Inclusive Consultation

About this guide............................................................................................................. 1
Introduction ..................................................................................................................... 2
  Inclusive Consultation ................................................................................................. 2
  The Commonwealth Disability Discrimination Act......................................................... 2
  Commonwealth Disability Strategy ............................................................................. 3
  Disability Action Plans ................................................................................................. 3
The Disability Community ............................................................................................... 4
  Demographics of disability in the Australian community ........................................... 4
Consulting across the Disability Community ................................................................. 6
  Deciding who to consult ............................................................................................... 6
    People from Indigenous backgrounds ................................................................. 7
    People who live in rural and remote areas .............................................................. 8
    Carers ...................................................................................................................... 8
    Advocates ............................................................................................................. 8
    Service providers ................................................................................................... 9
Choosing an accessible method of consultation .......................................................... 10
  Longer term and ongoing consultation ..................................................................... 10
    Reference groups .................................................................................................. 10
    Ministerial advisory bodies .................................................................................... 10
    Steering committees ............................................................................................... 10
    Informal meetings .................................................................................................. 11
    Public Meetings ..................................................................................................... 11
Including people with disability at every stage of the consultation ......................... 15
  Planning ................................................................................................................... 15
    Lead times ............................................................................................................ 15
    Financial and time implications .......................................................................... 15
    Sampling ............................................................................................................... 16
    Using existing data and information ..................................................................... 16
Consultation Management ............................................................................................ 17
  Choosing a consultant .............................................................................................. 17
Advertising .................................................................................................................... 18
Terms of reference ......................................................................................................... 18
Venues .......................................................................................................................... 18
  Accessible information ............................................................................................ 19
  Access ..................................................................................................................... 19
  How many copies? .................................................................................................. 19
  Receiving information ............................................................................................. 20
Evaluation ..................................................................................................................... 21
Appendix A - List of Contacts ...................................................................................... 22
  Department of Families, Housing, Community Services and Indigenous Affairs .... 22
  Industry Bodies ....................................................................................................... 24
  Advisory Committee ............................................................................................... 24
  National Peak Disability Bodies ............................................................................. 24
  Other useful contacts .............................................................................................. 26
Appendix B .................................................................................................................... 28
  Physical Access Checklist ....................................................................................... 28
About this guide

This guide has been developed to provide practical advice on how to consult people with disability. It can be used:

- when planning to include people with disability in general consultations; or
- when developing communication strategies targeted at people with disability.

It is not an exhaustive guide, and does not provide advice on particular methods of consultation. Over time it will be updated to reflect new practices, advances in technology and community expectations.

Any comments on this document should be forwarded to:

Disability Policy and Co-ordination Branch
Department of Families, Housing, Community Services and Indigenous Affairs
PO Box 7788
Canberra Mail Centre ACT 2610
Phone: 1300 653 227
Freecall™ TTY: 1800 672 682
Email: eds@faesia.gov.au
Introduction

Inclusive Consultation

Consultation is an essential and valuable part of the development of legislation, government policy, programs and services.

It is the process through which stakeholders are asked to comment and contribute to decisions that directly affect them. Consultations should provide an opportunity for members of the community to express their views about government policies and programs in a safe, confidential and accessible manner.

The purposes underlying consultation may be diverse and can include:

- dissemination of information;
- identification of needs;
- narrowing a range of options;
- evaluating or reviewing policies or programs; or
- deciding on future strategies to achieve goals.

Effective consultation that incorporates and seeks the views of our diverse community is not always easy. In many cases it will require additional initiatives and effort to ensure that people from minority or disempowered groups are heard.

Many people with disability have specific needs that are not always obvious to those in the position of making policy, developing programs and undertaking planning. Including people with disability in consultations will enable the development of services, programs and facilities that are inclusive of the whole community.

Good consultation will also ensure that:

- better services are developed for all members of the community - better meeting the needs of people with disability often benefits others; and
- there is greater likelihood that the expectations and needs of people with disability will be met by Government, therefore reducing the causes for complaints under the Disability Discrimination Act.

The Commonwealth Disability Discrimination Act

The Commonwealth Disability Discrimination Act, commonly referred to as the DDA, makes discrimination on the basis of disability unlawful. Under this Act all Commonwealth Government activities must be accessible to people with disability. This means:

- people with disability must have access to all parts of buildings utilised by the Commonwealth in the same way as people without a disability;
- all publicly available Commonwealth information must be able to be provided, upon request, in formats accessible to people with a range of disabilities;
- staff of Commonwealth organisations must display non-discriminatory attitudes in the workplace;
- where necessary, adjustments are to be made to the workplace so that people with disability have equal opportunity to use and display their skills; and
• administration of all Commonwealth laws and programs must be consistent with the DDA.

Commonwealth Disability Strategy

The Commonwealth Disability Strategy provides a ten-year framework for Commonwealth organisations to ensure that their services, programs and facilities are accessible to people with disabilities. The Strategy is the result of consultation with people with disabilities, their supporters, representatives of the community and Commonwealth government organisations. The Strategy is an important element in achieving the Government's vision of increasing community participation by people with disabilities.

• A requirement of the Strategy is the active involvement of people with disability in decision-making processes that affect their lives, through direct participation or consultation.

Disability Action Plans

The DDA recommends that all organisations prepare disability action plans and lodge them with the Human Rights and Equal Opportunity Commission. A disability action plan should identify existing and potential discriminatory practices and set a timeframe for their removal. It is a public document and can provide evidence that an organisation is attempting to address barriers to access for people with disability.

• The development of your organisation's action plan provides a good opportunity to build in consultation at the planning stage and establish mechanisms for consulting with people with disability.
The Disability Community

Demographics of disability in the Australian community

In 2003, the Australian Bureau of Statistics estimated that 3.95 million Australians (20%) had a disability.

3 million (15.2 % of the total population) people are restricted in carrying out one or more daily activities, such as self-care, mobility and communication (referred to as 'core activity restrictions').

Disability increases with age - 4% of children aged 0-4 years had a disability compared to 92% of people aged 90 and over.

The proportion of males and females with a disability is similar – 19.8% for males and 20.1% for females; but disability rates vary across age groups with for example, more males in the younger age group (0-14 years) and more females in the 80 and over age group.

People with disability can be found in any cross section of Australian society. Whatever programs or services your organisation provides, it will need to ensure that people with disability are included in all its consultative processes.

Back to Top

What is a Disability

Disabilities result from a number of causes such as accident, illness or genetic disorder. The definition of 'disability' in the Disability Discrimination Act is very broad and is designed to ensure that everyone with a disability is protected from discrimination on grounds of disability.

Many people have more than one disability. For example, a person who uses a wheelchair may also have vision or hearing impairment and so have additional requirements.

When referring to people with disability, for example, in discussion papers for consultation, you need to be aware that some words could degrade or dehumanise people with disability. The following are some hints for developing an inclusive style when referring to, or communicating with, people with disability:

- avoid stereotyping or stigmatising people with disability;
- avoid phrases and words that demean individuals with disability, such as 'handicapped' or 'incapacitated';
- promote the 'person first' concept; and
- portray people with disability in the same multi-dimensional fashion as other people.

The term 'people with disability' or a 'person with a disability' is used because this puts the person before their disability. When it is essential and relevant to identify a person by referring to their condition, such as cerebral palsy, you should say a 'person with cerebral palsy'.

Similarly, you would not say that people are 'bound' or 'confined' to aids or appliances, such as a wheelchair. Generally a wheelchair increases a person's mobility rather than limits it. The preferred language would be a person who 'uses a wheelchair', or 'is a wheelchair user'.

Back to Top
People with disability are not a homogeneous group, and phrases such as 'the blind' or 'the disabled' should be avoided. Even within specific groups (for example, people with hearing impairments) there is a wide range of abilities, interests and support requirements.

For further information on the use of inclusive language see the Disability Branch publication *Better Information and Communication Practices*.

[Back to Top](#)
Consulting across the Disability Community

The disability community consists of people with disability, their families, carers, advocates and service providers. Many people with disability may be from non-English speaking backgrounds, including Indigenous backgrounds, or live in a rural or remote area. The issue to be discussed will determine how broadly you will need to consult.

Consultation should primarily focus on the person with the disability and include family members, carers and advocates where appropriate.

Deciding who to consult

All consultations should be planned to include people with disability. This means that the majority of people with disability will be able to participate with minimal assistance.

People with disability will often bring to a consultation process a different understanding of an issue. Many issues not relevant to a person's disability will also be of interest to the person as a member of the community.

The degree to which people with disability should be specifically targeted depends on the issue, and how much it impacts on people with disability.

For Example:

- consultation about an issue, service or program that directly involves people with disability, such as changes to a disability specific employment service, should involve direct consultation with people with disability;
- consultation about a change to a program that involves the whole community, but may have an impact on people with disability more than others, such as a change to public transport, should also involve direct consultation with people with disability; and
- consultation about a change to a program that involves the whole community and is likely to have an impact on the community equally, such as a change to pollution regulations, should include people with disability. However, specific targeting of people with disability may not be necessary.

If you are not sure whether people with disability should be specifically consulted or whether an inclusive approach would be satisfactory, it may be worthwhile talking to the Disability Policy and Coordination Branch or a representative of one of the peak disability consumer organisations.

Peak Disability Bodies

Most people with disability are represented by peak bodies that operate at a national level. In 2004, these bodies formed a coalition called the Australian Federation of Disability Organisations (AFDO) with the aim of facilitating better communication between member organisations, coordinating campaigns on issues of mutual interest, and providing consumer support and the sharing of information to members.
The majority of peak disability bodies receive government funding and support to represent and advocate the views of consumers. These bodies are experienced in providing input and comment on consultation processes.

The peak disability bodies are formal networks that can be readily mobilised for consultation purposes. However, most consumer groups, including the peak bodies, need time to enable them to communicate with their members and respond appropriately.

Many of the peak bodies have elected spokespersons who are available to speak for the group.

There are a number of advantages in consulting with peak disability bodies, including:

- the provision of a single point of view that represents the views of a large number of people;
- assurance that people with disability have had some input;
- the use of a well organised existing structure for consultation; and
- assistance in coordinating large consultation processes that rely on submissions and/or public meetings.

People from Indigenous backgrounds

People with disability may be from an Indigenous background. Often this can cause a double disadvantage leaving these people on the fringe of consultations and resulting in their minimal input into policy decisions.

Many people from an indigenous background will identify with their cultural background ahead of any disability they may have, and some indigenous communities do not recognise the concept of 'disability' at all. Consultations need to be based on an understanding of a community's perception of disability and discussion questions framed accordingly.

People from Non-English Speaking Backgrounds

Many people with disability may also speak English as a second language. If cultural practices and limited English skills are not taken into account there may be significant barriers restricting their access to information or participation in the consultation processes.

While it may not always be vital to target people with disability from non-English speaking backgrounds (NESB), it is important that they have equal access to any consultation process. Particular issues that need to be considered when consulting people from NESB are referred to elsewhere in this guide.

The National Ethnic Disability Alliance is able to provide contacts for, and information about, consulting people with disability from a non-English speaking background.
People who live in rural and remote areas

People with disability who live in rural and remote areas may have needs and issues that are quite different to those people living in urban and metropolitan regions.

Consultation processes that are mainly undertaken in capital cities disadvantage people living in non-metropolitan areas who want to participate. Opportunities should be provided for their input into the consultation process and their experiences to be taken into account.

Many of the peak disability bodies will have members from rural and remote areas and may be able to provide contact names for consultation.

Regional radio stations and newspapers may be another way of presenting opportunities for people to participate in consultation processes.

Carers

Many changes that affect people with disability also affect their carers. For example, a change in provision of respite services may mean a carer will be expected to take on extra responsibilities. Carers are also often advocates for the person they care for, especially when the person has impaired intellectual functioning or severe communication difficulties. They may, therefore, have a good understanding of issues from the perspective of people with disability.

While it is important to include carers in the consultation process, it is also important to understand that the care relationship is complex and sometimes the needs of the carer may conflict with those of the person with the disability. Carers may need to be consulted separately.

The Carers Australia is represented in all states and aims to provide support and advice for carers. It is a good way of contacting carers.

Advocates

Advocates assist people with disability and/or their families to assert their rights within the community. Some advocacy programs assist individuals to take part in decision-making processes that affect their daily lives, while others facilitate community organisations to represent the interests of groups of people with disability. When using advocates it is important to ensure the advocate is qualified to undertake the task.

Most advocacy programs are funded by Federal, state or territory governments. Some programs are supported by local community groups. The Disability Policy and Co-ordination Branch can provide names of Australian Government-funded services. For state/territory-funded organisations you will need to contact the relevant state or territory government department.
Service providers

Providers of disability services may also be an important group to include in consultation in relation to issues that affect people with disability. Many service providers are non-profit organisations who also often act as advocates for people with disability.

However, there are some situations in which the needs or ideas of the service provider and the consumer may conflict, in which case it may be preferable to hold separate consultations for each. Examples of such situations include issues about a change to funding arrangements, or the number of hours the service operates.

National Disability Services (NDS) is a peak body representing the views of service providers. ACE is the Association for Competitive Employment National Network and represents its state organisations to advance quality service provision for people with disability in open employment.

Back to Top
Choosing an accessible method of consultation

There is no set way to consult people with disability. Time, resources and scope of the issue will dictate the best consultation method. There are benefits and disadvantages in each type of consultation method outlined below. Suggestions on improving access for people with disability in each method are provided.

Longer term and ongoing consultation

The development and evaluation of policies and programs are often accompanied by large-scale formal consultations that take the form of written submissions and a series of public meetings. However, consultation may also occur on a long-term basis through reference groups and steering committees or through the development of informal relations with relevant members of the community.

Reference groups

Establishing reference groups comprising stakeholders and people with specific expertise is a useful way for departments and organisations to receive quick advice on particular issues of an ongoing nature. Including people with disability on a reference group, whether the issues are disability specific or not, helps to ensure that the needs of people with disability are recognised and included.

It is important to recognise that the presence of a disability alone will not ensure that the individual will necessarily have the skills or experience to represent the views of other people with disability, particularly the views of people with disability different to their own.

Ministerial advisory bodies

Ministerial advisory councils provide advice to the government. It is worthwhile checking that these councils include people with disability.

Steering committees

Many government decision-making processes involve the establishment of steering committees to oversee the management of consultancies, research or evaluation activities. Including people with disability on such a steering committee enables disability issues to be considered in the processes.

To ensure that people with disability can participate equally in such groups it is important that resources are allocated to meet any specific needs. These needs may include the provision of information in accessible formats, physical access to venues, interpreting services or a support worker.
Representation of people with disability from diverse cultural and linguistic backgrounds, including Aboriginal or Torres Strait Islander backgrounds, should also be considered as their insights will add further dimensions to the decision-making processes.

Informal meetings

Before undertaking formal consultations, it can be useful to meet with community groups to clarify issues and concerns, and to establish the best methods for obtaining their views. Informal meetings or telephone contact with peak disability bodies are a way of obtaining advice about appropriate consultation methods and access requirements and ways to improve communication with people with disability.

Public Meetings

Many consultations rely on public meetings. While they may be an efficient way of collecting community views and concerns quickly, they can present difficulties for people with disability.

The following factors should be considered when organising a public meeting that is likely to be attended by people with disability:

- **the time of the meeting**
  - some people with disability may need assistance to attend, and may find early morning meetings difficult;

- **the timing of agenda items**
  - enough time should be allocated for each person to speak, including those who may need more time to express their view, such as people who have difficulty speaking, have an intellectual disability or an acquired brain injury, or who use non-verbal communication methods such as word boards or computers;

- **one-to-one interviews**
  - these may be an alternative to public meetings to collect the views of people who need more time to express themselves;

- **the standard of physical access at the venue**
  - it should accommodate people in such a way that it improves their ability to concentrate and remain physically comfortable, for example ready access to a disabled persons toilet;

- **whether you need to engage an Auslan interpreter so that people who are Deaf can participate in the proceedings**
  - if so, you will need to ensure that those people relying on the interpreter are seated in a position where they can easily see him/her;

- **whether you need to install a hearing loop**
  - to assist people with hearing aids;

- **whether you need interpreters**
  - to be available for people with disability who may also have English as a second language;

- **whether you need information available in accessible formats**
  - so that blind and vision impaired people or people with an intellectual disability can access the information prior to and during the meeting; and

- **whether the venue is accessible by public transport**
○ the absence of public transport restricts people's ability to participate. If there is no other suitable venue, you may need to consider some transport assistance.

Public meetings may disadvantage people with disability as they tend to:

- be threatening to those people with disability who find it difficult to interact with large groups of people, or express views in front of an audience;
- favour well organised groups and not reach those who are less articulate, most isolated and vulnerable; and
- be time consuming, so that people who need care or who are carers may be unable to attend or may have to leave before the meeting has covered all the issues that interest them.

Public meetings may be the first opportunity for people with disability to express their views and it is possible that information about unrelated issues may arise during the meeting. Some people may also not be aware of the different levels or functions of government bodies.

If issues that relate to other areas of a program or department's responsibilities are raised, the participants' comments and ideas can be noted and passed on to the relevant areas for information and action. This form of indirect consultation is an important feedback mechanism for policy developers that should not be overlooked.

Small Groups

People with certain disability may find it difficult to concentrate for long periods.

You need to ensure that if people from these groups are included in your consultation target group, short meetings or small group meetings could be a better option for hearing their views.

Small groups and focus groups have the following advantages:

- they are more conducive to discussion, allowing better qualitative information to be gained from the participants;
- they are generally less threatening than large meetings so individuals are more likely to join in the discussion;
- they have fewer time constraints and can be more easily adapted to meet the specific needs of people with disability; and
- people who believe they are not adequately represented by a peak body can be provided with an opportunity to record their perspective on an issue.

People with disability who experience communication or cognitive difficulties usually prefer small focus or discussion groups with reasonable lead times.

These opportunities will allow participants to consider the issues thoroughly before the meeting.

However, for people with an intellectual disability, group discussions can sometimes be difficult to follow, particularly when individuals shift from topic to topic. One-to-one interviews are preferable for this group.

As well as considering alternative consultation methods for these particular disability groups, your organisation will need to ensure that the target group is informed about the proposed consultation, for example by radio announcements or peak body newsletters.
As with public meetings, time may need to be allowed to hear grievances during the small group meetings.

**Surveys and one-to-one interviews**

Surveys and interviews, either conducted at a person's house or over the telephone, are useful ways to collect the views of people with disability. These methods have several advantages:

- costs are reduced;
- transport difficulties are avoided;
- alternative care arrangements are not necessary; and
- the consultant and participant can be flexible in the way they discuss the issues and use the time allocated for the consultation.

One-to-one interviews are a very good way of addressing the communication needs of people who have limited concentration and comprehension. This method can also suit people who find group processes threatening, such as some people with a psychiatric disability.

Telephone surveys are another method of consultation suitable for people with disability. This approach also enables people living in rural and remote areas to participate in the consultation process. Consideration should be given to the use of 1800 numbers to reduce the cost to callers.

For people who are deaf or have hearing impairments the use of operator assistance through the National Relay Service and the availability of Teletypewriter (TTY) services should be encouraged.

**Written Submissions**

There are several benefits associated with the written submission method of consultation:

- advance notice is usually provided which gives people with disability time to prepare their ideas and peak disability bodies have time to distribute information and consult their constituents;
- for many people it is less threatening to express their views in writing than in a public meeting, and it is important to maintain confidentiality regarding their input; and
- if advertised widely, this method can encourage individual people with disability to contribute to the consultation process as well as allowing peak disability groups to prepare collective input.

An important part of ensuring that a submission-based consultation is accessible to people with disability will be the preparation and availability on request of information in accessible formats, including Braille, audio tape, easy English, electronic disk and via the Internet.

As it is often difficult for individuals to prepare lengthy written submissions, assistance in writing responses may be appropriate, or people may be encouraged to call a number and record their views on to tape.
Telephone link-ups

Teleconferencing and video link-ups are another way to facilitate group discussion that enables people with disability to participate without having to leave their home.

While this method is particularly relevant for people living in rural or remote areas, it is important to also consider holding some face-to-face interviews with these people. People with disability living in rural and remote areas may feel that interactive communication is especially important to them.

Back to Top
Including people with disability at every stage of the consultation

Planning

A well planned consultation can enable people with disability to participate with minimum expense and time. For example, a consultation with long lead times and information available in accessible formats will enable the majority of people with disability to participate.

Lead times

Let people know far enough ahead so that they can prepare well thought out responses. Appropriate lead times are an important factor in enabling people with disability to more fully participate in a consultation process because:

- many peak bodies represent large groups of people with disability and need adequate time to consult with their constituents; and
- the nature of some disability may reduce the capacity for people to respond quickly.

You should agree on a time frame which allows sufficient lead time for comments to be obtained, to locate and recruit participants and arrange any necessary support requirements such as attendant, respite or child care during the planning stages of any consultation process. As with any consultation process, it will be necessary to ensure that all participants are aware of the finalisation date.

Financial and time implications

Many people with disability receive the Disability Support Pension as their only income. The costs associated with travel to participate in a consultation process may be prohibitive.

To ensure that cost does not deter participation you may need to consider:

- reimbursement of taxi or public transport fares;
- the use of a 1800 or free call number;
- visiting the person in their home;
- providing attendant care or support services during the consultation; and
- providing child care.

You should consider paying members of the community for participating in focus groups. Where the specific expertise of a person is required or when a person is appointed by a Minister to sit on a reference or steering committee, a sitting fee is usually paid.

When organising consultations, be aware that some people with disability require more time to carry out everyday tasks such as getting ready in the morning, travelling, eating meals and undertaking personal hygiene tasks.

Similarly many people with disability rely on carers, usually family members, who also then require time to get themselves ready. Personal care services usually work from a roster that may
make early starts and late finishes impossible. These factors should be considered when planning starting and finishing times.

Carers often have limited time to attend meetings or any activity not related to their caring duties. To ensure that a carer is not deterred from participating in a consultation, consider:

- enabling the carer to remain in their home, including using home visits and telephone surveys;
- providing child care services;
- providing an alternative care service, including child care; and
- providing reimbursement for a care service.

Sampling

It is important to ensure that sampling reflects the diversity of the disability community. Therefore, it must take into account those people who live in rural or remote areas, those people from diverse cultural and linguistic backgrounds, including Aboriginal or Torres Strait Islander backgrounds, different disability types and both males and females.

Some issues may be relevant only to one disability group and therefore it may be important to focus on people with a particular disability. For example, the captioning of television programs is very significant for people who are deaf or hearing impaired.

In some cases it may be appropriate to organise consultation with specific disability groups. This has the advantages of:

- reducing disharmony in the consultation process when the needs and issues of concern to people with a particular disability may conflict with the needs of those with a different disability;
- ensuring that people whose disability is most visible do not assume greater importance than the needs of those with unseen and less apparent disability; and
- meeting disability specific needs in an efficient and effective manner, for example, it is cheaper to have an Auslan interpreter attend one meeting of people who are deaf than have the interpreter present at all public meetings.

Using existing data and information

Consultations are sometimes criticised for asking the same questions as a previous consultation from which no outcome was ever apparent to those who participated. It is important that previous results from consultations, and other relevant information, are analysed and incorporated into any consultation process.

This will increase the credibility of the consultation process, gives people the message that they were previously heard and encourage the stimulation of new ideas.

Background research about people with disability, including their patronage of a service and/or their needs will also be useful when planning the consultation.

Unfortunately people with disability are often under-represented or not represented at all in data collection processes. This can create the perception that people with disability are not interested
in having access to mainstream services or programs. In reality, it may mean that the service was not accessible to people with disability.

The 2003 Survey on Disability, Ageing and Carers is a useful source of information about the disability population. Survey results are available from the Australian Bureau of Statistics.

Consultation Management

Most consultation processes involve steering committees or reference groups. In line with the Commonwealth Disability Strategy, people with disability should be invited to participate. This is particularly the case if the issue specifically affects people with disability. See the list of contacts for a range of organisations you may be interested in contacting.

Steering committees or reference groups overseeing a consultation that is not specific to people with disability can also benefit by including a representative from the disability community who may be able to provide direction and advice on how to ensure that the consultation includes people with disability.

Choosing a consultant

Much formal consultation undertaken by government is now contracted out.

Any consultant contracted to undertake a consultation process should be aware of the specific needs of people with disability and the importance of ensuring that they are included in the process.

As not all consultants have experience working with people with disability, consideration should be given to alternative arrangements. For example, employing a facilitator with expertise in this area, or a facilitator with a disability, or the use of a reference group may ensure that disability issues are adequately considered.

If the consultation specifically targets people with disability it is vital that the consultant has credibility with the disability community and is knowledgeable about the issues.

The credibility of a consultant will be increased if the person:

- has a disability;
- is a carer of a person with disability;
- is a known advocate for people with disability;
- is experienced in consulting people with disability; and/or
- has been selected by a panel which includes representatives of the disability community.

Contracting a person with a disability to facilitate a meeting can be a very effective way of consulting the disability sector.

The Australian Federation of Disability Organisations (AFDO) has compiled a list of people who may be able to facilitate meetings.
The ability of the consultant to facilitate conversation with people from different cultural backgrounds, including those from diverse cultural and linguistic backgrounds such as Aboriginal and Torres Strait Islander backgrounds, should also be considered.

**Advertising**

People with disability need to know that the consultation is happening. People with a vision or hearing impairment may not know that the government intends to consult about a particular issue. In addition to advertising in the mainstream media, some advertising avenues to consider are:

- Radio for the Print Handicapped;
- disability specific media such as newsletters published by disability peak bodies;
- media, including radio, television and press produced by culturally and linguistically diverse groups; and
- community television and radio.

Consideration should be given to including in advertising a TTY and/or Email contact so that people who are hearing or speech impaired can register their interest and/or ask further questions.

**Terms of reference**

Consultations are frequently criticised for not meeting community needs and expectations. Clear terms of reference that describe the scope of the process will reduce the likelihood of dissatisfaction and unrealistic expectations.

People with disability may be involved in the planning stage of the consultation to ensure that the terms of reference are appropriate and that the consultants have a clear understanding of the consultation process. This is particularly important if the issue is of direct concern to people with disability.

The terms of reference should particularly address:

- the reasons for and/or objectives of the consultation;
- the methods to be used;
- the scope of the consultation;
- time lines;
- expected outcomes;
- whether the results will be available to participants; and
- how the results will be available to participants.

**Venues**

Under the Commonwealth Disability Strategy, all buildings used by the Commonwealth, including those leased or hired, must have full access for people with disability. The Strategy states that all parts of Australian Standard 1428 should be adhered to. The Standard can be obtained from Standards Australia.
Particular access issues to consider:

- Are the building and the meeting areas accessible to people with mobility difficulties?
- Is entry through the front door?
- Does the building have clear signage set at appropriate heights?
- Is the building close to public transport and does it have clearly defined 'drop off' and 'pick up' points?
- Are the toilets and bathrooms on the same floor as meeting areas and are they accessible?
- Does the building have assistive listening systems, such as hearing loops?
- Is the building free of features such as flickering lights that may trigger attacks of particular illnesses for instance, Meniere's Disease, or epilepsy?

Other factors to identify whether a building is accessible for people with disability are in Appendix B.

Accessible information

All written information integral to the consultation process, such as discussion papers, should be available upon request in accessible formats to ensure equal access to the information for people with disability.

Access

Reliance on printed text can effectively exclude people with a print handicap from accessing this information. Producing information onto electronic disks, onto the Internet, in large print, audio and Braille formats will go some way towards meeting the information needs of these people. Many people who are blind or have a vision impairment now have access to computers which translate electronic information into ASCII format on disk, to voice, into Braille or large print.

People with an intellectual disability may also have difficulty understanding complex documents. Provision may need to be made to translate documents into easy English including the use of pictures to assist people with an intellectual disability to participate in the consultation process.

Easy English and large print formats also benefit many people who may not have a disability. Easy English will benefit those people who do not have a lot of time to read information or have limited English skills, and large print will benefit those people whose vision is impaired.

Information in accessible formats, including audio, disk, and languages other than English, should also be considered. Often easy English versions are easier and less costly to translate.

How many copies?

If the issue is going to directly affect people with disability, then it may be appropriate to produce the information in accessible formats as part of your general document production.
If the information is for a smaller targeted audience and is not directly relevant to disability issues, then advertising the availability of the information in accessible formats on request may be sufficient.

The disability peak bodies may be able to assist in deciding how much information is needed in accessible formats. The National Ethnic Disability Alliance may be able to provide information on producing information in languages other than English.

Receiving information

Provision should be made for information, such as submissions, to be received in accessible formats, such as on disk or on audio tape.

Access to Email and/or a TTY phone or utilisation of the Australian Communication Exchange's National Relay Service will increase the ability of people with speech and hearing impairment to both contact the consultant and submit material. Provision of toll free numbers will assist participation, particularly for those people living in rural and remote areas.

Feedback

Feedback about the consultation is vital to the people who contributed to the consultation process. Feedback policies should be clearly stated, planned and included in the methodology of the consultation. People need to know that their views have been heard and what will be done with their ideas. While feedback does not need to be provided on each individual comment, it must respond to the broad issues and full range of expressed views.

To ensure that people with disability receive adequate feedback, ask participants to indicate their preferred format for receiving this information.

Collecting & recording information

The consultation process provides an opportunity to collect information about the needs of people with disability that can be utilised in future consultation processes and evaluations.

When collecting data about people with disability, it is important to ensure that it is not an intrusive process. The requirements of the Privacy Act 1988 need to be met in all data collection exercises.

It is important to include people with disability in decisions about data collection processes and in decisions resulting from the interpretation of data. People with disability may be able to provide insights into the interpretation of the information.
Evaluation

Evaluation of consultations may be useful to record the process and outcomes, provide an information base for future use, ensure that mistakes are not repeated, and that successes are built upon.

Important aspects to include in an evaluation are whether:

- objectives of the consultation were met;
- people with disability participated, and if not, why not;
- people with disability from diverse cultural and linguistic backgrounds, including people from an Aboriginal or Torres Strait Islander background were adequately represented;
- there was a gender mix;
- carers and service providers were included as appropriate;
- people with disability considered that their needs were adequately met; and
- people with disability feel that they were listened to.

Back to Top
Appendix A - List of Contacts

Department of Families, Housing, Community Services and Indigenous Affairs

State/Territory Disability Program Managers

Australian Capital Territory
58 Athlon Drive,
Greenway ACT 2900

Box 7788
Canberra Mail Centre ACT 2610
Ph: 1300 653 227 (local call cost only)
Fax: (02) 6212 9480

New South Wales
Level 9, 280 Elizabeth Street
Surry Hills, Sydney, NSW 2010

GPO Box 9820
SYDNEY NSW 2000
Ph: 1300 653 227 (local call cost only)
Fax: (02) 8255 1060

Northern Territory
Building 2, 13 Scaturchio Street
CASUARINA NT 0810

GPO Box 9820
DARWIN NT 0801
Ph: (08) 8936 6366 or 1300 653 227 (local call cost only)
Fax: (08) 8936 6325

Queensland
Level 6, 200 Adelaide Street
BRISBANE QLD 4000

GPO Box 9820
BRISBANE QLD 4001
Ph: (07) 3005 6038 or 1300 653 227 (local call cost only)
Fax: (07) 3005 6097

South Australia
Level 18, ANZ House
11 Waymouth Street
Adelaide SA 5000

GPO Box 9820
ADELAIDE SA 5001
Ph: (08) 8400 2100 or 1300 653 227 (local call cost only)
Fax: (08) 8400 2197
Tasmania
Level 3, 21 Kirksway Place
BATTERY POINT TAS 7004

GPO Box 9820
HOBART TAS 7001
Ph: (03) 6211 9300 or 1300 653 227 (local call cost only)
Fax: (03) 6211 9304

Victoria
Level 3, Casselden Place
2 Lonsdale Street
MELBOURNE VIC 3000

GPO Box 9820
MELBOURNE VIC 3001
Ph: (03) 8626 1109 or 1300 653 227 (local call cost only)
Fax: (03) 8626 1161

Western Australia
Level 12, Central Park Building
152-158 St George's Terrace
PERTH WA 6000

GPO Box 9820
PERTH WA 6848
Ph: (08) 9229 1500 or 1300 653 227 (local call cost only)
Fax: (08) 9229 1597

Back to Top
Industry Bodies

National Disability Services Limited
Locked Bag 3002
DEAKIN WEST ACT 2600
Phone/TTY: (02) 6283 3200
Fax: (02) 6281 3488
Email: nds@nds.org.au

ACE (Association for Competitive Employment)
National Network
Suite 514
365 Little Collins Street
MELBOURNE VIC 3000
Phone: (03) 8676 0353
Fax: (03) 8676 0355
Email: info@acenational.org.au

Advisory Committee

National Disability and Carers Ministerial Advisory Council
c/- Disability Policy & Coordination Branch
Department of Families, Housing, Community Services and Indigenous Affairs
PO Box 7788
CANBERRA MAIL CENTRE ACT 2610
Phone: 1300 653 227
Freecall™ TTY: 1800 672 682
Fax: (02) 6244 7976

National Peak Disability Bodies

Australian Federation of Disability Organisations Ltd
Ross House
247 Flinders Lane
Melbourne VIC 3000
Tel: (03) 9662 3324
Fax: (03) 9662 3325
TTY: (03) 9662 3724
E-mail: office@afdo.org.au
Website: www.afdo.org.au

Australian Association of the Deaf Inc
PO Box 1083
Stafford QLD 4053
Tel: (07) 3357 8266
Fax: (07) 3357 8377
TTY: (07) 3357 8277
Email: aad@aad.org.au
Website: www.aad.org.au
Blind Citizens Australian Ltd
PO Box 24
Sunshine VIC 3020
Tel: (03) 9372 6400
Freecall: 1800 033 660
Fax: (03) 9372 6466
Email: bca@bca.org.au
Website: www.bca.org.au

Brain Injury Australia Inc
86 Herbert Street
Northcote VIC 3070
Tel: (03) 9497 8074
Fax: (03) 9486 7941
E-mail: admin@bia.net.au
Website: www.bia.net.au

Deafness Forum of Australia Ltd
218 Northbourne Avenue
Braddon ACT 2612
Tel: (02) 6262 7808
Fax: (02) 6262 7810
TTY: (02) 6262 7809
E-mail: info@deafnessforum.org.au
Website: www.deafnessforum.org.au

National Council on Intellectual Disability Inc
PO Box 771
Mawson ACT 2607
Tel: (02) 6296 4400
Fax: (02) 6296 4488
E-mail: ncid@ncid.org.au
Website: www.ncid.org.au

National Ethnic Disability Alliance Inc
PO Box 9381
Harris Park NSW 2150
Tel: (02) 8844 8310
Fax: (02) 9635 5355
E-mail: office@neda.org.au
Website: www.neda.org.au

Physical Disability Council of Australia Ltd
PO Box 38
Willawarrin NSW 2440
Tel: (02) 6567 1500
E-mail: pdca@pdca.org.au
Website: www.pdca.org.au
Women with Disabilities Australia Inc
PO Box 605
Rosny Park TAS 7018
Tel: (03) 6244 8288
Fax: (03) 6244 8255
E-mail: wwda@wwda.org.au
Website: www.wwda.org.au

Back to Top

Other useful contacts

Australian Bureau of Statistics
PO Box 10
BELCONNEN ACT 2616
Phone: (02) 6252 5000
Fax: (02) 6251 6009

Australian Institute of Health and Welfare
GPO Box 570
CANBERRA ACT 2601
Phone: (02) 6244 1000
Fax: (02) 6244 1299

Office of Aboriginal and Torres Strait Islander Health
MDP 17
Department of Health and Aged Care
GPO Box 9848
CANBERRA ACT 2601
Phone: (02) 6289 5314
Fax: (02) 6289 1412

Disability and Carers Branch
Department of Family and Community Services
PO Box 7788
CANBERRA MAIL CENTRE ACT 2610
Phone: (02) 6244 8527
Freecall™ TTY: 1800 672 682
Fax: (02) 6244 7976

Human Rights and Equal Opportunity Commission
GPO Box 5218
SYDNEY NSW 2001
Phone: (02) 9284 9600 1300 369 711
Freecall™ TTY: 1800 620 241
Fax: (02) 9284 9611

Standards Australia
1 The Crescent
HOMEBUSH NSW 2140
Phone: (02) 9746 4700
Fax: (02) 9746 3333
NOTE: Up to date contact details for all organisations listed may be obtained from the Disability Policy and Co-ordination Branch web site http://www.facsia.gov.au/disability

Back To Top
Appendix B

**Physical Access Checklist**

This checklist is intended as a guide only and is specifically designed to assist you when choosing venues for conferences and meetings, as well as providing a quick reference to ensure that access issues are being met in your own work areas. The Australian Standard 1428 should be referred to for more detailed information.

It is not a detailed checklist and applying it requires common sense. It is important to actually go and check the facility or building yourself. If you are unsure about the accessibility of a building, take a person with disability with you, or if this is not possible try and imagine what it would be like to have a disability and to be attempting to access the building.

For example, it is often not enough to just check whether a ramp is present. You will need to consider how steep it is, check that it is smooth, check that you don't have to go up stairs to get to the ramp and that the door at the end of the ramp can be opened by a person in a wheelchair.

The checklist also states a number of things that are optimal and it may not always be possible to get all of them in the one building. Accessibility of toilets and general access to the building are key issues but maximum accessibility should always be the aim.

In addition to the checklist you should always:

- ask if anyone attending the meeting/conference has any special requirements; and
- check that the staff at the venue are aware of disability access issues and amenable to ensuring equal access for people with disability.

**Checklist of things to consider**

**Entry**

- accessible parking bays and pick up/drop off areas
- no steps or an alternative to steps at the front entrance (for example, ramps);
- steps that are not slippery and have marked edges;
- sliding doors or doors that are not too heavy to operate; and
- clear, large, non-reflective writing on signs.

**Interiors**

- adequate space for independent access by a wheelchair user;
- tables, desks etc at a height for a wheelchair to fit underneath;
- non slip floors and/or short level carpet pile;
- provision of seating at strategic points;
- stairs with handrails and with the edges of steps clearly marked; and
- adequate lighting, ventilation and heating/cooling and access to controls.

**Lifts**

- adequate space for independent access by a wheelchair user;
- availability of handrails;
- buttons at a level that can be reached by a person in a wheelchair;
- large buttons that have tactile identifiers;
- audible signals to let a person know the lift doors are opening/closing, or that the lift has arrived at a particular floor; and
• no raised lips on door or floor to trip on.

**Toilets**
• accessible toilet on each floor or toilets which are easily and quickly located in the building;
• clear signage providing directions to toilets (including symbols having a raised profile);
• entry door easy to open-preferably opening out;
• sufficient room in a cubicle for a wheelchair to access and have the door open/close;
• grab rails at appropriate heights beside and at the rear of the toilet;
• space at one side of the toilet to allow for a side transfer;
• toilet paper in reach of the toilet; and
• knee space under the wash basin to allow access by a wheelchair user.

**Telephones**
• telephones with adjustable volume control;
• TTY phone available for use; and
• telephone accessible to a person in a wheelchair.

**Other**
• tea/coffee/refreshment facilities accessible to a person in a wheelchair;
• auditory and visual fire alarms;
• hearing loop installed in the meeting room(s);
• videos used in presentations should be captioned and positioned to give all participants good line of sight; and
• context of videos to be explained to people with a vision impairment to make listening easier.

[Back to Top]