**Advocacy for Inclusion – Funding priorities for disability – ACT 2023/24 Budget Submission**

| **Funding area** | **Initiative** | **Description/details** | **Evidence of need/rationale**  |
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| **ACT Disability Strategy** *A funding package to deliver, monitor and implement the ACT Disability Strategy – the ACT’s commitment to Australia’s Disability Strategy and to meet obligations under CRPD.* Supports delivery of outcomes under Wellbeing Indicator [Human rights](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/governance-and-institutions/human-rights), [Employment](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/economy-domain/employment), [Living standards](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/living-standards), and [Sense of belonging and inclusion](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/identity-and-belonging/sense-of-belonging-and-inclusion)Enables compliance with CRPD [Article 3 – General Principles](https://social.desa.un.org/issues/disability/crpd/article-3-general-principles) and [Article 4 – General Obligations](https://social.desa.un.org/issues/disability/crpd/article-4-general-obligations) | Funding to oversight and monitor the Strategy  | Adequate funding to the ACT Office for Disability and Disabled Persons Organisations to deliver and monitor the Strategy including:Oversight Group - with an oversight, monitoring and evaluation function. Taskforce or champions group - responsible for promoting implementation and uptake of the strategy. Deliberative panel - YourSay style panel to deliver feedback on change experienced on the ground across the life of the Strategy.  | [*Counting the Costs: Sustainable funding for the ACT community services sector*](https://www.actcoss.org.au/sites/default/files/public/publications/2021-report-Counting-the-Costs_1.pdf)note the resource gaps emerging within community organisations as a consequence of funding. A particular concern centred on the lack of funds to support monitoring and evaluation of programs. In response, the ACT government proposed moving towards [a sustainable resourcing and relationship model](https://www.communityservices.act.gov.au/about_us/strategic_policy/community-sector-reform) with the community sector. |
| ACT Disability Strategy signature measures (selected from measures below)  | Funded measures under each of the Strategy themes to support the delivery of outcomes identified through the current consultation process (a range of measures are outlined in this submission) | A funded ACT Disability Strategy acknowledges gaps in inclusion, social participation, economic participation and inclusion outcomes outlined in work such as the Deloitte Business Case for Philanthropy. It also supports the ACT Government to improve wellbeing for people with disability in line with the ACT’s wellbeing indicators. |
| **ACT Disability Health Strategy***A funding package to deliver the promised ACT Disability Health Strategy including monitoring, implementation and practical work. The strategy was a commitment under the Parliamentary and Governing Agreement*Supports delivery of outcomes under Wellbeing Indicator [Overall health](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/overall-health) and [Access to health services](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/access-to-health-services)Enables compliance with CRPD [Article 25 – Health](https://social.desa.un.org/issues/disability/crpd/article-25-health)  | Social model training package and delivery pilot | Funding to support the purchase and delivery of tools and training to increase understanding and application of the social model of disability.  | The Deloitte Business Case for Philanthropy estimates that improved health and wellbeing outcomes for people with disability through social inclusion could bring dividends to the equivalent of an additional 251,000 Quality Adjusted Life Years, valued at $57 billion annually. Diversion of people with disability from acute care is also a system saver for the health system and NDIS. Consultations and engagements in the development of the Strategy have indicated that building social model understandings in the medical profession are going to be complex and difficult. The medical model of disability places the ‘problem’ in the person, by viewing disability as an individual impairment to be treated, without acknowledging the environmental and social barriers that reduce independence and choice for people with disability. Conversely, the social model of disability recognises the complex interplay between these barriers and individual‐level biological and psychological factors. It also acknowledges that these barriers can [reduce health outcomes and health equity](https://www.actcoss.org.au/sites/default/files/public/publications/2019-report-imagining-better-act-health-services-for-people-with-disability.pdf) for people with disability. |
| Diagnostic overshadowing training module | Funding to develop a training module on diagnostic overshadowing for the medical profession  | Diagnostic overshadowing is when a medical professional assumes that a patient’s complaint is related to their disability. This is a significant risk when medical professionals do not have specific disability knowledge and training. It can lead to symptom dismissals, underdiagnoses, and misdiagnoses. It’s a complex and emerging concern that requires work to develop training.  |
| Extended consultations | Funding for an annual free extended consultation for people with disabilities as recommended by the ACTCOSS Imagining Better Report | The [Report on Government Services](https://www.pc.gov.au/ongoing/report-on-government-services/2022/health) (2022) highlight the need for action and attention to health services for people with disability. Waiting times for necessary care are mounting, with more than 50% of people in need of an urgent appointment having to wait more than 24 hours. Current settings mean that medical professionals are under financial pressure to keep consultations short. This was a key recommendation from the [ACTCOSS Imagining Better report](https://www.actcoss.org.au/publications/advocacy-publications/imagining-better-reflections-access-choice-and-control-act-health) – people with disability highlighted issues with short consultations in managing complex and chronic conditions and showed how short bulk billing consultations exacerbated the risk of poor outcomes and diagnostic overshadowing.  |
| Wraparound diagnostic services | Funding to encourage the development of ACT based wrap around services for people with a diagnostic disability – i.e., an ACT Downs Syndrome Clinic or a Muscular Dystrophy Clinic (or to bring those clinics to Canberra periodically) | This was a key recommendation from the ACTCOSS Imagining Better report – people with disability highlighted the lack of some diagnostic wrap-around services in Canberra.  |
| Community health access grants | Small grants for physical, digital and information access improvements to primary practice and allied health | A 2003 survey from Access for All highlighted an extremely poor level of accessible buildings, exam beds, signage and other facilities within primary and allied health. A more [recent letter of concern](https://humanrights.gov.au/our-work/open-letter-progress-height-adjustable-examination-beds#:~:text=In%202003%20a%20community%20advocacy%20group%2C%20Access%20for,examination%20beds%20and%20only%20719%20adjustable-height%20examination%20beds.) from the Federal Human Rights Commission to the RACP indicated that they were concerned about the lack of progress on the issues raised in this survey.  |
| Hospital kit upgrades | Funding to address accessibility gaps in acute settings – communication boards, hoists, adjustable exam beds etc. | The lack of accessible, modern and fit for purpose kit has been consistently highlighted in strategy consultations.  |
| **Disability support** *Funding to maintain and deliver disability supports including NDIS gaps, mental health and transition supports for people in crisis*Supports delivery of outcomes under Wellbeing Indicator [Human Rights](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/governance-and-institutions/human-rights), [Access to Services](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/access-and-connectivity-domain/access-to-services), and [Mental Health](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/mental-health)Enables compliance with CRPD [Article 25 - Health](https://social.desa.un.org/issues/disability/crpd/article-25-health) | Continue CASP and address mental health gaps and shortfalls  | Continued funding to address gaps in supports under NDIS including mental health and the continuation of discrete funding for ACT Community Assistance & Support Program. Indexation and funding continuity  | Individual advocates have noted a continuing need and gaps in support for people exiting acute health care, justice and crisis. The ACT’s CASP program fills important ongoing gaps for people ineligible for the NDIS and people in NDIS transition that have been widely highlighted including in the NDIS review and hearings of the Royal Commission.  |
| Post PACER support | Funding to provide medium-longer term support to people in mental health crisis in contact with PACER  | The PACER program is well regarded however individual advocates have noted a continuing need and gaps in support for people exiting acute health care, justice and crisis. These issues have highlighted in the PACER review.  |
| **Justice and Human Rights** *Funding to address the over-representation of people with disability in the ACT justice system including diversion from the prison and oversight of closed spaces* Supports delivery of outcomes under Wellbeing Indicator [Access to justice and restorative practices](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/governance-and-institutions/access-to-justice-and-restorative-practice) and [Human rights](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/governance-and-institutions/human-rights)Enables compliance with CRPD [Article 13 – Access to Justice](https://social.desa.un.org/issues/disability/crpd/article-13-access-to-justice) and [Article 12 – Equal Recognition Before the Law](https://social.desa.un.org/issues/disability/crpd/article-12-equal-recognition-before-the-law) | Implement healthy prisons review recommendations in AMC | Funding to implement AMC Healthy Prisons Review recommendations including implementing universal design in ACT correctional facilities and more timely access to functional assessments – Funding to implement recommendations from pillar 4 of the R25 by 25 Recidivism Strategy including transitional services to support correctional detainees with disability re-enter the community, the transitional center and to implement the promised ACT Corrections Disability Framework. | People with disability are over-represented at all stages of the criminal justice system – as witnesses, victims, offenders, defendants, and prisoners. The [Healthy Prison Review 2022](https://www.ics.act.gov.au/__data/assets/pdf_file/0011/2111888/11432RR-ACT-ICS-Healthy-Prison-Review-Nov-2022_Full-report_FA-tagged.pdf) reported nearly one third of AMC detainees as having a disability and highlighted the need for services and adequate disability support. |
| Recidivism, rehabilitation and corrections  | Funding for transitional services outlined in the R25 by 25 recidivism strategyIn particular funding to develop the purpose-built rehabilitation center, transitional services, and implement the ACT corrections disability framework | Offenders with disability are more vulnerable to extended and repeat incarceration ([Baldry et al., 2012](https://www.mhdcd.unsw.edu.au/sites/www.mhdcd.unsw.edu.au/files/u18/pdf/MHDCDbackgroundOutlaws%20Conf1.pdf)). The ACT has the highest rate of recidivism in Australia. Inadequate disability support is linked to cycles of offending and reincarceration for people with disability ([Doyle et al., 2022](https://apo.org.au/sites/default/files/resource-files/2022-06/apo-nid318387.pdf)).  |
| Fund a proper OPCAT mechanism  | Funding of National Preventative Mechanisms to carry out OPCAT functions (funding for work beyond a staff position) | Without adequate resourcing, NPM bodies remain reliant on a complaints-based approach, responding to issues only as they arise. This reliance on a reactive approach is an established issue within anti-discrimination frameworks within Australia (see e.g., [Fredrickson et al., 2019](https://law.anu.edu.au/sites/all/files/implementing_opcat_in_the_act_report_final.pdf)).  |
| **Education***A funding package to improve outcomes for students with disability, deliver the ACT Inclusive Education Strategy and improve universal design*Supports delivery of outcomes under Wellbeing Indicator [Equity of educational outcomes](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/education-and-life-long-learning-domain/equity-of-educational-outcomes), [Learning for life,](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/education-and-life-long-learning-domain/learning-for-life) and [Student belonging](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/education-and-life-long-learning-domain/student-belonging) Enables compliance with CRPD [Article 24 - Education](https://social.desa.un.org/issues/disability/crpd/article-24-education) | Funding to implement the ACT Inclusive Education Strategy and a full transition to inclusive education  | The ACT Education Directorate is implementing an Inclusive Education Strategy and we seek funding to deliver and monitor and evaluate the strategy  | Too many students with disability experience barriers to education, poor completion and harm within education settings. Social inclusion is linked to education. Without an adequate inclusive education system, the rights of people with disability to education remains nominal and they are denied meaningful opportunities for social and economic inclusion. The ACT has an over-representation of students in segregated settings. Investment in this area is needed to deliver outcomes through the ACT Inclusive Education Strategy. See also AFI’s [White Paper on Education](https://www.advocacyforinclusion.org/white-paper-on-inclusive-education/).  |
| Universal design of curricula, physical and digital spaces  | Funding to deliver universally designed curricula, physical and digital spaces.  | There are benefits where systems, processes and services are designed with improved accessibility for all students, parents and carers, regardless of whether or not disability is identified. This will increase accessibility for people with misdiagnosed or unrecognised support needs and reduce the onus on people with disability to disclose their support needs. There is a need for continued effort to retrofit all existing physical, digital, and learning infrastructure to meet universal design requirements. In 2021 ACTCOSS told the Schools Infrastructure Inquiry they received data from the ACT Electoral Commission that showed none of the 62 schools that were used as polling places were accessible without assistance. |
| Increase per student disability loading  |  | Students and teachers need to be adequately supported to ensure quality, inclusive education. Supports include assistive technology or one-on-one behavioural, social, and academic supports where appropriate. Increases to disability loading must not create additional administrative burdens or barriers for teachers.  |
| **Housing** *Funding to address the housing and homelessness crisis for people with disability including encouraging more accessible and affordable built form through well maintained public, private and community dwellings* Supports delivery of outcomes under Wellbeing Indicator [Homelessness](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/housing-and-home/homelessness), [Housing affordability and availability](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/housing-and-home/housing-affordability-and-availability), [Housing suitability](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/housing-and-home/housing-suitability), and [Rental stress](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/housing-and-home/rental-stress)Enables compliance with CRPD [Article 19 – Living Independently and Being Included in the Community](https://social.desa.un.org/issues/disability/crpd/article-19-living-independently-and-being-included-in-the-community) and [Article 28 – Adequate Standard of Living and Social Protection](https://social.desa.un.org/issues/disability/crpd/article-28-adequate-standard-of-living-and-social-protection) | More public housing at the gold standard of accessibility  | Increase availability of public housing, improve maintenance and enable better provision of disability modifications to meet demand | The [Report on Government Services](https://www.pc.gov.au/ongoing/report-on-government-services/2023/housing-and-homelessness/housing) (2023) indicates a decline in the number of social housing dwellings: the lowest number in the ACT in 10 years after a peak in 2018. In comparison to the rest of Australia, the ACT has the lowest rate of public housing dwellings that are weather appropriate and meet energy efficiency expectations. The average turnaround time for vacant stock in public housing has nearly doubled since 2021 from 50 to 90 days. Problems with public housing applications, transfers and maintenance are one of the largest ongoing components of AFI’s individual advocacy alongside NDIS issues.  |
| Grow accessible non group community housing  | Funding and planning reforms to grow the number of community managed housing dwellings for people with disability that comply with [Article 19](https://social.desa.un.org/issues/disability/crpd/article-19-living-independently-and-being-included-in-the-community) of CRPD | The lack of accessible and affordable housing as well as support gaps mean that too many people are still required to live together to receive disability supports. While the ACT has no large institutions it does still have a large number of group settings. Group settings do not meet Article 19 of CRPD and also are environments where people with disability experience a lack of choice, autonomy and are at risk of violence, abuse and neglect. Negative experiences in group homes have been exposed at length in evidence to the Disability Royal Commission. |
| Tax breaks for accessible housing  | Use levers through the tax and transfer systems to incentivise property owners to offer and maintain accessible rental housing | Most of Australia’s dwellings – old and new – are not designed to meet the needs of people with disability. Problems include poor access and unsuitable internal layouts, inadequately designed bathrooms and kitchens. In privately owned and rented dwellings, it is left up to individual households to decide whether to make changes to their dwellings and to determine how the costs will be covered (see e.g., [Wiesel, 2020](https://disability.unimelb.edu.au/__data/assets/pdf_file/0010/3969109/Accessible-Housing-Research-Report-22-October-2020.pdf)). A lack of accessible and visitable housing is an underpinning driver of poverty, social exclusion and also other adverse outcomes like falls due to people staying in housing that has not adapted to access needs.  |
| Grow accessible private rental  | A package of work to encourage accessible private rental focusing 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. | Private renters with disability make up 55.6% of all renters with disability in the ACT. These renters are stressed: the ACT continues to have the highest rate of rental stress for low-income private renters of any Australian jurisdiction (73% compared to 50% nationally). A Disability Support Pension recipient could [not afford any](https://www.anglicare.asn.au/wp-content/uploads/2022/04/Rental-Affordability-Snapshot-Regional-reports.pdf) of the 1,354 private rentals advertised in the ACT and Queanbeyan in March 2022.  |
|  | Package to encourage socially responsible, sector-wide leasehold application processes | 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; ando Provision of longer-term housing leaseholds, suitable for NDIS-fundedhome modifications where appropriate | There is no way of easily identifying suitable accessible housing nor of understanding supply issues. We can’t fix what we can’t measure. Secondly people with disability trying to locate accessible private rental have no ready means of finding it. This is an area of proven market failure in the real estate industry and is also a gap in information provision by Governments. The Disability Gateway for Instance contains no information on private rental housing or on Real Estate Agents with expertise. Requiring advertising would require real estate agents to acquire information and expertise.  |
| Package to incentivise accessibility in medium density housing  | Money and training to incentivise the inclusion of access ready dwellings within all new developments at two stories and above | Greater numbers of medium to high density dwellings are part of the stated policy of the ACT Government in its Planning Review and the ACT Housing Strategy. The ACT is currently in a development boom with medium – higher densities predominating. The Governments own modeling predicts the ACT is charting a path to 784,000 residents between now and 2060 – focused on new denser development on the Northside of the Territory.  |
| Devolution from Group Housing  | Funding to support devolution of people with disability from group housing into independent housing  | See above for rationale. Funding a ‘devolution’ program would help people in group homes to widen their housing choices and give them information, tools and practical support in setting up in housing arrangements which support personal independence, freedom from abuse and wellbeing (while meeting our obligations under Article 19 of the CRPD) |
| **Planning and transport** *Funding to build social planning capacity and responses and ensure planning, city infrastructure, community facilities and transport links meet the needs of older people and people and people with disabilities* Supports delivery of outcomes under Wellbeing Indicator [Access to services](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/access-and-connectivity-domain/access-to-services), [Liveable city](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/access-and-connectivity-domain/liveable-city), and [Transport use and access](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/access-and-connectivity-domain/transport-use-and-access) Enables compliance with CRPD [Article 9 – Accessibility](https://social.desa.un.org/issues/disability/crpd/article-9-accessibility) and [Article 19 – Living Independently and Being Included in the Community](https://social.desa.un.org/issues/disability/crpd/article-19-living-independently-and-being-included-in-the-community)   | Funding to ensure the new ACT Planning System supports adequate planning for people with disability in new built infrastructure | Funding for a social planning unit within the new ACT planning system focused on improving planning for universal design and ensuring lived experience voice of people with disability and older Canberrans is heard in planning and neighborhood voice forumsFunding to train planners, builders and certifiers to improve accessibility | AFI supports a greater focus on social planning in the ACT which will in turn deliver space, places and infrastructure to support wellbeing. The Planning Institute of Australia describes social planning as: planning for the needs and aspirations of people and communities through strategic policy and action, integrated with urban, regional and other planning activity. Social planning is founded on the principles of social justice (equity, access, participation and rights) and aims to enhance community well-being and effectiveness.The ACT lacks some of the layers of municipal government which would enable social planning to happen – we don’t have local level Access Committees nor are there regular programs to train, develop and encourage accessibility practice |
| Accessibility audit and improvements\* | Funding for a rolling program of stock take, audits and accessibility improvements to spaces, places, urban infrastructure and community facilities in the ACT guided by lived experience | Accessibility issues persist in parts of the city, group centers, community facilities and paths. Work by the former PWDACT as well as Living Streets and Pedal Power has highlighted these issues over several years. Complaints about accessibility form a small but consistent area of the complaints load of the ACT HRC and AFI.  |
| Accessibility improvements  | Small grants to encourage accessibility improvements in older precincts and premises  | PWDACT’s Access Survey found persistent gaps and barriers in older parts of Canberra like the cities retail courts.  |
| Improve the ACT Taxi Subsidy Scheme | Implement Auditor General recommendations, remove cap and subsidy limit | On 14 June 2022 the Auditor General found that there is also no documented rationale for the Scheme’s subsidy amounts and subsidy caps, nor is there documentation showing what information was used to establish the subsidy amounts and subsidy caps. There is no regular review of the Scheme’s subsidy amounts and subsidy caps; the amounts were last updated in 2014. |
| Diversify and improve the Wheelchair Accessible Taxi Fleet | Encourage greater diversity of accessible vehicles within the ACT’s fleet | The quality and comfort of the ACT’s disability taxi fleet is a persistent complaint in the ACT disability community. The ACT currently only offers transport in large vans designed for commercial transit. Some people find travelling in these uncomfortable and frightening. A diversification of the fleet would represent a service improvement.  |
| Delivery Fully Accessible Bus Network  | Accelerate retirement of the largely inaccessible Renault diesel buses and deliver complete accessibility of the entire network within the next 1-2 years | The Disability Standards for Accessible Public Transport, which were first implemented in 2002, included a 31 December 2022 deadline for when the older buses would need to cease operation. Despite this, the older Diesel buses are still operating. Maintaining a mixed fleet means that travelers with disability can have limited confidence that a scheduled bus will not be replaced with an older inaccessible bus. Governments have had decades to make this transition and should now finalise it.  |
|  | Community transport  | Funding for community transport including a safe accessible fleet at sustainable levels | Community transport is an important transport service for people with disability and frail aged Canberrans to assist with transport to medical appointments, community activities, hospital and other essential appointments. Funding needs to be ongoing and guaranteed so services can upgrade fleet, modernise accessibility features and undertake business planning.  |
| **COVID disability response***A funding package 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 COVID19 and to implement recommendations from the Long COVID inquiry*Supports delivery of outcomes under Wellbeing Indicator [Access to health services](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/health/access-to-health-services), [Community resilience to emergencies](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/safety/community-resilience-to-emergencies) and [Sense of belonging and inclusion](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/identity-and-belonging/sense-of-belonging-and-inclusion)Enables compliance with CRPD [Article 11 – Situations of Risk and Humanitarian Emergencies](https://social.desa.un.org/issues/disability/crpd/article-11-situations-of-risk-and-humanitarian-emergencies) and [Article 26 – Habilitation and Rehabilitation](https://social.desa.un.org/issues/disability/crpd/article-26-habilitation-and-rehabilitation) | Community development programs which address the social inclusion of isolated people  | Funding for online communities and gatherings to help people with disabilities who are still shielding remain connected  | Many people with disability are continuing to shield to avoid COVID based on medical advice and in line with Government policies urging people to take personal responsibility for their own health. Three years into the pandemic this is deepening and worsening isolation in an already isolated group as connections fray and fall away. On average, people with disability experience social exclusion [at double the rate](https://www2.deloitte.com/content/dam/Deloitte/au/Documents/Economics/deloitte-au-economics-business-case-for-philanthropy-in-disability-210223-2023.pdf) of people without disability. Social inclusion can counteract isolation and increase community participation. This can help to alleviate health problems, especially mental health issues such as anxiety and depression.  |
| Funding to support and mitigate long COVID – rehabilitation, allied health, disability advocacy, peer support | Integrated programs which support people with long COVID to be rehabilitated, connected to peer support and receive advocacy.  | The World Health Organization estimates that long COVID affects 10-20% of people who have a COVID-19 infection. A [recent study](https://www.actuaries.asn.au/Library/Opinion/2022/ResearchNoteno4.pdf) noted that, so far, 400,000 Australians are likely to be left with disabilities due to COVID with over 100,000 people with a serious disability, and another 300,000 with activity limiting disabilities. Research warns that people who have had COVID are at an increased risk of developing brain disorders such as psychosis, seizures or epilepsy, brain fog and dementia throughout the two years post initial infection.  |
| **VAD response package** *A funding package to response to unintended outcomes, risks and support needs arising from the introduction of Voluntary Assisted Dying in the ACT*Supports delivery of outcomes under Wellbeing Indicator [Human rights](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/governance-and-institutions/human-rights) and [Feeling that voice and perspective matter](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/governance-and-institutions/feeling-that-voice-and-perspective-matter)Enables compliance with CRPD [Article 10 – Right to Life](https://social.desa.un.org/issues/disability/crpd/article-10-right-to-life) | Life gets better suicide prevention project  | Funding for suicide prevention work to show life gets better for people with disability and address harmful perceptions and stereotypes of life with disability amplified by VAD debate | [Studies](https://pursuit.unimelb.edu.au/articles/disability-thoughts-of-suicide-and-australian-men) have shown that people with disabilities are up to twice as likely to experience suicidal ideation. Debates on Voluntary Assisted Dying create an authorising environment for discussion suicide by a vulnerable group in the community. Some people with disability who consider or attempt suicide early in their diagnosis change their minds after receiving improved quality of life or better disability supports.  |
| Support guarantee for those seeking VAD | Funding pool to ensure people seeking VAD are offered disability supports, healthcare and psychosocial supports to relieve stress, pain and suffering. Supports principle that no-one should be offered VAD due a lack of health, disability or psychosocial support.  | In Canada people requesting disability supports and healthcare are being offered assisted dying instead of supports. We seek an emergency pool of supports to be offered to people seeking VAD so this is not an unintended outcome in the ACT |
| Additional advocacy support | Advocacy support for people impacted by community debate around VAD and effected by hate speech | Debates on VAD in other jurisdictions have led to a rise in hate speech, trauma and discussions about other forms of violence against people with disabilities. Governments have in the past supported communities experiencing trauma due to policy debates such as the same sex marriage poll. VAD in the ACT bookends an extended harmful conversation about the value assigned to the lives of people with disability and underlying health conditions across three years of the COVID19 pandemic which has left a trail of negative attitudes in the community and trauma for disabled people.  |
| **Dialogue on environment, climate change and disability rights***Funding to deliver an improved response to climate change for people with disability including a disability rights based just transition* Supports delivery of outcomes under Wellbeing Indicator [Climate resilient environment and community](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/environment-and-climate/climate-resilient-environment-and-community) and [Healthy and resilient natural environment](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/environment-and-climate)Enables compliance with CRPD [Article 5 – Equality and Non-Discrimination](https://social.desa.un.org/issues/disability/crpd/article-5-equality-and-non-discrimination) and [Article 11 – Situations of Risk and Humanitarian Emergencies](https://social.desa.un.org/issues/disability/crpd/article-11-situations-of-risk-and-humanitarian-emergencies)  | A dialogue roundtable and policy piece linking disability rights, just transition and climate transition | A dialogue to bring together disability rights and climate thought leaders to develop a series of shared principles for a just transition response to climate change and waste reduction for people with disability plus an intersectional statement on the disability rights imperatives to prevent and mitigate climate change  | The debate on plastic straws and on disposable products have highlighted the need for an improved dialogue and understanding between the disability rights communities and the environmental movement to identify and occupy shared ground.A just transition means that those with the most responsibility for waste and emissions should shoulder a proportionate level of reduction effort and costs, inconvenience and pressure of waste or emission reduction measures should not fall disproportionately on those with the least capacity to meet them. A healthy environment is a priority for our community, and especially significant for people with disabilities who are generally more vulnerable to the impacts of environmental degradation and climate change. An outcome could be a set of disability rights aligned principles to support a just transition to net zero as well as a deeper understanding of the impacts of climate change on people with disability.  |
| **Disability community control of disability events***Funding to improve, modernise and embed community control in ACT celebrations of the UN International Day of People with Disability* Supports delivery of outcomes under Wellbeing Indicator [Sense of belonging and inclusion](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/identity-and-belonging/sense-of-belonging-and-inclusion) and [Participation in community events and activities](https://www.act.gov.au/wellbeing/explore-overall-wellbeing/social-connection/participation-in-community-events-and-activities) Enables compliance with CRPD [Article 8 – Awareness-raising](https://social.desa.un.org/issues/disability/crpd/article-8-awareness-raising) | International Day of People with Disability – transition to community control | Funding to transition the International Day of People with Disability to community control including a small secretariatRefresh of I-Day events to regain community support, modernize and improve celebrations in the ACT. Including a more diverse focus on disability arts, advocacy work The disability community should control the form, messaging and nature of events to mark our own International Day.  | ACT DPO’s and DRO’s as well as the Disability Reference Group, Carers ACT and ACTCOSS have all indicated support for a different approach to IDAY in the ACT that reflects contemporary approaches to disability rights, disability pride and community control.  |