**National Disability Services**

Submission to the Royal Commission on the Promoting inclusion issues paper

Many people with disability face challenges in being fully included in Australian life. The history of disability services includes institutions which erected high barriers between the people who lived there those who didn’t. As we have previously noted (see NDS 2020, [Submission to the Royal Commission on the group homes issues paper](https://www.nds.org.au/policy-library/nds-disability-royal-commission-submission-group-homes), National Disability Services, February), work continues to unpick the impact of institutionalisation and its effects. The National Disability Insurance Scheme (NDIS) has as one of its core functions the building of participants’ capacity in order that they can better enjoy involvement and inclusion in all of life’s offerings. Some support types focus explicitly on supporting people with disability to ‘access the community’.

In this submission, we focus on the ways so-called ‘mainstream’ services may be more inclusive of people with disability, with the National Disability Strategy as a potential mechanism. We also consider academic questions around defining ‘inclusion’, and outline some NDS initiatives aimed at assisting disability service providers and other organisations to deliver supports and services in ways that strengthen inclusion.

# Academic conceptions of inclusion

The literature highlights multiple and conflicting definitions of social inclusion in research and policy (see Simplican, SC et al. 2014, ‘Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation’, Research in Developmental Disabilities, vol. 38, pp. 18-29). Some researchers have suggested that a lack of conceptual clarity may impede effective service design and delivery (see Bigby, C, Anderson S and Cameron, N 2017, ‘Identifying conceptualizations and theories of change embedded in interventions to facilitate community participation for people with intellectual disability: A scoping review’, J Appl Res Intellect Disabil, vol. 31, pp. 165-180): without an effective definition of inclusion, knowing what to address and how becomes difficult. Some definitions focus on objective factors (such as number of friends); others are more subjective (such as level of satisfaction). Some research focuses on social acceptance, invoking a potentially problematic conception: the extent to which people with disability may be accepted/included by people without disability (see Simplican et al. 2015) (which may link to ‘the principle of normalization and the privileging of some socially valued roles such as artist or sportsman’ (see Bigby et al. 2017, p. 166). The disability community is justifiably sceptical of appeals to normality.

One approach considers inclusion at various layers—from the personal to the socio-political—and how they interact in enabling or disabling ways for the person (see Simplican et al. 2015). This approach shows how inclusion can occur (or not) within an organisation, a community, or a market or legal framework. Power (2013) argues belonging involves not just being in an environment, but ‘fitting in’ (see Power, A 2013, ‘Making space for belonging: Critical reflections on the implementation of personalised adult social care under the veil of meaningful inclusion’, Social Science and Medicine, vol. 88, p.69). Some researchers highlight the importance of seemingly insignificant fleeting interactions with people in the community: waiters at a restaurant or people on a bus, for example (see Wiesel, I, Bigby, C & Carling-Jenkins, R 2013, ‘“Do You Think I’m Stupid?”: Urban Encounters between People with and without Intellectual Disability’, Urban Studies, vol. 50, no. 12, pp. 2391-2406). Given certain conceptions of inclusion, researchers suggest promoting social inclusion can:

* enable people to contribute to society (see Overmars-Marx, T et al. 2014, ‘Advancing social inclusion in the neighbourhood for people with an intellectual disability: an exploration of the literature’, Disability & Society, vol. 24, no. 2, pp. 255-274),
* overcome social exclusion (see Mahar, AL, Cobigo, V & Stuart, H 2013, ‘Conceptualizing belonging’, Disability and Rehabilitation, vol. 35, no. 12, pp. 1026-1032; and McConkey, R & Collins, S 2010, ‘The role of support staff in promoting the social inclusion of persons with an intellectual disability’, Journal of Intellectual Disability Research, vol. 54, no.8, pp. 691-700),
* combat poverty, unemployment, and poor access to healthcare (see Power 2013), and
* enhance community safety and protect against abuse (see Ibid; and Quinn, G and Doyle, S 2012, [Getting a life: Living independently and being included in the community [PDF]](http://www.europe.ohchr.org/documents/Publications/getting_a_life.pdf), Office of the United Nations High Commissioner for Human Rights, Regional Office for Europe).

Importantly, organisational cultures can undermine or enable positive steps towards inclusion at an individual or interpersonal level (see Simplican (2015), p. 26).

Taking conceptual divergences as given, this submission will focus primarily on inclusion at the organisational and socio-political levels: how organisations and service systems can be more inclusive of people with disability.

# National Disability Strategy

The original National Disability Strategy (2010-20) aimed to translate the principles underpinning the Convention on the Rights of Persons with Disabilities (CRPD) into priorities for Australian governments, recognising the role of all governments in ensuring people with disability can participate in Australian society (see DSS 2011, [2010-20 National Disability Strategy [PDF]](https://www.dss.gov.au/sites/default/files/documents/05_2012/national_disability_strategy_2010_2020.pdf)). The Strategy is currently under review; this paper draws on elements of NDS’s submission to the review (see NDS 2020, [Submission to the National Disability Strategy 2020-2030 [PDF]](https://www.nds.org.au/pdf-file/68114525-9e1c-eb11-80ee-005056ac7853), NDS).

The strengths of the Strategy are its connections to the CRPD, its holistic approach and its application to all people with disability in Australia—including those ineligible for the NDIS, who are aged over 65 when acquiring a disability or who are not Australian citizens.

The NDIS is a fundamental piece of reform, changing the lives of hundreds of thousands of people with disability. However, the majority of people with disability in Australia will not be eligible for the NDIS, and have a right to access the same fundamental services as others: such as high quality healthcare; affordable, accessible and stable housing; and accessible transport. The National Disability Strategy can be a mechanism by which all governments may be held to account for their obligations to provide accessible services to all people with disability.

In addition to greater commitment from all governments, NDS has argued that a revamped Strategy should include: higher levels of transparency and robust reporting against outcomes; and greater clarity of roles, responsibilities of governments and departments.

## Transparency and reporting

A strategy is only as good as its outcomes. Without clear goals, actions and transparent reporting, a new National Disability Strategy risks being ineffective. The Strategy should include action plans which set achievable goals with clear aspirational reporting mechanisms. Clear links between data, outcomes and reporting are essential.

Quantitative and qualitative data should be collected and reported on. Governments should report on progress to parliament annually and progress towards outcomes should be visible to the public. Where a particular policy or project has been effective, states and territories should be encouraged to learn from each other; this would be assisted by consistent data collection across jurisdictions. The approach used in the [Closing the Gap report](https://ctgreport.niaa.gov.au/content/closing-gap-2020) is worthy of consideration for its easy-to-use and -understand portal, allowing the community to follow how governments are tracking against outcomes, and its use of both qualitative and quantitative assessments.

## Greater clarity of roles and responsibilities

With the rollout of the NDIS came ambiguity around what fell within its responsibility, versus the responsibility of other service systems. Years later, ambiguity persists. At times, ambiguity of responsibility can put the health and safety of people with disability at risk (note: Examples have been provided to the Royal Commission in NDS’s responses to the [Emergency planning and response](https://www.nds.org.au/policy-library/nds-disability-royal-commission-submission-emergency-planning-and-response) and [Criminal justice system](https://www.nds.org.au/pdf-file/1f8ee96e-7a8a-ea11-80e8-005056ac7853) issues papers). The [COAG Applied Principles](https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf) (signed by all state, territory and federal governments) are an attempt to provide some clarity, however they are not sufficiently prescribed. This means there can be ongoing and often lengthy negotiations about which party is responsible for funding which supports (Note: NDS has provided examples around this in our response to the [Criminal Justice System issues paper](https://www.nds.org.au/pdf-file/1f8ee96e-7a8a-ea11-80e8-005056ac7853)). This is inefficient and frustrating from a service-provision perspective, and can be distressing for people with disability and their families. Clarification of service boundaries has been recommended by the Tune Review (see: Tune, D 2019, [Review of the National Disability Insurance Scheme Act 2013: Removing red tape and implementing the NDIS Participant Service Guarantee [PDF]](https://www.dss.gov.au/sites/default/files/documents/01_2020/ndis-act-review-final-accessibility-and-prepared-publishing1.pdf), p. 13), the Productivity Commission (see Productivity Commission 2019, [Review of the National Disability Agreement: Productivity Commission Study Report Overview [PDF]](https://www.pc.gov.au/inquiries/completed/disability-agreement/report/disability-agreement-overview.pdf), January, p. 2) and the Joint Standing Committee on the NDIS (see Australian Senate 2018, [Joint Standing Committee on the NDIS: Transitional Arrangements for the NDIS [PDF]](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Transition/~/media/Committees/ndis_ctte/Transition/report.pdf), February, p. 20). The lack of a clear point of contact to support people with disability to access the services they require has contributed to interface challenges. The NDIA’s Local Area Coordination partners are responsible for supporting access to mainstream services for people with disability who are ineligible for the NDIS, however this element of their role does not receive the attention it requires.

In the following section, we highlight two mainstream service areas which require significant attention: health and housing. Other relevant areas include transport, justice and education.

## Health

A key area where the COAG Applied Principles demand attention is with respect to the roles and responsibilities of health services. The current version of the Principles was finalised in 2015 and notes the responsibilities will be reviewed ‘based on the NDIS launch experience’. We now have eight years of NDIS experience to draw upon to clarify the many grey areas. The inclusion of some disability-related health supports under the NDIS in October 2019 is an example of how the Principles no longer apply to the current operational reality.

Some suggestions for improvement include:

* Health services should always fund a disability support worker when they are needed to assist a person with disability who has been admitted to hospital (this may address some issues the Royal Commission has heard about the experience of people with disability interacting with the health system).
* All hospitals should have access to a disability liaison officer to support a person through the admissions process, during their stay and upon discharge.
* Health systems should not be able to discharge a person with significant disability until they confirm appropriate supports are in place.
* Health providers supporting people with disability should be required to subscribe to a Zero Tolerance approach to violence and abuse, with associated training.

## Housing

Access to secure and stable housing is a fundamental right which, if upheld, can lead to other rights and opportunities being exercised. While the NDIS funds some forms of accommodation (see our response to the Group Homes issues paper for more detail), the reality is that the percentage of people with disability who will be able to access specialist disability accommodation is very small (less than 1 per cent (see AIHW suggests 4.4 million Australians have disability ([AIHW, 2020](https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/summary)); SDA is expected to be accessible to 28,000 NDIS participants ([Summer Foundation, 2000 [PDF]](https://www.socialventures.com.au/assets/Specialist-Disability-Accommodation-Supply-in-Australia-March-2020-webres.pdf), p. 2)). Accessible, stable housing stock (including public housing) should be a priority of all governments, but particularly state and territory governments. The housing needs of people with disability need to be better understood; data collection is key.

NDS has argued that, such is the importance of housing for people with disability, it should form its own priority area in the National Disability Strategy (see NDS 2020, Submission to the National Disability Strategy 2020-2030, pp. 2-3). Access to suitable affordable housing is important for improving outcomes, including economic participation. This often is inseparable from other key infrastructure like transport: a house with full physical accessibility may be of little use if the closest train station in not accessible, for example.

Some suggestions for improvement include:

* The National Disability Strategy should establish clear pathways for people with disability into and between housing options.
* Greater integration, education and support of key stakeholders (like homelessness services, social housing providers and the private rental market) are needed to create a more joined-up system.
* Domestic dwellings should be required to be built to the Liveable Housing Design Standards (the Disability Discrimination Commissioner recently argued for mandatory standards for accessible housing (see Gauntlett, B 2021, [‘An accessible home opens the door to health, happiness and work’ The Age, 15 February](https://www.theage.com.au/national/an-accessible-home-opens-the-door-to-health-happiness-and-work-20210215-p572l6.html?mc_cid=f72e00117a&mc_eid=88778af8d8), viewed 23 March 2021)).
* More accessible domestic dwellings should be built in desirable locations (close to public transport, shops and mainstream services).

NDS notes the Victorian government has recently begun consultation on a Ten-Year Social and Affordable Housing Strategy, noting ‘housing supply has not kept pace with demand’ (see Victorian Government 2021, [Establishing a 10-Year Strategy for Social and Affordable Housin](https://engage.vic.gov.au/ten-year-social-and-affordable-housing-strategy-victoria/organisation-and-sector-feedback)g, p 8).

The role disability service providers can play

Underlying several conceptions of inclusion discussed above is the notion of equity of access. Equity is distinct from equality in that it recognises some people require support in order to realise the same rights and opportunities which others might take for granted. At its essence, disability service provision should play the role of improving equity—supporting a person to have genuine choice and control over their lives, to participate in activities the person wishes to as seamlessly as possible, to communicate with others, to be given the chance to create the life the person wants to lead.

Disability support provision can promote inclusion by:

* Ensuring genuine choice of supports and facilitating access to all aspects of life important to the individual (such as employment, community and recreational activities, and religious or spiritual centres or gatherings)
* Promoting activities that are visible within the community
* Providing genuine supported decision making instead of substitute decision making
* Using open and genuine communication practices
* Modelling respectful attitudes at all times

One of the ways NDS strives to influence service provision is through its Zero Tolerance initiative, which includes free resources for service providers to use to start conversations around the way they can improve their services.

## Zero Tolerance

Zero Tolerance aims to foster inclusion through its core goal of transforming attitudes of support workers (see NDS has previously provided and overview of Zero Tolerance in its response to the [Rights and attitudes issues paper](https://www.nds.org.au/pdf-file/fbe7a4c4-4dd5-ea11-80eb-005056ac7853)). It operates from a human rights basis, encouraging reflective practice and an appreciation of the often subtle ways power and control can manifest. Many of the elements of Zero Tolerance share ground with promoting inclusion, such as:

* Recognising lived experience
* Taking a trauma-informed approach
* A commitment to person-centred approaches
* Supporting different communications styles
* Listening to people with disability
* Supporting decision-making and risk-enablement
* Building community connections
* Promoting cultures of respect
* Recognising the need for targeted approaches for groups at increased risk of abuse (see [Zero Tolerance Framework [PDF]](https://www.nds.org.au/images/resources/resource-files/Nat_Zero_Tolerance_framework1.pdf) (NDS, 2018))

In particular, some Zero Tolerance resources which touch on inclusion are:

* [Social Learning Bite video](https://vimeo.com/169995834): depicts people with disability and support workers talking about their lives in the community and asks participants to consider the impacts when service users are not supported to exercise their right to participate socially.
* [Power and Control video](https://vimeo.com/334333968): encourages workers to think about power imbalances, appropriate worker-service user relationships and the power of language.
* [Everyday Opportunities video](https://vimeo.com/334338107): encourages workers to consider the small interactions they have, and the importance of implicit behaviours.
* [Positive Behaviour Support video](https://vimeo.com/422664628/b91bdc2c05): Quality of Life: asks workers to reflect on how service users can be involved in decision-making about the supports they receive and other parts of life.
* [Seclusion video](https://vimeo.com/242186113): explores the implications when people are removed from accessing an area, or confined to a particular area.

## Practice example: Inclusive meetings

Within a number of NDS’s communities of practice, a technique is employed to guide meetings, whereby a set of coloured red, yellow and green cards is distributed to each member of the group. Green is to be held up to denote the person agrees and is ready to move on; yellow if they have a question or something to add to the conversation; red if there is something they are not comfortable with. Developed by Voice at the Table, a project of the Self Advocacy Resource Unit, the approach is intended to be inclusive of people who have intellectual disability, use alternative communication, or speak a language other than English. It is also intended to address the notion that certain voices and personalities often dominate meetings, leaving others to go silent. By actively asking for reactions, the onus is on the facilitator of the group, to ensure all are comfortable and have had an opportunity to speak, before moving on. In holding these meetings in this way, NDS intends to lead by example, encouraging service providers to take some principles back to their own organisations.

# The role other organisations can play

Government, non-public and the private sector all have a role to play in fostering inclusion of people with disability. There are some positive examples—such as the National Disability Insurance Agency reporting in its most recent annual report that it employs almost 200 people with disability (see NDIA 2020, [Annual Report 2019-20](https://www.ndis.gov.au/about-us/publications/annual-report), p. 133)—however there is still a lot of opportunity for improvement.

Actions government and the private sector can take include:

* modelling and promoting genuine inclusion of people with disability
* employing people with disability
* ‘sponsoring’ people with disability via cadet/trainee programs
* engaging in social enterprise initiatives and programs within the community
* stamping out discrimination via zero tolerance programs
* providing robust and responsive complaints systems (including genuine redress)

NDS’s Let’s Talk Disability is a disability-awareness workshop program, delivered by people with disability to private, public or non-government organisations. Beyond mere awareness, the program encourages active engagement with people with disability. Workshops have been delivered to local councils, government departments and agencies, operators in the hotel/tourism/hospitality industries, non-traditional NDIS providers, and to retailers and organisations regarding their Disability Inclusion Action Plans.

# Conclusion

We should strive for a world where people with disability are included in all of Australian life. Not only is inclusion a right, the contributions people with disability make are many and varied. The support disability providers provide means people with disability are better-able to be involved in all of ‘life’s rich tapestry’. But more needs to be done: Australia can do this better. We have suggested that a new National Disability Strategy can be a useful mechanism for holding all governments to account to ensure people with disability are included in all aspects of life.

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National Disability Services is the peak industry body for non-government disability services. It represents service providers across Australia in their work to deliver high-quality supports and life opportunities for people with disability. Its Australia-wide membership includes almost 1200 non-government organisations which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.