



# Review of implementation of the National Disability Strategy 2010- 2020

Final report

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## **Disclaimer**

This report represents the views of the authors and is the result of consultations with various organisations and individuals.

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## Glossary

ABS	Australian Bureau of Statistics
AHRC	Australian Human Rights Commission
ALGA	Australian Local Government Association
COAG	Council of Australian Governments
CRPD	United Nations Convention on the Rights of Persons with Disabilities
EDS	European Disability Strategy
DROs	Disability Representative Organisations
DSS	Department of Social Services
HREC	Human Research Ethics Committee
ILC	Information, Linkages and Capacity Building
NADS	National Arts and Disability Strategy
NDA	National Disability Agreement
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDS	National Disability Services
NZDS	New Zealand Disability Strategy
SPRC	Social Policy Research Centre
Strategy	National Disability Strategy 2010-2020

# Executive summary

The Department of Social Services (DSS) commissioned the Social Policy Research Centre (SPRC) to conduct a review of the implementation of the *National Disability Strategy 2010-2020* (Strategy). The aim was to examine effective implementation processes and measures of the Strategy to inform the reform that will develop a new national disability framework for beyond 2020.

The review methodology consisted of a desktop review of documents about the implementation of the Strategy and targeted stakeholder consultations. The desktop review included publicly available Australian and international documents from government, community organisations and the service sector and reports internal to DSS. The consultations were held with stakeholders from organisations with a role in designing and implementing the Strategy and stakeholders from organisations that represent people with disability and their families, carers and allies. Approximately 150 people from 81 organisations participated in the targeted stakeholder consultations, which were held in all State and Territory capitals, over the phone or skype, and by e-mail. The next stage of the reform by DSS will include comprehensive online and face-to-face public engagement.

This report presents the findings and implications from this review, focusing on the key factors that affected implementation of the Strategy and the areas in which implementation could be improved.

Stakeholders felt that the Strategy, as a national statement and national policy framework, was a good response to Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). They agreed the principles and goals of the Strategy were important and valuable, but the implementation of the Strategy had been uneven, and a consistent, systematic approach to implementation across Australia had been absent. Overwhelmingly, stakeholders were critical of NDS implementation processes and outcomes. As this report is intended to inform the future framework for beyond 2020, it focuses on positive examples of implementation success and on suggestions for improved implementation.

The review identified positive examples of implementation in key outcome areas, particularly on the local level. The identified implementation shortcomings and numerous suggestions from stakeholders indicate that an integrated, whole of government approach to implementation in the future is likely to be facilitated by central leadership of the Strategy, funding allocations to support the governance and coordination of the Strategy, and a stronger evidence base for measuring and reporting implementation progress.

The findings were consistent across review methods, locations and participating groups. State and Territory-specific context influenced some aspects of the Strategy's implementation. For example, in some States the rollout of the National Disability Insurance Scheme (NDIS) was less progressed, and the legislative context differed. Some stakeholders raised specific challenges affecting the Strategy's implementation in rural and remote locations.

The implications from the findings are:

### **1. Building on positive examples of implementation**

Positive examples of the Strategy's implementation identified in the review generally included the active participation of people with disability, cooperation across governments, and partnerships between local government, community organisations and business. These findings indicate the importance of:

- Facilitating the participation of people with disability at all levels of policy design and implementation
- Providing local government with resources and integrating their activities with measures at other levels of government
- Resourcing and supporting grassroots initiatives and facilitating opportunities for future partnerships with government and business to enhance the reach of these initiatives
- Linking localised initiatives to broader system changes by generating evidence of effectiveness and raising the profile of the Strategy in governments and the wider community.

### **2. Complementing the role of the NDIS**

The National Disability Insurance Scheme (NDIS) was considered a significant achievement under the Strategy, but also reduced policy attention on implementing other aspects of the Strategy.

Accessible and inclusive communities, infrastructure and mainstream services are critical for all people with disability, whether or not they receive an NDIS package. The Strategy is especially important for the vast majority of Australians with disability who are not eligible for NDIS packages. To fill gaps and address inequity, there is a need to address interface issues between services funded through the NDIS, other specialist disability services, mainstream services and other policy areas, which governments are now acting on as a priority.

### **3. Addressing implementation gaps and priorities**

In general, stakeholders did not think the policy areas of the Strategy needed to be revised. Instead they emphasised extending and consolidating implementation progress in some policy areas. They also identified a range of future priorities for the implementation of the Strategy and suggested that particular priorities be included in the development of a new framework for beyond 2020. The priorities included better consideration of regional, rural and remote locations, addressing the specific needs of intersectional groups, and addressing the interface with other policy areas and with the NDIS. In addition, integrated research and measurement of implementation progress will build an evidence base to guide the implementation process and assist in identifying priority areas in the future.

### **4. Enhancing governance arrangements**

Most stakeholders viewed the governance structure as the major roadblock to systematic implementation of the Strategy. Governance arrangements were further weakened when State and Territory governments diverted their National Disability Agreement (NDA) disability funding to the NDIS. The suggestion was for a dedicated central unit to facilitate a systematic and integrated approach to implementation. The unit would be responsible for building and supporting communities of practice, administering funding for key functions of governance such as leadership, participation and coordination, developing, implementing and reporting on targets.

### **5. Facilitating cooperation and collaboration**

Effective implementation strategies identified in the review involved cooperation and collaboration between government portfolios and levels of government and with community organisations, disability representative organisations, business and services. This indicates that a heightened focus on engagement methods such as public forums, roundtables and conferences to link people, agencies and business together to form partnerships could facilitate further cooperation to achieve Strategy goals. These implementation activities were most effective when they: a) are led by people with disability and their representative organisations about their priorities, b) occur at different levels of government to link local action with national coordination and c) lead to specific actions and projects with timelines and outcomes.

### **6. Facilitating flexibility and responsiveness**

The review found that the implementation of the Strategy was sometimes flexible but could be more responsive to priorities as they arise from feedback from people with disability, their representative organisations and parts of government. Measures that could improve responsiveness include: a) annual, timely and public reporting systems, b) priority setting processes that are responsive to feedback from people with disability and community organisations about what actions and policy areas to

focus on, and c) annual focus or 'spotlight' areas to build momentum and practice on key issues.

## **7. Promoting public awareness and engagement**

The review found that public awareness and engagement are critical to effective implementation. Stakeholders identified measures that could improve the level of public engagement with the Strategy. These included branding to enable public recognition of the Strategy; a recognisable, engaging name; and public awareness campaigns that reflect the diversity of people with disability and capture the varied actions that members of the public can take in creating an inclusive society.



# Summary of implications

Stakeholders stated that the following actions would help to achieve the goals of the National Disability Strategy further:

- Provide **increased funding** for initiatives, particularly seed funding for local, start-up initiatives and demonstration projects to provide leadership and create momentum
- Establish **measurable goals**, i.e. set concrete targets for improvement and report against them
- Collect existing evidence and commission **further research** to support the financial benefits of pursuing the Strategy's goals, e.g. cost-benefit analyses of action versus inaction on inclusion
- Conduct stronger **community campaigns** to improve public knowledge and awareness of the Strategy
- Increase the **profile** of the Strategy within government and integrate initiatives at various levels of government
- **Facilitate the participation of people with lived experience** from policy design through implementation
- **Fund advocacy organisations** to hold governments and services to account on the Strategy's goals
- Build on and **complement the NDIS**, to fill gaps and address inequities in access to the Scheme
- **Prioritise** implementation gaps, for example regional, rural and remote locations and the specific needs of intersectional groups
- Enhance the **governance** structure to facilitate systematic and integrated implementation of the Strategy, e.g. via a dedicated central unit
- Facilitate **cooperation** between government agencies, community and disability representative organisations, business and services; preferably cooperation be led by people with disability
- **Respond** to changing priorities over time as they are raised by people with disability and other actors

# 1 Introduction

In November 2017, the Council of Australian Governments' (COAG) Disability Reform Council agreed to commence work on the development of a new national disability policy framework for beyond 2020 (COAG Disability Reform Council 2017). The evaluation of the *National Disability Strategy 2010-2020* ('the Strategy'), Australia's current overarching national framework for disability reform, was brought forward from 2021 to 2018 to inform the development of the framework.

The Department of Social Services (DSS) commissioned the Social Policy Research Centre (SPRC) to conduct the review of the implementation of the Strategy. The objective of the review was to examine effective implementation processes and measures to inform the development of a new framework for beyond 2020.

The review questions (included at Appendix B) were framed from a strengths-based perspective, to focus the review on eliciting examples of implementation structures and processes that have worked well to inform the next steps in developing a new national disability framework. In line with the strengths-based approach, this report focuses on positive examples and suggestions for the future rather than criticism of past NDS implementation.

The review involved two key research activities:

- 1) a desktop review of publicly available documents and documents internal to DSS regarding the implementation of the Strategy
- 2) targeted stakeholder consultations with representatives from organisations with a role in the design and implementation of the Strategy.

The review did not include public engagement. Consultations were targeted at sector experts, leading stakeholders including Disability Representative Organisations, advocacy groups and the National Disability and Carers Advisory Council, and all tiers of government. To ensure the new framework for beyond 2020 is informed by people with disability, their families and carers, the Commonwealth has committed to extensive face-to-face and online public engagement as part of the development process.

This report presents the review findings and implications. The report begins by providing an overview of the relevant international human rights and international policy context in Section 2, followed by an overview of recent changes to the Australian policy landscape in Section 3. Section 4 presents an overview of how the Strategy is implemented at the national, State/Territory and local levels. Sections 2-4 are based primarily on the findings from a desktop review of reports, submissions, academic sources, and other documents relevant to the Strategy's implementation, progress and processes. Section 5 presents the review findings and is drawn from the document review and targeted stakeholder consultations across Australia. Section 6 draws implications for the next stages in the Strategy reform process.

## 2 International context

The *National Disability Strategy 2010-2020* is a framework for Australia to meet its obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Australia ratified the CRPD in 2008, “join[ing] other countries in a global effort to promote the equal and active participation of all people with disability” (Commonwealth of Australia 2011, p.3). It is also a framework to implement disability related international obligations from other UN treaties such as the International Covenant on Civil and Political Rights, the International Covenant on Economic Social and Cultural Rights and the Convention on the Elimination of all forms of Discrimination Against Women.

In line with the norms enshrined in the CRPD, the Strategy is the key mechanism for driving a more inclusive approach to the design of policies, programs and infrastructure so people with disability can participate in all areas of Australian life. It guides the design, implementation and delivery of mainstream policy, services and infrastructure as well as specialist disability services.

The UN's Sustainable Development Goals (SDGs), released in 2016, also have domestic implications for disability policy in addition to their implications for Australia's international aid provisions, including goals relating to education, economic growth, institutional equality, inclusive human settlements and monitoring. The Commonwealth Government's *Report on the Implementation of the Sustainable Development Goals (Voluntary National Review) 2018* states that Australia would meet its obligations regarding the inclusion of people with disability through initiatives in the National Disability Strategy 2010-2020. An underlying principle of the CRPD and the SDGs is equality between men and women, which is not explicitly reflected in the priority policy outcome areas of the Strategy.

The Strategy focuses on six priority areas of policy action, broadly aligned with the principles of the CRPD:

- 1) inclusion and accessible communities
- 2) rights protection, justice and legislation
- 3) economic security
- 4) personal and community support
- 5) learning and skills
- 6) health and wellbeing.

This is similar to disability strategies in other countries such as in the New Zealand and European Union strategies below. These two strategies also explicitly prioritise the gender quality and participation, unlike the Australian Strategy.

In the New Zealand Disability Strategy (2001), “underpinning the New Zealand Disability Strategy is a vision of a fully inclusive society” (Ministry of Health 2001,

p.7). The New Zealand Disability Strategy (NZDS) includes fifteen “Objectives” (Ministry of Health 2001, p.7):

- 1) encourage and educate for a non-disabling society
- 2) ensure rights for disabled people
- 3) provide the best education for disabled people
- 4) provide opportunities in employment and economic development for disabled people
- 5) foster leadership by disabled people
- 6) foster an aware and responsive public service
- 7) create long-term support systems centred on the individual
- 8) support quality living in the community for disabled people
- 9) support lifestyle choices, recreation and culture for disabled people
- 10) collect and use relevant information about disabled people and disability issues
- 11) promote participation of disabled Māori
- 12) promote participation of disabled Pacific peoples
- 13) enable disabled children and youth to lead full and active lives
- 14) promote participation of disabled women in order to improve their quality of life
- 15) value families, whānau and people providing ongoing support.

The NZDS embraces culturally diverse and indigenous people in Objective 11 “promote participation of disabled Māori” and Objective 12 “promote participation of disabled Pacific peoples” (Ministry of Health 2001, p.7). Common themes from Wiley’s (2009) year-long outcome evaluation of Objective 11 of the NZDS “includes issues surrounding the effectiveness of the NZDS and the conflict between indigenous worldviews framed within a mainstream service paradigm” (Wiley 2009, p.1). She concluded that “early implementation of these actions allows indigenous peoples with disabilities to participate in society while fully acknowledging their heritage”.

The European Union (EU) adopted the European Disability Strategy 2010-2020 (EDS) in November 2010, shortly before the CRPD (European Parliament 2017, p.2). Implementing the Convention in the EU involves states parties embedding mainstream disability rights throughout their legislation, policies, action programs and standards (European Parliament 2017, p.2). The EDS aims to “empower people with disabilities so that they can enjoy their full rights and benefit fully from participating in society” (European Commission 2010, p.4). The Strategy identifies actions at the EU level to supplement national ones.

The EU identified eight “main areas for actions” (European Commission 2010, p.4) similar to Australia’s “six policy areas” (Commonwealth of Australia 2011, p.10):

- 1) Accessibility
- 2) Participation
- 3) Equality
- 4) Employment
- 5) Education and training

- 6) Social protection
- 7) Health
- 8) External Action.

Like Australia, the European Commission will soon need to start preparations for the disability policy framework that will succeed the EDS after 2020. The EU Progress Report concludes that the “objectives of the 10-year Strategy remain fully relevant” (2017, p. 2) but, “one of the UN CRPD Committee’s main concerns is that the EU needs a genuine implementation strategy with an allocated budget, a time frame and a specific monitoring mechanism” (European Parliament 2017, p.2).

### 3 Australian context

The Strategy is a ten-year national plan where the “shared vision is for an inclusive Australian society that enables people with disability to fulfil their potential as equal citizens” (Commonwealth of Australia 2011, p.9). The Strategy's goals include improving the accessibility and inclusiveness of society and the participation of people with disability as well as changing community attitudes towards disability. It seeks to promote and guide action and reform across all Australian governments, private enterprises, disability sector organisations and the broader community.

The Strategy also provides guidance to governments about how to conform with the obligations under the *Commonwealth Disability Discrimination Act*, including the disability standards in particular sectors, such as transport, sport and education. The Act and Standards prohibit discrimination on the grounds of disability and affirm equal rights, opportunities and access for people with disability within all areas of life. Individuals can lodge a complaint with the Australian Human Rights Commission regarding breaches. Specific population groups are considered in the Strategy (women, children, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse groups, people in rural/remote areas and LGBTIQI).

The Strategy was developed following extensive consultation with people with disability, their families, carers and representative organisations, community groups, disability and other organisations, service providers and all levels of government. This was summarised in the report *Shut Out: The Experience of People with Disabilities and their Families in Australia* (2009), which informed the six policy outcome areas in the Strategy.

The National Disability Agreement (NDA), a high-level agreement between the Commonwealth and State and Territory Governments, commenced in 2009 and was updated in 2012. The purpose of the NDA is to “affirm the commitment of all governments to work in partnership, and with stakeholders including people with disability their families and carers, to improve outcomes for people with disability and to clarify roles and responsibilities” (COAG 2009, p. 2).

There have been significant changes in disability policy during the past eight years the Strategy and the NDA have been in effect, particularly the introduction of the NDIS. In the new disability services context of the NDIS, much of the NDA's content and guidance for governance arrangements between the States and Territories and the Commonwealth government are outdated. The Productivity Commission is reviewing the NDA in 2018.

In 2011, after an Inquiry into the disability service system, the Productivity Commission recommended that Australia replace the existing disability services system with a national scheme to fund long-term care and support for people with disability. It described the existing system as “underfunded, unfair, fragmented, and inefficient”, arguing that it gave people with a disability “little choice and no certainty

of access to appropriate supports” (Productivity Commission, 2011 p.2). The NDIS was established under the *National Disability Insurance Scheme Act 2013* (NDIS Act). It is being rolled out nationally from 2016 to 2019.

Funding arrangements for disability policy implementation are changing across Australia with the advent of the NDIS. In the past, the Commonwealth government provided funding for the provision of disability services to State/Territory governments, who were responsible for specialist disability services such as accommodation support, respite care, community support, community access, information and advocacy for people with disability. The NDIS is jointly funded by Federal and State/Territory governments through intergovernmental agreements. People with a permanent and significant disability are eligible for individualised support packages under the NDIS, estimated to be 10% of people with disability. Information, linkages and capacity building (ILC) is the other part of the NDIS. It funds organisations to provide information, linkages and referrals to connect people with disability and their families and carers with appropriate disability, community and mainstream supports. It also aims to promote community awareness and inclusion. It is intended to benefit all people with disability.

The Strategy expires in 2020. The review of the Strategy is the first stage in Governments’ effort to develop a new national disability framework for Australia for beyond 2020. It will contribute to the development of a national disability framework reflecting recent changes to the disability landscape.

## 4 Implementation of the Strategy

The Strategy was agreed to by the Commonwealth government, all State and Territory governments, and the Australian Local Government Association (ALGA) through the Council of Australian Governments (COAG) in 2011. It seeks to promote action and reform across all Australian governments, private enterprises, disability sector organisations and the broader community. It guides government action in both disability specific and mainstream areas of public policy including health, education, housing, transport and infrastructure. The governments' responsibilities include stimulating business and community actions and compliance to ensure accessibility and inclusion. An initial overview of how the Strategy works at each level of government is outlined in the sections below.

### 4.1 National

The first National Disability Strategy 2010-2020 Report to COAG (2012) stated that the Strategy would be guided by three implementation plans developed over its ten-year life span. Since the launch of the Strategy in February 2011, COAG has developed two implementation plans for the Strategy. The third implementation plan is currently being developed.

Under the Strategy, high-level reports on implementation progress were to be submitted to COAG in 2014, 2016, 2018 and 2020. These were intended to track national progress against each of the six outcomes (Department of Families, Housing, Community Services and Indigenous Affairs, 2012). The 2014 Progress Report was made publicly available in 2015 and the 2016 Progress Report is to be published shortly.

#### ***Laying the Groundwork 2011–2014***

The first implementation plan, *Laying the Groundwork 2011–2014*, established the foundations to bring about reform in the planning and delivery of mainstream and disability specific programs and services. As well as this national implementation plan, each State and Territory government is expected to have its own disability plan to drive improved outcomes through mainstream policies, programs, services and infrastructure. At the end of the first implementation plan in 2014, a progress report on achievements was provided to the Council of Australian Governments.

#### ***Driving Action 2015–2018***

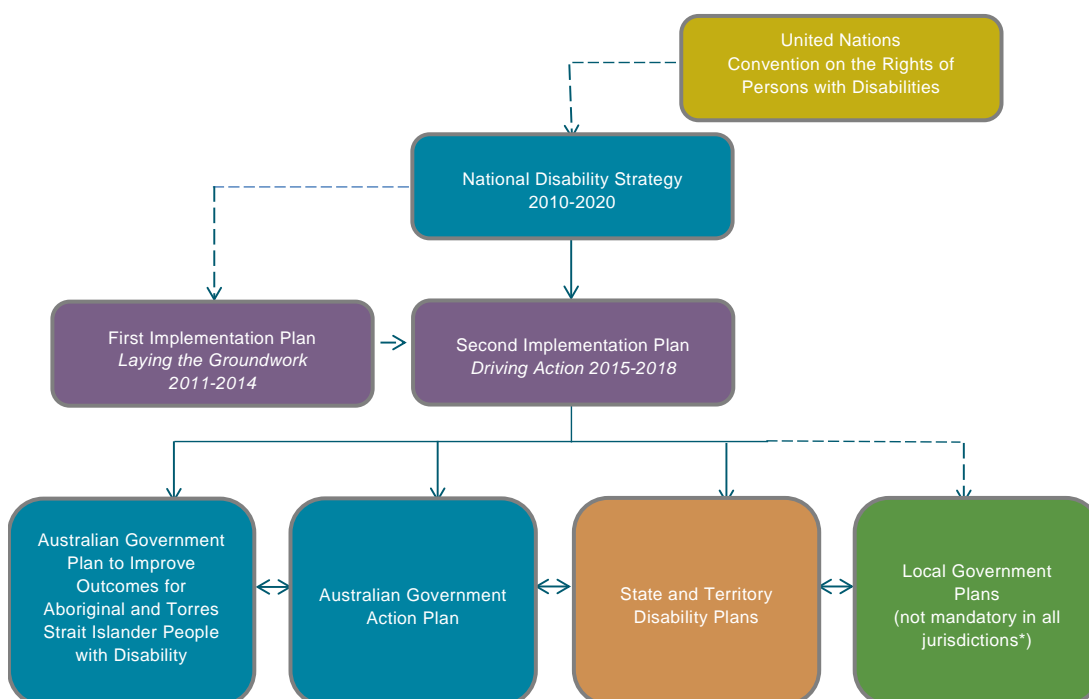
The second implementation plan, *Driving Action 2015–2018*, outlined new priority actions as well as ongoing commitments. This plan drew on the results of the 2014 progress report to COAG and considered input from consultations with people with disability and their representative organisations.



The second implementation plan is supported by the following key elements in Figure 1 below:

- Australian Government Action Plan
- Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability
- State and Territory disability plans. Each jurisdiction has a disability plan to drive improved outcomes for people with disability. Actions developed under State and Territory disability plans work alongside the Federal level actions
- Local government plans. Many local governments have Disability Action and Inclusion plans, and in some States and Territories these are mandatory. In jurisdictions where they are not mandatory, many councils have developed voluntary plans.

**Figure 1 Driving Action 2015 – 2018: Key elements**



(Department of Social Services, 2017, *National Disability Strategy 2010-2020 Australian Government Action Plan*, p.2)

### **Measuring Progress 2019–2020**

The third implementation plan, *Measuring Progress 2019–2020*, is under development. It will identify new and emerging priority outcomes to be implemented in the final years of the Strategy.

## 4.2 States and Territories

The Second Progress Report to COAG (2014) identified the following state level initiatives that assisted with implementing the Strategy:

- State-wide disability plans
- State Policy Discrimination Acts
- Frameworks, strategies and blueprints
- Public consultations and collaborations with advisory groups.

All States and Territories were required to develop a state-wide disability plan as part of their COAG agreement under the Strategy. A few jurisdictions such as VIC, NSW and QLD updated or developed a new state disability plan after 2014.

## 4.3 Local

The Senate reports “planning at a local government level was both consultative and effective in achieving results” (2017 p.18). The Australian Government Action Plan states “many local governments have developed disability plans and in some states and territories these are mandatory” (Department of Social Services, 2017, p.2).

In Western Australia, Victoria and NSW it is mandatory for local governments to develop a Disability Action Plan. Some local governments in other jurisdictions are “voluntarily planning for the needs of people with disability in their communities” (ALGA, The Senate, 2017 p.19).

The Senate (2017, p.72) also adds: “When it comes to the implementation of government solutions for accessible and inclusive communities, a large share of work is being done by local governments, which are often under resourced.”

## 5 Review findings

This section presents the findings of the document review and targeted stakeholder consultations. Implications from analysis of the findings are discussed in Section 6.

Many stakeholders consulted as part of this review commented that, as a national statement and policy framework, the Strategy was an excellent response to Australia's obligations under the CRPD as well as to the 2009 *Shut Out* report and the extensive consultations across the sector in the lead up to its release. A strong commitment to realising the principles of the Strategy was evident throughout the targeted consultation process, which was reflected in the variety of people and organisations interested in contributing through roundtables, interviews and written submissions. Stakeholders felt that the Strategy had resulted in some significant policy achievements, which are described briefly in section 5.1. Stakeholder views on the factors and conditions that facilitated the implementation of these policy initiatives are also described in section 5.1.

Stakeholders were disappointed with the Strategy's implementation progress. They agreed that, although the principles and goals of the Strategy were important and valuable, implementation had been uneven. This was reflected in the findings of the document review, which showed that, while there were positive examples of implementation, there had been no consistent, systematic approach to implementation of the Strategy across Australia (The Senate, 2017). The implementation progress reports on the Strategy (DSS, 2014; DSS, 2016) provided details about new policies and programs in different jurisdictions, but little detail about how they were implemented or their effects, such as reach and outcomes.

Stakeholders also agreed that the Strategy's implementation rather than its content should be the focus of the present review and the reform process conducted by DSS beyond the review. Issues regarding the Strategy's implementation were a matter of "unfulfilled promise" for many stakeholders. They hoped the new national disability framework for beyond 2020 would address these concerns to ensure the next iteration of the Strategy achieves widespread positive outcomes in the lives of people with disability.

Stakeholder views on the key factors and conditions that affected implementation of the Strategy, and particularly the areas in which implementation can be improved, are discussed in sections 5.2-5.7. Each section first describes positive examples of implementation of the Strategy's goals discussed in the consultation process or found in the document review, and why and how these examples worked. Implementation issues and barriers, and stakeholders' suggestions for the future are then discussed. Text boxes containing case studies raised in the consultations are included to illustrate positive aspects of implementation.

The findings from the various States and Territories are combined. Although people gave local examples of positive initiatives and challenges, there was little variation between jurisdictions in the major themes raised by stakeholders. In the roundtables, variation in the major themes discussed was more likely to be the result of variation in the composition of the roundtables than due to jurisdictional differences. State/Territory-specific context influenced some aspects of the Strategy's implementation. For example, in some States NDIS rollout was less progressed, in some States local government disability action plans were non-mandatory, and there were different legislative bases. Where these contextual factors impacted implementation, they are discussed below.

Some stakeholders raised specific issues affecting the Strategy's implementation in rural and remote locations. They said rural and remote areas faced additional challenges to implementing the Strategy's goals such as limited disability advocacy and workforce due to smaller populations; and particularly a lack of skilled staff to engage marginalised groups and people with complex needs. Stakeholders commented that these issues in rural and remote areas required support from the national level in the form of funding, organisational capacity building and staff skills development.

## **5.1 Achievements under the Strategy**

Examples of achievements under the Strategy mentioned in consultations included:

- NDIS
- Changing Places initiative
- Zero Tolerance initiative
- Review of Disability Employment Services
- National Arts and Disability Strategy
- National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector – this was described as a positive move that raised awareness in the sector but requires further monitoring
- New State disability legislation, such as Disability Inclusion Acts, Disability Services Acts, Mental Health Services Acts, Disability Justice Plans – however stakeholders were concerned that these pieces of legislation do not always address all relevant human rights issues (e.g. the Mental Health Services Acts do not cover forced treatment and involuntary restraint)
- New State and local disability action plans
- Disability employment strategies in some jurisdictions

- Some funding for peer support and capacity building from different sources
- Smaller, local initiatives around liveable inclusive communities, accessible transport, and access to health and education services. Some operated state-wide, e.g. improved support for people with intellectual disability in the public health system
- Improvements in community attitudes towards disability and level of awareness about disability, which some people traced back to the increased media attention on disability issues associated with the NDIS
- A general paradigm shift in government and social and community services from paternalistic approaches towards human rights-based language and approaches.

Other positive examples were raised in policy areas such as education, transport and employment, but stakeholders mostly indicated that more work and improvements in these areas were needed.

In the roundtables and interviews, stakeholders approached many of the achievements discussed with scepticism. They discussed whether these initiatives were due to the Strategy or to general progress in disability policy and community awareness of disability. They also discussed whether these initiatives were examples of outputs or outcomes of the Strategy. Stakeholders raised the need to measure the impact of these initiatives on the lives of people with disability.

When initiatives under the Strategy were implemented well, consultation participants identified the following factors as pivotal to effective implementation:

- Collaboration between government and advocacy sectors
- Listening to people with lived experience and the organisations that represent them and responding to their priorities for change
- Employing or contracting people with disability and disability organisations to implement change
- Political will and leadership at all government levels – Commonwealth, State, Territory and local
- Sustained leadership and promotion of the Strategy from within government agencies and from community disability organisations
- Disability specific legislation and carer specific legislation to guide action
- Funding for specific actions.

Stakeholders used the term “political will” to explain a) what drove political change and enabled initiatives to be carried out, including through allocating resources to these initiatives and b) constraints and lack of leadership or interest that prevented implementation of policies and government departments working together.

### **Changing Places**

Changing Places began as an advocacy campaign in the UK in 2006. In Australia, a community campaign for Changing Places began in 2012 in Victoria. The result of collaboration between State and local government, local advocates and disability organisations such as the Association for Children with a Disability (ACD), the project has led to the installation of accessible public toilets in public spaces that accommodate people with complex disabilities. Unlike standard accessible toilets, Changing Places toilets are fitted with features such as a hoist and changing benches, and they can fit more than one person. At the time of reporting, there are 49 accredited Changing Places toilets fitted across Australia.

The WA State Government supported local governments to establish a network of Changing Places across WA, in a collaboration between the Department of Communities, the WA Local Government Association and National Disability Services WA. The Victorian Department of Health and Human Services and the South Australian Department of Human Services also provided funding to local government authorities and not for profit organisations to establish Changing Places facilities.

Stakeholders in almost all roundtables identified the Changing Places initiative as a positive example of the implementation of the Strategy’s goals because it involved:

- Cooperation across governments
- Partnerships with advocates and community organisations
- Engagement with people with disability around issues such as location of the facilities
- Learning from good practice across jurisdictions and internationally.

### **Local government and implementation of the Strategy**

The Disability Inclusion Planning Guide was released in 2016 by the Australian Local Government Association to provide guidance on how best to integrate the goals of the Strategy, and a template for “good disability inclusion practice and planning” (ALGA, 2016, p. 2). Stakeholders who identified the Guide as helpful in the context of the Strategy’s implementation commented that it provides users with information about the legislation pertaining to each State and Territory, a clear step-by-step outline on how to implement the goals of the Strategy and advice on how to approach private organisations within the community to adopt best practice in relation to being inclusive of people with disability.

Stakeholders stated local governments play an important role in the implementation of the Strategy and are responsible for numerous aspects of community access and inclusion. Some stakeholders felt that the Strategy had enabled State Local Government Associations to advocate to councils for inclusive policies and practices. According to the consultations and Senate

submissions (Senate, 2017) Councils are hampered by under-resourcing for their role in the Strategy's implementation and have limited engagement from other levels of government about the implementation of disability policy objectives, except at key reporting times.

Stakeholders stated that the following actions would help to achieve the goals of the Strategy further:

- Provide increased funding for initiatives, particularly seed funding for start-up initiatives and demonstration projects to provide leadership in various policy areas and locations and improve community attitudes
- Establish measurable goals, i.e. set concrete targets for improvement and reporting against them. This would require better and more creative use of data, e.g. knowing how many people are in prisons, hospitals and other institutional settings, how many children in out of home care have a disability, and access to national and jurisdictional data on abuse and neglect in disability services
- Collect existing evidence and commission further research to support the financial benefits of pursuing the Strategy's goals, e.g. cost-benefit analyses of action and inaction on inclusion
- Conduct stronger community campaigns and community engagement: stakeholders felt that public knowledge and awareness of the Strategy was important for it to be effective and to encourage a wide range of people and organisations in society to recognise their role in facilitating inclusion
- Increase the profile of the Strategy within government
- Consult people with lived experience from policy design through implementation
- Fund advocacy organisations to hold governments and services to account on the Strategy's goals.

## 5.2 National Disability Insurance Scheme

The document review, and many stakeholders who participated in the roundtables and interviews, identified the NDIS as the best example of positive achievement under the Strategy, describing it as a reform that had been driving the agenda in disability policy. They stated the NDIS affected and contributed to all six policy areas in the Strategy in some way. Above all, it had transformed the way that specialist disability support is funded and delivered and contributed to policy objectives in the

area of personal and community support (outcome four). They felt the NDIS had positive flow-on effects as it raised awareness and improved community attitudes.

Several key interface issues between the NDIS and the Strategy were identified in the consultations and the document review. These were particularly around the relationship between services funded through the NDIS, other specialist disability services and mainstream services. For example, some States will continue to provide specialist disability services outside the NDIS after full rollout and others will not. The COAG Disability Reform Council 'Communiqué' from a meeting on 30 April 2018<sup>1</sup> stated that Disability Ministers had identified the interface between the NDIS and justice, health, mental health and child protection and family support as priorities for resolution with outcomes to be reported to the Disability Reform Council later in 2018.

There was widespread agreement among the stakeholders that, although the NDIS was only one action under the Strategy, the NDIS had "taken all the oxygen out of the room", with limited policy attention placed on implementing other aspects of the Strategy. This point was reinforced in the document review. Numerous submissions to the Senate Inquiry argued that "the NDIS was taking all the focus and efforts of governments, which meant less focus and progress on the other outcomes of the Disability Strategy" (2017, p.61).

Submissions to the Senate (2017) reported that State and Territory governments were divesting themselves of funding responsibility for wider disability issues in response to the implementation of the NDIS. Some stakeholders in this review noted a lack of clarity about the responsibility of State and Territory governments to implement disability policy post NDIS-rollout. Stakeholders in the roundtables noted that State and Territory governments have the same responsibilities to citizens with disability living in their jurisdictions as they do to all other citizens, which means a responsibility to ensure people have access to mainstream services and opportunities in their communities. Others noted that ILC funding under the NDIS could be used for innovative community inclusion projects and thus be a mechanism for addressing Strategy issues of public awareness, universal access, equity and capacity building, as included in the NDIS Act.

Several stakeholders commented on the close connection between the Strategy and the NDIS, stating that the Strategy's focus on improving mainstream services and community access was vital to ensuring the long-term viability of the NDIS. One stakeholder stated, "The NDIS will fail unless the Strategy is effective." Progress in the Strategy's policy areas is important to all people with disability. Stakeholders stressed that resolving continuity of support issues is an even higher priority for

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<sup>1</sup> Available at <https://www.dss.gov.au/disability-and-carers/programs-services/government-international/disability-reform-council/communique-30-april-2018>



groups who do not receive an NDIS package such as older people, carers, and some people with psychosocial disability.

### 5.3 Implementation gaps and future priorities

In general participants did not think the policy areas of the Strategy needed to be revised – they preferred a holistic, broad, principled and ambitious policy framework. Cross-cutting gaps they highlighted were gender equality and participation. They emphasised the policy areas were integral to each other and could not be prioritised above each other. Instead they spoke about prioritising progressive implementation within each policy area. Gathering evidence through measurement and analysis for accountability and transparency was seen as critical to inform the priorities. An example referred to was the Fair Go report on disability inequality (Emerson et al 2017).

This finding is similar to the findings from a review of the European Disability Strategy that concluded its “eight main areas for actions... remain fully relevant”, and focus should instead be placed on developing a “genuine implementation strategy with an allocated budget, a time frame and a specific monitoring mechanism” (European Parliament 2017, p.2).

Consultation participants identified some implementation gaps that could be prioritised in the Strategy reform process:

- **Rights protection, especially access to legal services (ALRC, 2014)**  
Mechanisms exist for people with disability and families to challenge services on human rights grounds, but people do not know about them and do not have capacity to use them without assistance. For example, the Standards under the *Disability Discrimination Act* are legally binding, but enforcement relies on individual complaints about non-compliance.
- **Protection against violence and abuse**  
Stakeholders referred to the Senate Inquiry into violence, abuse and neglect against people with disability in institutions, including the recommendation for a Royal Commission into the issue.
- **Housing**  
Affordable and accessible housing in the community, including supported housing options, were identified as a missing aspect of the NDIS and the Strategy.
- **Economic security, specifically employment and education**  
Despite the introduction of new employment strategies in many jurisdictions, stakeholders commented that economic security of people with disability had deteriorated in recent years. In particular, employment of people with high support needs had declined. Labour force participation of women with

disability has not improved over the last two decades. Stakeholders wanted disability discrimination at work to be a priority focus, stating that it is the most frequent type of disability complaint to the Australian Human Rights Commission. Education was highlighted as a policy area that had received increased attention over the life of the Strategy. Further reform to build on inclusive education initiatives was suggested.

- **Advocacy**

Many stakeholders commented on the insecurity of funding for advocacy services (including systemic advocacy, individual advocacy and self-advocacy) in the NDIS environment. They argued that because State and Territory governments were questioning whether to fund advocacy into the future, the voices of people with disability were not heard as well as in the past, despite the considerable change in disability policy affecting their access to specialist and mainstream services.

- **Transport**

Stakeholders across rural, regional and metropolitan areas emphasised the critical role of accessible and affordable transport in facilitating access to other opportunities.

- **Information accessibility**

Stakeholders stated that information should be made available in languages other than English and in alternative formats, including easy read, Auslan, and audio-description. Concerns about funding cuts for interpreting/translation services and the National Relay Service also emerged from the consultations.

- **Assistive technology**

Some stakeholders commented that there have been significant technological developments over the past decade which should be reflected in the Strategy moving forward. They also reiterated the importance of gathering input from people with disability at the design stage of any policy initiatives around assistive technology to ensure that it meets their needs.

- **Culture and recreation**

Participants in several roundtables felt an enhanced focus on what one person described as “the fun things in life” – including sport, recreation, cultural and arts activities – would improve the health, well-being and community inclusion of people with disability.

- **Women and girls**

The Strategy does not include any gender-specific measures to ensure the rights of women and girls with disability. The publication from Women With Disabilities Australia “Gender Blind, Gender Neutral: the effectiveness of the

National Disability Strategy in improving the lives of women and girls with disabilities” sets out suggestions.

- **Relationships and sexuality**

Stakeholders suggested the health and wellbeing policy area be broadened to include a focus on relationships and sexuality, including sexual orientation and gender identity.

- **Regional and remote communities**

Stakeholders felt the current Strategy was ‘metro-centric’, except for some local governments outside the major centres that had taken on Strategy-related initiatives.

- **Interface with NDIS**

Stakeholders raised several interface issues between the Strategy and the NDIS (discussed previously in Section 5.2) and indicated that these issues be resolved as a high priority to address access and equity barriers experienced by groups without NDIS packages such as older people with disability, carers, and people with psychosocial disability.

- **People living in institutional settings**

Some stakeholders argued that the Strategy should increase its focus on people with disability in prisons, hospitals and other institutional settings. Although the NDIS may provide specialised support to these groups if they are eligible for the Scheme, the Strategy could address the continuity of service provision.

- **Intersectional groups**

People with disability from culturally and linguistically diverse and Indigenous backgrounds, women with disability, children with disability, LGBTI people with disability and other intersectional groups are not currently identified as groups with distinct or additional needs in the text of the Strategy. Some stakeholders suggested they be specifically mentioned in the future framework. Stakeholders also suggested initiatives and action associated with the Strategy address the specific barriers experienced by these groups by considering their needs at the stage of policy design and supporting representatives from these groups to participate in policy design and implementation.

#### **Initiatives to prevent abuse and neglect**

Stakeholders discussed how positive initiatives had been implemented in recent years in the area of protection against abuse and neglect. They suggested this area continue to be a priority. Following the action of DPOs, the third action plan of the National Plan to Reduce Violence against Women includes a focus on disability. The Zero Tolerance initiative, led by National Disability Services, and the development and endorsement of the National Framework for Reducing and

Eliminating the Use of Restrictive Practices in the Disability Service Sector in 2014, were mentioned as positive steps towards implementation of the Strategy's goals.

Zero Tolerance is a national framework that aims to safeguard the rights of people with disability by informing disability service providers of their obligations when supporting people with disability. It includes online and in-person information and training resources. The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector guides disability service providers on best practice (legal and cultural) regarding the protection of people with disability against abuse through promoting strategies informed by the CRPD.

Stakeholders commented that, so far, the effects of these initiatives had been increased awareness among service providers and society in general of the rights of people with disability. They suggested that evaluating the progress of these initiatives would be easier with disaggregated data about the prevalence and sites of use of restrictive practices and other forms of abuse and neglect. Additional resourcing to assist people with disability and families access legal services and penalties for non-compliance with existing legal frameworks were also considered essential.

### **Universal design**

Stakeholders identified an "increasing awareness and application of universal design principles" (The Senate, 2017, p. 20) as an area in which they had observed progress on implementation of the Strategy. All states and territories have acknowledged their obligations to the Disability (Access to Premises — Buildings) Standards 2010 and Disability Standards to Accessible Public Transport 2002 in their disability action plans (Department of Social Services 2014, p.28).

Stakeholders commented the input of people with disability in design decisions was critical to making the built environment more accessible and inclusive. South Australian stakeholders in one roundtable mentioned that the SA Department of Planning, Transport and Infrastructure has an Accessibility Advisory Committee that is consulted about access and inclusion issues across the Department, including advising on public transport matters. In metropolitan Adelaide 100% trams and trains and over 90% of buses are accessible, progress that has also been guided by the Disability Standards for Accessible Public Transport 2002 and the Disability (Access to Premises – Buildings) 2010 Standards.

Stakeholders also commented there was considerable room for improvement in the implementation of these Standards. This was supported by the document review findings. A 2016 review of the Premises Standards by the Commonwealth Department of Industry, Innovation and Science, found that promoting awareness through further education about the Standards, improving governance by establishing expert advisory groups to oversee further work on their implementation, and a coordinated approach to performance-related data collection would enable further progress.

## 5.4 Governance arrangements

Most stakeholders identified unproductive governance arrangements for the Strategy as the key roadblock to its effective implementation. Both the stakeholder consultations and submissions in the document review noted an absence of an effective “centralised agency with responsibility for coordination of implementation of the National Disability Strategy” (Senate 2017, p.71). The Australian Department of Social Services is the agency nominated by COAG for the coordination role (Figure 1 above). The strong perception of many of the stakeholders was that no single government agency or body had responsibility for coordinating the implementation of the Strategy at either Commonwealth or State/Territory levels, which negatively affected implementation progress and momentum.

Several stakeholders saw a distinction between the implementation of positive local policy initiatives and systematic implementation of the Strategy’s goals. They commented that local, discrete policy initiatives were positive, but an integrated and holistic approach to implementation of the strategy would achieve the most impact. One stakeholder said: “This strategy is a strategy for disability policy officers. The next should emphasise a whole of government approach.” They said that an integrated approach to implementation would consider all government functions, such as how transport, planning, employment and health could work together to create an inclusive society for people with disability across their whole day or life course. Another stakeholder commented:

People need to stop thinking in such siloed ways – about how to make this train or that building accessible. They need to think about what a person needs to do across a day. The number and range of things they need to do to navigate a day. For example, Changing Places is going forward – it’s great, but can the person get to it? Is there assistance for them to make an application to get a key so they can get into it?

The Department of Infrastructure and Regional Development’s *The Whole Journey Guide* (box example below) was mentioned by stakeholders as a good step towards thinking holistically about transport and infrastructure accessibility. They emphasised the need a wider adoption of this approach and action to implement the steps.

The document review also highlighted that the Strategy was designed to work together with other policy initiatives. The Department of Social Services (2017, p.6) emphasised that “disability is everyone’s responsibility” including all levels of government, business and industry sectors, not-for-profit and community organisations and local communities and organisations. For stakeholders, central leadership and coordination of the Strategy and enhancing the Strategy’s profile across governments would facilitate an integrated, whole of government approach to implementation.

Stakeholders identified funding commitment as a central aspect of effective governance. They emphasised that achieving outcomes required allocating resources to: support the leadership and coordination of the Strategy; enable the participation of people with disability; implement changes at a systems level, not just local initiatives; and contribute to the evidence base. They said the governance arrangements associated with the Strategy were further weakened when State and Territory governments diverted most of their disability funding to the NDIS. They also suggested that funding be allocated to data collection and evaluation to measure the effectiveness of government programs.

### **The Whole Journey**

*The Whole Journey: A guide for thinking beyond compliance to create accessible public transport journeys* was developed by the Commonwealth Government Department of Infrastructure and Regional Development to encourage policy makers and infrastructure developers to consider the accessibility needs of people with disability at every stage of their journey on public transport. The Guide was published in 2017 upon recommendation of the Department of Infrastructure and Regional Development's 2015 review of the Disability Standards for Accessible Public Transport 2002. This review found that the progress since the last review in 2007 occurred at an uneven rate and did not adequately consider the accessibility of the 'whole-of-journey.' Seven recommendations emerged from this review that called upon the Australian Government to work jointly with State and Territory governments to modernise and streamline public transport options for people with disability across the country.

The Guide was mentioned by stakeholders as a positive step towards implementation of Strategy objectives largely because of the direct input from people with disability in its development, including through in-depth consultations and workshops, alongside input from community, industry and government stakeholders (Department of Infrastructure, 2017).

Stakeholders had several suggestions for how governance of the Strategy could be strengthened in the future:

- Stakeholders agreed that clear, measurable goals and timelines were needed to guide implementation of the Strategy. They wanted reports on implementation progress to discuss what has not been achieved as well as what has been achieved to guide planning.
- Some stakeholders suggested stronger leadership from Commonwealth government, others from State/Territory governments, or from both. Some suggested that a central agency, such as Department of Prime Minister and Cabinet, have carriage of the Strategy. Others suggested that an independent body, such as the Australian Human Rights Commission, monitor progress and oversee implementation of the Strategy.

- Stakeholders agreed responsibilities and accountabilities under the Strategy had to be further detailed and enforceable. They observed that the current National Disability Agreement did not reflect current policy and funding arrangements and could be revised to provide this detail and guidance.
- A purpose of the Strategy is to try to overcome the current siloing of disability policy within disability-specific areas within governments, rather than across all portfolios, but stakeholders reported that implementation had not achieved this. Central leadership, coordination and specific targets to raise the Strategy's profile across government departments were considered crucial to integrating the Strategy into the core business and funding of all domains of government. This point is discussed further in section 5.5 and in the implications.

#### **Nationally Consistent Collection of Data on School Students with Disability (NCCD)**

The NCCD collects nationally consistent data about students with disability and the educational adjustments they are receiving in Australian schools. The NCCD collects data in an innovative way by focusing on students' experiences, rather than diagnostic or administrative categories.

The NCCD was progressively implemented through trials in 2011-2012 and the phased participation of schools in 2013-2015. Since 2015, all Australian schools have participated. The Education Council Joint Working Group to Provide Advice on Reform for Students with Disability (the Joint Working Group) provides national oversight and direction for the data collection, and education authorities manage implementation of the NCCD within their respective jurisdictions.

Stakeholder submissions stated that this data collection informs policy development and planning with concrete information about the supports students use and assists schools to embed obligations under the Disability Standards for Education 2005 into school practices.

## **5.5 Cooperation and collaboration**

Stakeholders said a touchstone to successful implementation of the Strategy objectives was when organisations, departments and people connected and shared ideas and initiatives they were working on. In contrast, a key challenge for implementation had been poor cooperation across government and insufficient collaboration with the community sector.

The leadership of people with disability was highlighted as a core aspect of effective collaboration to achieve the objectives of the Strategy. Stakeholders emphasised that positive initiatives in disability policy were often the result of sustained leadership and advocacy from people with lived experience and their representative organisations. Participants in one roundtable mentioned successful participation of a

disability user group in the process of building a new stadium and making it fully accessible. The process worked well because:

We brought the group in at the very start, at the ground floor, and worked in consultation with the group from day dot through design, through build ... I think that if you bring a group in half way through you're really not doing it right. It wasn't an afterthought, it was, you know, we need to get this right, so let's do it from the start.

Stakeholders emphasised that effective mechanisms for cooperation had to engage mainstream 'non-disability' departments and promote sharing of good practice and good ideas across different levels and domains of government. One State stakeholder reported:

We had an across-government steering committee at the very beginning [of the Strategy], and all government departments and local government were represented on that. We used to meet quite regularly and developed guidelines, developed a template, made it sort of easy for people to ... develop their plans, and also provided personal support, and I think that helped a lot and will help in the future as we move forward with the [state disability act] implementation. So I think it was the willingness and goodwill of the organisations involved to come along to support each other, and also the collaborative relationships they built. People would come to the meetings, see someone from somewhere else, and they would talk about what they're doing and there would be connections made.

Some State disability plans were developed after consultations with people with disability and local communities, and this was considered effective to identify issues relevant to each State.

Stakeholders also highlighted the importance of cooperating and collaborating with businesses. For example, the Changing Places initiative (discussed in section 5.1), inclusive playgrounds initiatives (discussed below) and other examples of creating inclusive and accessible spaces in the community relied on effective partnerships with business owners. Engaging with businesses about how they can be inclusive of people with disability as clients/customers and as employees was also viewed as critical to implementing the Strategy's goals around economic security.



### **Inclusive Playgrounds**

Stakeholders described the *Accessible Communities* initiative of the Commonwealth Government, which provided infrastructure grants to match local council investment in projects to enhance the accessibility and inclusivity of local communities, as a positive illustration of the Strategy's implementation. The example mentioned most often was the development of inclusive play spaces in each State and Territory by local councils and the Touched by Olivia Foundation. One stakeholder stated: "a lot of local governments around Australia got up to a \$100,000 grant ... a lot of them were around playgrounds, inclusive play spaces, which really started to put an awareness that there could be such a thing as an inclusive play space on local governments' agenda."

The Livvi's Place program focuses on creating inclusive play spaces for children with disability guided by universal and inclusive design principles. Several reports and submissions included in the document review highlighted the importance of inclusive play spaces to community access and inclusion, social development and health and wellbeing of children (Senate 2017; DSS 2012; DPOA, 2017).

Stakeholders described the partnership model adopted by the Touched by Olivia Foundation to implement the new playgrounds as highly effective, as it involved collaborating with government, business, community groups and a panel of community members in each local area to guide the design and development of the play spaces.

### **Health services inclusivity**

Stakeholders commented that health services are now responding better to people with intellectual disability because of access to training and specialist consultancy from intellectual disability health specialists. The 2018 NSW State Budget included funding for specialist intellectual disability health teams or specialist nurses/allied health personnel to be established in each local health district state-wide. There has also been an increase in specialists and trainees in intellectual disability mental health in some States, training initiatives including online learning for General Practitioners and psychiatrists, and an intellectual disability mental health e-learning platform.

These initiatives gathered momentum because of sustained advocacy from disability organisations, including an effective awareness and advocacy campaign and a strong evidence base for the costs of not providing these services. Partnerships between disability representative organisations, health service providers, government agencies with responsibilities in health, disability, and justice, and university researchers created opportunities for a community of practice to develop and for collaborative research and policy reform (NSW CID, 2017).

Stakeholders suggested the following ways to promote cooperation and collaboration:

- Mechanisms to promote communication: regular face-to-face and remote meetings and roundtables between those responsible for implementing the Strategy to exchange experiences, progress, solutions to barriers; and national conferences for specific policy areas or issues
- Increased flow of information from government to the wider disability sector, business and community
- Collaboration and partnerships with the advocacy sector and private sectors to achieve specific goals
- Closer working relationships between State and Territory government departments and local government associations and councils about prioritising and acting on Strategy goals
- Active leadership at the national level to drive and enforce the Strategy.

## 5.6 Flexibility and responsiveness

Stakeholders generally agreed that the content of the Strategy, as a national policy statement, was sufficiently flexible. They commented that the framework underpinning the Strategy was not sufficiently responsive to the changes in the disability policy landscape over the past years, particularly in the face of changing roles for States and Territories in disability service provision with the roll-out of the NDIS. Some stakeholders also recommended that the Strategy not be considered in isolation but link and work with other non-disability strategies and policies.

Stakeholders commented that implementation of the Strategy had to be more responsive to issues that emerge from the disability advocacy sector and contemporary media. They said that action plans and implementation plans could address emerging priorities within each of the key policy areas. For example, there had been significant attention in recent years on violence in institutional settings and the shortage of accessible and affordable housing, however these issues had not been sufficiently highlighted in priorities or reporting associated with the Strategy. One stakeholder suggested that the plans be seen as an opportunity for dialogue: “We spent a lot of our own time and resources and our experiences and our expertise to provide this feedback, and then there's no real exchange or recognition or acknowledgment for that sort of work.”

Stakeholders described the current reporting process on Strategy implementation as overly bureaucratic and an exercise in “ticking boxes”. One stakeholder noted that reporting processes could be demanding for smaller organisations and agencies with less capacity to meet these reporting requirements: “We're being asked to do perhaps five times more than what we've been required to do in the past”. They described the formal, high-level nature of the reporting and writing style as slow and inaccessible for general use. Stakeholders further argued that the current schedule

of producing a report every two years meant the information produced was often outdated by the time it was published.

Most stakeholders identified effective reporting as a key mechanism for facilitating responsiveness. They suggested a reformed reporting process could act as a mechanism for meaningful evaluation of progress on the Strategy's goals. The document review showed that some State governments have produced outcomes-based frameworks or annual reports that monitor the progress of their State disability plans and inform their contribution to the Strategy. Most of these reports are publicly available.

## 5.7 Public awareness and engagement

Stakeholders agreed while there were some positive examples of awareness raising and engagement initiatives, the public is not generally aware of or engaged in the Strategy. They also highlighted a lack of knowledge in some government departments and agencies about the Strategy. The document review also found many references to the low profile of the Strategy (The Senate, 2017; NSW CID, 2017; MSCWA, 2018). Stakeholders generally saw the lack of public and government awareness of the Strategy as a major impediment to effective implementation.

Stakeholders noted the 'Closing the Gap' framework as an example of how national policy frameworks can be widely recognisable and effectively engage and inform the public. They suggested that government and the community sector develop creative and innovative ways to engage the general community in the profiling and implementation of the Strategy. For example, members of the public who may never have heard of the Strategy would be able to contribute to its implementation, such as employers, teachers and doctors. Stakeholders viewed engaging businesses, local government, clubs and community groups, unions and services with the Strategy by encouraging them to think about inclusion and implement disability inclusive policies and actions as crucial. As one stakeholder stated, "People need to recognise themselves and the role they can play in the implementation of Strategy goals."

### **ARTfinder**

Stakeholders highlighted the need for more focus on "the fun aspects of life" in the Strategy's implementation, such as sport and recreational activities and access to opportunities for cultural and artistic expression. They identified ARTfinder, an online portal established by Arts Access Victoria, as a positive example of facilitating the participation of people with disability in cultural life. ARTfinder is a searchable facility that shows disability-inclusive art programs, events and experiences by location, cost, art form and access needs.

In February 2018 COAG announced it would fund the national roll-out of the ARTfinder portal. The national roll-out was a key recommendation in the second

evaluation report on the National Arts and Disability Strategy (NADS), which aims to improve the accessibility of the arts to people with disability.

Stakeholders commented that ARTfinder and similar actions under NADS were effective because they engaged with a range of arts providers and community organisations to promote awareness about how they could become more disability inclusive.

### **Employable Me, ABC TV**

Stakeholders in one roundtable described the 2018 ABC TV program *Employable Me* as a positive example of public awareness raising around the employment of people with disability. Jointly funded by the ABC, Screen Australia and the NSW Department of Family and Community Services, and produced by Northern Pictures, *Employable Me* was a three-part documentary that followed nine neurodiverse Australians as they tried to find a job.

The program was funded through the NSW Disability Inclusion Plan with the hope that it would help change employers' attitudes about extending opportunities to people with disability. Stakeholders commented that it had wide reach for a small investment, with 400,000 viewers of the final episode in the series. Another season of the program is being developed for release in 2019. Comparison was also made to the success of the *You Can't Ask That* series.

Stakeholders made several suggestions about public awareness and engagement that are relevant to a national disability framework for beyond 2020:

- Increase communication from governance bodies to the sector to provide updates on current work on the Strategy and future plans
- Engage with the general public through a variety of media, including videos, webinars, live streaming and social media
- Allow representative organisations sufficient lead time so their members can participate through processes such as surveys and roundtables
- Engage with people in regional, rural and remote areas as well as people in cities
- Provide dedicated funding for local projects and small initiatives (section 5.1) that carry the Strategy's tag and have potential for wider application
- Enhance the Strategy's recognition through national awareness campaigns, such as *Employable Me*.

## 6 Implications

This section discusses the key implications of the review and suggests areas for further investigation in the next stages of the Strategy reform process. The implications are drawn from the findings of the document review, the stakeholder consultations, and the plans for implementation outlined in the text of the Strategy and agreed to by COAG.

The implications also reference the Strategy's role as a framework for implementation of the CRPD. The implications draw from core aspects of program and policy implementation and facilitation that the CRPD Committee expect in reports on CRPD implementation progress, for example representation of people with disability in governance arrangements, data collection and research and awareness raising. CRPD articles that are referenced in the following discussion are included at Appendix D.

### 6.1 Building on positive examples of implementation

Positive examples of the Strategy's implementation identified in this review, discussed in Section 5 and illustrated in the boxed examples, generally included the active participation of people with disability, cooperation across government agencies, and partnerships between local government, community organisations and business. These findings indicate the importance of:

- Facilitating the participation of people with disability at all levels of policy design and implementation. Listening to their input helps initiatives effectively achieve what is intended.
- Building on the achievements of local accessible and inclusive community initiatives by providing local government with resources and integrating their activities with measures at other levels of government, e.g. implementation of state disability plans
- Resourcing and supporting grassroots initiatives led by community organisations, including advocacy, which are important drivers of social and policy change, and facilitating opportunities for future partnerships with government and business to enhance the reach of these initiatives.

Investment in local projects requires measuring the process and outcomes of local initiatives to generate evidence and momentum to scale up. The connections need to be clear between the projects and future opportunities for funding, promotional campaigns and other people, organisations and agencies, to ensure the impact of local and specific projects is not isolated or temporary. Stakeholders indicated that

funding demonstration projects about inclusive and accessible process and outcomes can be a positive way to lead implementation of the Strategy.

The effectiveness of local change requires central leadership and coordination of the Strategy, to raise the profile of the Strategy within government and the community and to facilitate an integrated, whole of government approach to implementation.

## **6.2 Complementing the role of the NDIS**

Key interface issues between the NDIS and the Strategy were identified in the consultations around the relationships between services funded through the NDIS, other specialist disability services, mainstream services and other government portfolios.

NDIS legislation sets out two main responsibilities – individual packages for a small proportion of people with disability; and building the capacity of the community to create an inclusive society for all Australians. Stakeholders pointed out that accessible and inclusive communities, infrastructure and mainstream services are critical for all people with disability, whether or not they receive a package; at the same time, the Strategy is especially important for the vast majority of Australians with disability who are not eligible for NDIS packages.

Stakeholders argued that demand for specialist disability support will continue to increase if people with disability do not have the same access to mainstream services and their community as other citizens. These findings indicate the need to consider the complementary roles of NDIS packages; NDIS capacity building, including public awareness; and the focus on societal inclusion and accessibility of the Strategy to fill gaps and address inequity. Several stakeholders suggested the ILC funding under NDIS was one mechanism to contribute to these functions. In addition, it requires national coordination of Strategy implementation across other parts of government, with implications for the rest of the community, including businesses.

This complementarity is particularly important for people who face additional barriers to accessing mainstream services due to factors such as location, Indigeneity, culture and language, age or socio-economic circumstances.

## **6.3 Addressing implementation gaps and priorities**

Stakeholders identified several policy areas in which some progress had occurred, such as rights protection, economic security, transport, and culture and recreation, and emphasised the need to extend and consolidate progress in these areas. They also identified policy areas as implementation gaps and future priorities for implementation, including housing, advocacy, assistive technology and information accessibility.

Key priorities identified were to implement the Strategy in rural and remote locations; address the specific needs of intersectional groups, and address the barriers experienced by people who do not receive NDIS packages (e.g. older people with disability, carers and people with psychosocial disability). These findings indicate that:

- Addressing the interface of the NDIS and the Strategy is a high priority for future implementation of the Strategy's goals (see Section 6.2 above). It is a priority a) for people who receive NDIS packages and still require access to mainstream services, infrastructure and an inclusive society and b) to address the access, equity and continuity of support issues experienced by people who do not receive NDIS packages
- The experiences and needs of groups such as people with disability from culturally and linguistically diverse and Indigenous backgrounds, women with disability, children with disability, LGBTI people with disability, people who live in rural and remote locations and people living in institutional settings should be considered in the development of a new framework for beyond 2020. The participation of people from these groups in policy design and implementation could help ensure their experiences and needs are addressed appropriately. The text of the new framework could recognise the additional barriers experienced by these groups.

Further focus on data collection to measure implementation progress would help track implementation gaps and emerging policy priorities in the future. The Strategy states that "Good data and research are especially necessary for a sound evidence base to improve the effectiveness of mainstream systems for people with disability. Data needs to capture the diversity of people with disability and be disaggregated by factors such as sex, age and Indigenous and cultural background" (2011, p. 26). Collecting statistical and research data to formulate and implement informed policies is also an obligation under the CRPD (Article 31 – Statistics and data collection).

The review findings indicate that the Strategy has not closed data gaps in important areas, and that research and measurement could guide the implementation process and assist in identifying priority areas. The Productivity Commission recommended the investment of significant funds to evidence and data collection (current NDA funding for research was transferred to NDIA but is not currently used for research about the Strategy goals). The review found that much of the research funded so far has focused on service provision rather than evidence about the outcomes of the Strategy. Stakeholders suggested further investigation of the capacity of existing data sets to provide tailored information about progress of the Strategy's outcomes and to explore new data sources.

## 6.4 Enhancing governance arrangements

A key implication of the review findings is that enhancing the governance arrangements that underpin the Strategy could facilitate a systematic approach to implementation. Changes to governance could include:

- Measurable and manageable targets that can be monitored and an effective performance reporting framework to guide progress on the Strategy's implementation
- A dedicated secretariat with resources to act as the central focal point for building communities of practice and coordinating the Strategy's implementation
- Funding allocations to support a) leadership of the Strategy and the coordination of the Strategy's implementation, b) the ongoing participation of people with disability and their representative organisations in the Strategy's governance arrangements, c) systems change to enhance awareness and clout of the Strategy within governments, and d) research, measurement and reporting for informing policy and monitoring implementation progress
- Ensuring that all States and Territories have made legislative changes under the commitments to the CRPD and the Strategy to embed implementation of the Strategy's goals in their respective governments
- Improving compliance with the Standards under the DDA. Currently, there is a lack of mandatory mechanisms and drivers for systematic implementation, as systemic measures such as action plans are voluntary, and breaches are subject to individual complaints.

The review findings also imply that the department or agency to have carriage of the Strategy is a matter for further consideration. It could be, for example, a central agency, independent body or secretariat with resources. Responsibility for implementation could be separated from monitoring.

## 6.5 Facilitating cooperation and collaboration

A strong message from the consultations was that the Strategy cannot be implemented through the actions of government disability policy officials alone. Rather, successful implementation requires more cooperation and collaboration a) with community organisations, disability representative organisations, business and services and b) between government portfolios and levels of government.

The leadership of people with disability and of community organisations was key to many of the positive examples discussed in Section 5. Active participation of people with disability and their representative organisations in the development and



implementation of legislation and policies and other decision-making processes concerning them is also an obligation under the CRPD (Article 4 – General Obligations).

Facilitating better cooperation and collaboration could include:

- Resourcing and supporting grassroots initiatives led by community organisations and partnering with disability advocacy/representative organisations to implement specific projects, as discussed in section 6.1
- Communities of practice, facilitated and coordinated by a government secretariat ‘hub’ and including stakeholders from relevant portfolios and local government, with people with disability included at all levels of governance
- Engagement methods including public forums, roundtables and conferences to create enthusiasm about the goals of the Strategy and link people and agencies together to form partnerships, including with the business community. Comments from stakeholders indicate that these implementation activities are most effective when they are: a) led by people with disability and their representative organisations about their priorities, b) occur at different levels of government to link local action with national coordination and c) lead to specific actions and projects with timelines and outcomes.
- Government leading by example, such as through procurement policies, accessible information and employment targets across portfolios.

## **6.6 Facilitating flexibility and responsiveness**

There were clear calls among participants in the review for a more streamlined and transparent reporting process that is responsive to feedback from people with disability and their representative organisations. Improving the responsiveness of the Strategy is also a priority under Article 33 of the CRPD, which states that “Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.”

Measures that could improve responsiveness include:

- An annual, timely and public reporting system
- A priority setting process that is responsive to feedback from people with disability and community organisations about what actions and policy areas to focus on. This includes the development of implementation plans that respond to and incorporate feedback from stakeholders on progress plans. It could also include options for real-time accountability to people with disability and other stakeholders about priority areas for action, for example through

online scorecards (short surveys distributed via email communication channels with representative organisations and other stakeholders)

- Annual focus or ‘spotlight’ areas to build momentum and practice on key issues, determined through participatory processes such as those described above, combined with information and awareness campaigns and supported by data/evidence.

## **6.7 Promoting public awareness and engagement**

The review found that public awareness is critical to implementation. Awareness about the human rights of people with disability and guidance on inclusive practice can affect everything from the readiness of local communities to develop inclusive play spaces to the organisational culture and practices within disability services, schools, and health clinics.

Raising awareness throughout society, including through public awareness campaigns, to foster respect for the rights, dignity and capabilities of people with disability and combat stereotypes, discrimination and harmful practices is an obligation under the CRPD (Article 8 – Awareness Raising). Although the accountable bodies are governments, the actors who create inclusive and accessible communities are throughout society.

One of the aims of the NDIS, stipulated in the legislation, is to “raise community awareness of the issues that affect the social and economic participation of people with disability, and facilitate greater community inclusion of people with disability” (NDIS Act, Section 3.1.h). This obligation is articulated in the NDIS legislation and the Strategy.

The review findings imply that public awareness and engagement with the Strategy could be improved through clarifying agency responsibilities for promoting awareness and a commitment to supporting public awareness campaigns, including the following strategies:

- A branding strategy to enable public recognition and engagement, including social marketing, drawing from the lessons of the ‘Every Australian Counts’ campaign for the NDIS
- A move away from the acronym NDS – many stakeholders commented on its closeness to NDIS and NDA.
- Reflecting the diversity of people with disability and the varied actions that members of the public can take in creating an inclusive society, so that people can ‘see themselves in the Strategy’.

# Appendix A Review methodology

This review of the National Disability Strategy 2010-2020 focused on the implementation of the Strategy. The questions that guided the review are included at Appendix B and address various structural aspects of the Strategy and its implementation processes. The questions address the following broad areas of the Strategy's implementation:

- Achievements under the Strategy
- Implementation gaps and future priorities
- Impact of the roll-out of the National Disability Insurance Scheme (NDIS)
- Effectiveness of governance structures and processes
- Effectiveness of cooperation within/between governments and the sector
- Flexibility in the context of changing policy environments
- Public awareness of the Strategy.

The review questions (included at Appendix B) were framed from a strengths-based perspective, to focus the review on eliciting examples of implementation structures and processes that have worked well to inform the next steps in developing the new national disability framework.

The review involved two key research activities:

- 1) a desktop review of publicly available documents and documents internal to DSS regarding the implementation of the Strategy
- 2) targeted stakeholder consultations with stakeholders from organisations with a role in the design and implementation of the Strategy and stakeholders from organisations that represent people with disability, their families, carers and allies.

Prior to the start of data collection, SPRC obtained ethics approval for this project from the UNSW Human Research Ethics Committee (HC Number: HC180342). The project team also sought feedback about the review project and future consultation strategies from the UNSW Community Reference Panel. The feedback from Panel members with disability was integrated with the discussion about consultation strategies and public engagement in section 5.7 and section 6 of this report.

## Document review

The purpose of the desktop review was to collate and analyse existing evidence about the Strategy's implementation and outcomes to inform the stakeholder

consultations and the findings presented in this report. The research team reviewed relevant reports about implementation of the Strategy provided by DSS, provided by organisations invited to take part in the consultations, or identified elsewhere in the public domain by the project team. The reports included Government/COAG and Civil Society shadow reports to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), discussion papers and reports by the Australian Human Rights Commission (AHRC) Disability Discrimination Commissioner, National Disability Services, select academic sources, and select sources about the implementation of comparable nations' disability policy strategies (e.g. New Zealand Disability Strategy). The full list of documents reviewed is included at Appendix B. The document review was guided by the review questions and informed the targeted stakeholder consultations by building on the existing evidence about the implementation of the Strategy.

### **Targeted stakeholder consultations**

The review did not include public consultation. Consultations have been targeted at sector experts, leading stakeholders including Disability Representative Organisations, advocacy groups and the National Disability and Carers Advisory Council, and all tiers of government. To ensure the new framework for beyond 2020 is informed by people with disability, their families and carers, the Commonwealth has committed to extensive face-to-face and online public consultation.

Leading stakeholders in disability policy design and implementation were identified by DSS and the project team and invited to participate in targeted stakeholder consultations about the implementation of the Strategy. An initial invitation to take part in the consultation process was sent to representatives from:

- federal, State/Territory and local government bodies with a role in implementation of the Strategy
- peak national and State/Territory disability organisations
- human rights commission and anti-discrimination commissions
- relevant peak professional and service provider organisations
- sector experts and advisory bodies such as the National Disability and Carers Advisory Council.

Other stakeholders were invited to take part in the consultations over the course of the project, and the initial contacts were encouraged to forward the invitation to other people with a role in the Strategy's implementation in their areas.

A range of methods were used to engage stakeholders in the consultation. The project team conducted roundtable discussions in each Australian State/Territory

capital during the first three weeks of July 2018. A summary of the roundtables can be seen in Figure 2 below.

Figure 2: Summary of Roundtable Consultations

**Table 1 Roundtable consultations summary**

<b>State/Territory</b>	<b>Date/Time</b>	<b>Location</b>
Sydney	Tuesday 3 July 11:30am – 1:30pm	NSW Department of Family and Community Services
Brisbane	Thursday 5 July 10am – 12pm	QLD Department of Communities, Disability Services and Seniors
Adelaide	Tuesday 10 July 10am – 12pm	SA Department of Human Services
Canberra	Wednesday 11 July 10am – 12pm	ACT Community Services Directorate
Perth	Wednesday 11 July 10am – 12pm	WA Department of Communities
Hobart	Wednesday 11 July 10am – 12pm	TAS Department of Premier and Cabinet
Darwin	Friday 13 July 10am -12pm	NT Department of Health, Office of Disability
Melbourne	Tuesday 17 July 10am – 12pm	VIC Department of Health and Human Services

Between 6 and 20 people participated in each of the roundtables, which were approximately two hours in duration and were facilitated by members of the SPRC research team. Most of the roundtables were also live-captioned.

Stakeholders also participated in the consultations by:

- taking part in an individual face to face interview
- taking part in an individual or group telephone or skype interview
- emailing a written response to the consultation questions to the project team
- emailing any previous submissions or reports their organisation had prepared on the Strategy for inclusion in the desktop review.

Approximately 150 people from 81 organisations participated in the consultations. The full list of organisations that participated is included at Appendix C.

# Appendix B Review questions

## National Disability Strategy 2010-2020 Review

### Consultation questions

These questions for stakeholders are about implementation of the National Disability Strategy 2010-2020 ('the Strategy'), a ten-year national policy framework for improving the life of people with disability in Australia. The questions will inform the reform process for a new Disability Policy Framework after 2020. The reform process will commence in the second half of 2018 and will include consultation with the public.

1. The Strategy's vision is for an inclusive Australian society that enables people to fulfil their potential as equal citizens. What are examples of how the Strategy has achieved this vision in one or more of its six policy areas?
  - Inclusive and accessible communities
  - Rights protection, justice and legislation
  - Economic security
  - Personal and community support
  - Learning and skills
  - Health and wellbeing

Who benefited from these achievements, and how?  
Who has not, and how could that change?

2. How did these policy achievements come about?
  - What actions, people, organisations or processes helped these successes to happen?
  - What would help similar initiatives to be successful?
3. What policy areas do you think should be more of a priority in the Strategy?
  - Where are the key gaps in implementation of the Strategy?
  - What would you like to see done to most effectively achieve an inclusive society for people with disability in these areas?
4. The National Disability Insurance Scheme (NDIS) sits within the overall framework of the Strategy. How has the NDIS affected the implementation of other areas of the Strategy?
  - How has the NDIS affected the implementation of other disability policy, given the changing role of state and territory governments?
  - Has the Strategy brought about improvements for all people with disability, including those who are not NDIS participants?

5. The Strategy seeks to create a cohesive approach to disability policy to guide government activity and involves two-yearly reports on implementation progress. It does not have additional funding commitments or compliance rules.
  - a. What elements of the Strategy's structure have worked well – e.g. its action areas, policy directions?
    - How and why have these elements worked well in achieving the Strategy's goals for people with disability?
    - What aspects of the Strategy's structure have not worked well, and why haven't they worked?
  - b. What elements of the Strategy processes have worked well – e.g. monitoring, reporting, funding, compliance, leadership and engagement?
    - What other rules would help achieve the Strategy's goals?
    - What resources such as funding, people, or organisations would help the Strategy achieve its goals, and how would they help?
6. What are examples of how the Strategy has helped governments work together to improve the lives of people with disability?
  - What networks and partnerships were useful? How did they help, what did they achieve, and for whom?
  - What are the main factors that have prevented governments working together better?
  - How can cooperation between levels of government (national to local government) and across the disability sector be encouraged in the future?
7. Has the implementation of the Strategy been able to adapt to changing policy environments?
  - Has the Strategy responded to new and emerging priorities for people with disability? In what ways has it done so (or not done so)?
  - Has the Strategy adapted to changes in the way supports are delivered, including through the NDIS?
8. How do you think the public sees the Strategy?
  - Do people know about the Strategy, and if yes, how much do they know about it?
  - Do people think well of the Strategy, or not?
  - Has public knowledge of the Strategy helped in achieving its goals, and if so, how?
  - How can public knowledge of the Strategy be improved?
9. What achievements and lessons from the Strategy's implementation so far could be applied to:
  - the Strategy's third implementation plan 2018-20?
  - future stages of development of the new framework from 2020?
10. Is there anything else you would like to tell us about the implementation of the Strategy?



## Appendix C Document list

- 'Disability Rights Now: Civil Society Report to the United Nations Committee on the rights of persons with disability' 2012 (Compiled by a project group from Disability Representative, Advocacy, Legal and Human Rights Organisations)
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- Australian Law Reform Commission (ALRC), 2014, Equality, Capacity and Disability in Commonwealth Laws, ALRC Report 124
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- Moon, K., Dickinson, H. and Blackman, D. 2017 Not another review about Implementation? Reframing the research agenda. Public Service Research Group Issues Paper Series: Issues Paper No. 1. University of New South Wales, Canberra
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# Appendix D Participating organisations

ACT Disability, Aged and Carer Advocacy Service  
ACT Office for Disability  
Advocacy for Inclusion ACT  
Arts Access Australia  
Association of Children with Disability Tasmania  
Australian Building Codes Board  
Australian Federation of Disability Organisations  
Australian Human Rights Commission  
Australian Local Government Association  
Australian Network on Disability  
Blind Citizens Australia  
Carers NT  
CBM Australia  
Children and Young People with Disability Australia  
City of Port Adelaide Enfield (SA)  
City of Playford (SA)  
Commonwealth Department of Communications and the Arts  
Commonwealth Department of Education and Training  
Commonwealth Department of Prime Minister and Cabinet, Disability and Aged Care Branch  
Commonwealth Department of Social Services  
Community Mental Health Australia  
Darwin Community Legal Service  
Deaf Australia  
Deafblind Australia  
Deafness Forum of Australia  
Developmental Disability WA  
Disability Advocacy Network Australia  
Disability Employment Australia  
Disability Justice Advocacy VIC  
Down Syndrome WA  
Ethnic Disability Advocacy Centre WA  
Inclusion Australia  
Koomarri (ACT)  
Local Government Association of SA

Mental Health Australia  
Michael Small Consulting Pty Ltd (TAS)  
Multicultural Services Centre WA  
Muscular Dystrophy WA  
National Disability and Carer Advisory Council  
National Disability Insurance Agency  
National Disability Services  
National Disability Strategy 2010-2020 Reform Steering Group  
Neami National (WA)  
Northern Territory Anti-Discrimination Commission  
NSW Carers Advisory Council  
NSW Council for Intellectual Disability  
NSW Department of Family and Community Services  
NSW Local Government Association  
NT Health and Community Services Complaints Commission  
NT Office for Disability  
People with Disabilities ACT  
People With Disabilities WA  
People With Disability Australia  
Productivity Commission  
PwC Australia  
QLD Department of Communities, Disability Services and Seniors  
QLD Disability Advisory council  
SA Department for Correctional Services  
SA Department of Human Services  
SA Department of Planning, Transport and Infrastructure  
SA Health  
SA Office of the Public Advocate  
SA Water  
Self-Help Workplace (TAS)  
Somerville Community Services (NT)  
St Michaels Association (TAS)  
Synapse  
TAS Department of Communities  
TAS Department of Premier and Cabinet  
TAS Minister's Disability Advisory Council  
The Association for Children with Disability TAS

The Physical Disability Council of NSW  
VIC Department of Education  
VIC Department of Health and Human Services  
VIC Disability Advisory Council  
VIC Office for Disability  
VIC Office of the Public Advocate  
WA Department of Communities  
WA Office of the Public Advocate  
Women With Disabilities Australia

# Appendix E CRPD articles

## Article 4 – General Obligations

1. States Parties undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability. To this end, States Parties undertake:

- a) To adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the present Convention;
- b) To take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities;
- c) To take into account the protection and promotion of the human rights of persons with disabilities in all policies and programmes;
- d) To refrain from engaging in any act or practice that is inconsistent with the present Convention and to ensure that public authorities and institutions act in conformity with the present Convention;
- e) To take all appropriate measures to eliminate discrimination on the basis of disability by any person, organization or private enterprise;
- f) To undertake or promote research and development of universally designed goods, services, equipment and facilities, as defined in article 2 of the present Convention, which should require the minimum possible adaptation and the least cost to meet the specific needs of a person with disabilities, to promote their availability and use, and to promote universal design in the development of standards and guidelines;
- g) To undertake or promote research and development of, and to promote the availability and use of new technologies, including information and communications technologies, mobility aids, devices and assistive technologies, suitable for persons with disabilities, giving priority to technologies at an affordable cost;
- h) To provide accessible information to persons with disabilities about mobility aids, devices and assistive technologies, including new technologies, as well as other forms of assistance, support services and facilities;
- i) To promote the training of professionals and staff working with persons with disabilities in the rights recognized in the present Convention so as to better provide the assistance and services guaranteed by those rights.

2. With regard to economic, social and cultural rights, each State Party undertakes to take measures to the maximum of its available resources and, where needed, within the framework of international cooperation, with a view to achieving progressively the full realization of these rights, without prejudice to those obligations contained in the present Convention that are immediately applicable according to international law.

3. In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.

4. Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of persons with disabilities and which may be contained in the law of a State Party or international law in force for that State. There shall be no restriction upon or derogation from any of the human rights and fundamental freedoms recognized or existing in any State Party to the present Convention pursuant to law, conventions, regulation or custom on the pretext that the present Convention does not recognize such rights or freedoms or that it recognizes them to a lesser extent.

5. The provisions of the present Convention shall extend to all parts of federal States without any limitations or exceptions.

### **Article 6 – Women with disabilities**

1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

### **Article 7 – Children with disabilities**

1. States Parties 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.

2. In all actions concerning children with disabilities, the best interests of the child shall be a primary consideration.

3. States Parties shall ensure that children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realize that right.

### **Article 8 – Awareness raising**

1. States Parties undertake to adopt immediate, effective and appropriate measures:

a) To raise awareness throughout society, including at the family level, regarding persons with disabilities, and to foster respect for the rights and dignity of persons with disabilities;

b) To combat stereotypes, prejudices and harmful practices relating to persons with disabilities, including those based on sex and age, in all areas of life;

c) To promote awareness of the capabilities and contributions of persons with disabilities.



2. Measures to this end include:

a) Initiating and maintaining effective public awareness campaigns designed:

i. To nurture receptiveness to the rights of persons with disabilities;

ii. To promote positive perceptions and greater social awareness towards persons with disabilities;

iii. To promote recognition of the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace and the labour market;

b) Fostering at all levels of the education system, including in all children from an early age, an attitude of respect for the rights of persons with disabilities;

c) Encouraging all organs of the media to portray persons with disabilities in a manner consistent with the purpose of the present Convention;

d) Promoting awareness-training programmes regarding persons with disabilities and the rights of persons with disabilities.

### **Article 31 – Statistics and data collection**

1. States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention. The process of collecting and maintaining this information shall:

a) Comply with legally established safeguards, including legislation on data protection, to ensure confidentiality and respect for the privacy of persons with disabilities;

b) Comply with internationally accepted norms to protect human rights and fundamental freedoms and ethical principles in the collection and use of statistics.

2. The information collected in accordance with this article shall be disaggregated, as appropriate, and used to help assess the implementation of States Parties' obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in exercising their rights.

3. States Parties shall assume responsibility for the dissemination of these statistics and ensure their accessibility to persons with disabilities and others.

### **Article 33 – National implementation and monitoring**

1. States Parties, in accordance with their system of organization, shall designate one or more focal points within government for matters relating to the implementation of the present Convention, and shall give due consideration to the establishment or designation of a coordination mechanism within government to facilitate related action in different sectors and at different levels.

2. States Parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate or establish within the State Party, a framework, including one or more independent mechanisms, as appropriate, to promote, protect

and monitor implementation of the present Convention. When designating or establishing such a mechanism, States Parties shall take into account the principles relating to the status and functioning of national institutions for protection and promotion of human rights.

3. Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.