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## Joint submission

# ACT Disabled Peoples Organisations set out shared priorities for the 2024/25 ACT Government Budget

**Issued by: Advocacy for Inclusion, ACT Down Syndrome, Women with Disabilities ACT, and Endorsed by Mental Health Community Coalition ACT**

Disabled Peoples Organisations (DPO's) and Peak bodies have agreed on some shared priorities and expectations for the coming ACT Budget.

We highlighted and affirmed the importance of strategies that will guide disability policy in the ACT and ensuring these were backed by appropriate investments as well as responses that address unmet need, emerging gaps, and the requirements for sustained investment to address the findings of the Royal Commission into Violence, Abuse and Neglect of People with Disability as well as the likely directions of the coming NDIS Review Report.

These represent our headline priorities for 2024/25 but they should be read in tandem with our organisational asks as well as more detailed individual policy submissions where references, including a submission from Women with Disabilities ACT and last year's detailed Budget package from AFI, which seeks detailed investments across portfolio areas. We also refer readers to our shared policy statement of expectations for the ACT Government response to the Royal Commission.

### **Improved whole of government responses for people with disability**

*What:* New money to be earmarked to each ACT Government Directorate for spending on improving responses for people with disability in core outward facing business areas: for instance, children and family services, teaching and school infrastructure, health care staff training, provision and infrastructure, transport provision and training, public and social housing provision, justice, prevention, courts and policing and urban infrastructure and planning. At least 60% of this premium to go towards frontline delivery, training, infrastructure or customer facing services.

*Rationale:* Recommendations from the Royal Commission and the NDIS review for improved mainstream responses by States and Territories touch on all areas of government service provision and merit a whole of government response. The Royal Commission recommends all of the Federal Financial Agreements include a disability component. This disability premium would enable all ACT Government directorates to respond to the wide ranging and cross cutting recommendations of the DRC and lift non specialist infrastructure, programs and responses for people with disability within some broad parameters for spending. A guide to spending priorities can be found in the [AFI 2023/24 Budget Submission Package](#) especially the funding priorities table at Attachment B.

## **Coordinated case management**

*What:* We seek money for consolidated and integrated case management services for people with disability in the ACT covering CYPS, housing, justice and post-acute health care. Would include support to people with complex NDIS planning arrangements and intersections between NDIS and other supports. Would include a specific outsourced case manager for CYPS, a case manager for NDIS entry and a housing case manager.

We also note the need for complex case management to support people experiencing family and sexual violence.

*Rationale:* Responds to long term needs as well as gaps surfaced in the CASP to CATS transition. Supports highly vulnerable people in complex circumstances from sliding into contact with the justice system, homelessness and acute healthcare. An integrated response paralleling the approach by OneLink is a fit for purpose way of responding to multi-faceted needs.

## **Implement the ACT Disability Health Strategy**

*What:* A funding package to deliver the promised ACT Disability Health Strategy including monitoring, implementation and practical work. Focus areas should include a social model training package and delivery pilot; a diagnostic overshadowing training module; extended GP consultations for people with disability; funding to encourage wrap around diagnostic services and community health access grants as well as a Disability Liaison Officer within ACT Health (similar to the Justice model).

We also seek funding to bolster the Community Assistance and Temporary Supports (CATS) program, and to restore services previously available through CASP, to provide a longer chain of post hospital supports for people, to ensure adequate support for people with complex disabilities and overlaying circumstances including people with mental illness who are unable to access the NDIS including people who require assistance over longer periods outside of the NDIS and Aged Care systems.

**Mental Health Clinic for People with Intellectual Disability:** We urge Government to expand this clinic, promote its availability to GP's and primary health and also promote referral pathways.

We also note calls from Women with Disability ACT to invest in accessible artificial reproductive technology and refer to their submission for more detail in this area.

*Rationale:* People with disability experience poor outcomes in the acute system, report poorer general health while specific barriers and challenges including from poverty. People with disability report poorer access to all types of health services on average compared to other ACT residents. The Report on Government Services (2022) highlights 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. The ability of many Canberrans to access health services declined between 2019 and 2020. People with disability reported poorer access to all types of health services on average compared to other ACT residents. People with disability are more likely to develop preventable and/or treatable conditions, such as cancer, diagnosed at a stage where a good health outcome is significantly less likely. The ACT have relatively low levels of access to bulk-billed GP services. In the ACT for 2021-22, the out-of-pocket cost for non-referred GP attendances is \$48.43 (the highest of any jurisdiction).

## **Implement the Inclusive Education strategy**

*What:* We seek a funding program to implement and oversight the strategy aimed at improving the capacity of teachers and schools to support inclusive education. This includes reducing the workload of teachers by providing additional teaching staff and support people, investing in universal design in infrastructure and access to curricula. We also seek a substantial increase to the student loadings for students with disability as well as funding for occupational therapists, speech pathology and allied health professionals in schools.

*Rationale:* Education is intrinsically linked to key developmental indicators and milestones from child development to employment. From the Shut Out Report in 2010 to the hearings of the Disability Royal Commission to the Shaddock review in the ACT, we know that too many students with disability experience barriers to education, poor completion, poor attainment and harm within education settings. Around 1 in 3 (34% or 1.2 million) people with disability aged 20 and over, and 1 in 4 (27% or 261,000) with severe or profound disability have completed year 12 or equivalent. This was much lower than the 2 in 3 (66% or 9.7 million) people without disability in this age range. In the last decade, the highest level of educational attainment for people with disability has improved but is generally lower than for people without disability. The ACT has a number of segregated settings.

## **Improved access to housing**

*What:* Funding to improve the supply of affordable and accessible housing and to support people with disability to locate and advocate to gain and retain housing. Specifically:

Supply initiatives: Funding for more public housing at the gold standard of accessibility; a dedicated funding stream to support people with an intellectual disability live independently outside group and congregate settings including tenancy support; work to grow accessible non group community housing, offer tax breaks and other incentives for accessible housing, a program to encourage provision of accessible housing through the land release program, a package to encourage socially responsible, sector-wide leasehold application processes; regulation, incentives and education to encourage accessibility within multi-unit development; and a program of devolution from group and congregate housing.

Funding a housing advocate: Funding for a housing advocacy program to help people to apply for and negotiate with providers of public and social housing and also negotiate with private landlords. Includes individual advocacy and capacity to build systemic expertise to advise on housing solutions. The work program of the advocate should include supporting people with intellectual disability to access suitable non group housing.

*Rationale:* Australians with disability are at higher risk of experiencing homelessness, housing insecurity, housing dissatisfaction, poor quality and/or inaccessible housing, and housing unaffordability. Canberrans with disability face a double disadvantage due to a lack of appropriate built form and affordability in an overheated housing market. A DSP recipient could not afford any of the 1,553 private rentals advertised for rent in the ACT and Queanbeyan in March 2023. The median rental price for a unit or house was more than their entire primary income. In 2020-2021, the ACT reported 10436 public housing households. 53% of which include someone with disability. The average waiting time for priority public housing is over one year (375 days).

In 2020-2021, the ACT reported 4012 people accessing Specialist Homelessness Services (SHS). This number includes 100 people with disability. Homeless people with disability have consistently and continuously increased in the ACT. People with disability are sometimes required to live in congregate settings to access disability supports. This can result in harm and abuse.

## **Support package for parents with a disability**

*What:* Funding for parenting supports, individual advocates and disability liaison; disability informed advice; support groups and information about parenting with a disability; disability violence training for CYPS workers and a navigator position to support parents with disability. The Integrated Service Response Program should be enhanced to enable funding assistance for all parents with disabilities who are in a crisis situation, especially those related to the wellbeing of their families and themselves. Data collection on parents with disability in contact with CYPS should also be improved.

*Rationale:* As confirmed in the Royal Commission's Report, there has been continuing concerns about the over-representation of parents with disabilities in the child protection system. Interactions with child protection can arise following reporting by people within the community, including health professionals, teachers and community workers. Many of these reports may be based upon stigma and a fear or lack of understanding about the capacities of people with disabilities. Discriminatory reporting can be very distressing for parents with disabilities and their children and make it hard for them to seek help if they need it at any time. ACT advocacy groups report that this is not an uncommon experience for parents with disabilities.

## **Intersectional approach to violence prevention**

*What:* A funding package for the delivery of an intersectional ACT Strategy for the Prevention of Violence against Women and Children. Additional funding should be directed towards ending violence against women\* and children with disabilities under this strategy. The strategy should be comprehensive and developed in consultation with the women's and disability sectors. Specifically, the strategy should include:

*Accessible education and reporting:* Ensuring all children with disabilities have access to sexual health and consent education. We also seek the development of an accessible reporting tool and investigation into more accessible reporting procedures so people with disabilities can report violence, abuse and neglect.

*Accessible crisis services:* Expanding accessible crisis service locations, increasing the number of physically accessible shelters and temporary housing, and considering the diverse accessibility needs including for people with intellectual disabilities. Additionally, the strategy should increase support for people with disabilities accessing crisis services including ongoing funding commitments for disability inclusion advocate positions.

*Redeveloped training for ACT government employees:* Development of training for government workers and frontline workers to increase knowledge of the intersection between disability and violence (particularly for health and CYPS employees). Online training was previously developed by WWDACT and the ACT Human Rights Commission but has since been removed as it was out of date and not fit for purpose.

*Rationale:* The development of an overarching strategy for the prevention of violence is long overdue. The ACT Government has committed to developing this strategy through its response to the *Listen. Take Action to Prevent, Believe and Heal* report in 2022, its budget commitments in the 2023-2024 budget cycle, and commitments in the *ACT Women's Strategy Third Action Plan 2023*.

It is integral that this strategy is co-designed with the disability community and takes an intersectional approach, as people with disabilities (in particular women\*) experience violence and abuse at far higher rates. The Royal Commission recognised that people with disabilities experience unique drivers of violence and barriers to accessing supports, however there are no specific actions or commitments for people with disabilities in the *National Plan to End Violence against Women and Children 2022-2032*.

In the ACT, there is limited temporary housing and crisis shelters that meet physical accessibility requirements, and much of the existing crisis housing is old and cannot be retrofitted to be accessible. If crisis services are not supported to build accessible infrastructure, nor are funded to provide disability-informed supports, people with disabilities are left unable to access crisis supports. There is additionally a lack of education within government and

other sectors around specific drivers of violence against people with disabilities, and a lack of appropriate information for children and people with disabilities themselves to understand and report patterns of violence. Any strategies and action plans developed by the ACT Government around violence prevention must address these specific barriers faced by people with disabilities.

