A new **National Disability Strategy**

Stage 2 Consultations:

**Report on Targeted Workshops**

**April 2021**

A [**summary**](https://www.dss.gov.au/node/63086) of this report is also available.

# Contents

[Executive summary 3](#_Toc65500136)

[The approach to stage 2 targeted consultations 5](#_Toc65500139)

[Participation in consultation workshops and focus groups 7](#_Toc65500141)

[Highlights from Targeted Focus Group audience groups 8](#_Toc65500142)

[Main issues raised about outcome areas 10](#_Toc65500143)

[Guiding principles 14](#_Toc65500144)

[A focus on community attitudes 15](#_Toc65500145)

[Putting policy into action – Cross‑sector collaboration workshops to inform Targeted Action Plans 17](#_Toc65500146)

[Ideas for improving community attitudes 17](#_Toc65500147)

[Ideas for improving employment opportunities 19](#_Toc65500148)

[Ideas for improving early supports for children and their families 21](#_Toc65500149)

[Accountability and responsibility 23](#_Toc65500150)

[Roles and responsibilities 23](#_Toc65500151)

[Reporting 24](#_Toc65500152)

[Data collection 24](#_Toc65500153)

[Involving people with disability (engagement plan) 26](#_Toc65500154)

[Conclusion 27](#_Toc65500155)

## Acknowledgements

The Department of Social Services and the authors of this report, The Social Deck, would like to acknowledge and thank everyone who shared their perspectives on the new National Disability Strategy in stage 2 consultations. We especially acknowledge any additional barriers and effort to participate for the many people with disability who participated in these consultations, particularly with additional disruptions caused by   
COVID-19.

We also acknowledge and thank our disability organisation partners for their role in designing and delivering stage 2 consultations. We are grateful to these and other disability organisations for the significant effort and time they put in to support people to attend and be involved in the consultations.

We particularly thank the individuals who drew on their professional expertise and lived experience of disability to present at, and/or co-facilitate, a number of the cross-collaborative workshops.

We also acknowledge and thank the National Disability Strategy Reform Steering Group, which provided input and advice on the consultation process.

# Executive summary

The current *National Disability Strategy 2010-2020* (the Strategy) is Australia’s overarching framework for disability reform. It sets out a 10-year national framework for improving the lives of Australians with disability, their families and carers.

The Strategy is about creating a more inclusive society, enabling Australians with disability to fulfil their potential as equal citizens. It is also the main way Australia implements the United Nations Convention on the Rights of Persons with Disabilities.

The Australian Government is developing the new National Disability Strategy for beyond 2020. To develop the new Strategy, governments across Australia are working together and consulting people with disability. Stage 1 consultations on the new Strategy were held in 2019 and stage 2 consultations were held in 2020.

A **National Disability Strategy** [**Position Paper**](https://engage.dss.gov.au/nds-stage2-consultation/national-disability-strategy-position-paper/) (the Position Paper) was released for public consultation on 29 July 2020 by the Department of Social Services (DSS), on behalf of Commonwealth, state and territory disability ministers. The Position Paper outlined a range of key features governments proposed to include in the new Strategy and was the basis for most elements of the stage 2 consultations.

This consultation report captures the feedback received during targeted engagement activities held between August and October 2020, which included:

* **18 focus groups** **and** **4 interviews** with targeted audience groups of people with disability
* **5 cross-sector collaborative workshops** covering three key areas: community attitudes, employment, and early support for children and families.

In addition to the consultation sessions that are the subject of this report, DSS also:

* led an open, public submission process via its DSS Engage website (237 submissions on the Position Paper were received)
* 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.

Stage 2 consultations will also help to inform the development of an [outcomes framework](https://engage.dss.gov.au/stage-2-consultations-ndis-nds-outcomes-framework/), which was released as a draft for public consultation on 29 October 2020. Seventy-four submissions were received on the draft outcomes framework.

Reports on other stage 2 consultations are available on the [DSS site](https://www.dss.gov.au/disability-and-carers-a-new-national-disability-strategy/reports).

This stage 2 consultation report builds on the findings of the stage 1 report, [*Right to Opportunity:*](https://www.dss.gov.au/disability-and-carers-a-new-national-disability-strategy-reports/right-to-opportunity-consultation-report-to-help-shape-the-next-national-disability-strategy-full-report) *Consultation report to help shape the next National Disability Strategy*.

## Building on stage 1 National Disability Strategy consultations

In 2019, more than 3,000 people, including more than 1,000 Australians with disability, took part in consultations to help shape the National Disability Strategy for beyond 2020. These consultations showed key areas of concern for people were:

* lack of opportunities in employment and careers, and access to fair wages
* poor community attitudes towards people with disability
* poorer educational and health outcomes for people with disability compared to other people, linked to a lack of inclusion and understanding
* issues in the National Disability Insurance Scheme (NDIS), and in mainstream services and support systems.

## Key findings of stage 2 consultations

During stage 2 targeted consultations, people raised similar issues to what was discovered during the stage 1 National Disability Strategy consultation process.

Participants were generally supportive of the key features of the new Strategy proposed in the Position Paper, and agreed those features would make it a stronger and more effective strategy. Participants provided advice and suggestions for how to develop or implement some of these key features, particularly coming from the perspective of having lived experience of disability.

### Areas of focus

**A human rights approach -** Participants emphasised the need for a human rights approach within all aspects of the Strategy. For many, this meant they expected the focus of the next Strategy would be on promoting more inclusive practices and supporting people who face the biggest barriers to realising their rights. They reiterated the need for the Strategy to be more ‘powerful’ so that it has **clear principles and actions** within it to fully uphold the *UN Convention of the Rights of Persons with Disabilities* (UNCRPD).

**Improving community attitudes –** Consistent with stage 1 consultations on the Strategy, there was a strong focus on making sure attitudes in the community about disability continue to improve. Participants consistently suggested programs, events, campaigns and advertising are required for the whole community. This would help to improve the inclusion of people with disability and make the future of disability policy in Australia a priority for everyone.

**Accessibility of information** – Participants in focus groups focused heavily on making sure information is more accessible to people, particularly for those who have more complex needs. This included ensuring people who have lower literacy or language barriers are able to access and understand information. It also included ensuring information about the Strategy is delivered in different ways and through multiple, trusted sources (such as through disability and advocacy organisations), as some people may not connect with or trust traditional government information.

### Common themes for improving outcomes for people with disability

When it came to the things people said would help to achieve positive outcomes for people with disability, the most common themes raised in focus groups and workshops were:

* **Improving the** [**employment**](#_A_focus_on) **and financial security of people with disability** must be a priority for better outcomes across all parts of life.
* **Improving society’s** [**attitudes**](#_A_focus_on_1) **towards people with disability would have a positive impact on their access and inclusion** across all outcome areas and aspects of the community.
* **There is a need to involve people with disability in all areas of the Strategy**, from design to implementation, as well as monitoring and reporting against the outcomes.
* **Information about policies and programs, and their progress, must be delivered in more accessible ways**, using formats and channels that are tailored to different audience groups.
* **Actions are required in the Strategy**, to make a real difference to people’s lives. Some suggested a failure of the first National Disability Strategy was a lack of reporting on funded and unfunded actions.
* **Continue improvements to the NDIS,** to make sure it is person-centred and works for all participants who access NDIS supports.
* The Strategy must move Australian policy towards **inclusion and universal design**, and avoid programs or interventions that cause ‘othering’ and segregating people with disability.

Many people said there was very low awareness of the National Disability Strategy. They said even individuals connected with disability organisations had limited awareness or understanding of what the Strategy aims to do, or has delivered, in the past 10 years.

# The approach to stage 2 targeted consultations

## How people were engaged

The consultations followed the stage 1 National Disability Strategy public consultation process in 2019. Stage 2 engagements were designed to reach specific audience groups, which weren’t represented in large numbers during the stage 1 consultations.

The workshops and focus groups were designed and delivered in partnership with people with disability and disability organisations.

The COVID-19 pandemic and restrictions meant the majority of the stage 2 engagements were held online. Different methods were used to engage people with disability from these targeted groups, which were designed to suit their specific needs.

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|  | | **Small online focus groups** allowed participants to:   * leverage each other’s ideas and experiences * share information * provide feedback on a set of semi-structured questions in an informal way. | |
|  | | **In-depth phone interviews** enabled some individuals to participate and share their experiences without being in a group.  The targeted focus groups and interviews sought advice from key groups of people with disability who did not participate in large numbers in Stage 1 consultations, including:   * people with intellectual disability * people with psychosocial disability * people with disability from Culturally and Linguistically Diverse (CALD) backgrounds * young people (16-25 years) with disability * people with disability living in regional areas with known service gaps. | |
|  | | **Five cross-sector collaborative workshops** were delivered online, via Microsoft Teams. They used a collaborative design approach with two key parts:   * guided discussion on a topic area and generation of ideas within the specific themes/areas, in small groups. * consolidation and prioritisation of ideas, based on rating the impact of actions and the opportunity to deliver the action, which also considered likely timeframes to implement. | |

In some groups, language and Auslan translation was used.

The workshops brought together people with disability, families and carers of people with disability, representatives from disability organisations and people who play key roles in sectors closely involved in improving outcomes for people with disability (for example employment and education). Attendance lists for the collaborative workshops are at [**Attachment A**](https://www.dss.gov.au/node/63101).

**Delivery with disability organisations**

The stage 2 focus groups and workshops were designed and conducted in collaboration with people with disability and trusted organisations, and delivered in a way that worked for the people participating in the sessions. This approach aimed to make sure people with disability were involved in the process of developing the new Strategy. Their involvement, and that of trusted disability organisations, helped make sure people felt comfortable to participate in discussions about the new Strategy and were able to provide advice on it in ways that worked for them.

Tailored and accessible consultation materials were developed for the focus groups and workshops. For most of the sessions people with disability and local disability organisations were involved in developing the materials and facilitating the discussions.

People with disability were supported to participate in the focus groups. This support was often provided through one-on-one discussions in advance of the focus groups, to explain the consultation materials, and the aims and purpose of the focus groups. In addition, guidance was provided to some people with disability and local disability organisations to enable them to facilitate or lead discussions at the focus groups and workshops.

Focus groups were delivered in partnership with disability organisations, including:

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| * Queensland Disability Network (QDN) * National Ethnic Disability Alliance (NEDA) * South Australian Council on Intellectual Disability (SACID) * New South Wales Council on Intellectual Disability (NSWCID) * Enabled Youth Disability Network (EYDN) | * Ethnic Disability Advocacy Centre (EDAC) * HELP Employment Services * YouthWorx NT * Speak Out Advocacy * JFA Purple Orange * Youth Disability Advocacy Service (YDAS) * ACT Mental Health Consumer Network (ACT MHCN) * Victorian Advocacy League For Individuals With Disability (VALID). |

# Participation in consultation workshops and focus groups

22 focus groups and in-depth discussions with 132 people with disability from the following audience groups: CALD people, Young people, Regional, rurul and remote, psychosocial disability, intellectual disability, delivered across all states and territories. 5 cross-sector collaborative workshops with 102 participants. Three topics included Early support for children and families, employment and community sttitudes, which covered attitudes impacting education and health, attitudes impacting justice, support and safety, and attitudes impacting social and economic participation. 

Figure 1: Participation in targeted engagement activities for stage 2 National Disability Strategy consultations

# Highlights from Targeted Focus Group audience groups

People with disability who took part in the targeted focus groups came from five audience groups who were under-represented in stage 1 consultations on the new Strategy. The discussions were designed so participants could provide their advice in ways that helped them feel comfortable and suited their communication preferences.

While groups were facilitated with participants who had similar disability or demographic characteristic (e.g. people with disability from a culturally and linguistically diverse background), it’s acknowledged that some participants may have more than one disability or demographic characteristic. Where possible, people’s views were captured across multiple audience groupings.

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| **Intellectual disability** | Participants with intellectual disability discussed the importance of being independent, especially to make personal choices and decisions. They suggested actions in the Strategy should help them live more independently.  They also focused on the importance of making sure information is delivered in more accessible ways. Many described issues with getting access to or understanding information about disability supports and the NDIS. Participants with intellectual disability said community and mainstream services often don’t provide information in ways that are accessible to them. As a result, people rely on the support of family members, advocates, disability organisations and support groups to help interpret information.  Some participants with intellectual disability said it would be good to have more training and awareness about intellectual disability delivered to people such as educators, health professionals, Centrelink services and NDIS staff. They said this should include improving their understanding of the potential and abilities of people with intellectual disability. |
| **Psychosocial disability** | Some of the participants with psychosocial disability said their access to housing and accommodation had improved, and this allowed them to live more independently.  Many participants noted there had been improved awareness in the community of mental health. However, a number of people said there is not enough understanding of psychosocial disability, including episodic disability, making it difficult to get the right kind of funded supports. They also said that disability and health supports could be working better together. |
| **Young people with disability** | A number of young people with disability aged between 16 and 25 said the voices of people with disability, especially young people, must be at the centre of the Strategy. They commented they will shape the future and suggested they have been underrepresented in past engagement.  Many young people with disability said there should be more support for young people with disability to become leaders and ‘influencers’ in the community.  Young people with disability were more likely than other consultation participants to note they had experienced improved access to activities in the community. For example, some saw an increase in youth workers and groups in their local communities over the past five years, allowing them to ‘hang out and have fun in a safe space’. They suggested more programs that encourage connections among all young people would help them to feel safe and prevent separating people with disability from the rest of the community rather than including them in it.  They also advised on the importance of sharing information about the Strategy in ways that are accessible to young people and on platforms young people use. |
| **People with disability from CALD backgrounds** | Participants from CALD backgrounds noted tailored supports and advocacy are required to help them overcome additional barriers they may face as a result of language barriers and a lack of culturally accessible support and information.  Participants said language barriers and complex information when accessing information (including about NDIS plans) prevented some CALD people with disability from accessing the supports they need. They also suggested the disability workforce needs more cultural training and this should be included in the next Strategy.  Other issues important to people with disability from CALD backgrounds:   * Need for improved access to information and interpreters (including for people with disability who are not NDIS participants) * Concerns about supporting people with disability who are not Australian permanent residents, e.g. new migrants and humanitarian entrants, including access to accessible housing for new migrants with disability. |
| **People with disability who live in regional, rural and remote areas** | People with disability in regional, rural and remote areas described significant challenges with:   * access to physical infrastructure in their communities * a lack of availability and choice of services.   Participants noted in regional areas it was more common for local governments and others (e.g. businesses or developers) to make infrastructure and services accessible in a retrospective way, which meant it often ‘hasn’t been thought through very well’. Therefore, participants in these areas suggested a focus on universal design, to be enforced through the Strategy.  Participants in rural and remote areas also noted concerns with the high cost of health-related expenses and daily living expenses. They said there is a lack of local employment options, particularly for people living with intellectual disability. Some said people with disability are often only offered volunteer roles.  It was important to people with disability living in regional, rural and remote areas that the Strategy help to improve coordination between disability and other services, and between government and community. |
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# Main issues raised about outcome areas

People with disability who participated in focus groups raised the following opportunities, issues and needs about the proposed outcome areas.

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| **1. Economic security** |
| **Improving employment opportunities and workplace conditions** is important to achieving economic security. Participants said improving employment opportunities would make things better in other areas, such as improving their participation in the community and encouraging organisations to engage more with people with disability. In turn, this would create more job and career opportunities because there would be a greater level of understanding and inclusion of people with disability across different parts of society.  Some participants noted there have been improvements in work opportunities and conditions, and there is a greater level of understanding of disability in some workplaces. However, others said more needed to be done as there was:   * limited opportunity when it came to accessing jobs * a lack of opportunities for advancement and career progression within employment, including transition from supported employment to open employment * a need for flexible working hours to bridge the gap between fulltime work and unemployment.   People in supported employment spoke about the benefits of being able to access their workplaces. They also mentioned the role employers and employment services play in supporting them to pursue other types of employment and activity in the community. Other participants described a lack of opportunity in open employment, with many applications rejected.  Some participants suggested the need for improvement in disability employment services, with some experiencing unhelpful service, and a lack of recognition of barriers such as medical conditions, appropriate supervision and environmental conditions. Participants suggested improving access to employment requires a new model for promoting the employment of people with disability that focuses on:   * meaningful work opportunities * customised employment that is more flexible to the needs of people with disability * supporting opportunities for microenterprise led by people with disability.   Some participants said the income supports that many people with disability rely on, such as Disability Support Pension (DSP) and JobSeeker, need to be more ‘liveable’ to help them participate in employment. For example one participant said ‘if people with disability are struggling to get by with the basics of life, it is very difficult to get out and participate’.  Other suggestions included:   * distinct considerations to support people who do not meet access criteria for the NDIS and/or other services * more affordable housing options for people with disability. |
| **2. Inclusive and accessible communities** |
| Participants reported there have been some improvements in **living arrangements and social connections**. Some specific areas of improvement they mentioned included:   * increasing social connections through online groups * having greater access to inclusive sporting activities in communities * more choice and access to independent living arrangements as a result of NDIS.   However, participants consistently noted that physical access to places, spaces and infrastructure—including housing—continued to be a barrier to living in some communities.  Many said the Strategy could do more to require **improved access to transport and public infrastructure**, including improving the information and amenities (e.g. toilets) that help people to use public transport and get out and about in the community. They suggested a focus of the Strategy should be on “getting it right from the beginning”, including by promoting co-design with people with disability to ensure accessibility is “at the forefront of every project and discussion”.  **Improving access to information, technologies and interpreters** was a commonly raised priority for achieving inclusive and accessible communities. Specifically, participants suggested:   * access to information and interpreters for people from CALD backgrounds * more research and understanding into what technologies are available to assist people with disability, and ensuring people and services have access to them * more funding for supports that promote opportunities for social interaction.   A range of participants said funding for supports to access the community had improved under the NDIS. However, some participants noted those opportunities don’t exist for people who are not NDIS participants and said some government-funded programs that had previously helped people to access their communities had ceased since the NDIS came into place. |
| **3. Rights protection, justice and legislation** |
| Participants suggested there had been an increase in awareness of rights and protections of people with disability since the start of the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*. However, a number of participants suggested increased **awareness needs to translate to real action and change in the areas of safety and justice**.  Participants in a variety of the focus groups—especially people with intellectual disability—reported they often **feel unsafe in public places** and on public transport. Some participants reported their feeling of safety had not improved at all over the past five years.  Some participants also mentioned the importance of increasing **respect and safety for people with disability in the workplace**, including making sure supervisors are accountable for bullying behaviour.  Some participants, particularly people with intellectual or psychosocial disability, reported **access to justice** (e.g. police, the legal system, lawyers, courts) continued to be a challenge and they needed more support to access services safely and without judgement or discrimination.  Some participants also highlighted that **people with disability were overrepresented in the justice system**, particularly Aboriginal and Torres Strait Islander people with disability, people with intellectual disability and people with psychosocial disability.  They suggested that to achieve better outcomes in rights protection, justice and legislation the Strategy invest in:   * support for people to better understand their rights and identify discrimination * better complaints processes for enforcing people’s rights * implementation of actions out of the Royal Commission and other reviews. |
| **4. Personal and community support** |
| **The NDIS was a major source of change for participants**. Many participants noted improved opportunities as a result of the availability of individualised support and funding, including opportunities to participate in employment and community activities.  Participants raised concerns about the care and supports for people who are not NDIS participants. Some suggested there is a lack of accessible mainstream supports available. A significant amount of this feedback related to health services, which several participants suggested were not accessible due to a lack of understanding of disability by some health professionals. These people thought there should be appropriate adjustments and supports provided to access mainstream services rather than people with disability being required to go to specialist disability services.  There was consistent feedback about the need to make information (including NDIS information) more appropriate and accessible to different groups, such as people with intellectual disability and people from CALD backgrounds.  Participants noted ongoing issues with getting into the NDIS and said some people may not access it due to concerns that they will lose supports.  People in regional and remote areas noted ongoing issues with gaps in the availability of the services and supports in their local areas, even when they have NDIS funding for supports. They said sometimes this meant having individualised funding didn’t have a positive impact for them. There was a need for services for people with disability to link and “bridge the gap between what we should be getting and what we are getting”.  In other areas of personal and community supports, participants suggested a focus on:   * tailored supports and advocacy for people with disability from CALD backgrounds, to help overcome any additional barriers to accessing supports * more cultural awareness among all supports and services, including how disability is identified or portrayed within some cultures * more funding for supports for people with psychosocial disability—because there is not enough understanding of episodic disability, it’s often difficult to get support or funding for supports * improving support systems so there is greater availability and choice of support providers and workers in regional and remote communities * recognising the important role support families and carers play in improving outcomes for people with disability.   Participants suggested the Strategy should ensure quality support services and highly trained workers across the disability sector. They said promoting opportunities in the disability workforce and the benefits of working with people with disability should happen more often. |
| **5. Learning and skills** |
| There were participants in the focus groups who talked about increased learning opportunities for people with disability, and about improvements in inclusion and access for people with disability in educational settings. Many participants said more needs to be done and suggested the new **Strategy needs a strong emphasis on improving people’s educational experiences**. It also needs to **address stigma and poor awareness about disability inclusion among some educators**.  Participants across all audience groups said **education needs to be more inclusive,** in order to uphold students’ rights so more people with disability can learn and grow with others in the community. Many participants said inclusive education practices would help to improve outcomes for people with disability across other areas such as employment and health.  Some people who have attended TAFE or universities mentioned opportunities in learning and training have improved. However, others noted more could be done to promote post-school options, such as different types of training and learning available to students with different needs and learning styles.  Key issues and suggestions in relation to improving education access and participation for people with disability included:   * making mainstream schools accessible and inclusive * students with disability having more choice in terms of the schools they attend * better supports to help students participate fully in education settings, particularly at school and in tertiary settings—this was raised as particularly important for students with intellectual disability * better pathways from education to work for people with disability * educators being better informed about disability, and more aware of different types of disability such as intellectual disability and forms of mental health disability * more compliance to laws that prevent discrimination in access to education and mainstream schooling.   Some participants noted discrimination in education settings remains a significant issue and has excluded them from schools and learning activities, such as excursions. |
| **6. Health and wellbeing** |
| Participants noted that, to improve outcomes in health and wellbeing, **people must first have basic living needs and arrangements taken care of**. Some said their health and wellbeing had improved as a result of better access to supported and independent living and accommodation.  A key concern for many participants was the lack of disability awareness and training among health professionals. Participants suggested the Strategy needs to include more programs to address doctors’—and other medical professionals’—lack of disability understanding and support provisions.  Participants consistently noted that health professionals needed a better understanding of disability in order to make services more effective, accessible and inclusive. Some participants said they are reluctant to access health services as they don’t feel like their needs or concerns will be understood.  Some participants suggested there needs to be more data collected about how people with disability access health and other related services, to better measure issues with access to health services and overall health and wellbeing of people with disability in the community. |

# Guiding principles

The Position Paper proposed some guiding principles for the next Strategy, which should be considered across all aspects of policy development, design and implementation. Participants in focus groups supported the concept of incorporating guiding principles in the Strategy and had some common areas of feedback on the proposed principles. In particular, they reiterated that the focus of principles should be on ensuring **respect, equality, inclusion, accessibility, independence, compassion and support** within the Strategy and associated policies, actions and programs.

Participants commonly noted **people with disability must be heard and involved in all aspects of the Strategy** to have a **greater voice in public policy**. This includes more opportunity for input to and influence on policy and decision making. Many participants highlighted the importance of people with all different types of disability being included, as well as those with more complex needs, to make sure all people with disability are represented and have more equitable access to the supports and services they need.

Other common suggestions were:

* **more open communication** between everyone working alongside people with disability
* the importance of **universal design and ‘accessibility across a range of needs’,** including physical access, fair and easy access to technologies, and information that can be more easily read and understood
* shift understanding and action so there is progress toward the **social model of disability**—meaning there is an understanding that people are disabled by barriers in society rather than by their impairments or differences
* **shifting the onus** of access to support, outreach and advocacy away from the individual and onto mainstream and community systems, as well as specialist disability services systems (including the NDIS) and other government services.

Participants agreed **the Strategy needs to carefully consider and prioritise different intersections for people with disability in the community**, including:

* Aboriginal and Torres Strait Islander peoples
* CALD communities
* People who identify as LGBTIQ+
* People who experience additional disadvantage (e.g., lack of access to income) and intersectional discrimination (discrimination experienced by a person because of two or more aspects of their identity).

# A focus on community attitudes

Participants in targeted focus groups agreed that improving community attitudes needs to be a goal of the next National Disability Strategy. They overwhelmingly supported the proposal in the Position Paper to make a strong commitment in the new Strategy to improving community attitudes towards people with disability. Participants viewed this as a way the new Strategy could make the whole community more inclusive and accessible, and improve equality for people with disability.

Participants noted **discrimination of people with disability continues in Australian society**. This presented itself in many forms, with the most often mentioned being:

* exclusion from employment and education settings
* inability to access parts of the community
* biases that prevent people from having the same opportunities as people without disability, such as in employment
* issues with police and health professionals making assumptions because of a person’s disability—particularly relevant to experiences of those with intellectual, cognitive or psychosocial disabilities
* poor attitudes causing hurt and fear among people with disability, preventing them from accessing and participating in the community.

Participants noted poor attitudes can cause social isolation, leading to further exclusion from community, less access to information, and self-esteem and mental health problems.

Young people suggested increasing inclusion through **addressing stereotypical language,** and professional development and workplace training. This particularly included training for police and healthcare professionals who interact often with people with disability.

Participants said **leaders and other community influencers can sometimes use poor language,** contributing to poor attitudes in the community. They said there were times that **government and business leaders’ actions** demonstrated to the community that people with disability are considered less than others or need to be treated differently. Some suggested more training for leaders about disability as a critical step for the next Strategy.

Participants commented on how improved community attitudes could make the lives of people with disability better. They predicted they would have more choice and independence. They would have more control in everyday decision-making, greater empowerment and confidence, and would feel safer in their communities. Many also mentioned improved attitudes would result in more job opportunities and increased employment of people with disability.

A strong theme to emerge about community attitudes to disability was that **education and awareness starts early**.This came from all participants, but was a strong focus for young people, with suggestions for the Strategy to focus on:

* programs and awareness in schools that can influence or shift children and young people’s attitudes over the next 10 years, resulting in better long-term awareness in the community
* better inclusion of children and young people with disability into the mainstream education system, including early childhood education and care
* more interactions between young people with disability and those without disability, from early ages.

Across both the focus groups and workshops, participants suggested the following would lead to the greatest, most effective improvements in community attitudes:

* **More visibility of people with disability in the community**, including media
* Improving **inclusion across all aspects of community**, including education and health settings and workplaces.

Participants in focus groups suggested education and training about disability for both the general community and specific groups, such as employers, educators, health professionals and support workers. They recommended improved training about different types of disability, and how to communicate and interact with people with disability.

Other suggestions to improve community attitudes were:

* awareness campaigns and information about people with disability on social media, in ways that discourage deficit-based attitudes to disability
* promoting the voice and representation of people with disability, including media representation and input to inclusive policies across different areas of government and the community
* including people with disability more in mainstream projects, programs, events and activities that connect people with and without disability in communities
* supporting cultural community groups to collaborate to address existing cultural attitudes toward disability and improve acceptance of disability
* measures to enable people with disability to build relationships with health professionals.

Community attitudes workshop participants strongly suggested that changing attitudes and behaviours requires legislative and system changes. They also said strategies and training need to be specific to the audience. For example, improving students’ and young people’s attitudes requires a different strategy to improving attitudes among health professionals.

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# Putting policy into action – Cross‑sector collaboration workshops to inform Targeted Action Plans

The Position Paper proposed **Targeted Action Plans** be established under the new Strategy to facilitate better outcomes for all people with disability over the life of the next Strategy. As stated in the Position Paper, Targeted Action Plans are an action-oriented approach to implementation that will focus on achieving specific deliverables to drive change within shorter timeframes. These plans can respond to the shifting disability policy landscape over time, making the new Strategy more responsive and adaptable to the changing needs of people with disability.

During stage 2 targeted consultations, **five cross-sector collaborative workshops** were held to help inform the development of possible Targeted Action Plans. The workshops helped to generate ideas for improving:

* [Community attitudes](#_Ideas_for_improving_1)
* [Employment of people with disability](#_A_focus_on)
* [Early supports for children and their families](#_Ideas_for_improving_2)

Participants in the workshops strongly supported the Position Paper’s proposal to include Targeted Action Plans as part of the new Strategy. They contributed a broad range of ideas and suggestions on actions to include, and approaches to ensuring the actions are delivered.

In each workshop, participants generated many ideas, and were asked to consider which ideas would have the greatest impact. The ideas listed in this consultation report are ones that may be appropriate for a Targeted Action Plan, to be delivered within a two-year timeframe. Ideas put forward have been analysed to:

* reduce duplication across outcome areas
* remove duplication of ideas likely to be covered in other parts of the National Disability Strategy, such as an Engagement Plan and Outcomes Framework
* reflect on main issues, barriers and considerations participants raised during discussions
* consider which ideas are likely to be actioned within the first two years of the new Strategy.

## Ideas for improving community attitudes

Fifty-nine participants from a cross-section of disability, business, health, education, transport, planning, social enterprise and other sector organisations attended the workshops.

In relation to community attitudes, there were approximately 125 ideas listed during the workshops. A number of the ideas raised included longer-term and major areas of reform within the systems and settings that may impact attitudes, for example changing building codes, developing a national inclusive education policy, and reforming discrimination law. These ideas have been recorded and could be considered by governments in the longer term.

For the purposes of informing a shorter-term Targeted Action Plan focused on community attitudes, the following ideas for action could be considered or prioritised.

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| * **Rights-based training for people in decision-making roles at local community level**, for example, councillors, municipal planners, developers, infrastructure and transport specialists. * **Communicate market demand and the economic benefits of inclusion and accessibility** to target groups, such as business and industry, including employers, planners, developers, event managers. * **Represent people with disability in media**, including requirements for Australian media to have authentic representation and work to increase visibility of disability in ways that normalise it. | **Attitudes impacting inclusive and accessible communities (outcome 1)** |
| * Funding disability advocacy organisations to provide **rights training for people with disability**. * People with disability being authentically represented in the media and community, including sharing stories through a **public awareness campaign**. * **Disability Justice Plans** for each jurisdiction, with awareness and inclusion training for justice and associated personnel led by people with disability. | **Attitudes impacting rights protection, justice, safety and legislation (outcome 2)** |
| * Continue and extend **national employment advertising campaigns** combating negative stereotypes, promoting Job Access and showing people with disability with skills, talent and empowerment in workplace settings. * A **program to target architects, builders and building designers** (e.g., through promotions and conferences) to show the benefits of accessible buildings and increase awareness of social and economic benefits of accessible housing. * **Accreditation and certification programs** for larger, medium and small businesses who employ people with disability. | **Attitudes impacting economic security (outcome 3)** |
| * **Greater support for advocacy** to ensure people with disability across Australia have access to robust, independent individual advocacy. * Improved **recognition and funding for peer support,** including longer-term funding options. * **Targeted strategies to address community attitudes** about disadvantaged groups of people with disability. | **Attitudes impacting personal and community supports (outcome 4)** |
| * Student voices at the centre and **ways to capture the voices and stories of young people with disability.** * Program of **ongoing training for educators across all levels and sectors** to understand bias and inclusion to better meet the needs of people with disability, including invisible disabilities. * **Increase visibility of young people with disability in the workforce.** | **Attitudes impacting learning and skills (outcome 5)** |
| * **Mandatory disability awareness training** for health and public services, including policy makers, and during relevant tertiary qualifications (e.g., medical sectors), which involves or is led by people with disability. * Mandatory or increased requirements to **co-design mainstream services, including health and education services and supports** with people with disability**.** | **Attitudes impacting health and wellbeing (outcome 6)** |
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## Ideas for improving employment opportunities

**Employment opportunities for people with disability** is one of the key areas government and people with disability want to see improved under the next Strategy.

The cross-sector collaborative workshop on employment of people with disability included 21 participants from a cross-section of disability organisations, large business and small business representatives, social enterprises, education settings, and other organisations attended the workshop.

During the workshop the following considerations were noted as being important for improving employment outcomes:

**Build on existing initiatives**: Participants suggested existing programs have potential for greater positive impact and time is needed to evaluate these effectively and make improvements along the way. Participants also suggested investing in programs that had been built on evidence and had success overseas.

**Consider new, bolder intervention:** Innovation came through a number of discussions during this workshop. Participants suggested governments need to take a responsive approach to new ideas and initiatives to disrupt disability employment systems.

Participants acknowledged significant investment in disability employment was being made, they also said that positive outcomes in employment data were not apparent. Therefore, bold, new initiatives are required.

**Going beyond financial incentives and targets:** Several actions were suggested for increasing incentives for employers to employ people with disability. Improving employment outcomes also requires changes in employer motivations, attitudes and practices that go beyond financial supports and targets. It was suggested that data and business leadership could better show the broader value for companies and brands in employing people with disability.

**Disability is a forgotten element of diversity:** Some participants noted that government, not-for-profit, for-profit and small to medium businesses are developing inclusion plans and policies mostly focussed on gender diversity. Some participants suggested disability can be forgotten as a priority of diversity and inclusion in workplaces.

Participants agreed organisations and businesses should be encouraged, and in some cases, required—such as for those using public funds—to have a workplace diversity and inclusion plan. The plan should include employment of and involvement by people with disability.

However, some concerns were raised about relying on mandated targets. Some participants suggested this doesn’t shift attitudes about the capability of people with disability or the benefits of employing people with disability.

**Promoting retention with recruitment:** Across a number of issues discussed and potential actions suggested, participants raised the importance of building targets for diversity in recruitment and retention, including for the professional development of employees with disability.

**The problem of long-term unemployment:** Several participants highlighted the significant challenge of transitioning people with disability who have been unemployed for long periods of time into employment. For these people, the pool of employers able and willing to support a transition to work is small and it will take significant intervention to improve this area.

**Engaging and supporting young people in transitions from school to further training or employment:** Workshop participants said this was a priority area for future employment outcomes overall, and suggested a focus in the Strategy on more tailored support from the education system during school years, support to navigate education and employment systems, raising expectations, and increased opportunities for work experience.

### Key ideas

Participants were asked to generate ideas that would help to improve the employment of people with disability. Approximately 52 unique ideas relating to employment were suggested.

Based on this analysis, these were the key ideas raised by workshop participants for actions they thought could be included in a Targeted Action Plan or future employment strategy:

* **Targeted awareness,** including a toolkit and case studies specific to employers, building on existing campaigns.
* **A centre for practice** that would ensure all strategies and programs for people with disability transitioning from school to work are based on latest research and evidence.
* Tailored support focused on **empowering individuals to lead their own return to work**, including specialised support for people with more complex injuries such as acquired brain injury.
* **Tailored/specialised support for employers to improve capability and inclusive culture,** including to retain employees who acquire disability and slow return to work, through:
  + increased access to technology for required workplace modifications eg increase to Job Access assistance
  + connecting workplaces with early intervention supports and inpatient settings, such as in hospitals and rehabilitation services
  + promote flexible working conditions/arrangements among employers.
* **Job creation initiatives for employers** through market stimulation, for example, tax incentives and targets.
* **Mandated disability inclusion action plans** for large employers where not already required.
* **Paid work experience positions for young people** that provide transferable skills to open employment, including through continuing targeted placement and support programs.
* **Implement Disability Standards for Employment** to provide more specific guidance to employers on their obligations.
* **Draw together the work happening** across government with employers on building confidence and capability to create **one trusted voice and one navigation path**, including transition supports to empower people with disability in the process.
* **A workplace diversity and inclusion accreditation** that includes disability confidence training and certification for employers and recruiters.

## Ideas for improving early supports for children and their families

The collaborative workshop on **early supports for children and families**—another key area of focus for the next Strategy brought together parents and stakeholders to discuss issues related to the delivery of early supports.

Twenty-one participants, including parents, representatives from disability, health, research, and early childhood education and care organisations, attended the workshop.

During the workshop the following considerations were noted as being important for improving access to early supports for children:

**Complying with international obligations:** All government programs and departments need to comply with the UN Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child.

**Defining what inclusion looks like:** A clear priority for participants was to better define and align what inclusion means and looks like across service systems. Participants noted that supporting children and families requires inclusion of children from early years. This could be a focus of early supports and early intervention policy in mainstream service systems.

**Current lack of access to a centralised source of reliable information:** Many workshop participants said there was a lack of reliable, consistent and accessible information for parents and carers. This results in them being overwhelmed when seeking the right resources and services for their child.

They said the lack of a central, trusted source of evidence-based information on early supports, along with the complexity (or perceived complexity) of systems and services, leads to many families not accessing the support they need for their child/ren. Suggestions focused on the need for an ‘omni-channel interactive family navigator service’ to provide immediate support to families via the telephone, online and/or in-person or the creation of a portal. Overall, the group felt that a ‘single source of truth’ was critical and that it was important to ‘build on what we have’ rather than creating something new.

**The need to collaborate and reduce silos of service provision:** Support and service provision was not well coordinated across service systems such as health and education, according to participants. This resulted in large amounts of effort to navigate the systems and access support.

It was noted that information from different services is often contradictory or conflicting, and that complex administration and processes, can be barriers for families getting support. This especially affects families who are time-poor and under a lot of stress and pressure, or who have lower literacy levels. The need to build on and link existing systems such as maternal and child health (MACH) was also noted.

**The need for an approach that places parents and their children with disability at the centre:** Many participants said supports for parents, carers and children need to centre on the parent and child. This was seen to be particularly important for parents from Aboriginal and Torres Strait Islander backgrounds and other diverse groups.

It was noted that people from diverse cultural backgrounds often carry different understandings and perception of disability. This can create additional barriers to accessing information and support. It was noted that the journey of the child and the parent or carer are connected. The journey of the family unit should be considered at all times. They also said it was important to use the experiences of young people with disability (including through paid roles) to develop ideas and policies to improve support for children with disability and their families across all systems.

**The importance of recognising that the early years can be a stressful and anxious time for families of a child with disability:** Workshop participants noted the high levels of stress and anxiety which can be associated with the early years for families of children with disability, including before, during and after diagnosis. It was noted that there is need for services and supports “to wrap around” families and enable them to feel safe, as well as to “give hope to families, rather than squash it”. The Strategy was seen as an opportunity to do this, given it looks holistically across outcomes and has a 10-year timeframe.

**The need to address compounding challenges for families in regional and remote areas:** There were a range of issues raised which impact on early supports for children and families in regional, rural and remote communities. The lack of appropriate training for inclusive systems and supports was mentioned. Also, the limited availability of local disability services leads to delays in diagnosis and access to specialist supports.

Participants said there were high levels of undiagnosed children in remote and rural areas. Families in these communities need much more help to navigate the system and understand how to access appropriate services and support.

### Key ideas

Approximately 70 unique ideas were suggested during the workshop, which could be prioritised and considered as part of an Early Childhood Targeted Action Plan:

* **Promote and fund existing and new supports and services**, which would increase inclusive community supports and ‘soft’ access points for families of young children with disability (e.g., playgroups, peer support and community groups).
* **Develop a service or portal to help families navigate systems,** which provides a cohesive omni-channel approach, is reliable and easy-to-access to help families find the information and support they need.
* **Develop more evidence-based information and resources** to empower families, including tailoring of supports—through co-design processes—for First Nations families.
* **A public education campaign** on the importance of inclusion and supporting young children with disability and their families.

Other actions suggested which could be considered in the next National Disability Strategy included:

* empowering families through a strengths-based approach, including support and training for families of young children with disability
* clearly defining what inclusion means and what it looks like and aligning this across all systems and support
* ensuring universal access to diagnostic services, including for children from diverse groups
* co-design (including paid roles) using young people with disability and elevation of their voices in developing and implementing policy
* workforce training that empowers families to access the information they need and reduces discrimination, as well as specific training for medical and other mainstream specialists (eg police) about inclusion
* support, information and professional development for key people and first responders, for example GPs, allied health workers, educators, police, fire and ambulance officers
* using The [Common Approach](https://www.aracy.org.au/the-nest-in-action/the-common-approach#:~:text=The%20Common%20Approach%C2%AE%20is,all%20aspects%20of%20their%20wellbeing.) to work flexibly with families, with a focus on building relationships and including the voices of children and families.

# Accountability and responsibility

Stage 2 consultation participants supported the key features proposed in the Position Paper to make the new Strategy effective in holding governments accountable for delivering improvements for people with disability. They agreed that better public reporting and monitoring of the Strategy’s implementation is key to doing this and that measuring outcomes for people with disability is also important to tracking whether the Strategy is having an effect.

Suggestions in the focus groups and workshops relating to accountability, measurement and reporting were consistent with those shared during stage 1 consultations.

Common suggestions for governments to be more accountable to the Strategy and to improve reporting of progress focused on:

* having information all together, in one location (e.g. a dedicated website, social media and information displayed in relevant government services)
* continued (possibly annual) consultations throughout the implementation stages of the Strategy
* creating flexible opportunities for feedback and to provide updates outside of formal engagement processes and set milestones
* set targets with timeframes for key areas, such as employment, education, and health and wellbeing indicators
* annual reporting promoted to everyone in the community.

The following feedback was provided in relation to the specific areas of accountability and responsibility proposed in the [Position Paper](https://engage.dss.gov.au/nds-stage2-consultation/national-disability-strategy-position-paper/).

## Roles and responsibilities

Participants in focus groups and workshops agreed with the Position Paper’s proposal that the new Strategy should clearly outline governments’ roles and responsibilities for the key systems and services that people with disability access. They commonly reported significant room for improvement in how organisations, businesses and governments in Australia work together to make an inclusive society. Participants observed that communication from and between bodies is lacking.

A consistent theme was that implementation of the Strategy can’t be left up to disability-specific portfolios, such as Department of Social Services. All areas of Commonwealth, state and territory governments need to be involved and show their strong commitment to the Strategy. For this to be achieved, some said the Department of the Prime Minister and Cabinet might need to have oversight of the Strategy, or other form of independent oversight across government.

Some participants suggested agencies who have responsibility for legislation enforcement and compliance need to have a stronger role in the Strategy. Some said there was not enough compliance with some discrimination legislation and standards, such as the [*Disability Standards for Education 2005*](https://www.education.gov.au/disability-standards-education-2005#:~:text=The%20Disability%20Standards%20for%20Education%202005%20(the%20standards),five%20years,%20in%20consultation%20with%20the%20Attorney-General's%20Department.). Some also raised the importance of government implementing effective complaints processes when it comes to discrimination in the community.

Participants suggested governments need to work better with community organisations. Specifically, they noted organisations who understand and work with people with disability should be engaged more often by governments to assist with program development and engagement. This included more focus on supporting the role of advocacy ‘that works with us individually, and not just those who talk to government’.

In order to make the new Strategy relevant to the whole community, it was suggested there needs to be more inclusive campaigns, events and initiatives that target whole of community. This is in contrast to disability awareness days and events that separate people with disability from others. Events such as the Gay and Lesbian Mardi Gras and Harmony Day were noted as examples where good, broad-scale community involvement had been achieved.

Some participants suggested a Disability Advisory Council should be established as part of the Strategy, to report to Parliament and ministers. It should have the power to ask for changes, considerations and reviews. Young people also suggested they could be employed to play a larger role to measure and report, and to spread the message about progress under the Strategy.

## Reporting

Participants suggested **independent and mandatory reporting of outcomes**, as ‘independent reporting is necessary to avoid government departments just reporting the positives’. Governments also must be transparent in their reporting.

Participants said it should be mandated that reports on outcomes are shared with people with disability. That way, people with disability can judge and input to whether the Strategy is helping to make a positive difference in their lives.

It was suggested the Strategy be shared in a variety of ways, such as through:

* updates on websites every 6 or 12 months, using clear information and dot points on what has improved, in accessible and Easy Read formats
* letters and newsletters, including to NDIS recipients
* news and mainstream media
* online and social media
* printed materials provided to services that people with disability access, such as GP clinics and Centrelink
* text messages
* webinars
* community forums
* information provided to community groups
* presentations to members of disability organisations.

Participants noted there aren’t a lot of tailored products or promotions about what the Strategy does or has achieved. They suggested more promotion and products that are targeted to Aboriginal and Torres Strait Islander communities, CALD community groups, young people and other specific groups who may miss out on— or not engage well with—broader government information.

## Data collection

A key theme of the collaborative workshops was the need to focus on data collection that clearly shows change over time, and that would demonstrate the value of the Strategy and its actions.

Suggestions for improved data collection included:

* more comprehensive employment data, which better demonstrates key reasons and evidence where employment outcomes improved, or did not improve
* proper and accurate data collection on people with disability in the health system to track and ensure accountability of the health systems — a suggested key action of the collaborative workshop
* data that shows and draws links between improved access and inclusion, and social and economic benefits, rather than just quotas and numbers
* putting in place requirements for private sector to report on disability inclusion
* initiatives to collect more qualitative data based on the experiences of people with disability
* tracking and measuring attitudes, including measuring whether outcomes for people with disability improved as a result of campaigns and other activities that seek to change attitudes in the community
* data to show where funding goes, such as clear data and reporting on expenditure for disability policies and programs
* guidance to organisations on safe and appropriate practices for collecting data related to people with disability.

A **data dashboard** on a Strategy website was suggested. This could show current progress of implementation and data collection, and encourage other organisations to publicly provide and show data.

Participants also noted data should be used better to show the benefits of inclusion of people with disability in society.

# Involving people with disability (engagement plan)

Participants in the focus groups all strongly supported the proposal in the Position Paper for the new Strategy to incorporate an engagement plan—a plan that would better engage and involve people with disability in all aspects of the Strategy.

Participants raised concerns about how much and how often people without disability make decisions for people with disability. They can’t know what it is like to live with disability.

Given one in five people in the community identify as living with some form of disability ([Survey of Disability, Ageing and Carers 2018](https://www.abs.gov.au/websitedbs/D3310114.nsf/Home/Survey+Participant+Information+-+Survey+of+Disability+Ageing+and+Carers#:~:text=Background%20The%202018%20Survey%20of%20Disability,%20Ageing%20and,1988,%201993,%201998,%202003,%202009,%202012%20and%202015.)), participants said it should be easier for people with disability to be in decision making roles. In particular, they wanted people with disability to have a stronger presence in roles contributing to policies and issues that determine outcomes for people with disability. Young people emphasised listening to people with disability about what their needs and wants are, and suggested there be more opportunity for people with disability to become leaders in their community.

Participants also reiterated that people should be paid for their contributions of knowledge and experiences, rather than being expected to continually ‘volunteer their time’.

Practical ways suggested to put people with disability at the centre of the next Strategy included:

* **Better representation on local boards and community groups**, which may require setting reportable targets and incentives for community boards and committees.
* **More employment in local council roles** so that people with disability have a voice in community services and infrastructure design and delivery.
* **Ensuring people with disability are in governance and oversight roles** where the decisions are being made, so they are in ‘positions of influence to make changes’ not just ‘token inclusion’.
* **Holding community forums or workshops** to get feedback from people with disability about how the plan is going.
* Continued **support for disability advocacy** organisations who can support the involvement of people with disability, including from different groups, and act as experts to advise governments.
* **More investment in self-advocacy groups** and support groups.
* **More targeted outreach to people with disability** who may not be involved with any groups or organisations, and/or who have more complex needs.
* **Using and supporting existing networks, associations and organisations** would continue to facilitate people with disability’s input to the Strategy. Those who rely on NDIS community connectors and other specific support networks would particularly benefit from this, such as people from CALD backgrounds.

It was suggested organisations (e.g. government agencies, business, community service providers etc) need more guidance on how to involve people with disability in policy and program design. Also, governments should make stronger commitments to better and more inclusive engagement practices. It was expected the engagement plan might help to establish these requirements under the new Strategy.

Participants noted engagement of people with disability should happen **more often and with more opportunity for genuine dialogue**. This included having more workshops, consultation groups, advisory groups, and other opportunities to collaborate with government. Participants also noted that **engagement cannot be a one-size-fits-all approach**. It requires a targeted approach with people with intellectual disability and others with more complex needs, including time to help people prepare to provide their input.

# Conclusion

The stage 2 focus groups and cross-sector collaborative workshops both reinforced and provided deeper insight into many of the issues and opportunities raised in the stage 1 open consultation process. In doing so, they provided support for the key features of the new Strategy that were outlined in the Position Paper and gave valuable advice and ideas on how to further develop and deliver on those features.

Across the targeted engagements, the following key themes emerged as important for guiding development of the next National Disability Strategy.

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| **Strength based and evidence based**  Actions across all outcome areas need to have both a strength and evidence-based approach. This means a **positive strategy** built on:   * **evidence** about what is working * knowledge, **experiences and expertise** of people with disability and the disability sector * robust **research and monitoring**.   Participants wanted **stronger measurement and clear reporting** of actions and outcomes under the next Strategy. |
| **Actionable and responsive**  The next Strategy must include **funded actions**, with **delivery timeframes**.  **System changes** are required to disrupt and achieve change in areas requiring major improvement, for example the employment of people with disability. It was suggested actions go beyond awareness raising.  The Strategy must continue to **innovate, find new ways of doing things, and respond to ideas, technologies and trends**, in order to achieve outcomes over the next 10 years.  It also needs to respond to existing or emerging gaps and opportunities for people with disability. |
| **Inclusion**  Across all outcome areas, but particularly in education and health, participants called for **actions that promote and increase inclusion.**  Young people and advocates suggested **stronger actions to change the way people with disability are treated and included, with** calls for:   * applying the social model of disability * universal design embedded across all areas * introduction of more inclusive education systems * introduction of targets and requirements in education, business, health, justice and other mainstream settings. |
| **Empowerment of people with disability**  The next Strategy must give people with disability more **influence, empowerment and choice** over decisions that impact them.  **Advocacy support** was one of the common areas identified by participants needing more investment, to provide additional resourcing to support people with disability to have a voice and be more in control of the decisions that impact them.  The Strategy must promote respect and demonstrate measurable actions that **people with disability are valued members of their community and society**. |
| **Engagement and co-design**  The Strategy will be effective only if actions are designed with people with disability. Stronger engagement requirements will ensure **people with disability are involved** in outcome areas and sectors.  **Co-design** is required across the Strategy’s design, delivery, monitoring and progress reporting.  An **engagement plan is critical** to implementation of the Strategy. |
| **A profile beyond NDIS**  The NDIS was seen by participants as an important reform but they suggested the next Strategy prioritises disability reform, policy and actions outside of the NDIS.  This would support improving outcomes for the almost 4 million people with disability who are not NDIS participants. It must take a whole-of-society approach.  A focus on broader societal change and inclusion would make sure people with disability access human rights, safety and fair living conditions, regardless of what supports they access. |
| **Recognising intersectionality**  Among other factors, culture, race, religion, language, gender, identity, sexuality, age and income impact a person’s life and wellbeing.  As a result, policies and actions have varying degrees of impact on different people. **Actions need to be many and multi-faceted** to positively impact different groups. A one-size-fits-all approach will not work. |
| **Stronger actions to uphold rights**  Participants shared experiences of discrimination and poor attitudes in the community. Many said these barriers could only be overcome with **stronger rights protections and discrimination legislation** that better incorporates the UN Convention on the Rights of Persons with Disabilities.  Many suggested a stronger commitment to actions and monitoring that **ensure governments and community uphold rights**. |