



**The ACT Disability Strategy 2022-32**  
*Submission*

## About Advocacy for Inclusion

Advocacy for Inclusion (AFI) provides independent individual, self and systemic advocacy for people with disabilities. We are a Disabled Peoples Organisation (DPO) which means most of our board, members and staff are people with disabilities. We represent all people with disabilities nationally from the ACT in our policy works,

Advocacy for Inclusion works within a human rights framework and acknowledges the *United Nations Convention on the Rights of Persons with Disabilities* and is signed onto the *ACT Human Rights Act 2004*.

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AFI acknowledges and pays respect to the Traditional Custodians of the lands across Australia on which our members live and work, and to their Elders, past, present and future. We pay respect to the Ngunnawal people as the Traditional Custodians of the land on which AFI's office stands.



AFI pay respects to those amongst the lesbian, gay, bisexual, trans, and intersex communities. We honour the elders in the diverse communities of which we are a part, and we celebrate the extraordinary diversity of people's bodies, genders, sexualities, and relationships that they represent.

## Introduction

Advocacy for Inclusion incorporating People with Disability ACT (AFI) welcomes the opportunity to make a submission on the ACT Disability Strategy 2022-2032 ('the Strategy'). We commend the ACT Government on their work to deliver the Strategy, as it represents an important commitment to upholding the human rights obligations of people with disability under the *UN Convention on the Rights of People with Disability* ('CRPD').

We would also like to take this opportunity to recognise the ACT Government's important work on the Disability Justice Strategy and the Disability Health Strategy and note the importance of coordinating this work with an overarching Disability Strategy.

Our submission outlines two overarching principles and ten key policy priorities that must be included in the Strategy to ensure it creates meaningful change. Within each policy area, we highlight key actions that AFI considers necessary for furthering the human rights of people with disability in the ACT. Where identified, some of these actions are drawn directly from the Parliamentary and Governing Agreement of the tenth Legislative Assembly (ACT). Consequently, AFI notes the Government's ongoing responsibility to implement many of these reforms.

Finally, we encourage the Government to ready this submission in conjunction with AFI's developing White Paper series. These documents provide further information on a range of disability reform issues and mainstream responses, including the National Disability Insurance Scheme (NDIS).

## General comments

The development of the ACT Disability Strategy follows the former National Disability Strategy and the ACT's Involved Strategy. Our view is that the new Strategy needs to learn from both frameworks and improve on them, by emphasising concrete, specific, measurable and accountable actions.

A unifying Disability Strategy is important to describe and progress commitments for Territory Government action, beyond the National Disability Insurance Scheme.

Work in areas like education, housing, accessible infrastructure, and health is essential to ensure that the NDIS delivers on its promise of greater community inclusion, employment, and participation for people with disability.

We need Government, business, and community to step up in the provision of inclusion education, housing, health care, accessibility, government services, social and economic participation and to meet the challenges of these times. Those include inclusive responses to the ongoing COVID pandemic and to climate change.

Our expectation is that a credible strategy will prioritize early concrete actions and funded signature initiatives that demonstrate focus and whole of government commitment to key issues. These include a disability diversionary pathway for law enforcement, a renewed commitment to inclusive education, a funded Disability Health Strategy, an evidence-based and disability-conscious response to COVID, action to deliver affordable and accessible housing, and social planning commitments to accessible, spaces, places, transport, and community infrastructure.

A key to delivering the Strategy will be implementation plans with clear milestones, deadlines, and owners to drive accountability. It is also essential that adequate resourcing is provided, both inside and outside of government, to further ensure delivery, adequate oversight, and meaningful community partnerships.

We congratulate the ACT Government on a thorough disability lead consultation process for the strategy. Going forward we see merit in more regular, but staged, consultation to assess progress and to identify priorities for further iterations of the Strategy.

While it is up to the ACT Government to report on its actions under the Strategy, progress will be ultimately determined by the extent to which people with disability experience improvements.

To ensure that this indicator of success is incorporated into measurement and reporting, we support a progressive evaluation framework which includes: a governance board of Disabled People Organisations and Disability Representative Organisations, and a deliberative element which aims to draw lived experience from people with disability in the evaluation of the Strategy. We also note that there should be some set review points across the life of the Strategy. For the final evaluation of the Strategy, the Government should commit to developing an evaluation framework in collaboration with DPO's and to establishing an evaluation process guided by a non-government oversight group.

## **Overarching Principle: Human Rights**

Ensuring that the human rights of people with disability are promoted, protected and secured is essential to the fundamental freedom and dignity of all people with disability. As such, this submission is framed by a human rights approach. Noting that Australia ratified the CRPD in 2008, and that the ACT is a human rights jurisdiction, AFI recommends that a human rights framework is used to frame the ACT Disability Strategy. In implementing a human rights framework, the Strategy must address the environmental, social and political factors which shape people with disability's ability to have meaningful opportunities to realise their rights. The key actions outlined throughout this submission are vital for addressing these factors and ensuring the rights of people with disability do not remain nominal.

To ensure that the Strategy is implemented and evaluated in a way which centralizes the human rights of people with disability, the following Strategy Commitments must be made.

### **Strategy Commitment 1: CRPD Compliant Measurement.**

As outlined in 'General Comments', AFI supports an implementation plan with clear milestones and owners to drive accountability. Measurability and transparent reporting are essential components of accountability. AFI calls for early reporting and inclusion of strategy performance across ACT Government. We recommend that the key milestones are benchmarked against the recommendations of the UN CPRD (in their Concluding Observations), in a way which reflects the intersectional concerns of older people, children,

women, LGBTQI+ people, CALD communities, Aboriginal and Torres Strait Islanders, homeless people, and families.

**Strategy Commitment 2: Adequate funding for disability advocacy services.**

Disability advocacy organisations work consistently to promote and protect the human rights of people with disability in the ACT. This includes through forums such as the Administrative Appeals Tribunal and the ACT Human Rights Commission, and regarding issues such as education, health, justice and housing. Disability advocacy organisations also promote the rights of people with disability through providing expert advice to policy and program design, and by creating open and informed discussion on matters affecting people with disability. It is essential that such organisations receive ongoing, adequate funding to continue this work.

## **Overarching Principle: Accessibility through Universal Design**

Accessibility refers to all kinds of process design, service delivery and social and community infrastructure which is designed or implemented in a way that enables people with disability to make full use of it, in the same way as people without disability. Accessibility ranges from physical features to the way that learning materials are designed. As such, it impacts all policy areas outlined in this submission. To ensure that the Strategy is implemented in a way which ensures Canberra achieves accessibility, it must include a commitment to universal design.

**Strategy Commitment 3: Commit to public design using Universal Design Principles.**

AFI recommends the adoption of universal design principles across all public initiatives. Universal design ensures that systems, services and environments are accessible for everyone, regardless of whether they have a disability. Universal design standards increase accessibility for people with misdiagnosed or unrecognised support needs and reduce the onus on people with disability to disclose their support needs. The benefits of universal design also extend to people with non-disability support needs, such as low literacy or low

English proficiency. More information on universal design, including design guidelines, is available from the Centre for Universal Design Australia.<sup>1</sup>

## Priority 1: Planning and Community Infrastructure

*Human Rights context: Article 9 of the CRPD states that “to enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas.”*

**Issues:** The ACT lacks an adequate planning unit that ensures a social planning focus is at the centre of planning policy. As a result, planning processes do not appropriately assess needs and are insufficiently guided by people with lived experience.

In addition, there are numerous issues in the existing accessibility of infrastructure around Canberra. Places and issues requiring priority attention include:

- Access in and around the hospitals.
- Access to older parts of Canberra including commercial precincts.
- Access in and around community facilities hubs.
- Ensuring planning for accessibility is incorporated into shifting urban precincts: shared zones, newer suburbs, areas of increasing densification and planning for active travel.
- Ensuring paths of travel and transport for people in suburbs with fraying infrastructure and declining local commerce (see also Priority 3: Accessible and Affordable Transport).
- Ensuring accessibility issues are a feature of planning for climate change mitigation and waste reduction initiatives.

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<sup>1</sup> <https://universaldesignaustralia.net.au/>

**Action 1: Deliver access improvements around Canberra through a new planning system and ongoing reform.**

AFI supports ACTCOSS's call for a new social planning unit that focuses on accessibility and universal design as an early priority. We specifically want people with disabilities to be more present in Canberra planning conversations and considerations on municipal government functions.

As part of this, AFI supports the new Access Committee, which sits under transport and city services. This committee needs a focus on physical, information and transport accessibility. It is particularly important for people with disability who are largely invisible in planning debates despite being the most effected by planning outcomes for urban spaces, including housing. Other necessary improvements include:

- more representation of people with disability in local and municipal conversations and in the community councils; and,
- that the access committee have a clearer focus on accessibility issues for people with disability.



## Priority 2: Accessible and Affordable Housing

*Human Rights context: Article 28 of the CRPD recognizes “the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate ...housing,” and states that parties “shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.” It highlights that appropriate measures include, “to ensure access by persons with disabilities to public housing programmes” (s28(2)(b)).*

**Issues:** Compared to people without disability, people with disability are more likely to face barriers to secure, accessible and affordable housing. Moreover, over one quarter (29%) of social housing tenants are people with disability, and thus they are also likely to experience a range of widely reported issues associated with ACT Housing.<sup>2</sup>

Through our advocacy, we have heard Canberran’s with disability express the following concerns about housing:

- People with disability want a place of their own, which is not dependent on Supported Disability Accommodation funding under the NDIS. Current housing is not designed to support disability or ageing in place, making it difficult and frustrating to live independently with choice and control over their lives.
- Lack of housing diversity is an issue when people with disabilities want to remain and live independently in the community close to public transport, centre complexes and support services. Most leases are short-term, which can cause people with disabilities anxiety as they may be required to move more frequently.
- Social isolation is a significant issue for people with disabilities and mental health living alone. Women with disability worry about security and feel safer living near central locations.
- High-density residential areas, including apartment complexes, are prone to being used as the default option for some people with disability, including those involved in the justice system and mental health system. This can be experienced as ghettoization and result in fraying communities with limited pools of social capital.

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<sup>2</sup> ACT Housing Strategy, p 32.

AFI recommends the following actions are included in the ACT's Disability Strategy to ensure accessible and affordable housing for Canberrans with disability.

**Action 2: Reform the planning system to produce accessible housing.**

- The new ACT planning system should prioritise the development and construction of affordable and accessible housing at scale within Greenfields and Brownfields development.
- The ACT should progress requirements to ensure all new housing in the ACT complies with minimum accessibility standards for residential housing and apartments in the National Construction Code 2022 based on the Liveable Housing Design Guidelines silver standards.
- Accessibility should be prioritised within the Indicative Land Release Program, with a commitment to a 15% minimum target for social and affordable housing.

**Action 3: Deliver public housing.**

AFI supports a focus on public housing and ensuring this is available, accessible and well maintained with proximity to transport, commercial centres and services. As part of this, the ACT Government:

- should deliver its commitments under the ACT Housing Strategy and update those commitments to keep pace with demand.
- must increase availability of public housing, improve maintenance and enable better provision of disability modifications.

**Action 4: Support community housing that complies with Article 19 of the CRPD.**

AFI supports the range of recommendations made by ACTCOSS to increase the delivery of community housing run by not-for-profit housing providers.

- The ACT Government must focus on creating more affordable and accessible housing which enables people to live independently in the community (as per CRPD Article 19), rather than group housing or congregate settings.

### **Action 5: Encourage more accessible private rental.**

- The ACT Government should work with the development industry including architects, designers, town planners, real estate developers and property owners to create more accessible private rental.
- The ACT Government must increase regulation to encourage accessibility improvements by property owners. Inclusionary zoning policies should be introduced to encourage the provision of land earmarked for private rental which is accessible.
- The Government should consider levers through the tax and transfer systems to incentivise property owners to offer and maintain accessible rental housing.
- There should be a package of work to encourage accessible private rental focussing on championing the need for the real estate sector (including 'mum and dad' landlords) to play a more socially responsive role in addressing the increased barriers faced by people with disability to access appropriate, affordable rental housing.
- This should be twinned with a measures to foster more socially responsible, sector-wide leasehold application processes. Features of this would include
  - o Better identification of rental housing that is suitable for people with disability. This would include, but extend beyond the legislated requirement to advertise adaptable housing dwellings in accordance with Residential Tenancies Act 1997 Section 11AAA Adaptable housing – advertising.
  - o Better housing rental application processes that support applicants with disability; and
  - o Provision of longer term housing leaseholds, suitable for NDIS-funded home modifications where appropriate.
- We also support proposals by Rights and Inclusion Australia to develop a comprehensive, detailed overview of unmet housing needs for people with disability of all ages to inform supply.

### **Action 6: End congregate and devolve large group homes.**

- The ACT should cease building congregate housing for people with disability and should begin a process of devolution from supported accommodation places.
- There should be a human rights framework for considering and assessing unsolicited bids and housing projects for people with disability.

## Priority 3: Accessible and Affordable Transport

*Human Rights context: Article 9 of the CRRD states that “to enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access... to transportation.” These measures include the identification and elimination of obstacles and barriers to accessibility.*

**Issues:** People with disability often have greater difficulty accessing places they need to.<sup>3</sup>

This is problematic because “being able to move easily within the city and our neighbourhoods helps connect us with people, work, places and services that enable us to live good lives.”<sup>4</sup> To promote the wellbeing of Canberra’s with disability, the ACT Disability Strategy must prioritise remedying the below issues.

Current arrangements for providing community transport are precarious, contracts are often rolled over year by year, and funding arrangements have not enabled providers to plan and manage fleet upgrades including for accessibility issues. Community transport needs to be recognised and resourced as an essential on demand transport service for people with disability and older Canberrans. This is as it provides a supportive and accessible service for people with disabilities needing transport to medical appointments, shopping and social connections. Community transport services are particularly important for people outside the NDIS.

Flexibus is another key on-demand response that needs to be more widely available. For example, the flexible bus service is only available Monday to Friday, 9:30 am - 12:00 pm & 1:00 pm - 1:30 pm, and is not available on weekends.

Taxis are an incredibly expensive mode of transport and yet some people with disability, such as people who are blind, are reliant on them to get around. A report by the ACT Auditor General released this year found that the taxi scheme was underutilised and that

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<sup>3</sup> <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/access-and-connectivity-domain/transport-use-and-access>

<sup>4</sup> <https://www.act.gov.au/wellbeing/explore-overall-wellbeing/access-and-connectivity-domain/transport-use-and-access>

the subsidy scheme and that subsidy caps had not kept pace with the flagfall rate and standard taxi fare rate in the territory. Between 2002 and 2021, flagfall increased by 56.3% and the fare per km rose by 46.2%, yet during that time the 50% subsidy cap has only increased by 41.2% (\$17 to \$24) and the 75% cap has increased by 42.3% (\$26 to \$37).

The declining subsidy has led to the scheme being underutilised. This may mean people are avoiding travel and missing essential trips needed to manage their health, stay in employment, or remain connected. It is also now impossible for a scheme member to be transported from one side of Canberra to the other within the subsidy – a trip from Gungahlin to The Canberra Hospital is around \$65 which would leave a user almost \$30 out of pocket.

Finally, AFI notes that people with disability may often be discriminated against when using Ride Sharing App services which are not subject to the same requirements as buses and taxis. For example, vision impaired people may be prevented from using the service as the driver will not allow their guide dogs. As this discrimination occurs on a case-by-case basis, people with disability may experience heightened anxiety every time they try to use a ride sharing service.

#### **Action 7: Address transport costs for transport for people with disabilities.**

AFI encourages the Government to provide financial subsidies to people with disability to allow them full choice and control in mobilising around the community. These should be adequate and uncapped: we do not require Canberra people without disabilities to constrain their travel around the community due to costs.

AFI advocate for improvements to subsidies, concessions and affordability as follows:

- The ACT Government should develop a business case for making public transport free.
- The Taxi Subsidy Scheme subsidy cap to be lifted, set independently, and linked to price increases in taxi's and for the trip limit to be removed.
- Concessions should be adequate.
- Consideration should be given to income-based fines.

- The transition to EV's should be managed in a way that minimises costs and bill shock for people with disability. Attention should be given to the availability of affordable and accessible electric vehicles.

**Action 8: Ensure the accessibility of mass transit and ride sharing transport.**

We commend the ACT Government's commitment to make all buses wheelchair accessible by 2022. The Disability Strategy must further commit to ensuring services for hearing, vision and mobility impaired users are accessible on all public transport.

The ACT Government must also introduce legislative reform to ensure the accessibility of ride sharing transport services, such as Uber and taxi services. Ride sharing apps should not be exempt from the disability discrimination provisions and requirements applying to other transport modalities.

**Action 9: Ensure community transport is funded sustainably and meets demand.**

Community transport should be accessible, well-funded and provided with continuity of funding to allow for upgrades and fleet management. It should be available to people with a range of disability and chronic health needs including outside the NDIS including through the CASP (Community Assistance & Support Program) program which should be continued.

## Priority 4: Health

*Human Rights context: Article 25 of the CRPD recognizes “that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.” It states that “parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.”*

### Health

**Issues:** People with disability can face an array of issues in accessing both general, specialised, public or private health and assessment programs in the ACT. In previous submissions to the ACT Government, AFI has identified the following concerns for people with disability navigating Canberra’s health care system:

1. The prevalence of medical model of disability, which is xxx. This leads to iatrogenic harm such as diagnostic overshadowing, misdiagnosis, medical trauma.
2. The reliance on acute services.
3. Lack of ACT based specialist care.
4. Role confusion including an increasing reliance on the NDIS to support people with disability with healthcare needs and accessibility needs in the health system (and tensions arising from the neither the NDIS nor the Health system fully meeting these needs).
5. A lack of accessibility of healthcare environments and services.
  - a. There are urgent areas for early action, and these should include improving the accessibility of The Canberra Hospital (TCH). The campus is old, lacks good parking and way finding and needs better physical access. It lacks basic facilities like complaint disability toilets and bathrooms, and it lacks accessible kit like height adjusting exam tables and sliding boards. It is not ready for an influx of patients with support needs within a health emergency like COVID.
  - b. Currently, TCH’s emergency department is ill-suited to some people with disability as it can overstimulate people with sensory sensitivity, causing

challenging behaviours. Mental health patients, children with intellectual disability and those with Autism Spectrum Disorder (ASD) would benefit from the creation of 'quiet places' and sensory environments in TCH.<sup>5</sup>

6. Financial barriers to healthcare.
7. Lack of supported decision making to enable informed choice
8. A lack of professional competency, stigma, and misconceptions, specific to disability, often leading to misdiagnoses or diagnostic overshadowing.

It is essential that the Disability Strategy addresses these issues to promote the wellbeing of people with disability. AFI recommends the actions below.

**Action 10: Adequate funding and whole of government commitment to the Disability Health Strategy, including by improving the accessibility of Canberra health services, using universal design principles.**

This would focus on the priorities identified in the ACT Imagining Better report from ACTOSS:

- Addressing cost issues through dedicated low-cost services, including a once-a-year free extended consultation, and information access.
- Establishing specialist centres of excellence for diagnostic disabilities with wrap around services.
- Auditing and improving health infrastructure to make it more fit for purpose for people with disability.
- Improving workforce readiness by providing training, disability confidence and skills development work led by people with disability to the health workforce including practitioners, health, and wellness services outside the formal system and, specifically, to doctors doing Centrelink assessments.
- Strengthening the employment of people with disability in ACT Health and resourcing people with disability to develop and deliver training to doctors, nurses, ancillary staff, and other wellness practitioners in the social model of disability.

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<sup>5</sup> Productivity Commission, 'Inquiry Report Mental Health Volume 2' (Inquiry Report, No. 95, 30 June 2020), 603.



- Training to increase knowledge about diagnostic overshadowing and reduce its incidence.

**Action 11: Establish more specialist and diagnostic-specific services to meet demand.**

There is substantial need for a range of specialist services in the ACT, with many people forced to access interstate services where possible. AFI notes the ongoing need for:

- Specialist allied health professionals to meet demand for Autism Spectrum Disorder (ASD) assessments.<sup>6</sup>
- Effective behaviour support (including carer information and support) for children and young people presenting with challenging behaviour.
- The establishment of a Fetal Alcohol Spectrum Disorder clinic in the ACT, as called for by the Foundation for Alcohol Research and Education (FARE).<sup>7</sup>
- Wholistic clinics for disabilities like Downs Syndrome
- Build a hydrotherapy pool (Parliamentary Agreement, Appendix 4, 12.1).

The Disability Strategy must also acknowledge the importance of establishing more specialist and diagnostic-specific services for people with disability in places of detention, such as the Alexander Maconochie Centre.

**Action 12: ACT Health services, including Canberra Health Services, are fully resourced and supported to progress and implement Disability Action and Inclusion Plans.**

This action includes providing comprehensive disability awareness and education training for health service staff with a focus on improving communication and access, reducing instances of diagnostic overshadowing, and increasing health literacy and supported decision making for people with disability. There needs to be more staff with disability within ACT Health and more engagement and embedded co design of health services with people with disability.

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<sup>6</sup> Community Services Directorate, 'Annual Report 2019-20' (Report, ISSN 2206-9968, 2020), 94.

<sup>7</sup> Foundation for Alcohol Research and Education, above n. 29.

See also Foundation for Alcohol Research and Education, 'ACT Drug Strategy Action Plan 2018-2021' August 2018, 21-22.

## Mental Health

**Issues:** The ACT Disability Strategy must address psychosocial disability and mental illness as discrete and distinct concepts within a social model of disability. Attention must also be focussed on dual impacts where psychosocial disability is a distinct form of disability, yet flare ups of mental illness and mental ill health are also an issue that all people with disabilities are more likely to experience, due to the unique environmental, social and cultural barriers that they face.

AFI contends that the strategy must pay particular attention to the mental health support needs of various demographics, including older people with disability, people with intellectual disability and people with Autism Spectrum Disorder. As part of this, the ACT Government must prioritise adequate funding and whole of government commitment to ACT Disability Health Strategy (Action 10), alongside the following actions.

**Action 13: Fund community services to provide mental health and disability services to prevent acute presentations, and to support transition out of acute facilities into community options.**

AFI notes that in 2019-2020, the ACT was \$118,108 (15%) over the original target total cost for acute services.<sup>8</sup> Funding community supports to reduce preventable hospital admissions will help reduce these costs, whilst also enabling people with disability to access appropriate health care. AFI recommends priority is given to mental health early intervention and prevention, addressing the socioeconomic determinants of mental health and meeting gaps in disability support. As part of this, we support the establishment and improvement of “programs that target and support youth mental health, eating disorders, alcohol/drug use/mental health, First Nations mental health, First Nations suicide prevention & postvention and respite for mental health carers.”<sup>9</sup>

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<sup>8</sup> ACT Government, ‘Canberra Health Services, 2019-2020 Annual Report’ (Government Report, 2020), 224.

<sup>9</sup> ACT Government, above n. 59, Appendix 5, 16.6.

**Action 14: Establish more specialist and diagnostic-specific services to meet demand.**

There is substantial need for a range of specialist services in the ACT, with many people forced to access interstate services where possible. AFI notes the ongoing need for:

- Initiatives to address the mental health needs of people with Intellectual Disability and ASD.
- The establishment and sufficient resourcing of “a multidisciplinary service to support young people who have mental health needs co-occurring with trauma, disability and drug and alcohol abuse.”<sup>10</sup>
- A specialist in-patient centre for eating disorder treatment.

**Action 15: Establish a psychologist subsidy scheme for all people with disability in Canberra, in addition to the psychologist subsidy scheme for young people and people on low incomes (Parliamentary Agreement, Appendix 4, 16.5)**

AFI supports this subsidy scheme which is flagged in the Parliamentary Agreement.

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<sup>10</sup> ACT Government, ‘Budget 2020-2021, Statements C.’ (Budget, 2020-2021), 4.

## Priority 5: Justice and Corrections

*Human Rights context: Article 13 of the CRPD states that “parties shall ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages.”*

**Issues:** A significant amount of work has been done regarding the over-representation of people with disability engaged with ACT’s justice system, through the ACT Disability Justice Strategy (DJS). AFI encourages the reader to engage with this document to obtain a comprehensive understanding of the current issues. To further the mission of the DJS, the ACT Disability Strategy must commit to the following actions.

**Action 16: Provide adequate funding and a whole of government commitment to ACT Disability Justice Strategy.**

**Action 17: Reduce the number of people with disability entering corrections through establishing a diversion pathway for people with disability engaged with law enforcement.**

This action is identified within the current ACT Disability Justice Strategy Action Plan. AFI considers this a key priority in ensuring that the ACT is a disability inclusive city. As a result, we have highlighted it as its own action for inclusion within the ACT Disability Strategy.

An accessible way for people to enforce their rights under the *Human Rights Act 2004 (ACT)* is fundamental for meaningful human rights protections and access to justice. This was acknowledged by the Standing Committee on Justice and Community Safety in the Report into the Inquiry into Petition 32-21 (No Rights without Remedy). AFI supports the implementation of their recommendation. However, we note the additional need to provide additional funding for complainants with disability, to ensure that the process is accessible for all people experiencing human rights breaches.

## Priority 6: Education

*Human Rights context: Article 24 of the CRPD recognises the right of persons with disabilities to education and states that parties “shall ensure an inclusive education system at all levels and life-long learning.” It is essential that the ACT Disability Strategy develops meaningful opportunities for people with disability to participate in an inclusive education system, which is free from violence, abuse and neglect. The CRPD General Comment no. 4 (Right to Inclusive Education) speaks to the transformations that State Parties need to put in place to achieve inclusive education.*

**Issues:** Young people with disability are not achieving all that they could in ACT schools and not enough people with disability are completing school. National data indicates students with disability are 45% less likely to complete school. There is also a lack of transition to higher education and vocational and further education, employment attainment and a polished pathway to low paid segregated settings.

Students with disability are often segregated. At present, there are too many students with disability in segregated education in the ACT. This is despite the fact that there is no evidence that segregation produces better life outcomes for people with disability. To the contrary there is some evidence that these environments experience more bullying and poorer academic outcomes. There is also a lack of oversight including NAPLAN testing. Rather, segregated education is costly to the community and to students with disability. In the ACT, segregated schools receive on average \$14,946.75 in funding per student while the average spending per student on average for the whole ACT is \$2,642 (ROGS).

As part of the Disability Strategy, it is essential that the ACT Government prioritizes transition to a fully inclusive education model in all schools, through the following actions. Students with disability in inclusive education are more likely to live independently and engage in open competitive employment post schooling. A better allocation of resourcing would see a transition of students away from segregated schools and into mainstream schools with a more appropriate and generous loading.

**Action 19: Begin transitioning to a fully inclusive education, through implementation of the Australian Coalition for Inclusive Education (ACIE) roadmap to inclusive education.**

ACIE's roadmap for achieving inclusive education in Australia, 'Driving Change', sets out clear goals and guidance for stakeholders across state and territory government and non-government sectors, based on six key pillars under which short, medium and long term outcomes are identified, as well as key levers that need to be activated to achieve inclusive education in Australia. AFI recommends that the ACT Government follow this roadmap as it begins to transition to fully inclusive model of education.

**Action 20: Increase the disability loading funding for students in mainstream schools to ensure they have access to all necessary support.**

It is widely reported that ACT schools do not receive sufficient funding to adequately support students with disability support needs. AFI considers it essential that the Disability Strategy commits to increasing the disability loading funding for students in mainstream schools.

**Action 21: Utilise universal design principles in all ACT schools.**

For schools to successfully include students with disability they need to be physically and digitally accessible. They also need to be using curricula that is accessible to students with disability both in its design and format.

## Priority 7: Children and Young People

*Human Rights context: Article 7 of the CRPD states that parties “(1) shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.”*

**Issues:** As the ACT Human Rights Commission states, “children and young people have the right to more protection because they are a child or young person.”<sup>11</sup> Children and young people are a distinct and diverse cohort of people with disability, who experience unique challenges to their human rights. They tend to have poorer outcomes, higher rates of co-occurring health conditions, and are less likely to participate in social, recreational, sporting and cultural life, compared to children without disability.

The ACT has 2,616 people with disability, aged 0-24 years old, who are NDIS participants. Public data on the number of children and young people with disability, who are not NDIS participants, is less readily available. In 2016, 2981 children enrolled in ACT schools and 6683 people, aged 18-24 years old, enrolled in the Vocational Education and Training system self-identified as having a disability. Due to issues with identification and diagnosis, these statistics underrepresent disability in the ACT. Aboriginal and Torres Strait Islander children experience a higher prevalence of disability than other Australian children.

AFI has identified three areas of concern for children with disability in the ACT:

Identification, Early Support and Development; Youth Justice Reform; and, Child Protection Services Reform. Priority actions in each area are outlined below.

### Identification, Early Support and Development

Early support is essential to prevent the escalation of unidentified and unaddressed disability needs and the funnelling of children and young people with disability into acute health services, out of home care and the criminal justice system. The following measures

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<sup>11</sup> <https://hrc.act.gov.au/childrenyoungpeople/>

are important to supporting the development of children with disability in a way which fosters their equal participation in social, recreational, sporting and cultural life.

**Action 22: Ensuring that the first 1000 Days Strategy First Action Plan is designed in partnership with the disability community, and prioritises universal design, accessible services and trauma-informed practices.**

**Action 23: Implementing the recommendations from the 'Review of ACT Health Programs — Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD)'**

**Priority should be given to:**

- Establishing a Fetal Alcohol Spectrum Disorder clinic in the ACT (also highlighted at Action 3b).
- Providing additional services to meet need, both through the creation of new (universally designed) services and the expansion of existing services.
- Build accessibility and disability capacity of existing services, including through recruiting more specialists and upskilling staff.
- Establishing adequate assessment and provision of support for children and young people disengaging from education, or at risk of becoming involved with the youth justice system.

## **Youth Justice Reform**

The ACT spends a significant amount on detention-based supervision of young people.<sup>12</sup> Nationally, evidence indicates that children and young people within youth justice have a high prevalence of mental health disorders and cognitive disability.<sup>13</sup> Additionally, children and young people within youth justice with complex and multiple disabilities have a significantly lower average age of first contact with police.<sup>14</sup> They also have higher rates of

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<sup>12</sup> <sup>1</sup> Productivity Commission, 'Report on Government Services 2021: Youth justice services' (Report, 20 January 2021), Figure 17.10 and Table 17A.20.

<sup>13</sup> Baldry, E. 'Vulnerable young people with complex support needs and the criminal justice system' (2016) *South Australia Disability Justice Plan Symposium*.

<sup>14</sup> Baldry, E. 'Vulnerable young people with complex support needs and the criminal justice system' (2016) *South Australia Disability Justice Plan Symposium*.



contact. This means that the youngest children in youth justice are highly likely to have disabilities and unmet support needs. To better support children and young people with disability, engaged with (or at risk of engagement with) with community corrections, the following actions must be prioritised.

**Action 24: Raise the minimum age of criminal responsibility from 10 to 14 years, and remedy key gaps in the current service delivery to children and young people in this age bracket, through:**

- A Multidisciplinary Therapeutic Panel (MTP), a legislated, collaborative forum that meets regularly to discuss service delivery options for children with complex needs and oversee the provision of wraparound services, with legislated governance and oversight requirements that respond to system access and resourcing issues that impact the effectiveness of service delivery;
- A Wraparound Service, a highly-skilled and supported team of therapeutic coordinators who work directly with children and their families to engage in assessment, identify and access appropriate support services and facilitate restorative processes to change life course trajectories for children and their families; and
- An age-appropriate and trauma-informed Crisis Response in which police and/or other service providers are enabled to respond to the safety and other needs of children, including after hours. This includes a non-justice youth work response and safe accommodation options.

**Action 25: Implement restorative practices in Youth Justice, including with children and young people with disability, including through expanding access to Functional Family Therapy.**

## **Child Protection Services Reform**

Parents and children with disability have an increased likelihood of engagement with child protection services. As a result, this is a significant disability issue that must be addressed in the ACT Disability Strategy. Specifically, the Strategy must commit to reducing

discrimination against families with disability engaged with, or at risk of engagement with, child protection services. As parents and children's rights are inextricably entwined, actions in this section relate to supporting families, parents and children.

### **Action 26: Implement the recommendations from the Report on Child and Youth**

#### **Protection Services (2020),<sup>15</sup> prioritising:**

- Amending the Children and Young People Act to create an external merits review system, with additional funding provided for legal support for parents and children with disability. (Parliamentary Agreement, Appendix 4, 21.4)
- Supporting family unity prior to making a care and protection order, by amending the Children and Young People Act 2008 to specify an express requirement for the court to be satisfied that all reasonable steps have been taken to provide the services necessary to support family unity prior to making an actual care and protection order [as per section 276(1)(b) of the Victorian Children, Youth and Families Act 2005].
- Develop a Charter of Rights for parents and families involved with the care and protection system and embed this in the Children and Young People Act, with a particular emphasis on the rights of parents and children with disability and noting Article 23 of the Convention on the Rights of Persons with Disability (CPRD):
  - o In no case shall a child be separated from parents based on a disability of either the child or one or both parents.
- Establishing the Children and Youth Services Council, and provide access to supported decision making for parents with disability (Parliamentary Agreement, Appendix 4, 21.6)

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<sup>[1]</sup> [https://www.parliament.act.gov.au/\\_data/assets/pdf\\_file/0006/1608549/9th-HACS-Report-11-Report-on-Child-and-Youth-Protection-Services-Part-2-Final2.pdf](https://www.parliament.act.gov.au/_data/assets/pdf_file/0006/1608549/9th-HACS-Report-11-Report-on-Child-and-Youth-Protection-Services-Part-2-Final2.pdf)

[https://www.parliament.act.gov.au/\\_data/assets/pdf\\_file/0010/1709506/9th-HACS-11-and-12-Inquiry-into-CYPS-Part-1-and-2-GR-tabled-3-December-2020.pdf](https://www.parliament.act.gov.au/_data/assets/pdf_file/0010/1709506/9th-HACS-11-and-12-Inquiry-into-CYPS-Part-1-and-2-GR-tabled-3-December-2020.pdf)

## Priority 8: Employment

*Human Rights context: Article 27 of the CRPD recognises “the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities.” It states, “parties shall safeguard and promote the realization of the right to work... by taking appropriate steps” such as “[employing] persons with disabilities in the public sector” (Article 27(1)(g)).*

AFI has made various submissions to the ACT Government on the difficulties faced by people with disability navigating employment, which we encourage the committee to review.<sup>16</sup> We also note the ongoing relevance of the ACT Legislative Assembly's Standing Committee on Health, Ageing and Community Services report following the *Inquiry into the Employment of People with Disabilities (2017)*.

The ACT Government has committed to employment targets for employees with disability. However, we note that the percentage of employees with disability has only increased by 0.5% since 2017, with only 2.9% of ACTPS employees identifying as having a disability. In comparison, the Australian Public Service goal is “to increase the employment of people with disability across the APS to 7% by 2025.”<sup>17</sup> To achieve meaningful change in employment for Canberrans with disability the ACT Government must commit to the following actions within the ACT Disability Strategy.

We think work needs to be done to better arrange Commonwealth, State and Territory responsibilities for employment of people with disability.

**Action 27: Implement all recommendations from the Inquiry into the Employment of People with Disabilities. In particular, the Government should prioritise:**

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<sup>16</sup> Joint Sub-Committee Inquiry into Adequacy of Newstart and related payments and alternative mechanisms;

<sup>17</sup> Australian Public Service Commission, ‘Australian Public Service Disability Employment Strategy 2020-25’ (Strategy, ISBN 978-0-6489351-4-8, 3 December 2020) <<https://www.apsc.gov.au/publication/australian-public-service-disability-employment-strategy-2020-25>>.

- *Recommendation 12* - The ACT Government review selection criteria and recruitment processes to allow a) managers to recruit to positions rather than standardised selection criteria and/or b) allow managers to mould positions around an applicant to fit their strengths and capabilities.
- *Recommendation 13* - The ACT Government should undertake audits of work being done within directorates which could utilise the skills of entry level staff and create identified positions for people at the APS 1- 4 levels which can be gateways to the service for people with a range of disabilities, including people with cognitive and intellectual disability.

**Action 28: Develop disability employment quotas within the ACT public sector.**

AFI recommends that employment quotas for the numbers of people with disability in the ACTPS are established to support effective community representation and diversity of staff, and to enhance culture and awareness within these services. While the report of the Standing Committee on Health, Ageing and Community Services report following the *Inquiry into the Employment of People with Disabilities (2017)* did not support quotas and instead preferred targets, we feel that the time has come to introduce quotas. This is because targets have not been effective at lifting the employment of people with disability to approach the level of people with disability in the community. As outlined, around 2.9% of people in the ACTPS have a disability, yet if this figure resembled the proportion of people with disability in the general population, it would be more like 18%.

**Action 29: Explore changes to Commonwealth, State and Territory roles in disability employment.**

Australian Government carriage of disability employment alongside income support has had limited efficacy and little success in improving disability employment in Australia.

Consideration should be given to increasing State and Territory roles in employment given they have leverage through local procurement, relationships with local employers and business chambers and control of payroll tax. This should be a focus of discussions between disability ministers and employment ministers.

## **Priority 9: Advocacy to the Federal Government, including the National Disability Insurance Scheme, the Disability Support Pension and law reform**

**Issues:** While the ACT Disability Strategy is intended for localized measures, there are a number of key federal issues which require the ACT Government's ongoing attention and advocacy to achieve Strategy objectives and achieve principles of human rights and accessibility. These issues require attention in the Strategy and include the National Disability Insurance Scheme and adequate disability income support. The ACT should use its leverage in Disability Reform Ministers meetings and via National Cabinet.

### **9.a Disability Support Pension**

Economic security is an important measure of wellbeing. The current rate of the DSP does not provide sufficient financial security and allow people to meet necessary living standards. The DSP should meet community expectations of enabling people with disability to live independently, with dignity and actively participate in their communities.

The current rate of DSP is just over \$450 a week for a single person. This is inadequate for people seeking to access and maintain housing, fuel, medical expenses, clothes, food and manage the costs of disability.

AFI consistently hears reports of people on DSP unable to sustain independence, and becoming isolated and suffering negative health impacts.

For instance, Anglicare's Rental Affordability Snapshot found that a single person on the Disability Support Pension could afford just 51, or 0.1 percent, of the 45,992 rental properties on the market at the time of our Snapshot. However, the Snapshot does not measure accessibility or modifications, so in reality few of these properties may be suitable for some people with disability.

**Action 30: Advocate for adequate income support for people with disability to the Federal Government and through the national cabinet.**

In the context of the Disability Strategy AFI encourages the ACT Government to commit to advocate for improved federal income support for people with disability, with particular attention on the following issues:

- Introduce a Disability and Illness Supplement. We propose that people with a disability or illness receive a supplement of at least \$50 a week (for single people) that recognises the additional costs they face because of disability or illness. This supplement should be available to people with disability, as well as people with an illness that prevents them from undertaking full-time paid work.
- Remove 'fully' from 'diagnosed, treated and stabilised' assessment criteria to avoid people being denied claims when their treatment is ongoing.
- Return Treating Doctor Reports so people's doctors have a clear understanding of the Impairment Tables relevant to their patient's DSP claim and can provide a report addressing those tables, together with appropriate evidence.
- Abolish the Program of Support requirement. This requirement has only served to deny or delay access to DSP for people who need it, and has failed to improve employment outcomes for people with disability.
- Grant DSP to people who do not meet the 20-point requirement
- under one impairment table, but score at least 20 points across tables. The eligibility criteria must recognise someone's incapacity if they have multiple disabilities or illnesses.
- Simplify eligibility requirements
- Reduce claim times
- Remove the partner income test, as this can cause financial dependence in romantic relationships and increase people with disability (particularly women's) vulnerability to domestic violence, including financial abuse
- Adjustments to DSP process and requirements focus on expanding the system to better support episodic conditions, mental illness, or psychosocial disability and multiple or chronic conditions to extend support to increase capacity and sustain well-being

- There should be an end to shifting people onto the Jobseeker payment and this payment should be raised to at least \$70 a day so that everyone has enough to cover the basics while going through tough times.

## 9.b National Disability Insurance Scheme

AFI strongly supports the National Disability Insurance Scheme (NDIS) and the ACT Government's funding commitment to the NDIS. The NDIS needs to return to its core principles of choice and control within a person-centred entitlement scheme that enables people with disability to live good lives.

AFI is concerned about an increasing reliance in the ACT solely upon the NDIS to provide support for people with disability, following the loss or reduction of wider community supports in the rollout of the NDIS. This is problematic because only one in ten people with disability will have access to the NDIS. Where these services are not publicly available, non-NDIS participants may be excluded from accessing important preventative services due to financial barriers. Excluding lower-socio economic groups from preventative care will contribute to higher presentations in acute medical settings.

There is an ongoing precarity to NDIS supports with federal government foreshadowing reduced support or further restrictions on access to the scheme and an additional reliance on community support. As a result, AFI considers it important for the Disability Strategy to contain a commitment to ensure adequate support for Canberrans with disability who are not participants of the NDIS. As part of this, the Strategy must outline a plan for navigating boundaries between ACT systems, such as the justice system and the health system, and the NDIS. This is important because participants of the scheme who are involved with such systems face many obstacles in accessing appropriate supports.<sup>18</sup>

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[https://www.unsw.adfa.edu.au/sites/default/files/documents/The%20boundaries%20between%20Australian%20disability%20services%20and%20prisons%20report\\_1.pdf](https://www.unsw.adfa.edu.au/sites/default/files/documents/The%20boundaries%20between%20Australian%20disability%20services%20and%20prisons%20report_1.pdf)

**Action 31: ACT Government to advocate for improvements to return the NDIS to its original vision with the Federal Government and the national cabinet.**

We recommend that the Disability Strategy commit the ACT Government to advocating on necessary improvements regarding the NDIS, including by encouraging:

- The Labor Government to deliver on its election promise of ‘A Better Future for the NDIS’.<sup>19</sup>
- The Federal Government to implement remaining recommendations from the NDIS Act Review (2019) (‘The Tune Review’)<sup>20</sup>

### **9.c Federal DDA frameworks for people with disability**

The Federal Government through the Attorney General has responsibility for the *Disability Discrimination Act 1992 (Cth)* (‘DDA’) and its Standards process. The DDA has become ineffective, and the Standards process needs attention to deliver on Strategy outcomes in the ACT and nationally.

**Action 32: Advocate for Federal law reform to improve national disability rights protections.**

The ACT should advocate for:

- improvements to the DDA so that it has a mechanism for enforcing compliance.
- improvements to Federal frameworks which delivers Strategy commitments such as the Federal Transport Standards.

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<sup>19</sup> <https://www.alp.org.au/policies/a-better-future-for-the-ndis>

<sup>20</sup> <https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability-national-disability-insurance-scheme-2019-review-of-the-ndis-act-and-the-new-ndis-participant-service-guarantee/government-response-to-the-ndis-act-review>



## Priority 10: COVID-19

**Issues:** The COVID pandemic continues to impact all of us and especially Australians with disability. We have high daily death rates, large numbers of people in hospital and fewer protections and supports. The ACT has among the highest rates of COVID in Australia

COVID and its management is a disability rights issue, consequential to Articles 11 and 25 of CRPD, and since 2020 there have been troubling gaps and delays in the formation of responses, the delivery of assistance and the availability of vaccines. In 2022 as BA4 and BA5 surge many people with disabilities find themselves with a series of bad choices – forced to shield or risk interactions in a community which has dropped protections at the same time as the pandemic worsens.

There needs to be an honest conversation about the social, human rights, moral and economic implications of the current policy trajectory and the voices, rights and agency of disabled people need to be amplified and listened to. Relevant lessons need to be applied from other pandemics including HIV and AIDS including the agency of vulnerable populations.

We support the position of OzSage which aims for elimination of uncontrolled transmission with layered, whole of society protections addressing safe indoor air, respiratory protection and optimal vaccination – a vaccine-PLUS strategy

In the meantime, Governments have asked people with disability and immune compromised people to take personal responsibility for their own health care during the pandemic. This requires Governments to reciprocate with actions, policies and modes of delivery that enable people to minimise their risks.

There are urgent priorities for Governments to ensure that people with disabilities are supported, protected and treated with fairness and decency in pandemic circumstances.

We offer four priorities.

1. Preventing disease and death amongst people with disability
2. Providing help to people with disabilities diagnosed with COVID
3. Preserving rights, supports, access and inclusion during the crisis
4. Learning lessons and listening to people with disability

**Action 33: Prevent disease and death of people with disability.**

- Support OzSage recommendations for co-design of prevention and control strategies
- Prompt and timely access to vaccines and successive booster shots for people with disabilities including people outside of residential settings.
- Prompt, timely and available access to anti-viral and other treatments including for people outside of residential settings.
- Mask mandates and other protections in disability service and residential settings need to be retained
- Rapid Antigen Tests should be freely available to people with disability – with an elevated risk of complications.
- Payments and support systems should be geared to ensure low income and casualised people, who make up the bulk of the disability care and support workforce, are not forced back into work while sick.
- There must be COVID-safe health services, In-reach services and a COVID Inclusion Guarantee so that people who are shielding from the pandemic can take steps to minimise their risk and access essential health care, goods and services and supports needed to stay viable.

**Action 34: Help people diagnosed with COVID.**

- The ACT Disability Health Strategy should prioritise the provision of accessibility and supports for people with disabilities needing treatment for COVID.
- Home based and in-reach supports should be available to people with disability to keep people out of hospitals.
- People with disability should have access to antivirals (not just people in residential settings).

- Governments and acute care settings need to ensure ethical and non-discriminatory treatment of people with disability who contract COVID.
- Outreach to all NDIS clients by ACT Health and the NDIA and be provided to all NDIS clients in the ACT with advice and support for people who get COVID.
- Long COVID should be recognised as a disability and people with long COVID should have access to disability and income supports including the NDIS and the Disability Support Pension.

**Action 35: Preserve rights, supports, access and inclusion.**

- Responses must centre disabled people in the pandemic.
- Flexible disability supports should be enabled to respond to COVID including altering business as usual and allowing funding to pivot in extreme circumstances.
- Accessible COVID-safe health services should be available.
  - Funded access to telehealth including longer consultations within the Medicare Schedule.
  - Health in-reach services for people with disability at risk of serious complications from COVID who cannot safely go to a health setting but need face to face diagnosis or treatment.
  - The Access and Sensory clinic should be retained.
  - Prioritise COVID-safe medical, dental, psych and walk in services where people shielding from COVID can access face to face primary and preventative health care while managing their health.
- Governments should work with people with disability to develop a COVID Inclusion Guarantee. This should include:
  - A non-contact service framework mandating the continued enjoyment of essential services, civil and political rights for people shielding from COVID.
  - Rights to work and study from home for people with disability should be mandated by law (industrial and anti-discrimination).
  - Governments, employers and education providers should organise to make fair and equitable contributions to the costs of online access to home-based

work and study as the provision and upkeep of this infrastructure shifts from colleges and workplaces to homes.

- There should be funded supports and community development work aimed at improving social and community connectedness amongst people forced to shield from the pandemic.

**Action 36: Learning lessons and listening to people with disability as the pandemic continues.**

- Centre disabled people in the long-haul response: Lessons must be learnt from COVID in conjunction with Disabled Peoples Organisations. Just as a successful Australian response to HIV AIDS centred the experiences of people at risk in the health crisis so the response to COVID needs to attend to the wisdom and knowledge of those at-risk including people with disabilities at risk of health complications.
- Set aside funds to respond: Contingency funds should be reserved by Governments, including the ACT Government to mitigate the effects of COVID on people with disability and other vulnerable Canberrans. This should include funding for public health measures, service continuity, social inclusion and information to people with disabilities impacted by COVID.
- Flexibility: Governments – along with the National Disability Insurance Agency - need to do ongoing work to develop systems and protocols which allow them to alter Business as Usual operations to respond to the needs of people with disability in the pandemic.

These lessons and contingency planning should also apply to other disasters.

## **Conclusion**

We thank the ACT Government for the opportunity to make a submission and would be happy to expand on the priorities we have identified. The contacts for comment are [Craig@advocacyforinclusion.org](mailto:Craig@advocacyforinclusion.org) and [Molly@advocacyforinclusion.org](mailto:Molly@advocacyforinclusion.org)

# Recommendations

The following list comprises the key actions identified throughout this Submission, which must be prioritised in the Disability Strategy.

**Strategy Commitment 1: CRPD Compliant Measurement.**

**Strategy Commitment 2: Adequate funding for disability advocacy services.**

**Strategy Commitment 3: Commit to public design using Universal Design Principles.**

**Action 1: Deliver access improvements around Canberra through a new planning system and ongoing reform.**

**Action 2: Reform the planning system to produce accessible housing.**

**Action 3: Deliver public housing.**

**Action 4: Support community housing that complies with Article 19 of the CRPD.**

**Action 5: Encourage more accessible private rental.**

**Action 6: End congregate and devolve large group homes.**

**Action 7: Address transport costs for transport for people with disabilities.**

**Action 8: Ensure the accessibility of mass transit and ride sharing transport.**

**Action 9: Ensure community transport is funded sustainably and meets demand.**

**Action 10: Adequate funding and whole of government commitment to the Disability Health Strategy.**

**Action 11: Establish more specialist and diagnostic-specific services to meet demand.**

**Action 12: ACT Health services, including Canberra Health Services, are fully resourced and supported to progress and implement Disability Action and Inclusion Plans.**

**Action 13: Fund community services to provide mental health and disability services to prevent acute presentations, and to support transition out of acute facilities into community options.**

**Action 14: Establish more specialist and diagnostic-specific services to meet demand.**

**Action 15: Establish a psychologist subsidy scheme for all people with disability in Canberra, in addition to the psychologist subsidy scheme for young people and people on low incomes (Parliamentary Agreement, Appendix 4, 16.5)**

**Action 16: Provide adequate funding and a whole of government commitment to ACT Disability Justice Strategy.**

**Action 17: Reduce the number of people with disability entering corrections through establishing a diversion pathway for people with disability engaged with law enforcement.**

**Action 18: Implement the recommendation from the Report into the Inquiry into Petition 32-21 (No Rights without Remedy),<sup>21</sup> and provide funding for support for complainants with disability.**

**Action 19: Begin transitioning to a fully inclusive education, through implementation of the Australian Coalition for Inclusive Education (ACIE) roadmap to inclusive education.**

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<sup>21</sup> [https://www.parliament.act.gov.au/\\_\\_data/assets/pdf\\_file/0006/2023764/JCS-Report-7-Report-into-the-Inquiry-into-Petition-32-21-No-Rights-Without-Remedy.pdf](https://www.parliament.act.gov.au/__data/assets/pdf_file/0006/2023764/JCS-Report-7-Report-into-the-Inquiry-into-Petition-32-21-No-Rights-Without-Remedy.pdf)

**Action 20: Increase the disability loading funding for students in mainstream schools to ensure they have access to all necessary support.**

**Action 21: Utilise universal design principles in all ACT schools.**

**Action 22: Ensuring that the first 1000 Days Strategy First Action Plan is designed in partnership with the disability community, and prioritises universal design, accessible services and trauma-informed practices.**

**Action 23: Implementing the recommendations from the 'Review of ACT Health Programs — Children and young people and responses to Fetal Alcohol Spectrum Disorder (FASD)'.**

**Action 24: Raise the minimum age of criminal responsibility from 10 to 14 years, and remedy key gaps in the current service delivery to children and young people in this age bracket.**

**Action 25: Implement restorative practices in Youth Justice, including with children and young people with disability, including through expanding access to Functional Family Therapy.**

**Action 26: Implement the recommendations from the Report on Child and Youth Protection Services (2020).**

**Action 27: Implement all recommendations from the Inquiry into the Employment of People with Disabilities.**

**Action 28: Develop disability employment quotas within the ACT public sector.**

**Action 29: Explore changes to Commonwealth, State and Territory roles in disability employment.**

**Action 30: Advocate for adequate income support for people with disability to the Federal Government and through the national cabinet.**

**Action 31: ACT Government to advocate for improvements to return the NDIS to its original vision with the Federal Government and the national cabinet.**

**Action 32: Advocate for Federal law reform to improve national disability rights protections.**

**Action 33: Prevent disease and death of people with disability.**

**Action 34: Help people diagnosed with COVID.**

**Action 35: Preserve rights, supports, access and inclusion.**

**Action 36: Learning lessons and listening to people with disability as the pandemic continues.**