia.gov.au)
- <sup>4</sup> Australian Bureau of Statistics (ABS), *4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Commonwealth of Australia, 2008
- <sup>5</sup> National People with Disabilities and Carer Council, 2009, p. 7
- <sup>6</sup> National People with Disabilities and Carer Council, 2009, p. 7
- <sup>7</sup> National People with Disabilities and Carer Council, 2009, p. 12
- <sup>8</sup> See NDS evidence base on [www.fahcsia.gov.au](http://www.fahcsia.gov.au)
- <sup>9</sup> National People with Disabilities and Carer Council, 2009, p. 7
- <sup>10</sup> National People with Disabilities and Carer Council, 2009, p. 2
- <sup>11</sup> See NDS evidence base on [www.fahcsia.gov.au](http://www.fahcsia.gov.au)
- <sup>12</sup> PriceWaterhouseCoopers, *Disability Investment Group: National Disability Insurance Scheme Final Report*, Commonwealth of Australia, 2009, viewed 21 June 2010, <[http://www.fahcsia.gov.au/sa/disability/pubs/policy/National\\_Disability\\_Insurance\\_Scheme](http://www.fahcsia.gov.au/sa/disability/pubs/policy/National_Disability_Insurance_Scheme)>
- <sup>13</sup> PriceWaterhouseCoopers, 2009
- <sup>14</sup> AMP & National Centre for Social and Economic Modelling (NATSEM), *Who Cares? The Cost of Caring in Australia 2002 – 2005, Income and Wealth Report, Issue 13*, 2006, p. 19
- <sup>15</sup> PriceWaterhouseCoopers, 2009
- <sup>16</sup> Australian Bureau of Statistics (ABS), *4430.0 Survey of Disability, Ageing and Carers 2003, Australia: Summary of Findings*, Commonwealth of Australia, 2004
- <sup>17</sup> Australian Bureau of Statistics, 2004
- <sup>18</sup> Disability Investment Group, *The Way Forward - A New Disability Policy Framework for Australia*, Commonwealth of Australia, 2009, p. 12
- <sup>19</sup> Australian Bureau of Statistics, 2004
- <sup>20</sup> Commonwealth of Australia, *Third Intergenerational Report- Australia to 2050: future challenges*, 2010
- <sup>21</sup> Commonwealth of Australia, 2010
- <sup>22</sup> Independent actuarial studies prepared for Department of Ageing, Disability and Home Care, NSW, 2010, (not available publicly)
- <sup>23</sup> Commonwealth Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage Key Indicators 2005 Report*. Page 3.6, 2005, viewed 17 June 2010, <<http://www.pc.gov.au/gsp/reports/indigenous/keyindicators2005>>.
- <sup>24</sup> Australian Bureau of Statistics, 2008
- <sup>25</sup> Aboriginal Disability Network New South Wales, *Telling It Like It Is Report*, 2007, viewed 29 June 2010, <[http://www.pwd.org.au/adnsw/news/telling\\_it\\_like\\_it\\_is.doc](http://www.pwd.org.au/adnsw/news/telling_it_like_it_is.doc)>
- <sup>26</sup> National People with Disabilities and Carer Council, 2009, p. 52
- <sup>27</sup> Australian Bureau of Statistics (ABS), *4102.0 – Australian Social Trends 2006*, Commonwealth of Australia, 2006
- <sup>28</sup> Commonwealth of Australia, *Australian Sport – the pathway to success*, Commonwealth of Australia, 2010, p. 4
- <sup>29</sup> National People with Disabilities and Carer Council, 2009, p. 42
- <sup>30</sup> Australian Institute of Health and Welfare, *Disability, the use of aids and the role of the environment*, 2003, viewed 21 June 2010, <<http://www.aihw.gov.au/publications/index.cfm/title/9187>>, p. 1
- <sup>31</sup> National People with Disabilities and Carer Council, 2009, p. 28

- <sup>32</sup> Australian Housing and Urban Research Institute, *Research and Policy Bulletin, no. 107: The housing careers of people with disability and their carers*, 2009, p. 1
- <sup>33</sup> National People with Disabilities and Carer Council, 2009, p. 44
- <sup>34</sup> Australian Associated Press, 'Exhausted Paralympian Kurt Fearnley 'needed to pick battle'', Australian Associated Press, 2009, viewed 24 November 2009
- <sup>35</sup> State Library of Victoria, *More than just equipment: Internet access and participation for people with a disability in Victorian public libraries*, prepared by Equity Research Centre, 2007.
- <sup>36</sup> Australian Communications Consumer Action Network, *Broadband Solutions for Consumers with Disabilities*, 2010 pg 17
- <sup>37</sup> Engage: Getting on with Government 2.0, Report of the Government 2.0 Taskforce, 2010, pg xxi
- <sup>38</sup> Victorian Department of Planning and Community Development, *Community Attitudes Towards Disability*, 2008.
- <sup>39</sup> Productivity Commission, *Review of the Disability Discrimination Act 1992*, Commonwealth of Australia, 2004, viewed 21 June 2010, <<http://www.pc.gov.au/projects/inquiry/dda/report>>, p. xxvi
- <sup>40</sup> Australian Human Rights Commission, *Annual Report 2008-09*, Commonwealth of Australia, 2009.
- <sup>41</sup> Administrative Decisions Tribunal (New South Wales), *Annual Report 2008-09*, State Government of New South Wales, 2009, viewed 21 June 2010, <[http://www.lawlink.nsw.gov.au/lawlink/adt/ll\\_act.nsf/pages/adt\\_aboutus](http://www.lawlink.nsw.gov.au/lawlink/adt/ll_act.nsf/pages/adt_aboutus)>
- <sup>42</sup> National People with Disabilities and Carer Council, 2009, p. 25
- <sup>43</sup> Legal Aid Queensland, *Developing a National Disability Strategy*, 2008, viewed 22 June 2010, <<http://www.legalaid.qld.gov.au/about/policy/Policy%20submissions%20and%20research/Forms/General.aspx>>
- <sup>44</sup> National People with Disabilities and Carer Council, 2009, p. 16
- <sup>45</sup> L Schetzer & J Henderson, *Access to justice and legal needs: a project to identify legal needs, pathways and barriers for disadvantaged people in NSW, vol. 1: public consultations*, Law and Justice Foundation of NSW, 2003.
- <sup>46</sup> United Nations, *Convention on the Rights of Persons with Disabilities*, 2006, viewed 21 June 2010, <http://www.un.org/disabilities/default.asp?navid=13&pid=150>, Article 13(2)
- <sup>47</sup> M Sherry, *Hate Crimes Against People With Disabilities*, University of Queensland, 2000, viewed 22 June 2010, <<http://www.wwda.org.au/hate.htm>>
- <sup>48</sup> Sherry, 2000
- <sup>49</sup> Australian Bureau of Statistics, 2004, p. 26
- <sup>50</sup> United Nations, 2006, Article 16
- <sup>51</sup> Australian Bureau of Statistics (ABS), *4159.0 General Social Survey*, Commonwealth of Australia, 2006
- <sup>52</sup> C Llewelyn-Scorey, 1998 cited in Sherry, 2000
- <sup>53</sup> B Armour, 2007 in The National Council to Reduce Violence against Women and their Children, *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children 2009-2021*, Commonwealth of Australia, 2009, p. 57
- <sup>54</sup> ABS, 2006, p. 62 and Women with Disabilities Australia (WWDA), *Submission to the National Human Rights Consultation*, 2009, p. 8
- <sup>55</sup> Corrections Victoria, *Committing to the Challenges –Corrections Victoria Disability Framework 2010-2012*, Department of Justice - State Government of Victoria, 2009, p. 12
- <sup>56</sup> Corrections Victoria, 2009, p. 12
- <sup>57</sup> NSW Department of Juvenile Justice, *NSW Young People in Custody Health Survey 2009: Key Findings Report*. NSW Department of Juvenile Justice, 2009
- <sup>58</sup> Corrections Victoria, 2009, p. 12
- <sup>59</sup> Corrections Victoria, *Intellectual Disability in the Victorian Prison System*, Department of Justice - State Government of Victoria, 2007, p. 23
- <sup>60</sup> Organisation for Economic Co-operation and Development (OECD), *Sickness, Disability and Work: keeping on track in the economic downturn- background paper*, OECD, 2009, p. 12

- <sup>61</sup> National People with Disabilities and Carer Council, 2009, p. 39
- <sup>62</sup> Disability Council of NSW, *Submission to the NSW Minister for Disability Services*, 2008, p. 25, viewed 22 June 2010, <<http://www.disabilitycouncil.nsw.gov.au/archive/08/barriers-discoun.doc>>
- <sup>63</sup> ABS, 2004, p. 3
- <sup>64</sup> ABS, 2004, p. 11
- <sup>65</sup> ABS, 2004, p. 8, Australian Bureau of Statistics (ABS); 2003 in Human Rights Equal Opportunity Commission (HREOC), *National Inquiry into Employment and Disability Issues Paper 1: Employment and Disability – The Statistics*, HREOC, 2005; and Women With Disabilities Australia (WWDA) 2004b in S Salthouse, 'The Constant Bridesmaid: Will Work Choices and Welfare to Work changes help to get more women with disabilities into the workforce?', WWDA, 2006.
- <sup>66</sup> J Harmer, *Pension Review Report*, Commonwealth of Australia, 2009, p. xxi
- <sup>67</sup> Disability Investment Group, *The Way Forward: A New Disability Policy Framework for Australia*, Commonwealth of Australia, 2009, p. 12
- <sup>68</sup> Australian Housing and Urban Research Institute, 2009, p. 1
- <sup>69</sup> National People with Disabilities and Carer Council, 2009, p. 28
- <sup>70</sup> Housing Industry Association, *Annual Report 06/07*, 2007
- <sup>71</sup> Australian Housing and Urban Research Institute, 2009, p. 1
- <sup>72</sup> House of Representatives Standing Committee on Family, Community, Housing and Youth, *Who Cares...?: report on the inquiry into better support for carers*, Commonwealth of Australia, 2009, pp 183 – 186; National People with Disabilities and Carer Council, 2009, p. 22; and Commonwealth Department of Families and Housing, Community Services and Indigenous Affairs, *Occasional Paper no. 29: Effectiveness of individual funding approaches for disability support*, prepared by Social Policy Research Centre and Disability Studies and Research Centre, University of New South Wales, 2010.
- <sup>73</sup> National People with Disabilities and Carer Council, 2009, p. 19
- <sup>74</sup> J Glasby and S Duffy, *Our Health, Our Care, Our Say – what could the NHS learn from individual budgets and direct payments*, 2007, University of Birmingham, viewed 22 June 2010, <[http://www.hsmc.bham.ac.uk/work/personalisation\\_health\\_social\\_care.shtml](http://www.hsmc.bham.ac.uk/work/personalisation_health_social_care.shtml)>
- <sup>75</sup> National People with Disabilities and Carer Council, 2009, p. 22
- <sup>76</sup> Disability Investment Group (DIG) *The Way Forward A New Disability Policy Framework for Australia* 2009 p. 2
- <sup>77</sup> Australian Institute of Health and Welfare (AIHW), *Unmet need for disability services: effectiveness of funding and remaining shortfall*, Commonwealth of Australia, 2002
- <sup>78</sup> Australian Bureau of Statistics (ABS), *4102.0 – Australian Social Trends 2006*, Commonwealth of Australia, 2006
- <sup>79</sup> Australian Social Inclusion Board, *National Mental Health and Disability Consultation Findings*, Commonwealth of Australia, 2008, p. 5
- <sup>80</sup> C Frohmader, *Parenting Issues for Women with Disabilities in Australia - A Policy Paper*, Women With Disabilities Australia, 2009, viewed 22 June 2010, <<http://www.wwda.org.au/motherhd2006.htm>>
- <sup>81</sup> House of Representatives Standing Committee on Family, Community, Housing and Youth, 2009, Chapter 2, p. 27
- <sup>82</sup> House of Representatives Standing Committee on Family, Community, Housing and Youth, 2009, p.x
- <sup>83</sup> Australian Institute Health Welfare (AIHW), *AIHW Bulletin Issue 42: Disability updates: Children with Disabilities*, Commonwealth of Australia, 2006, p. 1
- <sup>84</sup> Australian Social Inclusion Board, 2008, p. 2
- <sup>85</sup> AMP & National Centre for Social and Economic Modelling (NATSEM), 2006, p. 19
- <sup>86</sup> N D Turner, 'Preparing pre-service teachers for inclusion in secondary classrooms' in *Education, Vol. 123*, 2003, viewed 24 June 2010, <[http://findarticles.com/p/articles/mi\\_qa3673/is\\_3\\_123/ai\\_n28998147/](http://findarticles.com/p/articles/mi_qa3673/is_3_123/ai_n28998147/)>
- <sup>87</sup> National People with Disabilities and Carer Council, 2009, p. 46

- <sup>88</sup> E A Williams and A J Farley 1992 cited in J F Paterson, 'Attitudes towards the integration of students with disabilities: a work in progress', Proceedings of Joint Australian Association of Research in Education and New Zealand Association of Research in Education, Australian Association of Research in Education, 1992, viewed 22 June 2010, <<http://www.aare.edu.au/92pap/patej92123.txt>>
- <sup>89</sup> Advocacy for Inclusion, *Submission to the ACT Legislative Assembly Inquiry into the needs of students with disability*, 2010, p. 17, viewed 22 June 2010, <<http://www.legassembly.act.gov.au/committees/index1.asp?committee=117&inquiry=821&category=14>>
- <sup>90</sup> National People with Disabilities and Carer Council, 2009, p. 47
- <sup>91</sup> AIHW, 2006, p. 1
- <sup>92</sup> ABS, 2004, p. 22
- <sup>93</sup> ABS, 2004, p. 22
- <sup>94</sup> Council of Australian Governments (COAG), *Schedule F - National Education Agreement*, COAG, viewed 24 June 2010, <[http://www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/)>
- <sup>95</sup> Australian National Training Authority (ANTA), *Bridging Pathways: National Strategy*, ANTA, 2000, p. 8
- <sup>96</sup> NCVET, *Australian Vocational Education and Training Statistics: Students and Courses*, 2008.
- <sup>97</sup> J Guenther, I Falk and A Amott, *The Role of Vocational Education and Training in Welfare to Work*, NCVET Research and Evaluation Program Report, National Council Vocational Educational Research, 2008., 2008, p. 15.
- <sup>98</sup> Social Inclusion Board (State Government of South Australia), *Post-School Pathways: How 'it is' and how 'it works' for young people with disabilities – Background Report*, State Government of South Australia, 2008, p. 6
- <sup>99</sup> National Health and Hospitals Reform Commission (NHHCR), *A Healthier Future For All Australians – Interim report*, Commonwealth of Australia, 2008, p. 54
- <sup>100</sup> NHHCR, 2008, p. 54
- <sup>101</sup> Queensland Health, *Queensland Health Disability Service Plan 2007-2010*, State Government of Queensland, 2007, p. 5
- <sup>102</sup> Office of Public Advocate (Queensland Government), *In Sickness and in Health*, State Government of Queensland, 2008, p. 10
- <sup>103</sup> National Health and Hospitals Reform Commission (NHHCR), *A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission*, Commonwealth of Australia, 2009, p. 96
- <sup>104</sup> Australian Association of Developmental Disability Medicine Incorporated and the National and NSW Councils for Intellectual Disability, 2008 in *NHHCR*, 2008, p. 54-55
- <sup>105</sup> National People with Disabilities and Carer Council, 2009, p. 4
- <sup>106</sup> M Prior & J Roberts, *Early intervention for Children with Autism Spectrum Disorders: guidelines for best practice*, Department of Health and Ageing – Commonwealth Government, 2006, p. 2
- <sup>107</sup> Women with Disabilities Australia (WWDA), *Submission to the National Human Rights consultation*, WWDA, 2009, p. 35
- <sup>108</sup> Department of Human Services – State Government of Victoria, *Best Start: Evidence Base project*, prepared by the Centre for Community Child Health, 2009, p. 35
- <sup>109</sup> S Eades (Menziess School of Health Research), 'Maternal and Child Health Care Services: Actions in the Primary Health Care Setting to Improve the Health of Aboriginal and Torres Strait Islander Women of Childbearing Age, Infants and Young Children' in *Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report No. 6*, Department of Health and Ageing – Commonwealth of Australia, 2004
- <sup>110</sup> NHHRC, 2009, pp. 81 - 82
- <sup>111</sup> Australian Indigenous Doctors Association (AIDA), *Submission to the National Health and Hospitals Reform Commission*, AIDA, 2008, viewed 28 June 2010, <<http://www.aida.org.au/submissions.aspx>>
- <sup>112</sup> H Sanderson, J Thompson & J Kilbane, 'The Emergence of Person-Centred Planning as Evidence-Based Practice' in *Journal of Integrated Care, Volume 14, Issue 2*, 2006, p. 19

