



**Submission to the Royal Commission into
Violence, Abuse, Neglect and Exploitation of People with Disability**

**Promoting Inclusion
Issues Paper**

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WHO IS THE PHYSICAL DISABILITY COUNCIL OF NSW?

The Physical Disability Council of NSW (PDCN) is the peak body representing people with physical disabilities across New South Wales. This includes people with a range of physical disability issues, from young children and their representatives to aged people, who are from a wide range of socio-economic circumstances and live-in metropolitan, rural and regional areas of NSW.

Our core function is to influence and advocate for the achievement of systemic change to ensure the rights of all people with a physical disability are improved and upheld.

The objectives of PDCN are:

- To educate, inform and assist people with physical disabilities in NSW about the range of services, structure, and programs available that enable their full participation, equality of opportunity and equality of citizenship.
- To develop the capacity of people with physical disability in NSW to identify their own goals, and the confidence to develop a pathway to achieving their goals (i.e. self-advocate).
- To educate and inform stakeholders (i.e. about the needs of people with a physical disability) so that they can achieve and maintain full participation, equality of opportunity and equality of citizenship.

Introduction

“Many people in the community believe disability is someone else’s problem. They do not believe that disability will touch their lives and give little thought to the experience of living with disability or caring for someone with a disability. Without first-hand experience, they hold onto the belief that at least things are better than they used to be.”

Dr Rhonda Galbally AO, Chair, National People with Disabilities and Carer Council in *Shut Out: The Experience of People with Disabilities and their Families* in Australia, 2009.

The Physical Disability Council of NSW represents the interests of people with physical disability across NSW, including older people with age-related physical disability, those who are born with disabilities and those who acquire physical disability through injury or disease. We also represent the interests of people with sensory related disabilities, including people who are deaf, blind or vision impaired.

As a systemic advocacy peak, PDCN strives to promote the normalisation of disability as an inherent part of the human condition, a position that is captured across our branding in the statement “*ordinary people, ordinary lives*”.

In responding to the questions in the *Promoting Inclusion Issues Paper*, we have relied on the latest research in service provision and inclusive practices, recent public enquiries in the community and disability sectors, and through contact, feedback and discussions with our members.

As an introduction to this paper, it is noted that people with disability in 2021 are still more likely to be poor, to be unemployed, to earn less, to have poorer general health, and be more likely to experience violence than others in their local communities. People with disability who are successful are still often perceived as succeeding *despite* their disabilities.

In addition, disability is still often regarded by Australian society as ‘*someone else’s problem*’, a view perpetuated by a lack of commitment on the part of governments to expand responsibility for addressing the needs of people with disability into the private sector and neglecting to provide strong mechanisms to enforce their statutory rights.

This is not to say that there has not been some progress for people with disabilities in Australia. Progress has occurred in promoting a range of inclusive practices in our local communities – for example, the NDIS is an example of visionary social policy for people with disabilities - however people with disability still face significant barriers in accessing education, employment, housing, health care, recreation and more. Given that over a decade has passed since Australia became a signatory to the United Nations *Convention on the Rights of Persons with Disability* (UNCPRD), this lack of progress is highly frustrating across our communities and an impediment to developing and implementing inclusive communities.

As such, PDCN welcomes the opportunity to respond to this Royal Commission position paper and to give voice to the experiences of its membership and the findings of current research and enquiry into inclusive practices and disability. Please note that we have chosen to only address those questions for which we have the expertise or appropriate member feedback to address in this paper.

Recommendations

Recommendation 1

That Australian policy makers and service providers at state and national levels continue to develop and implement approaches for promoting “inclusion” and “inclusive practices” for people with disability based on the precepts, principles and practices documented in Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) - Living Independently and Being Included in the Community.

Recommendation 2

That Australian governments adopt a “whole of society” approach in developing inclusive policies and practices for people with disability that are informed by, and incorporate, stakeholder input, acknowledging the role of local communities in developing enhanced individual outcomes.

Recommendation 3

That Australian policy makers and service providers at state and national levels continue to develop and implement approaches for promoting “inclusion” and “inclusive practices” for people with disability that include tangible and measurable outcomes that enhance social cohesion, and where all individuals with disability have a sense of belonging and opportunities for full participation, inclusion, recognition and legitimacy in their local communities.

Recommendation 4

That Australian policy makers adopt the principles of inclusion and inclusive practices in developing safe and suitable housing options for people with disability based on universal design principles that provide choice and control consistent with Article 19 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Recommendation 5

That Australian governments continue to resource and empower the Australian Human Rights Commission in carrying out its statutory duties on behalf of people with disability, acknowledging the key functions for the Commission as integral to protecting the rights of people with disability and promoting progressive policies and practices consistent with the principles of social inclusion.

Recommendation 6

That Australian governments actively support and resource tertiary institutions, with oversight by the Australian Research Council (ARC), develop longitudinal and cross-sector research in the identification and measurement of the conditions for social exclusion, aligned with national and state-based policies and benchmarks, with explicit links identified between these conditions and key economic, health, employment, security and safety, housing and socio-emotional outcomes for individual and communities.

Recommendation 7

That Australian governments continue to counter the conceptualization in some communities that disability remains a problem that needs to be “cured”, and instead acknowledge and support every

person's life experiences and potential for meaningful contribution across inclusive communities by rigorously defending and promoting the key principles of the Disability Discrimination Act (1992) and its associated disability standard protocols.

Recommendation 8

That Australian governments continue to develop progressive and evidence-informed principles, consistent with the key principles of inclusion and inclusive practice, as the foundation for service provision and advocacy in establishing and sustaining inclusive local communities that effectively address the life-long needs of people with disability.

Recommendation 9

That independent disability advocacy and other community service organisations and agencies be adequately resourced and equipped to promote and utilise client voice in providing services consistent with inclusive practices for people with disability.

Recommendation 10

That the National Standards for Disability Services, when implemented within the context of the current National Disability Strategy, provides a sound and robust framework that, when followed through in partnership with people with disability, provides more than adequate protection for the rights of people with disability, ensuring that barriers and challenges can be satisfactorily addressed.

Response to questions:

QUESTION 1: What does inclusion mean to you?

Inclusion is a universal human right. The essence of inclusion in a civil society is an embrace of all people irrespective of race, gender, disability, or other individual characteristic. It is about the ideology of “inclusion” being given full expression through “inclusive practices” that are developed, implemented and institutionalised across society by providing equal opportunity and access to all people, eliminating discrimination and intolerance and by removing barriers to personal participation, representation and contribution. As such, inclusion relates to all aspects of a person’s life and defines how people in our local communities interact and engage with each other.¹

However, “inclusion” as a social construct and concept varies from person to person, as reflected by the range of experiences and attitudes expressed by PDCN members about how inclusion and inclusive practices continue to impact on their lives.

As an example, our members comment about their different experiences being valued as individuals recognised for making contributions to society. These range of experiences – both positive and negative - highlight the importance of promoting *social role valorisation* for individuals with disability, as reflected by the *attitudes* of people in local communities.

Moreover, PDCN members regularly provide us with feedback regarding the ongoing challenges they face in having their contribution to society being acknowledged and *valued* by their peers and local communities. The perception of valued roles for people with disability in the community is therefore a key factor in promoting “inclusion” and “inclusive practices” in Australian society.

Other comments by PDCN members about their lived experience as people with disability, and how “inclusion” is practised in their local communities, focus on how Australians with disability are portrayed in the media, as indicated by the following comment:

Media does not correctly portray people with disability; we are still being promoted as either inspirational super beings or society’s members needing protection. People with disability are not portrayed by the media as people striving to fit into a society that is still not inclusive!

Other PDCN members speak about how “inclusion” is enhanced for them when their local communities focus on the three “c’s of inclusive practice – *care, compassion and consideration*.

The role of public education is also seen as assisting communities relate and interact in positive ways with people with disabilities that effectively address stigma and discrimination and, in turn, develop more inclusive ways for addressing the needs of people with disability, with particular focus on the implementation of the key principles of the *Disability Discrimination Act (1992)*.

Many PDCN members comment that the concept of “inclusion” could be further enhanced in Australian society by people offering them more opportunities to participate in and actively contribute to their local communities. A critical element in providing opportunity for people with disability continues to be the elimination of structural barriers and the establishment of seamless access to public and private spaces, public transport, employment and education and participation in leisure

¹ https://www.inclusion.me.uk/news/what_does_inclusion_mean

activities. The participation of people with disability in the everyday rhythms and rituals of community life was seen by our members as a significant marker of “inclusion” in Australian communities.

It is important to note that many of our members nominated one aspect of community life that continued to present significant challenges for them, representing an impediment in establishing authentic social inclusion. More than a decade following the establishment of the NDIS and thirty years since the passing of the *Disability Discrimination Act*, access to suitable housing for people with disability continues to be a persistent obstacle in developing social inclusion in Australian society. Without safe and accessible housing, full and meaningful participation for people with disability in their local communities continues to be significantly compromised and marginalised. The issue of housing for people with disability is further discussed in this paper.

PDCN members also cited Government-initiated schemes such as income support and NDIS services as critical in promoting inclusive practices for people with disability and enhancing their capacity for active engagement with peers, families and local communities. Many members highlighted the ongoing potential of the NDIS to provide for these critical supports and services, and how they provided them with meaningful ways to establish “ordinary lives” as individuals in society. However, these same people highlighted ongoing challenges faced by them in their everyday lives.

Some of their comments were as follows:

Society has still a long way to go accepting all avenues of people with a disability. I feel a lot of changes and acceptance seem to be in the too hard basket, so to speak. Buildings, footpaths, public and business toilets, acceptance and inclusion into sports. As a society we are improving, but we still need more. I think the people that have the 'disabilities' are the ones who should be very much included in making the decisions on what are the changes that should be put in place. Far too often these ideas and adjustments are not made by the people who will be the ones using access to any of above. While the rhetoric is there, the reality is not. The lives of people with disability are still far too limited in comparison to those without. Social opportunities, work opportunities, educational opportunities - all far too limited.²

Society is not inclusive of people with a disability because all that you see is words written. But when it comes to reality or life happenings nothing works. You are on your own and have done everything for yourself. Which at times can be very hard to do and arrange. As a PDCN member, I believe that as a society, there is still a long way to go in this space, in particular disability awareness, attitudes and culture.³

There's still a big gulf between people with disabilities and society. There is no encouragement for society to mix with those with disabilities. This may be because it's in the too hard basket. Those with disabilities need to be encouraged to speak out in their community about the best ways to gain a good outcome.⁴

² <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-19-living-independently-and-being-included-in-the-community.html>

³ <https://www.un.org/esa/socdev/documents/compilation-brochure.pdf>

⁴ <https://www.ncbi.nlm.nih.gov/books/NBK210046/>

It should be noted that these views expressed by our members closely align with the pre-requisite conditions for developing and promoting “social inclusion”, as articulated in Article 19 of the United Nations *Convention on the Rights of People with Disabilities (CRPD) - Living Independently and Being Included in the Community*.

These comments also highlight the ongoing challenge for Australian society – and its governments, service providers and advocacy groups – in translating the rhetoric of inclusion into tangible, life-long outcomes for people with disability.

PDCN contends that for people with disability, authentic social inclusion will become a reality in their lives when:

...we recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.⁵

These issues that impact on the development and implementation of these conditions for social inclusion will be discussed and critiqued in this paper.

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Recommendation 2

That Australian governments adopt a “whole of society” approach in developing inclusive policies and practices for people with disability that are informed by and incorporate stakeholder input, acknowledging the role of local communities in developing enhanced individual outcomes.

⁵ <https://humanrights.gov.au/about/news/speeches/social-inclusion-and-human-rights-australia>

QUESTION 2: What makes an inclusive society?

2(a) What are the characteristics of an inclusive society?

For our membership, an inclusive society is one where key social policies, practices and protocols are instrumental in ensuring equal opportunities for all citizens, regardless of background, so that they achieve their full potential as individuals in life. In practice, an inclusive society develops multi-dimensional processes for all people as part of a collaborative social commitment to create, promote and sustain conditions that enable them full and active participation in all aspects of community life, inclusive of civic, social, economic, and political activities, as well as ongoing participation in decision-making processes.⁶

As a statement of principle, PDCN contends that rather than expecting an “ordinary life” - as documented in the principles that underpin a range of NDIS and related Disability Standards documentation - people with disability deserve all the conditions of a “good life”, as articulated below:

When asked what would constitute ‘the good things of life’ (Wolfensberger, 1995), most people give similar answers – having a home of one’s own, meaningful employment, relationships, opportunities for learning and personal growth. Having a sense of belonging, being valued and appreciated for who you are, your unique strengths and contributions, and having a purpose in life are also among the key things most of us would consider essential to living a rich and fulfilling life.⁷

A key component of an inclusive society is therefore the active development of policies, protocols and practices that promote the conditions of a “good life” that create tangible individual outcomes for people in addition to *social cohesion* across our local communities. Social cohesion describes the means by which a society brings together and binds people through mutual support. In a socially cohesive society, all individuals and groups have a sense of belonging and opportunities for full participation, inclusion, recognition and legitimacy as individuals. That is, they are valued for *who* they are, regardless of status, special need or circumstance. Socially cohesive societies respect diversity and actively guard against destructive patterns of tension and conflict when different interests collide.

Another characteristic of a truly inclusive society is the establishment of *social participation* that actively promotes the engagement all people in all community activities, rituals and processes. As a result, all people are given the opportunity to develop and influence key decision-making processes in their communities, thereby developing conditions for mutual trust among individuals and shared responsibilities for the life of the community and wider society.

2(b) How can the supports people with disability need be provided in a way that is consistent with providing an inclusive society?

PDCN is concerned that current supports and services for people with disability tend to be developed with the intention of ‘fitting the individual to society’ rather than “society to the individual”, thereby creating an ‘illusion of inclusion’ that does not address many of the systemic barriers faced by people with disability. This is particularly relevant in our current approach to housing and accommodation for people with disability.

⁷ <http://imaginemore.org.au/conference-2/>

As an example of the current conditions for many of our members and their aspirations for safe and suitable housing, the following case study illustrates the predicaments that many people with disability experience in making decisions about accommodation that impact on the quality of their lives:

Lee lives in a community housing property in inner Melbourne. He arrived in Australia in the early 1980s from Vietnam. En-route to Australia he spent some months in a refugee camp in the Philippines. Lee was diagnosed with Multiple Sclerosis in 1984 and receives the Disability Support Pension. The severity of his multiple sclerosis has fluctuated dramatically over the last 25 years, and he has been confined to a wheelchair twice. After one of his 'bad' episodes, he had to learn to walk again, following four months in hospital. As Lee was the first member of his family to resettle in Australia, he had limited support networks and was reliant on his friends in the Vietnamese community and from his church. His MS has affected his speech, a challenge for communication for someone for whom English is a second language.

Lee separated from his wife a few years ago and until securing his current housing has lived in a number of places in outer Melbourne, including staying with friends. The worst accommodation he lived in during this time was a rooming house. He reported having no privacy and concerns with his personal security and security of his possessions, including his food in the shared kitchen facilities. Drugs were a major concern for him in the rooming house and added to his safety concerns. While living at the rooming house, Lee was unable to have his young son visit or stay with him. He reported that during this time, and while he was living in other unstable housing, his ex-wife and social services withdrew access rights to his child.

A hospital social worker put Lee in contact with his current community housing landlord. While originally he refused the unit because it was so far away from his family and friends, he eventually decided to accept the property; a decision he has not regretted. He loves the 'community' in his building. Most importantly, he has been able to re-establish visitations with his son and this and his housing has helped stabilise his illness and life. At the time of interview, his MS was well controlled, and he is 'out of the tunnel and the crisis' after years of struggling.⁸

This case study illustrates how the lack of forward planning and adoption of suitable housing design and construction policies present significant, and ongoing, challenges for people with disability securing safe and suitable homes across the private and public housing markets. Many people with disability compromise with retrofits and modifications rather than being housed in safe and suitable accommodation designed and constructed according to universal design principles. These modifications and retrofits are often piecemeal and relate to the specific access issues faced by individuals, rather than a long-term commitment to develop housing that is accessible for all. As such, there exists a fragmented approach to housing for people with disability instead of an inclusive policy framework for the industry (and community) as a whole.

Housing environments have crucial impacts on safe and independent living of all people but especially for older persons, people with disabilities and their carers⁹

As a result, people with disability tend to either fund modifications by themselves, build their own homes to their specific requirements at great expense, or access housing modifications through schemes such as the NDIS or Commonwealth Home Support Packages for older persons. These

⁸https://www.ahuri.edu.au/__data/assets/pdf_file/0017/2087/AHURI_Final_Report_No178_Housing_assistance.social_inclusion_and_people_living_with_a_disability.pdf

⁹ www.coe.int/T/E/NGO/public/PrincFondam%20en%20engl.pdf.

approaches are fundamentally counterproductive to achieving social inclusion and highlight the necessity for government and private corporations to embrace and adopt the concept of “universal design” in developing and remodelling residential accommodation that addresses the particular needs of people with disability.¹⁰

PDCN members report on their struggle to access housing that meets their individual requirements and are therefore forced to seek accommodation through programs such as Specialist Disability Accommodation, or through aged care facilities when they are still not of “retirement age”. This situation highlights the fact that Australian society continues to have issues providing adequate, safe and appropriate housing that meets the individual needs of people with disability. Far from providing people with disability with the conditions for the “good life”, 21st century Australia continues to struggle to provide them with conditions for an “ordinary life”, as articulated in the NDIS legislation:

*The NDIS will provide all Australians with a permanent and significant disability, aged fewer than 65, with the reasonable and necessary supports they need to live an ordinary life. Eligible people, known as participants, are given a plan of supports which is developed and tailored to their individual needs.*¹¹

In addition, people with disability still experience significant challenges visiting the homes of relatives and friends, cooking and bathing in inadequate and outmoded rental properties, and accessing parts of their own home due to out-dated housing designs that do not reflect the individual needs of people with disabilities.

Of further concern is the housing sector’s failure to respond to the accessibility needs of people with physical disabilities in the open property market, resulting in the development of specialist housing sectors such as retirement villages and aged care accommodation. This is again contrary to the principles of social inclusion. In many communities, particularly in rural and regional areas, these types of housing often represent the only viable option for people with disability. These forms of accommodation typically focus on varying degrees of “care services” for residents and often revert to providing people with disability the types of institutional settings that the NDIS was established to reform and replace.

As such, current housing policy and practices adopted by governments represent accommodation options for people with disability that are contrary to the principles of inclusive practices in a modern 21st century society committed to providing *choice* and *control* for people with disability (see *Article 19* of the UNCRPD).

2(c) What is the role of governments through legislation, policy making, funding and operation of public systems and services, in achieving an inclusive society?

The role of governments in establishing, promoting and sustaining inclusive communities should rest on federal and state legislatures introducing and implementing targeted and evidence-informed legislation and policy frameworks based on human rights protections.¹²

¹⁰ www.coe.int/T/E/NGO/public/PrincFondam%20en%20engl.pdf.

¹¹ https://www.researchgate.net/publication/235443128_Indicators_of_Social_Exclusion_and_Inclusionn_A_Critical_and_Comparative_Analysis_of_the_Literature

¹² <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/shut-out-the-experience-of-people-with-disabilities-and-their-families-in-australia>

In Australia, however, there are no direct links currently established between international human rights law and national and state laws. Instead, our national commitment to adopting legislative or constitutional approaches to human rights protection is employed through three institutions:

- Federal and State parliaments, via joint standing committees on treaties;
- Courts and the judiciary in developing common law; and
- The Australian Human Rights Commission

Due to the often-fractured federal system of government and public administration in Australia, and the subsequent frequent disagreement regarding jurisdiction and accountability in overseeing human rights public law and regulation, the long-term and enduring institution responsible for developing conditions for social inclusion and inclusive practices in Australia remains the Human Rights Commission. Established in 1986 (as the Human Rights and Equal Opportunity Commission), the Commission is a statutory body that operates independent of government. The principles of social inclusion - participation, equal opportunity and individual empowerment - underpin its work, inclusive of oversight and regulation of anti-discrimination laws in respect of disability, age, race and gender subject to the *Australian Human Rights Commission Regulation 2019*.

While recent Commission priorities have focused on responses to racial vilification, especially cyber hate and cyber bullying in schools and the workplace, it has a good track record in addressing, confirming and enforcing the maintenance and promotion of human rights consistent with the principles of social inclusion in the areas of housing, employment, education and participation in local community life. A limiting factor, however, is that the mechanisms the Commission utilises are constrained by the identification and response to acts of non-compliance – it is a complaints-based regulatory agency that lacks the powers of enforcement – and as such empowerment for people with disability and actions that represent real change can only be achieved through the Federal Court in confirming Commission decisions.

Regardless of these limiting factors, PDCN contends that the Commission’s work continues to reflect a national commitment to human rights and the promotion of conditions for inclusive community life through its application of the following acts of parliament:

- *Australian Human Rights Commission Act 1986*
- *Racial Discrimination Act 1975*
- *Sex Discrimination Act 1984*
- *Disability Discrimination Act 1992*
- *Age Discrimination Act 2004*

In addition, the Commission continues to have a critical role as a watching brief for supporting the work of the Children’s Commissioner and Commissioner for Social Justice and Aboriginal and Torres Strait Islanders.

For the ongoing support and development of inclusive communities across Australian society, it is imperative that the Commission continues to be resourced, supported and equipped in carrying out its statutory duties on behalf of people with disability. Many of the key functions for the Commission remain integral to protecting the rights of people with disability and promoting progressive policies and practices consistent with the principles of social inclusion. These roles include:

- Resolving by conciliation individual complaints of discrimination and human rights;
- Intervention in court proceedings involving human rights issues;
- Review of laws relating to human rights;

- Reports on the progress of human rights;
- Conduct of national inquiries that bring special attention to issues of concern for people with disability;
- Provision of education about human rights that promote awareness, understanding and respect for human rights in the community.

The latter role for the Commission – its actions in developing and disseminating public education campaigns and actively promoting inclusion and inclusive practices as the standard for addressing the needs of people with disability - continues to be vital components for ongoing change in creating the conditions for the “good life” for people with disability.

2(d) What is the role of non-government institutions and the private sector in achieving an inclusive society?

In order for Australia to continue to promote inclusion and the rights of people with disability as participants in a socially inclusive society, it is important that the private sector through the role of non-government agencies, organisations and peak bodies continue to be resourced, supported and equipped to play an active role in establishing progressive and evidence-informed policies and practices for individuals and local communities in addition to advocating for people with disabilities and challenging public policies and practices that perpetuate social exclusion.¹³

Non-government agencies need to provide a means for expressing and actively addressing the needs of people who experience social exclusion due to disability by:

- Advocating and supporting individuals who experience unlawful discrimination and partner them in seeking justice;
- Promoting diversity and equality through service provision and advocacy in local communities;
- Establishing mechanisms for inclusive decision-making processes in its provision of services for individuals and communities;
- Challenging governments, public service organisations and corporations that act in discriminatory ways;
- Monitoring, documenting and denouncing socially exclusive practices and practices that impact on the rights of people with disability;
- Working in partnership with other non-government agencies in achieving shared aims of social inclusion on behalf of individuals and communities;
- Empowering and resourcing groups that engage in campaigns to assert and enforce human rights;
- Working, where appropriate, in partnership with governments to achieve common aims and objectives in promoting and sustaining social inclusion at the local level;
- Developing and delivering effective and efficient government-funded services for individuals and communities that are aligned to socially inclusive program principles;
- Developing and delivering non-government-funded services for individuals and communities where gaps exist in the community;
- Providing ongoing advice and advocacy to governments on issues of concern regarding the rights of people with disability and social exclusion;
- Advocating and campaigning for change as a response to the needs of people with disability;
- Being vigilant in highlighting where governments and the private sector actively discriminate

¹³ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

against individuals or fail in their obligations to combat discrimination in society.

As part of their ongoing role in the community, non-government agencies also need to promote appropriate internal policies and practices in addressing the needs of people with disability, by:

- Developing open, transparent and accountable policies and practices;
- Developing networks and coalitions across their sectors and in their local communities;
- Promoting initiatives that help reduce discrimination and social exclusion.

2(e) How can inclusion in society be measured, monitored and reported on? What data is available that can be used?

Measurement of social exclusion is necessary at the national level in order to make it possible to compare the extent of social exclusion across communities, to determine progress being made in reducing social exclusion at local and national level, and to improve policies and practices based on contextualized benchmarking.

Given its multidimensional nature, the measurement of social exclusion is challenging because apart from economic resources and employment, fields to be covered may also include individual and community outcomes in health, education, access to specific public services, housing, well-being, information and communications, mobility, social and political participation and access to leisure and culture.

Therefore, for the measurement of social exclusion to be aligned with national and state-based policies and benchmarks, there needs to be links between the design of social indicators and the questions that they are intended to answer.¹⁴

While quantification is essential for analysing social inclusion and exclusion, quantitative indicators are still not sufficient in appreciating their multi-dimensional natures. These indicators need to be accompanied by qualitative evidence that helps interpret data and provide a foundation for understanding the underlying issues that impact on individuals' experiences of social inclusion and social exclusion. Significant aspects and elements of human experience and community life cannot readily be reduced to a simple scale.

As such, findings from qualitative studies should also be developed and employed across relevant sectors by government departments and research bodies that can provide confidence that published quantitative indicators correspond to the "reality on the ground" – that is, that they accurately and authentically reflect the range of issues that impact on the daily lives of people, with a particular focus on those with disabilities.

A natural starting point for constructing indicators for social inclusion is the everyday lives of individuals, though consideration should be given as well to households, family units and local communities. While there are ongoing challenges in measuring social inclusion due to the multi-varied nature of accepted criteria, the following conditions can be seen as providing a durable and robust measurement framework that incorporates key components of social inclusion for people with disability and their communities:

¹⁴ https://www.facs.nsw.gov.au/data/assets/pdf_file/0009/590706/035-Abuse-and-Neglect-Prevention-Guidelines-accessible.pdf

- Employment and work;
- Income and economic resources;
- Material resources;
- Education and skills;
- Health;
- Housing;
- Social resources;
- Community resources; and
- Personal safety.¹⁵

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QUESTION 3: Do you think that Australia is an inclusive society; if not, why not?

In 2012 the Australian Government released its SHUT OUT: The Experience of People with Disabilities and their Families in Australia report. The first paragraph of the report states:

¹⁵ https://www.facs.nsw.gov.au/_data/assets/pdf_file/0009/590706/035-Abuse-and-Neglect-Prevention-Guidelines-accessible.pdf

“Many people in the community believe that disability is someone else’s problem.... they do not believe disability will touch their lives and give little thought to the experience of living with disability or caring for someone with disability. Without first-hand experience, they hold onto the belief that at least things are better than they used to be”¹⁶

In consultation with its members over many years, PDCN submits that this situation has not significantly changed since the publication of this report. While PDCN does not deny that improvements and enhancements in the lives of people with disability have occurred due to policy reforms at both state and national levels over the past decade, it also contends that there is growing skepticism and concern regarding the approach by governments introducing a range of prescriptive and restrictive policies and regulations that continue to impact the rights of people with disability through stand-alone legislative instruments and strategies.

PDCN further contends that the current conceptualization across some of our communities that disability is a “problem that needs to be cured” needs to be replaced by a commitment by governments – and communities – that acknowledges and supports every person’s life experiences and potential for meaningful contribution in the community, regardless of special need or disability. While ongoing perpetuation and dissemination of outmoded and disproved beliefs and attitudes about disability and social inclusion continue to influence public policy in relation to disability service delivery and inclusive practices, Australian society will remain essentially exclusive, lacking the range of inclusive policies and practices that characterize “inclusion” for all.

Recommendation 7

That Australian governments continue to counter the conceptualization in some communities that disability remains a problem that needs to be “cured”, and instead acknowledge and support every person’s life experiences and potential for meaningful contribution across inclusive communities by rigorously defending and promoting the key principles of the Disability Discrimination Act (1992) and its associated disability standard protocols.

QUESTION 4: How can an inclusive society support the independence and choice and control of people with disability?

The United Nations *Convention on the Rights of Persons with Disability*¹⁷ suggests that developing progressive and evidence-informed principles as the foundation for advocacy and service provision is essential in establishing and sustaining an “inclusive society”.

PDCN recommends that these principles and practices (*documented below*) are critical in ensuring that people with disability develop and maintain independence in their lives, characterised by choice and control, and are well equipped to contribute to a socially inclusive society.

ADVOCACY AND SUPPORT FOR PEOPLE WITH DISABILITY

We need to seek to support, not control, what people do

¹⁶https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp0910/10rp0

¹⁷https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp0910/10rp08

We should shift from trying to control people with disability and instead consult with them about the best ways we can support them. This will result in the promotion of greater individual self-determination.

People need an established and trusted advocacy network

If a person with disability has the security and stability of having additional carers in their life, their capacity for establishing independent living will be significantly enhanced.

We need to lead with positivity

The journey toward independence for a person with disability can be slow and challenging, so we need to celebrate with them their small wins, be positive where appropriate, and journey with them as they take advantage of every opportunity in their lives.

We need to learn from each other and adapt

We should always be open to developing opportunities for learning and self-development in partnership with the people we advocate for and support.

We need to respect and recognize multiple identities

People with disability have the right to be recognised by the things that make them unique, and if we remove unfair labels and outmoded assumptions, we can help build confidence and independence in partnership with them.

CHOICE AND CONTROL

We need to allow for choice about friends and lifestyle

With appropriate support, people with disability will grow more independent when provided with choices and support in making changes in their lives.

We need to provide opportunities for decision-making opportunities

People with disability have the choice about where and how they access their support networks and care options, with the NDIS - among a range of options - now available to them. This continues to be a significant step towards increased independence in a person's life and the provision of opportunities to be more involved in decision-making about their own life.

We need to encourage and help create interactions with others

Personal and social interaction with others will help break the cycle of dependence for many people with disability. These social and interpersonal conditions are essential elements of inclusion for many people with disability.

We need to provide training opportunities to improve skills for independence

Increased independence for people with disability is often associated with the need for new skill sets. Key components required in helping people improve their skills are access to training and support options. To promote authentic social inclusion, people with a disability must have access to the right learning opportunities – tailored to their interests and abilities – and support from a network of friends, family and mentors.

QUESTION 5: How can an inclusive society support a person with disability's right to live free from:

- *Violence and abuse;*
- *Neglect;*
- *Exploitation?*

Inclusive communities need to understand the potential for abuse and neglect for people with disability

We need to know the types of abuse, neglect and risk factors associated with people with disability and be skilled in identifying and addressing them on their behalf. A clear understanding of a person's rights, what constitutes abuse and neglect, how to develop strategies for minimising the risk of abuse and neglect and knowing how to respond to it, will significantly reduce a person's exposure to exploitation.

Inclusive communities need to be able to identify incidents of abuse and neglect and risk factors

Our communities need to understand that abuse and neglect involves a person or a group of people exercising power and control over another. Abuse and neglect can occur as an isolated incident or be ongoing over a period of time; it can be intentional, unintentional or subtle; it can involve coercion and deceit; and it can be explosive and violent.

We need to recognise that in comparison to the general population, people with disability are more likely to experience abuse and neglect and that the abuse and neglect is more likely to be severe in impact, involve multiple incidents, and be sustained over a long period of time involving multiple perpetrators.

Inclusive communities need to acknowledge that the risk factors for people with disability are often not present in the general population

People with disability are more likely to experience abuse and neglect due to:

- The unique environments where they often live, work and socialise (e.g. group homes, hostels, institutions, boarding houses, day programs and supported employment centres);
- A dependency on others in meeting their physical and intimate support needs;
- Due to cognitive, communication and/or sensory impairment, an inability to express to others when abuse and neglect are occurring;
- Being dependent on one person or service to provide all their supports;
- Being socially isolated at home or isolated from family, advocacy and community connections;
- Having limited community participation due to transport costs and accessibility and availability of appropriate transport facilities.

Inclusive communities need to understand and support the role of families, advocates and support workers

Advocates, support workers and families all play important roles in protecting a person with disability from harm through recognition of the indicators of abuse and neglect and then responding to them. People who are familiar and have a strong positive relationship with a person with disability are often best placed to recognise behavioural changes that may suggest abuse and neglect. Advocacy is also critical in supporting people with disability, both in reporting instances of abuse for individuals and in identifying social trends and lobbying for systemic policy change.

Inclusive communities need to develop appropriate safeguards and practices

At the community level, primary prevention of abuse and neglect involves promoting the valued status of people with disability and their right to be active members of their community.

This may involve addressing community attitudes that reinforce abuse and negative stereotypes of disability. Practices at the community level may include facilitating meaningful community connections to prevent isolation, engaging and involving the person's family, and, where appropriate, fostering fulfilling relationships and natural supports and ensuring access to advocacy when the person has no family or is unable to advocate for themselves.

Inclusive communities need to promote positive and informed organisational cultures and practices

Embedding person-centred approaches in organisational policy and practice frameworks are important safeguards in preventing abuse and neglect. Person-centred approaches need to place the person with disability at the centre of all decision-making and discussions. These approaches also promote positive attitudes and relationships between the person, their family and support staff.

The protection of people and prevention of harm will be enhanced by an organisational culture that provides the person with opportunities to express their needs and preferences. A healthy organisational culture also actively supports the person and staff raise concerns about service delivery without fear of reprisal.

Effective prevention strategies include recruitment screening processes that protect people with disability from exposure to individuals with a history of harming vulnerable people. By adequately screening new staff, organisations maximise their chances of employing suitable individuals to work with people with disability.

Inclusive communities need to empower people with disability

At the individual level, primary prevention empowers the person with disability to self-protect and communicate to others when abuse and neglect has occurred. Strategies include activities that develop the person's self-confidence, positive self-image and assertive communication skills.¹⁸

The role of governments

Governments can play a practical role in preventing violence and abuse, neglect and exploitation of people with disability by:

- Publicly funded safety campaigns and public messaging;
- Providing funding for free or low-cost legal supports and advocacy for victims of abuse and/or neglect;
- Providing funding for supports for people with disability who are victims of violence or abuse; e.g. accessible crisis centres and refuges and counselling services;
- Establishing harsher penalties for crimes relating to the violence, abuse, neglect or exploitation of people with disability;
- Further developing and implementing quality safeguard frameworks across all industries and institutions servicing the needs of people with disability

Recommendation 8

That Australian governments continue to develop progressive and evidence-informed principles, consistent with the key principles of inclusion and inclusive practice, as the foundation for service provision and advocacy in establishing and sustaining inclusive local communities that effectively address the life-long needs of people with disability.

¹⁸ <https://engage.vic.gov.au/client-voice-framework>

QUESTION 6: What practical and sustainable steps can governments take to promote a more inclusive society for people with disability?

What needs to change:

- *In laws, policies and standards?*
- *In implementation, monitoring, and accountability measures?*
- *In service provision?*
- *To ensure people with disability are closely consulted and actively included in all steps to promote a more inclusive society?*

A recent paper by Buckmaster & Thomas (*Social inclusion and Social Citizenship: Towards a Truly Inclusive Society*, 2009) ¹⁹ provides a framework for how governments can develop practical and sustainable strategies for promoting inclusive practices in Australian communities.

They contend that an inclusive society should embrace progressive social policies with person-centred approaches for developing individual rights within collaborative rule-based communities, associated with an accepted definition and practice of *social citizenship*. Combining the concepts of social inclusion and social citizenship, such a strategy would leverage the relative strengths of each person in a community to embrace a socially inclusive life. Governments would base national social policy on the concepts of social rights and active participation by all people, regardless of ability, means or status, and this would in turn help develop inclusive practices across all Australian communities.

The elements of inclusionary social citizenship would ideally include key principles and core rights and responsibilities for individuals as a foundation for community life and ensure that people with decision-making responsibilities remained open to new issues, ideas and challenges. The concept of social citizenship would provide a coherent framework based on the idea of rights with the central concept of social citizenship and social rights integrated within the broader framework of civil and political rights. If implemented, this approach would radically change the lives of people with disability.

The authors further contend that the emergence of the concept of *social inclusion* as a dominant public policy would add momentum to the development of a culture of social rights in Australia. Social inclusion would help focus increased societal and government attention on issues such as disability, disadvantage, marginality, inequality and poverty and the kinds of policies needed to address them, both in the short and long-term. It would also direct attention towards the issues of choice, control, independence and participation – key elements in promoting inclusive practices for people with disability - and that the concept of social inclusion would also create the grounds for future discussions about how such policies can be meaningful, effective and enduring for people on the margins of our society, with particular focus on the lives of people with disability.

Laws, policies and standards

Consistent with these themes of social citizenship, all laws, policies and standards should be designed within a framework for promoting social inclusion with clearly developed and articulated links between the key areas of government and private sector service providers.

Implementation, monitoring and accountability

¹⁹ <https://www.absec.org.au/supporting-aboriginal-people-with-disability.html>

There is an urgent requirement to develop and design robust mechanisms for developing and monitoring the conditions for social inclusion that are linked with the lived experiences of people with disability; established in conjunction with a framework comprising key performance indicators and benchmarks; and subject to regular and ongoing reporting protocols and appropriate enforcement.

Service provision that ensures that people with disability are closely consulted and actively included in all steps to promote a more inclusive society

In short, we need to:

- Establish quotas for the representation of people with disability across all community advisory groups that impact on federal and state government policies;
- Enhance the scope and range of existing disability advisory bodies that report to governments;
- Increase funding for federal and state advocacy services that work with individuals with disability and their local communities;
- Directly engage with people with disability – and their representative organisations, peak bodies and advocacy groups - in creating more effective policies and practices that address their needs

As a separate issue, albeit related to the major theme of their paper, the authors suggest that a practical strategy for promoting social inclusion is by adopting a new approach to conceptualising employment. They note that policies framed in terms of social inclusion have focused strongly on paid employment in ensuring that citizens are able to participate in society. However, a citizenship-based approach to social inclusion would recognise that there are more ways to participate in society than simply through the labour market.

That is, social inclusion is about more than just enabling people to participate in paid employment but also encompasses a diversity of ways for contributing, participating and belonging to society. In this respect, a focus on the broader concept of work, rather than simply paid employment, may prove useful in promoting an inclusive society. An adoption of this labour policy at a national level would have significant and far-reaching impacts on the lives of people with disability and fundamentally transform our concepts and beliefs about how people from all backgrounds, but especially those with disabilities, contribute to their communities, thereby developing new framework for social inclusion and individual self-determination and empowerment.

One way of acknowledging forms of participation beyond paid employment, for example, would be a guaranteed minimum income or citizen income for all, paid in recognition of all approved forms of participation. The authors note that such a system was recently established in France as part of its social inclusion agenda. A public debate about the merits of such a scheme in Australia would focus attention on the need to develop alternative strategies for adequately recognising the different forms of participation by people with disabilities in our society and, in turn, inform public debate about how we can continue to develop social inclusive policies and practices on behalf of people with disability.

QUESTION 7: What practical and sustainable steps can non-government institutions, the private sector and communities take to promote a more inclusive society for people with disabilities – what needs to change?

- In attitudes, behaviours, relationships and values?*
- In organisations, culture and workforces?*
- In service provision?*
- In implementation, monitoring, and accountability measures?*
- To ensure people with disability are closely consulted with and actively included in all steps to promote a more inclusive society?*

ATTITUDES, BEHAVIOURS, RELATIONSHIPS, VALUES

Negative community attitudes are a major barrier to ensuring the equality of people with disabilities. Since the 1970s Australian non-government organisations, in addition to corporate and private sector agencies, have implemented numerous programmes that have strived to change attitudes towards people with disabilities and, by connection, help develop more socially inclusive approaches to community life.

There is evidence in the research literature that the effectiveness of such programmes are linked to agencies using a framework to incorporate the interrelationships between three levels of policy intervention in promoting attitude change: the *personal* level – directed at changing the attitudes of individuals; the *organisational* level – involving addressing attitudinal barriers in areas such as employment, education and health; and the *government* level – involving measures that seek to legally mandate behaviour changes.

Adoption of this framework in helping reform attitudes towards people with disabilities concludes that community perceptions about disability can be changed by establishing campaigns and strategies which:

- Introduce individuals and communities to direct contact with people with disability through media exposure;
- Provide communities with relevant and contextual information and awareness about disability and its impact on individual lives;
- Provide direct education and training about disability;
- Directly combat and censure disability discrimination

Policy characteristics that contribute to effectiveness in this area include a positive programme experience for participants; multifaceted and prolonged interventions; and adequate programme resources.

Policy effectiveness to change attitudes will rely on consistent and ongoing reinforcement at all three policy levels.²⁰

SERVICE PROVISION

²⁰ <https://anglicaresa.com.au/wp-content/uploads/NDIS-CALD-Report-FINAL-2017.pdf>

The following six National Standards²¹ linked to the *Convention of the Rights of Persons with Disabilities* are foundational in understanding how service provision with people with disabilities can ensure quality outcomes for individuals that help establish and promote social inclusion.

Rights: The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence;

Participation and Inclusion: The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society;

Individual Outcomes: Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals;

Feedback and Complaints: Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement;

Service Access: The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way;

Service Management: The service has effective and accountable service management and leadership to maximise outcomes for individuals.

The human rights principles that underpin these Standards emphasise the importance of people with disability participating in decisions that affect their lives along with their family, friends, carers and advocates.

Moreover, the National Disability Strategy promotes active participation in decision making to safeguard and advance the human rights of people with disability by articulating the following practice principles:

- Respect for the inherent dignity, independence of persons and individual autonomy, including the freedom to make one's own choices;
- 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 disability and respect for the right of children with disability to preserve their identities; and
- Active partnerships between services and people with disability, and where appropriate, their families, friends, carers and/or advocates.

These principles describe core features of service provision focused on quality outcomes for people with disability. The principles emphasise the involvement of people with disability, as well as family, friends, carers and advocates in monitoring and reviewing services and supports.

PDCN contends that the National Standards, implemented within the context of the current National Disability Strategy, provides a sound and robust framework that, when followed through in

²¹ <https://anglicaresa.com.au/wp-content/uploads/NDIS-CALD-Report-FINAL-2017.pdf>

partnership with people with disability, provides more than adequate protection for the rights of people with disability, ensuring that barriers and challenges can be satisfactorily addressed.

PEOPLE WITH DISABILITY ARE CLOSELY CONSULTED WITH AND ACTIVELY INCLUDED IN ALL STEPS TO PROMOTE A MORE INCLUSIVE SOCIETY

A critical reform that non-government sector agencies could introduce in promoting more inclusive practices for people with disability is a greater focus on acknowledging client voice in the provision of their services. Client voice remains an essential component in the continuing reform of service provision in the disability and community sectors.

The experiences that people with disability can share through “client voice” in partnership with both advocacy services and more traditional support services can be the richest and most important source of information about how the agency can provide services that result in desired outcomes for the individual.

Client voice brings attention to the context by which qualitative change and improvement can occur for clients and is an essential component in understanding ways that service provision can be better delivered and enhanced.

Actively empowering clients to have their voices heard, to make informed decisions, and to exert real influence on determining outcomes typically result in services better tailored to individual needs, preferences and values.

Moreover, public inquiries and reviews following system failures across health and community services have consistently found the absence of listening and acting on client voice as critical factors contributing to harm. For example, the *Royal Commission into Institutional Responses to Child Sexual Abuse* recommended involving children when initiatives are designed and carried out to prevent child sexual abuse.

Research has also found that person-centred care that actively incorporates client voice increases the quality and efficacy of care.

The disability sector has recommended five principles that need to be acknowledged in including client voice in advocacy and service provision:

- Client voice is essential for quality and safety;
- Clients have expertise;
- Client voice is part of everyone’s role;
- There are many client voices;
- The client voice leads to action.²²

PDCN recommends that non-government institutions, the private sector and the broader community utilise and promote these principles in promoting more inclusive practices for individuals. Client voice assists advocacy agencies and support workers better reflect on current practices; identify priority areas for improvement or change; identify where practices are currently working well and where they

²²<https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-1>

could be expanded and shared; develop more targeted and relevant support initiatives, projects or ideas that improve client outcomes, quality and safety; and find information about further resources.

Staff and volunteers who work in non-government organisations and the private sector in circumstances where they are engaging with people with disability are therefore encouraged to explore and address the barriers in seeking out, listening to and acting on client voice. Managers, executives, boards and committees of management are encouraged to think about their own role in seeking, hearing and acting on the client voice but also the influence they have on supporting others in their organisation and throughout the broader system to do so. Policy and program staff members are encouraged to reflect on how the client voice informs their work, to consider key principles of practice, and what opportunities exist for connecting more meaningfully with the client voice.

Recommendation 9

That independent disability advocacy and other community service organisations and agencies be adequately resourced and equipped to promote and utilise client voice in providing services consistent with inclusive practices for people with disability.

Recommendation 10

That the National Standards for Disability Services, when implemented within the context of the current National Disability Strategy, provides a sound and robust framework that, when followed through in partnership with people with disability, provides more than adequate protection for the rights of people with disability, ensuring that barriers and challenges can be satisfactorily addressed.

QUESTION 8: What are the barriers and challenges to inclusion for people with disability?

- *First Nations people with disability*
- *People with disability from culturally and linguistically diverse communities*
- *People with disability who identify as LGBTQI+*
- *Women and girls with disability*
- *Children and young people with disability*
- *People with disability living in rural or remote communities*

FIRST NATIONS PEOPLE WITH DISABILITY

The most recent Australian Census data shows that Aboriginal and Torres Strait Islander people have higher rates of disability than non-Indigenous people across all age groups. They are more than twice as likely to have a disability, and Aboriginal and Torres Strait Islander people aged 35–54 are 2.7 times as likely to have a disability as non-Indigenous people of the same age. Hearing loss continues to be a particular issue for Aboriginal and Torres Strait Islander children under 15, who are 3-4 times more likely to be deaf, while all Aboriginal Australians are nearly four times as likely to have an intellectual disability as the general population. Altogether, Aboriginal people of all ages are almost twice as likely

to need assistance with a core activity — those things we need to do every day, like getting dressed and feeding ourselves.²³

There is a range of reasons for this situation. The very concept of disability is foreign in many Aboriginal communities:

There is no equivalent word for ‘disability’ in many Aboriginal and Torres Strait Islander languages ... Consequently, some Aboriginal and Torres Strait Islander communities may not have a general concept of disability, resulting in underreporting of disability and underutilisation of disability services.

*Australian Human Rights Commission’s Social Justice and Native Title Report 2015*²⁴

It is also part of many Aboriginal and Torres Strait Islander cultures to principally lean on family for care and support. It has been noted by researchers, for example, that Aboriginal and Torres Strait Islander people with disability are mostly cared for within their extended family, rather than by professional service providers.

It is therefore important that Aboriginal people have Aboriginal-run services to turn to in providing advocacy and support for individuals with disability. While this is integral to the Federal Government’s policy for the Aboriginal and Torres Strait Islander access to the NDIS, it needs more attention, funding and support.

PEOPLE WITH DISABILITY FROM CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

A recent report by Anglicare SA and Flinders University found that CALD communities face significant difficulties in understanding the current NDIS model and access points. Research participants were found to have low awareness of where to find NDIS information and available services. There are cultural and systemic barriers to accepting services, influenced by longevity of time in Australia, fluency in the English language and established relationships with providers, which diverge between clients and non-clients. There is therefore an identifiable need for a finer-grained definition and understanding of CALD communities along with corresponding engagement strategies that are specifically targeted to newly arrived and emerging communities. Varying degrees of stigma attached to disability are evident amongst the CALD communities, but stigma surrounding mental illness or psychosocial disability is reported as being the most difficult to overcome. The family is seen as the primary care providers to CALD people with disabilities.

As such, there is a significant community-identified need for an education and information campaign in collaboration with CALD communities, focusing on: the consequences of ignoring or refusing

²³<https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice-and-1>

²⁴<https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/social-justice>

support; benefits of early intervention; available service options; and the importance of qualified, professional support beyond the family.

QUESTION 9: Is there anything else that we should know?

No

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