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# Introduction

This consultation report contains three parts. Part One summarises the feedback received during the public submissions on the Position Paper. Part Two summarises the technical consultations held on the NDS and NDIS Outcomes Framework. Part Three summarises the feedback received during the public submissions on the NDS and NDIS Outcomes - Introductory Paper.

In addition to the submissions and technical consultations, the Department of Social Services also:

* Held targeted focus groups with people with disability
* Held cross-sector collaborative workshops
* Held workshops with Disability Representative Organisations, academics and researchers
* Held consultations with Aboriginal and Torres Strait Islander people with disability
* Held workshops with state and territory government officials
* Supported a webinar co-hosted by the Australian Human Rights Commission and the Centre for Research Excellence in Disability and Health.

Reports on other Stage 2 consultations are available on the [DSS Engage site](https://engage.dss.gov.au).

**Acknowledgements**

The Department of Social Services would like to acknowledge and thank everyone who shared their perspectives on the new National Disability Strategy in Stage 2 public consultations. The department would like to express our gratefulness towards all respondents, whose effort, time, expertise, and lived experiences have provided invaluable feedback and insight.

# Part One: Submissions to the position paper

## Overview

| Total number of submissions to the position paper | 237 |
| --- | --- |
| Submissions from organisations | 146 |
| Submissions from individuals | 91 |

## Key issues

* Overall, public submissions provided positive support for the key features and changes to the National Disability Strategy (the Strategy) proposed in the [Strategy Position Paper](https://engage.dss.gov.au/nds-stage2-consultation/national-disability-strategy-position-paper/) released by Commonwealth, state and territory disability ministers in July 2020. This included strong support for establishing Targeted Action Plans, improved reporting, and having an increased focus on community attitudes.
* The top three issues raised in submissions on the Position Paper were:
  + Focus on changing community attitudes and improve awareness of disability (raised in 87 submissions).
  + Significant calls for increased transparency and accountability (49).
  + Engagement and involvement of people with disability (32).
* A range of submissions identified how poor the outcomes are for people with disability, and expressed ideas and feedback on how to change things to improve the lives of people with disability. Many respondents indicated to be effective the Strategy must deliver change for people with disability. Many focused on the need to deliver action, being clear on who will deliver actions, and being transparent and accountable on the delivery of these actions.
* Some submissions (71) focused on specific issues, seeking change to areas they were personally interested in (e.g. protection of human rights, improvements to National Disability Insurance Scheme (NDIS) administration, and meaningful engagement of people with disability in matters that affect them).
* A large number of recommendations in the submissions focused on the implementation of the Strategy. The public is eager to have a voice in the implementation and direction of the Strategy. People with disability want to be involved in reporting to ensure their voices are heard.
* Respondents called for a greater focus on engagement, and to ensure involvement of people with disability in the implementation and reporting of the Strategy.
* Over a third of submissions (82) advised community attitudes are barriers to the health, education, care, employment and social participation of people with disability. Further detail is provided at Question Three.

## Question 1:

**During the first stage of consultations we heard that the vision and the six outcome areas under the current Strategy are still the right ones. Do you have any comments on the vision and outcome areas being proposed for the new Strategy?**

* This question requested comments on the vision and outcome areas rather than endorsement.
* While not asked, 72 submissions advised they agreed or disagreed with the vision and outcomes; 94 per cent endorsed the vision and 97 per cent endorsed the six outcome areas.

**Key Issues**

* Issues faced by people with disability straddle one or more domains – e.g. community attitudes impacting participation in communities, and personal wellbeing.
* There was a prevailing view that changing community attitudes is a vital vehicle for greater community inclusion.
* Affordable and accessible housing were raised as significant concerns for people with disability.
* Twelve of the responses specifically commented on changing the word “citizen” in the vision to “members of community” supported the change, with three seeking to retain both “citizens” and “members of the community”.

**Vision**

* Suggestions for changes to the vision include:
  + To have “an accessible and inclusive Australian society”
  + To have a “society that enables all people with disability”
  + Include the word “aspirations”
  + Replace the word “enables” with “ensures”
  + Include specific alignment with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
  + Emphasise the collaborative approach needed by using the phrase “together we will make”
  + Address multiple discrimination with statements like “regardless of their age, location, or background”.

**Outcomes**

* 23 new outcome areas were proposed. The top two proposals were housing (9) and safety (3).
* Sixty submissions provided comments and suggested inclusions for “Inclusive and Accessible Communities” outcome area. The next most commented on outcome area by submissions was “Economic Security” (56 submissions).
* Under *Inclusive and Accessible communities*, top comments/suggestions/areas for focus raised were:
  + Accessible housing (15 per cent)
  + Wording change (13 per cent)
  + Accessibility (10 per cent).
* Under *Economic Security*, top comments/suggestions/areas for focus raised were
  + Employment (32 per cent)
  + Wording change (14 per cent)
  + Affordable housing (14 per cent).

**Suggestions made about the wording of the outcomes, are provided below.**

* **Economic security**
  + Economic inclusion
  + Economic security and workforce participation
  + Economic security, employment, and housing
  + Economic security and employment
* **Inclusive and accessible communities**
  + Inclusive and accessible built, social, and virtual environments
  + Physically inclusive and accessible communities
  + Inclusive and accessible communities and technology
  + Inclusive and accessible communities and education
* **Rights protection, justice, and legislation**
  + Rights protection, justice, safety, and legislation
  + Rights protection and access to justice
* **Personal and community support**
  + Individual and community support systems
* **Learning and skills**
  + Education, learning, and skills
  + Learning, skills, and leadership

*“If the overarching goal is to have people with disabilities become truly included and equal members of the community, then [the] strategy should be focused on improving the wider community in which they are going to live, work and participate in i.e. the people and services around them, not just the disability space and supports available to them.”*

Anonymous Submission (#1)

*“[Inclusion] requires that all levels of government, business and civil society actively create processes and structures that promote full economic and social participation.”*

Disability Council NSW Submission

*“Given the epidemic that is violence and abuse of people with disability in Australia, WWDA is strongly of the view that ‘Safety from Violence and Abuse’ should be a new, stand-alone Outcome Area of the new NDS.”*

Women With Disability Australia Submission

*“OPA also supports retaining the six outcome areas. However, OPA believes that the hierarchy of the outcome areas indicate their relative priority as an outcome of the strategy and should be reordered to better reflect its vision.”*

Office of Public Advocate – Victoria Submission

*“Something else, which could be included here but isn’t specifically and probably should is housing. More stable and appropriate housing/accommodation should be a specific outcome area.”*

Centre for Disability Research and Policy Submission

*“PWDA agrees that the Outcome Areas should be retained as a foundation or organising*

*principle for the second 10-year National Disability Strategy…believes there are some outcomes areas missing from the National Disability Strategy Position Paper These are: … safety and violence prevention … community attitudes… disaster preparedness and response.”*

People With Disability Australia Submission

*“…young people with disability continue to face increased barriers to securing safe, accessible and appropriate housing – as both a person with a disability and a young person. As a person with disability, there is a lack of appropriate social and affordable private housing that meets their living needs.”*

Children and Young People with Disability Australia Submission

## Question 2:

**What do you think about the guiding principles proposed here?**

* This question asked respondents what they thought about the proposed guiding principles listed in the position paper.
* There was strong support for alignment with, and reference to, the United Nations Convention on the Rights of People with Disability (UNCRPD) principles.
* While not specifically asked, many submissions were supportive of having effective guiding principles (69).
* Most commonly (118) submissions suggested varied enhancements to the proposed guiding principles. Fifteen of these sought mechanisms to ensure the principles are applied consistently, including adopting rigorous reporting and accountability.
* Thirty-one responses suggested new guiding principles. Frequent suggestions for new principles included:
  + The importance of rights of people with disability, including choice and control and self-determination (19 per cent).
  + Monitoring of new policies and programs to ensure compliance with the guiding principles during development (16 per cent).

*“The guiding principles represent positive and practical ways to demonstrate what is required of organisations to meet the vision and goals of the National Disability Strategy.”*

Kudos Services Submission

*“We would encourage the Department to consider how they can ensure a guiding principle approach is not tokenistic. Our experiencing [sic] has been that guiding principles, without incentive to apply them, end up as just words on paper.”*

People with Disability – Western Australia Submission

*“WWDA is of the view that all of the proposed ‘additional principles’ for the new NDS, are a duplication of the General Principles of the CRPD, and also a duplication of several of the cross-cutting articles of the CRPD.”*

Women With Disability Australia Submission

*“These general principles of the CRPD overlap to some extent with the Guiding Principles proposed in the Position Paper. To ensure that any principles proposed to guide the development of disability policy and the implementation of the New Strategy do not become unwieldy, the Commission recommends adopting one set of cohesive Guiding Principles…”*

Australian Human Rights Commission Submission

*“These principles are generally sound and appropriate for the new NDS. DSA suggests the addition of a 6th principle: Rights and Inclusion…”*

Down Syndrome Australia Submission

## Question 3:

**What is your view on the proposal for the new Strategy to have a stronger emphasis on improving community attitudes across all outcome areas?**

* The majority of responses against the question (84 per cent) agreed the Strategy should have a stronger emphasis on improving community attitudes across all outcome areas.
* Around 60 per cent of responses to this question wanted to see:
  + Improvement in community understanding of disability
  + Positive changes in attitudes towards people with disability
  + An increase in the level of awareness.
* Overall, submissions were most concerned about:[[1]](#footnote-1)
  + Community attitudes and awareness of disability (88 submissions or 60 per cent of submissions)
  + Emphasis on the role of governments in leading attitudinal change (22 or 14 per cent)
  + Ensuring education is inclusive (6 or 4 percent).
* Some submissions thought that attitudinal change should start in schools as children would “*grow up with different attitudes”.*[[2]](#endnote-1)By doing so, we would ensure a baseline national standard for tolerance and acceptance for differences. This, along with other suggested actions could work together to “*demystify”* disability.[[3]](#endnote-2)
* One respondent told us that “*it would have been wonderful to have better access to community events and activities [when I was younger]”.[[4]](#endnote-3)*

*“It is highly regrettable that ten years after the first NDS, people with disabilities still suffer due to the lack of community understanding and acceptance.”*

Mental Health Community Coalition ACT Submission

*“Measuring, understanding and tracking community attitudes towards people with disability is critical to informing strategies to address stigma and remove barriers to inclusion.”*

Australian Human Rights Commission Submission

*“PDA approves of this commitment by the NDS framers. We feel better community appreciation of people with disability is desperately needed across all public and private, social and economic contexts.”*

Physical Disability Australia Submission

## Question 4:

**How do you think that clearly outlining what each government is responsible for could make it easier for people with disability to access the supports and services they need?**

* Of the 145 responses against this question, 92 per cent (133) agreed outlining what each government is responsible for, could make it easier for people with disability to access the supports and services they need.
* There were 12 responses in disagreement (8 per cent), with common concerns being accountability measures, and the desire for more meaningful implementation.
* Respondents thought outlining roles and responsibilities could make it easier for people with disability to access the supports and services they need by:[[5]](#footnote-2)
  + Providing clear and easy paths to follow (18 submissions or 21 per cent of submissions)
  + Removing gaps in services (13 or 16 per cent)
  + Supporting people not eligible for NDIS (12 or 15 per cent).
* There was a theme observed that people with disability would like some progress in ensuring service systems, such as health or local government sectors, work collaboratively to address their needs.

*“Role clarity is always important regardless of the context. Establishing clear guidelines and ensuring roles and responsibilities at every level of governments across each outcome area is crucial. It ensures services and systems are easily accessible and used appropriately and efficiently by consumers.”*

Children’s Tumour Foundation Submission

*“It is crucial that people with disability know where to go, who to contact, and how to navigate government supports and services. Further, it is important that information about government disability policy and service delivery is provided in accessible ways, with clear contacts for people with disability who may seek additional support in understanding how disability services can assist them, as well as how to access these supports.”*

Canberra Community Law Submission

*“Better Access Australia supports greater clarity of information regarding responsibility for services by different levels of government… it is the intersection between systems where many problems arise for people with disability (and others); and where vulnerable people are at most of risk of falling between the cracks. This is why Better Access Australia considers the ‘no wrong door’ approach as especially crucial for people with disability who access many different services.”*

Better Access Australia Submission

*“Outlining responsibilities alone will not drive accountability…it remains too easy for governments to engage in cost-shifting and there are many hard boundaries between service systems.”*

Brotherhood of St Laurence and Mission Australia Submission

## Question 5:

**How do you think the Strategy should represent the role that the non‑government sector plays in improving outcomes for people with disability?**

* Out of the 137 responses that directly responded to the question, 136 (99 per cent) were overwhelmingly positive. This indicates strong support for the Strategy to represent the role of the non-government sector in improving outcomes for people with disability.
* Suggestions on how the Strategy should represent the role of the non-government sector were broad and varied, however, some key themes arose:[[6]](#footnote-3)
  + Ensure non-government organisations are properly funded and supported (32 submissions or 25 per cent of submissions)
  + Encourage or provide disability education and awareness training for the non-government sector (14 or 11 per cent)
  + Encourage or incentivise the employment of people with disability (14 or 11 per cent).
* The focus on employment is echoed in responses to question eight, where respondents advocated for people with disability to be employed in the delivery and monitoring of the Strategy.
* Responses emphasised the need for governments to *“lead by example”*(12) in terms of employment and employer attitudes towards people with disability.

*“People with disability are keen to be active contributing members of their community through work and recreation and the level at which this is made possible by a country is evidence of its maturity as a society. A whole community is responsible to make this happen. Bringing communities on board can be positively influenced and supported by government leadership strategies”*

Life Without Barriers Submission

*“The National Disability Strategy needs to articulate that non-government sector*

*organisations are operating in a landscape governed by federal, state and territory policy and legislation and their obligations in light of this, as recipients of concomitant funding, should be explicitly articulated.”*

Australian Federation of Disability Organisations Submission

*“JFA Purple Orange believes that the Strategy should promote a cohesive and consistent approach to disability inclusion across all sectors, both government and non‑government. The Strategy could be the tool through which the efforts of all stakeholders in the disability sector throughout Australia are coordinated, resulting in far greater efficiency and effectiveness. To this end, the Strategy could envisage the use of incentives for nongovernment [sic] actors.”*

JFA Purple Orange Submission

## Question 6:

**What kind of information on the Strategy’s progress should governments make available to the public and how often should this information be made available?**

* Top six suggestions for what kind of information on the Strategy’s progress should be made publicly available are:[[7]](#footnote-4)
  + Consistent and clear outcome measurement (16 submissions or 9 per cent of submissions)
  + Key Performance Indicators (KPIs) (13 or 8 per cent)
  + Employment data (11 or 7 per cent)
  + Accountability metrics (9 or 5 per cent)
  + Data on quality of life (8 or 5 per cent)
  + Education data (7 or 4 per cent).
* This is consistent with comments across all questions about the need for well‑defined outcome measurement, performance indicators, and an overall increase in accountability.
* Additionally, the focus on performance and outcomes emphasises the sentiment that *“reporting is only effective if it is acted upon”*.[[8]](#endnote-4)
* Responses to this question reflect trends from Question 1 regarding economic security and employment data.
* Respondents also wanted to see:[[9]](#footnote-5)
  + Increased focus on lived experiences of people with disability (5)
  + Increased focus on accessible and wide dissemination of information (4)
  + Service delivery data (2).

**Evaluation and accountability**

* Eleven responses suggested an organisation/body which is independent of government should be assigned to report on the Strategy’s progress.
* The Australian Human Rights Commission made a case for ownership of this audit position, citing their current and historic engagements in evaluating government policies, strategies, and frameworks.[[10]](#endnote-5)
* There were positive responses to the idea that people with disability and the disability sector should be involved in implementation and evaluation.
* Responses emphasised that having stronger accountability and incorporating the top suggestions detailed above would ensure that the *“values, preferences and choices”* of people with disability are respected.

*“[Having robust reporting will] instil confidence in the disability community, overcome the risk of consultation fatigue, and promote constructive policy discussions”.*

South Australian Office of the Public Advocate and Disability Advocate Submission

*“Clear, concise and frequent reporting is imperative.”*

Nicole Martinovic Submission

*“Reporting would be wonderful, especially if [people with disability] are part of it.”*

Leanne O’Neill Submission

*“Councils can facilitate grass-roots input to the National Disability Strategy as it is implemented as well as at this consultation stage.”*

Municipal Association of Victoria Submission

*“The Strategy must be supported by robust reporting and accountability mechanisms.*

*Hard reporting measures should be built in from the beginning. Consistent reporting mechanisms must be a requirement for all governments”.* National Disability Services Submission

*“It is important that reporting, which details the progress, or lack of progress, in the improvement of the lives of people with disabilities, is done in such a way as to accurately convey the information, whether positive or negative.”*

Bind Citizens Australia Submission

*“PHAA favours a reporting mechanism that provides clear oversight with measurable progress towards achieving the outcomes of the Strategy, whether that occurs annually or biannually. PHAA supports the inclusion of clearly defined outcomes and reporting requirements to increase accountability of governments in implementing the policy actions under the Strategy and supports the information being made publicly available.”*

Public Health Association of Australia Submission

## Question 7:

**What do you think of the proposal to have Targeted Action Plans that focus on making improvements in specific areas within a defined period of time (for example within one, two or three years)?**

* There was broad endorsement of Targeted Action Plans (TAPs)[[11]](#footnote-6)
  + 97 per cent of responses agreed
  + 3 per cent of responses disagreed
* Generally, respondents welcomed the introduction of an action-focused approach.
* One respondent suggested that TAPs would provide an opportunity to “*address arising issues*” and allow the Strategy to be more responsive to the changing needs of people with disability.[[12]](#endnote-6)
* The most commonly suggested TAPs were:
  + Employment (11)
  + Housing (8)
  + Education (5)
  + Health and Wellbeing (5).
* This is consistent with issues raised in the Stage 2 Targeted Consultations report, where respondents emphasised the need to improve employment opportunities.
* Participants in these consultations reported improving employment opportunities would allow for better community participation.
* Participants also emphasised the need for the Strategy to have a stronger emphasis on educational experiences and agreed health and wellbeing outcomes were crucial.

*“[We think] that the proposal to have Targeted Action Plans focusing on determining timelines and an improvement strategy is visionary thinking and will provide clarity to government agencies”*

ADHD Foundation Submission

*“Whether the next Strategy succeeds, or fails in the same way that the first Strategy has failed, will depend in large part on the development and implementation of targeted actions plans that translate the aspirational outcome areas into specific actions that take place in the day-to-day activities of government.”*

Vision Australia Submission

*“JFA Purple Orange supports the use of Targeted Actions Plans as a way to increase focus on specific areas of the Strategy within a defined period of time. Targeted Action Plans will also enable the Strategy to be more responsive to the changing landscape and capitalise on this.”* JFA Purple Orange Submission

## Question 8:

**How could the proposed Engagement Plan ensure people with disability, and the disability community, are involved in the delivery and monitoring of the next Strategy?**

* There was strong support for the inclusion of an Engagement Plan in the Strategy (148 or 99 per cent),[[13]](#footnote-7) including the involvement of people with disability and the disability community in the delivery and monitoring of the next Strategy.

* The theme of *“nothing about us without us”* was raised throughout submissions, in the form of regular direct engagement with people with disability, their families, and carers (10).
* Popular suggestions included:
  + Engage with already existing Disability Representative Organisations (DROs), peak bodies and advisory councils (15)
  + Engaging with a broad range of people with various disabilities (14)
  + Using a variety of communication methods for engagements, and having multiple ways to provide feedback (12).
* Many submissions (197) proposed tangible ways to ensure the Engagement Plan is effective. Responses emphasised the importance of regularly engaging with a broad range of people with various disabilities.
* The use of a variety of accessible communication methods for engagement was also a key theme raised (e.g. virtual consultations, in person consultations, or questionnaires).
* The importance of engaging with already existing DROs, peak bodies and advisory councils was a common issue across responses. There were additional calls in multiple submissions (11) to establish a National Disability Council, advisory committee, or reference group to deliver and evaluate the Strategy.

*“Regular community consultation (including actively engaging non-government organisations that represent disability groups) is essential to achieve greater representation of the community voice and provide feedback to the governments”*

Parkinson’s Australia Submission

*“The Commission recommends that [these] features are incorporated [to support] the New Strategy:*

1. *[An advisory council] led or chaired by a person with disability who is independent of government and has lived experience of disability …*
2. *[That it is] properly resourced with members paid to attend. This would, assist in attracting people with disability who have professional qualifications or significant life experience in certain policy domains.”*

Australian Human Rights Commission Submission

## Question 9:

**Do you have anything else?**

* There were 97 responses to this question.
* Top four themes raised by responses were:
  + Accountability/transparency (10)
  + Improving engagement with people and leadership of the Strategy by people with disability (9)
  + Accessibility – physical and/or information (9)
  + Employment (7).

*“This submission has already outlined the significance of integrating practical, measurable outcomes and setting deadlines for governments to implement programs and policies that meet these outcomes. Stakeholders should be clear that the NDS is a tool to hold government to account”*

Spinal Cord Injuries Australia Submission

*“The next NDS needs strong focus on good data and information about deliverables and*

*outcomes for people with disability. Outcomes need to be measurable and reported on annually.”*

Office of the Public Advocate – South Australia Submission

*“LGNSW supports the intent of enhancing the architecture of the new National Disability Strategy to ensure that governments, the private sector and the whole community work more collaboratively to improve outcomes for all people with disability. To achieve this, it is important that a truly inclusive, co-design process be undertaken throughout every stage of this review and that all stakeholders are consulted before, during and after each stage of the Strategy review.”*Local Government New South Wales Submission

*“The revised Strategy must be premised on a holistic approach to care for those in the disability sector, with a primary focus on accessibility of services. This means that the systems must be as simple as possible and made available to those they serve using straightforward, culturally appropriate language.”*

Parkinson’s Australia Submission

*“Employers who advertise for jobs will not employ people with disabilities they only employ people without disabilities. When a position is advertised if a person with a disability and a person without a disability applies for the same job the employer will hire the person without a disability not the person with a disability.”*

Sarah Butler Submission

# Part Two: Outcomes Framework – Technical Consultation

## Overview and Summary

*Workshops*

The technical consultations were run as a number of workshops from mid-November 2020 to early December 2020. The purpose of these was to help refine the NDS/NDIS Outcomes Framework. Workshops were held with:

* Disability representative organisations (2 workshops)
* National Disability Data Asset (NDDA) Disability Advisory Council and disability academics (2 workshops)
* Disability academics, the Productivity Commission, and the Australian Institute of Health and Welfare (1 workshop)

*Key issues*

* Strong support for the outcomes framework logic and its inclusion of system and population measures.
* Sub-outcomes should be replaced with directional people/population outcomes, meaning it should describe whether an increase or decrease was sought as the outcome.
* There were different views on whether to frame outcomes positively or negatively, and on whether to use proxy measures when data is not available.
* Governments need to deliver data improvement for the outcomes framework to be credible.
* It will be important to involve people with disability in the implementation and monitoring of the Outcomes Framework.

## Outcomes Framework logic

At the workshops there was support for the overarching outcomes framework logic. The outcomes framework was commended for its simplicity and directness. Support was received for having both system and population measures.

In the workshops, there was often a tension between participants wanting to keep the framework simple and high-level, and increasing the number of measures to include issues that matter to specific participants. A number of participants suggested limiting the number of measures per indicator (policy priority) to one key system and one population measure. In suggesting this there was recognition that population outcomes are affected by more than one specific system.

*Framing outcomes*

Disability representative organisations advised the language of the sub-outcomes ‘person centred’ in the public consultation material is inappropriate. Their concern centred on:

* + Statements being framed in a way that is beyond the reach of many people with disability
  + A strong fear issues will get lost due to the wording of these very aspirational statement.

Participants suggested instead of the sub-outcomes, people/population outcomes could be produced to clearly set direction. For example, a reduction in violence, or a reduction in the employment gap between people with disability and people without disability. Outlining what changes were sought in the way outcomes are described was seen as being key to showing what success looked like.

There were also suggestions having targets, benchmarks and setting a fair and a defined baseline were options to be considered. Targets were particularly seen as an important way to drive progress.

## Focus on measures

A number of participants wanted to frame measures positively using a strengths based approach. Others wanted to frame measures to focus on what is not working, with a view expressed that negative framing can sometime make it easier to track change. There were also suggestions for having some more ‘confronting’ measures or measures that focus on failures. By doing this some participants thought it would draw attention to where change needs to be particularly focused (e.g. unemployment, life expectancy and incarceration rates).

*Measures for the Strategy Outcome Areas*

The main focus during the workshops was on possible measures, with equal focus provided to measuring system and population outcomes. For health this included a focus on health and wellbeing outcomes, as well as the performance of primary care, hospitals, allied health and mental health, there were also some suggestions for health promotion measures (e.g. quit smoking campaigns).

For “economic security” this was focused on work, with a focus on income, affordable housing, there were also some suggestions on financial stress. For “inclusive and accessible” there were suggestions for measuring accessible information, housing, buildings and communities, and inclusion in cultural and social life. For “education”, there was a focus on attainment, attendance, inclusion of children with disability, as well as a focus on key stages of education - early childhood, schools, further education (VET and higher education) and lifelong learning.

For “justice, rights and legislation”, there was a focus on safety, with suggestions on measuring domestic and family violence and child protection systems. There was also a focus on both outcomes and access to support in the justice and legal systems, and on advocacy.

For “personal and community support” there was a focus on systems outside the NDIS, recognising the importance of informal care and assistive technology, while recognising the important contribution the NDIS makes to NDIS participants. Generally for community attitudes there was support to measure attitudes of employers and key professionals and overall improvement in community disability awareness. Some other participants suggested more work is required to develop community attitudes measures.

*Human rights focused measurements*

A number of the suggestions had a strong human rights focus. This included participants suggesting measures that highlighted areas where human rights were being infringed (e.g. forced sterilisation and involuntary admissions). There were also suggestions to use the 2030 Agenda for Sustainable Development Goals – Convention on the Rights of Persons with Disabilities indicators.

## Data Improvement and the Framework

There were real concerns expressed around data availability for people and to be able to disaggregate this data to provide meaningful information (e.g. are employment or transport issues worse in certain locations, for different disability types, by gender and other characteristics).

Technical conversations with academics focused on how the framework should deal with key data gaps in the initial stages of the framework. There were different views on how best to address critical data gaps on key outcomes, especially on systems that are critical for people with disability. A strong case was made for leaving some systems unmeasured with a launch version of the outcomes framework, while also clearly showing in the framework what measures will be added progressively over the next few years.

*National Disability Data Asset (NDDA)*

A commitment to fund data improvement and collection, is seen by most as a priority to ensure the integrity and credibility of the outcomes framework. In this context a number of stakeholders raised the importance of the National Disability Data Asset as a key current initiative focussed on improving data. There was recognition that even with a fully functional NDDA there will be data gaps that require separate approaches to fix. For example, measuring transport, accessible housing, capturing population measures for people in group homes, boarding houses and prison. In implementing the NDDA, there were requests to consider at the outset how the NDDA will treat different definitions across jurisdictions.

*Disaggregating data*

All workshops expressed a strong desire for disaggregated data. At the disability representative organisations workshops some participants focussed on disaggregating by disability type, where others supported disaggregation by intersectional groups (e.g. Aboriginal and Torres Strait Islander, young people, women, culturally and linguistically diverse. Disability academics called for measuring results by people who have multiple disability. This was in addition to requests for jurisdictional split of data, people often wanted to go to more detailed geographic splits, for example LGA to match system performance and population outcomes.

There was also some calls to be able to report on segregated settings – for example the number of people working in Australian Disability Enterprises or the number of special schools.

## Engagement

Ensuring the involvement of people with disability in the implementation and monitoring of the Outcomes Framework was seen as essential to its success. Suggestions on engagement included, involving people with disability in the development of the reports.

# Part Three: Outcomes Framework – Submissions to Introductory Paper

## Overview

| Number of submissions | 74 |
| --- | --- |
| Submissions from organisations | 47 |
| Submissions from individuals | 27 |

## Key issues

* Overall, public submissions provided positive support for the proposed measures and structure of the National Disability Strategy (the Strategy) and the National Disability Insurance Scheme (NDIS) Outcomes Framework. This included strong support for the proposed Outcome Areas.
* A key issue that featured consistently across submissions was “Access”. Access was the top suggested issue in these outcome areas:
  + Inclusive and accessible communities (39)
  + Personal and community supports (25)
  + Health and wellbeing (18)
* Access was also frequently mentioned in these areas:
  + Rights, protection, and justice (9)
  + Learning and skills (10)
  + Economic security (6)
* Across all outcomes, there were consistent requests for disaggregated data and data improvement, including requests for specific datasets.
* There was a strong focus on transparency, reporting, and accountability across all submissions and outcome areas.
* Some submissions included alternative suggestions for different kinds of frameworks.
* Attitudes, specifically attitudinal change, were raised as a key area of concern across outcome areas including:
  + Health and wellbeing (17)
  + Inclusive and accessible communities (12)
  + Learning and skills (11)
  + Economic security (7)

## Question 1:

**What matters most to measure and report on as we seek to achieve inclusive and accessible communities for people with disability?**

* Submissions most frequently raised access (39) as the issue to measure and report on to achieve inclusive and accessible communities. The most common areas to measure access were:
  + Communication and information (15)
  + Premises (11),
  + The built or natural environment (8)
  + Transport (7)
  + Housing (7)
* Attitudes was another matter frequently raised to measure and report on in relation to achieving inclusive and accessible communities (12).

*“People with disability must be able to access and participate in all spaces, equally and fairly.”*

National Association for the Visual Arts Submission

*“We feel it is important to highlight that information and communication must be available in a format that the person understands.”*People with Disabilities WA Submission

*“[According to] the Australian Digital Inclusion Index, Australians with disability are significantly less digitally included than other Australians … To appropriately address this digital divide, ACCAN believes that the outcomes frameworks must focus on improving digital inclusion and access to digital communications technologies and services.”*Australian Communications Consumer Action Network (ACCAN) Submission

*“Applying [universal design] principles to all public spaces will ensure access to and participation in social and community activities and support family/carer relationships.”*  
Continence Foundation of Australia Submission

*“All people with disability must be supported to live independently in the community, by ensuring we have … access to transport and public premises.”*People with Disability Australia Submission

*“Achieving attitudinal change has been recognised as a vital step toward an inclusive society.”*The Physical Disability Council of NSW

## Question 2:

**What is most important to measure and report on as we seek to achieve economic security for people with disability?**

* Submissions most frequently raised employment (35) as the issue to measure and report on to achieve economic security. The most common areas to measure employment were:
  + Participation (15) – for example people with disability with a job, rate of unemployment, etc.
  + Choice (8) – for example, the workplace is accessible (both physically and information/technology)
  + Access (6) – for example, people with disability earning the income they wish to earn, working in a field they have chosen, etc.
  + Transition from education to employment (6) – for example, educational attainment and employment outcomes, uptake of vocational support opportunities, etc.
* Other issues considered important by submissions to measure and report on include:
  + Housing (16), which is mainly focused on accessibility, with choice over living arrangements and home ownership also raised.
  + Financial security (16), mainly focused on income compared to expenses, with impact on family and carers, and welfare also raised.
  + Attitudes (7), this included issues on employer awareness and discrimination

*“The poor employment rates of people with disability in Australia compared to OECD countries must underscore efforts to improve employment outcomes for people with disability in the next Strategy.”*

Independent Advisory Council to the NDIS Submission

*“Labour force participation rate: SDAC – % of people in the labour force*… *This indicator should be worded in terms of ‘employment’ rather than ‘economic participation’ – improved employment outcomes are widely recognised as fundamental to improving wellbeing for people with disability.”*Centre of Research Excellence in Disability and Health Submission  *“Overall, the economic security domain appears to adequately capture the components of economic security, however, we would suggest that there needs to be a greater emphasis on careers …. and a fair opportunity to pursue chosen careers”*   
Scope Australia Submission

## Question 3:

**What is most important to measure and report on as we seek to achieve health and wellbeing outcomes for people with disability?**

* Submissions most frequently raised access to health services and supports (18) as the issue to measure and report on to achieve health and wellbeing. This covered access to specialist services, primary care and general health services, it also included issues where affordability limits access.
* Attitudes and knowledge were the next most common issue raised (17). This was often focused on the measuring if health professionals were being upskilled to better understand disability.
* Other frequent areas to measure and report were:
  + Quality of services (13)
  + Overall health and wellbeing outcomes (12)
  + Mental health – both systems and population outcomes (12)
  + Rights/autonomy of people with disability (6)

*“People with disability should be able to access GP, hospital and other health care providers easily. They should also have confidence that health professionals understand the needs of people with different types of disabilities and are able to make appropriate referrals for support for a person with disability and their families.”*  
Fairfield City Council Submission

*“There is a need for a well-trained health workforce that understands the needs of people with disability so that workers in a hospital or community health environment, for example, can communicate a client’s needs clearly and efficiently to a support worker.”*Marathon Health Submission

*“The health and wellbeing outcome [should aim] for people with disability to attain [the] highest possible health and wellbeing outcomes throughout their lives.”*  
Multicultural Disability Advocacy Association of NSW Submission

*“We want trained and qualified workers to meet our specific needs. We want choice and control over our health and wellbeing and the right to not feel coerced by health professionals into something we do not want to have done.”*Dementia Australia Submission

## Question 4:

**What is most important to measure and report on as we seek to achieve rights, protection, justice and legislation outcomes for people with disability?**

* Submissions most frequently raised advocacy (12) as the most important issue to measure and report on for rights, protection, justice and legislation.
* Other frequent areas raised to measure and report on were:
  + Safety (11)
  + Justice (10)
  + Supported decision making (9)
  + Access (9)
  + Rights (8)
  + Civic and/or political involvement (5) (e.g. voting)
  + Discrimination (5).

*“Indeed, such is the importance of access to independent advocacy for people with disability that it must become routinely offered and made available to all people with disability whose rights and fundamental freedoms are in jeopardy.”*Queensland Advocacy Incorporated Submission

*“It is important for all people with disability to have access to appropriate, and accessible reporting mechanisms regarding abuse, neglect, violence or exploitation in NDIS-related settings.”*Blind Citizens Australia Submission

*“The most important is to measure people's trust and satisfaction in regards to their rights and measure the outcome of complaints. Are people who harm disabled people being held accountable?”*Anonymous Submission (#3)

*“People with disability face many challenges when in contact with the criminal justice system including difficulty understanding and exercising their rights and limited access to bail, diversionary orders, non-custodial sentencing options and parole. Within custodial environments, people with disability are vulnerable to abuse and to developing an entrenched propensity to reoffend. They also experience challenges in moving from the highly structured environment of custody to an unstructured environment in the community.”*Independent Advisory Council (NDIA) Submission

*“We know that the community often presume that a person with a disability does not have the capacity to make decisions and there is limited investment into supported decision making, especially in the legal field. We would like to see a transition from substituted decision making to supported decision making in line with the United Nations Convention on the Rights of Persons with Disabilities.”*People with Disability WA Submission

## **Question 5:**

**What is most important to measure and report on as we seek to achieve learning and skills outcomes for people with disability?**

* Submissions most frequently raised reasonable adjustments (18) as the most important issue to measure and report on for learning and skills.
* Other frequent areas raised to measure and report on were:
  + Participation (17), includes access and involvement in learning and extra-curricular activities
  + Inclusion (15) includes access and involvement in mainstream education and involvement in segregated schooling.
  + Attitudes (11), includes acceptance and understanding of students needs and measuring training.
  + Access (10), including physical and information (e.g. digital).
  + Attainment (7), for example completion of education or qualifications.

*“As they apply to individuals, their families and communities life, outcomes around learning and skills must exist as real attempts to address the adjustments needed to enable participants to access the curriculum, the individual and team out-put (e.g., project work) and the assessments.”*Australian Psychological Society Submission

*“We need exclusion/expulsion and suspension data. We know exclusion and suspension disproportionately affect PWD. Measure it … Set the bar higher. This is a vitally important outcome. Lives depend on this.”*Anonymous Submission (#4)

*“Measures to monitor progress towards providing adequate support to enable more students with disability to participate in inclusive educational settings are needed here.”*Centre of Research Excellence in Disability and Health (CRE-DH) Submission

*“QCEC recommends the outcomes measures include adequate training/professional learning for teachers to ensure they have the knowledge to accommodate the learning requirements of students with disability … QCEC is supportive of outcomes measures and indicators that specifically address transition points for the student, including engaging with non-school organisations where appropriate.”*  
Queensland Catholic Education Submission

*“[We need to ensure] teachers are aware of the different needs of people with disability in the delivery of e-learning.”*Digital Gap Initiative Ltd Submission

## Question 6:

**What is most important to measure and report on as we seek to achieve personal and community support outcomes for people with disability?**

* Submissions most frequently raised access to services (25) as the most important issue to measure and report on for personal and community support. This included physical and digital access, affordability of services and distance to services.
* Other frequent areas raised to measure and report on were:
  + Performance of services (17)
  + Integration and coordination of services (7)
  + Non-NDIS services (6)
* Another issue commonly raised was the importance of disaggregating data (6).

*“Make sure there is easy access to these services and that these service providers are transparent and accountable; that they are providing the services they claim to be providing and doing it efficiently.”*Anonymous Submission (#5)

*“There needs to be an increased focus on monitoring and understanding about who is aware of programs, who feels confident and safe to access programs, the access barriers that exist, and the impact of outreach programs (new and ongoing).”*Children and Young People with Disability Australia (CYDA) Submission

*“In order to have effective systems and supports appropriate to the needs of people with disability they must be flexible, complement each other and be working towards the same goals.”*National Association for the Visual Arts Submission

*“We argue strongly for the need to develop measures that can show the extent to which people with disability not eligible for NDIS funding are able to access services that meet their disability-related needs”*Allied Health Professionals Australia (AHPA) Submission

*“Critically, this domain should ensure adequate supports for people with disability who are not funded through the NDIS and aim to improve the connectivity, communication and interdisciplinary awareness between the NDIS and the other mainstream service systems.”*Australian Physiotherapy Association Submission

## Question 7:

**How often would you like to see progress against the outcomes for people with disability in the National Disability Strategy and the National Disability Insurance Scheme reported?**

* Most respondents wanted annual reporting (29), eight wanted more frequent reporting (with five wanting quarterly reporting), and five preferred reporting every second year.
* Submissions also raised against this question the importance of:
  + Using the Outcomes Framework to track progress (9)
  + Disaggregating data (8)
  + Being transparent (5), engaging with people with disability in producing the reports (5), using multiple approaches to reporting – for example gathering qualitative data (5), and having an independent body produce the reports (4).

## Question 8:

**Is there anything else that you think should be considered when we are monitoring and measuring the impact of activities on people with disability?**

* Top suggestion was a focus on data improvement (9), other issues raised include:
  + Improving access to the NDIS for people with ADHD (7)
  + Policy suggestions, service delivery improvements or measurements of the NDIS (7)
  + New measures suggested (6)
  + Involving people with disability in reporting (6)
  + Assistance/support for family or carers (5)
  + Accessible reporting or access to services (5)

# Appendix A – Data collected from public submissions on the Strategy

**Demographics**

**Overview – Submissions that completed demographic questions**

| Demographic questions | No. | % |
| --- | --- | --- |
| Submissions that indicated state location | 207 | 87% |
| Submissions that indicated type of geographic location | 105 | 44% |
| Submissions that indicated self-identification | 98 | 41% |
| Submissions that responded to demographic question about identifying as Aboriginal or Torres Strait Islander | 89 | 38% |
| Submissions that responded to demographic question about identifying as Culturally and/or Linguistically Diverse | 90 | 38% |
| Submissions that responded to demographic question about identifying as a member of the LGBTQIA+ community | 89 | 38% |

* Of the 207 that indicated state location, the most common were:
  + New South Wales (44)
  + Victoria (43)
* Of the 98 submissions (including organisations and individuals) that responded to demographic question about what their interest was in completing the survey:
  + 36 (37%) advised they were a person with disability.
  + 19 (19%) advised they were a parent/guardian or family member of a person with disability.

| Question | Yes | No | Prefer not to say |
| --- | --- | --- | --- |
| Do you identify as Aboriginal and/or Torres Strait Islander? | 1 | 85 | 3 |
| Do you identify as being from a Culturally or Linguistically Diverse background? | 11 | 77 | 2 |
| Do you identify as a member of the LGBTQIA+ community? | 10 | 76 | 3 |

**Other Graphs**

**Top 10 issues raised across all submissions**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Change community attitudes and improve awareness | 87 | Accountability and transparency | 49 |
| Improving accessibility | 37 | Engagement and involvement of PWD | 32 |
| Employment and economic security | 22 | Better protection of the rights of PWD | 16 |
| Reporting | 16 | Housing | 11 |
| Incorporation of UNCRPD | 11 | Mental health | 9 |

**Question 1: Top 10 issues raised**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Inclusion | 14 | Housing | 13 |
| Reword vision | 12 | Specific disability | 8 |
| Specific cohort | 8 | Spiritual focus | 8 |
| NDIS | 6 | Education system | 5 |
| Emergency management and response | 4 | Accessibility | 4 |

**Question 1: New outcomes suggested**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Housing | 9 | Safety | 3 |
| Accessible information and communication | 2 | Accessible technology | 2 |
| Community attitudes | 2 | Carer and family wellbeing | 1 |
| Emergency management and response | 1 | Family and carers | 1 |
| Informed choice/advocacy | 1 | Proportionate representation | 1 |

**Question 2: How will clearly outlining what each government is responsible for make it easier for people with disability to access the supports and services they need?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Provide clear and easy paths to follow | 18 | Remove gaps in services | 13 |
| It might support people not eligible for the NDIS | 12 | Allow supports and services to be better accessed | 12 |
| Improve accountability | 5 | Avoid duplication and crossover | 5 |

**Question 5: How do you think the Strategy should represent the role that the non-government sector plays in improving outcomes for people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Funding and support for non-government organisations | 32 | Disability education and awareness training | 14 |
| Encourage or incentivise employment of people with disability | 14 | Government to lead by example | 12 |
| Accountability | 5 | Collaboration between government and non-government sector | 4 |

**Question 6: Information about the Strategy’s progress that should be made public**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Consistent and clear outcome measurement | 16 | KPIs | 13 |
| Economic and employment data | 13 | Accountability metrics | 9 |
| Quality of life | 8 | Education data | 7 |
| Engagement/inclusion of PWD | 6 | Community inclusion | 6 |
| Improvements made | 6 | Everything | 4 |
| Funding allocation | 4 | Ongoing barriers | 4 |
| Accessible housing | 3 | NDIS statistics | 3 |
| Activities, outputs, and outcomes | 3 | Baseline data | 2 |
| Evaluations of programs funded by government | 2 | Outcomes for carer and family wellbeing | 2 |
| State and Territory progress | 2 | Progress reports | 2 |

**Question 6: Other data and/or suggestions for Question 6**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Lived experiences of people with disability | 5 | Feedback from people with disability | 4 |
| Digital availability | 2 | Requested vs granted items in NDIS plans | 2 |
| Raw de-identified data | 2 | Focus on children | 2 |
| Lessons learned | 2 | Accessible formats | 2 |
| Wide dissemination of information | 2 | Service delivery | 2 |
| Integrated KPIs | 2 |  | |

**Question 6: How frequently should information be made available on the Strategy’s progress?**

| **Duration** | **Count** |
| --- | --- |
| Once a year | 61 |
| Every 2 years | 8 |
| Every 6 months | 7 |
| Every 3 months | 4 |
| Every month | 3 |
| More regularly than every 2 years | 2 |
| Periodic/Regularly | 2 |
| Every 1-2 years | 1 |
| Every 9-12 months | 1 |
| Every 4-5 years | 1 |
| No time frame | 1 |

**Question 7: How long should TAPs be?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Specific times for each tap | 1 | No determined length | 1 |
| 3-6 months | 1 | 1 year | 5 |
| 1-2 years | 1 | 2 years | 3 |
| 2-3 years | 1 | 3 years | 1 |

**Question 7: Suggested TAPs**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Employment | 11 | Housing | 8 |
| Education | 5 | Health and wellbeing | 5 |
| Community attitudes and awareness | 4 | Protecting the safety of people with disability | 3 |
| Accessibility | 3 | Mental health and wellbeing | 2 |
| Transport | 2 | DSP | 2 |
| Civic and community participation | 2 |  | |

**Question 8: How could the proposed Engagement Plan ensure people with disability, and the disability community, are involved in the delivery and monitoring of the next Strategy?**

| **Item** | **Count** | **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- | --- | --- |
| Engage with already existing DROs, peak bodies and advisory councils | 15 | Engage with broad range of people with various disabilities | 14 | Use a variety of communication methods for engagement and providing feedback | 12 |
| National Disability Council, advisory council or reference group | 11 | Regular and direct engagement and review of the Strategy by PWD, families and carers | 10 | Employ PWD | 8 |
| Co-design approach | 7 | PWD in leadership roles | 6 | Funding and support for advocacy organisations | 6 |
| Engage with people from diverse backgrounds | 6 | Publicly released reports on engagement activities | 5 | Accessible engagement | 5 |

**Question 9: Top themes of responses**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Accessibility and transparency | 10 | Engagement/leadership | 9 |
| Accessibility (physical and information) | 9 | Employment | 7 |
| Addressing barriers and gaps | 7 | Funding | 6 |
| Rights, agency and autonomy | 6 | Housing | 5 |
| Education | 5 |  | |

# Appendix B – Data collected from public submissions on the Outcomes Framework

**Demographics**

**Overview – Submissions that completed demographic questions**

| Demographic questions | No. | % |
| --- | --- | --- |
| Submissions that indicated state location | 70 | 95% |
| Submissions that indicated type of geographic location | 35 | 47% |
| Submissions that indicated self-identification | 35 | 47% |
| Submissions that responded to demographic question about identifying as Aboriginal or Torres Strait Islander | 34 | 46% |
| Submissions that responded to demographic question about identifying as Culturally and/or Linguistically Diverse | 36 | 49% |

* Of the 35 that indicated state location, the most common were:
  + Victoria (23)
  + New South Wales (21)
* Of the 35 submissions (including organisations and individuals) that responded to demographic question about what their interest was in completing the survey:
  + 16 (46%) advised they were a parent/guardian or family member of a person with disability
  + 10 (29%) advised they were a person with disability

| Question | Yes | No | Prefer not to say | I am responding on behalf of that cohort |
| --- | --- | --- | --- | --- |
| Do you identify as Aboriginal and/or Torres Strait Islander? | 0 | 30 | 1 | 3 |
| Do you identify as being from a Culturally or Linguistically Diverse background? | 7 | 23 | 1 | 5 |

**Other Graphs**

**Question 1: What matters most to measure and report on as we seek to achieve inclusive and accessible communities for people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Access | 39 | Community | 15 |
| Attitudes | 12 | Premises | 11 |
| Built or natural environment | 8 | Transport | 7 |
| Housing | 7 | Disaggregating data | 5 |
| People with disability | 4 | Universal design | 4 |

**Question 2: What is most important to measure and report on as we seek to achieve economic security for people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Employment | 35 | Housing | 16 |
| Financial security | 16 | Participation | 15 |
| Choice | 8 | Attitudes | 7 |
| Transition from education to employment | 6 | Access | 6 |
| Other | 4 |  | |

**Question 3: What is most important to measure and report on as we seek to achieve health and wellbeing outcomes for people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Access to health services and support | 18 | Attitudes and knowledge | 17 |
| Quality of services | 13 | Overall health and wellbeing outcomes | 12 |
| Mental health | 12 | Rights/autonomy of people with disability | 6 |

**Question 4: What is most important to measure and report on as we seek to achieve rights, protection, justice and legislation outcomes for people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Advocacy | 12 | Safety | 11 |
| Justice | 10 | Supported decision making | 9 |
| Access | 9 | Rights | 8 |
| Civic and/or political involvement | 5 | Discrimination | 5 |

**Question 5: What is most important to measure and report on as we seek to achieve learning and skills outcomes for people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Reasonable Adjustments | 18 | Participation | 17 |
| Inclusion | 15 | Attitudes | 11 |
| Access | 10 | Attainment | 7 |

**Question 6: What is most important to measure and report on as we seek to achieve personal and community support outcomes for people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Access to services | 25 | Performance of services | 17 |
| Integration and coordination of services | 7 | Non-NDIS services | 6 |
| Disaggregating data | 6 | Attitudes | 5 |

**Question 7: What is important in measuring outcomes for people with disability in the National Disability Strategy and the National Disability Insurance Scheme?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Using the Outcomes Framework to track progress | 9 | Disaggregating data | 8 |
| Transparency | 5 | Engaging with people with disability | 5 |
| Using multiple approaches to reporting | 5 | Independent body to produce reports | 4 |

**Question 8: Is there anything else that you think should be considered when we are monitoring and measuring the impact of activities on people with disability?**

| **Item** | **Count** | **Item** | **Count** |
| --- | --- | --- | --- |
| Focus on data improvement | 9 | Improving access to the NDIS for ADHD | 7 |
| Policy suggestions/service delivery improvements/measurements of NDIS | 7 | New measures suggested | 6 |
| Involving people with disability in reporting | 6 | Assistance/support for family or carers | 5 |
| Accessible reporting or access to services | 5 |  | |

1. Note that these statistics only include 147 responses which *explicitly* raised concerns about aspects of community attitudes. [↑](#footnote-ref-1)
2. Anonymous #3, National Disability Strategy Public Consultation, 2020. [↑](#endnote-ref-1)
3. Meg Schwarz Submission, National Disability Strategy Public Consultation, 2020. [↑](#endnote-ref-2)
4. Leanne ONeill Submission, National Disability Strategy Public Consultation, 2020. [↑](#endnote-ref-3)
5. Note these statistics only include the 82 responses which *explicitly* raised concerns about aspects of roles and responsibilities. [↑](#footnote-ref-2)
6. Note that these statistics only include 127 responses which explicitly suggested ways in which the Strategy should represent the non-government sector. [↑](#footnote-ref-3)
7. Note these statistics only include 169 responses which made requests for information about the Strategy’s *progress*. [↑](#footnote-ref-4)
8. Nardy House Inc. Submission, National Disability Strategy Public Consultation, 2020. [↑](#endnote-ref-4)
9. Note these statistics only include 96 responses that made additional requests of the Strategy. [↑](#footnote-ref-5)
10. Australian Human Rights Commission Submission, National Disability Strategy Public Consultation, 2020. [↑](#endnote-ref-5)
11. There were 139 responses which commented on whether they agreed or disagreed with the proposal to have TAPs. [↑](#footnote-ref-6)
12. LaTrobe University Submission, National Disability Strategy Public Consultation, 2020. [↑](#endnote-ref-6)
13. There were 150 responses which commented on whether they agreed or disagreed that the engagement plan should involve or engage people with disability. [↑](#footnote-ref-7)