



Submission to the Australian Disability Strategy Review

About Us

The Physical Disability Council of New South Wales (PDCN) is the peak advocacy organisation for people with physical disabilities in NSW. We stand up for the rights of people with physical disabilities, advocate for disability inclusion across Government and business, and drive systemic reform around accessibility.

PDCN is the sector coordinator for the NSW Disability Advocacy Network (NDAN). NDAN is a consortium of disability advocacy organisations based in NSW. As a collective we represent the rights of all people with disabilities residing in NSW.

We appreciate the opportunity to provide feedback about the Australian Disability Strategy (ADS). The disability landscape is undergoing significant change. PDCN is closely monitoring reforms to the NDIS, the Government's response to the Disability Royal Commission, the movement towards a system of foundational supports and the review of the Disability Discrimination Act. We see the ADS as the leading instrument guiding the direction of the disability landscape. This is an opportunity to enhance leadership, direction and structure in the disability sector and across Australia.

Introduction

The following submission responds to the questions about the ADS implementation mechanisms. It outlines a new governance and reporting structure and makes recommendations to enhance consultation and co-design process with people with disabilities.

The second part of this submission responds to some of the questions about outcome focus areas. The outcome areas PDCN responds to include employment and financial stability, safety rights and justice, personal and community support and health and wellbeing.

The following submission draws on the knowledge and experience of people with lived experience of physical disability.



Part one – Implementation Mechanisms

ADS Governance and Reporting Structure

The ADS is the key strategic document guiding the disability sector and governments across Australia, with the ADS Advisory Council playing a vital role in implementing its initiatives. This includes consolidating disability-related reforms, tracking government progress, and enhancing transparency.

PDCN proposes a new governance approach, where the Advisory Council meets with the Disability Ministerial Advisory Council twice a year for updates on NDIS review implementation, the Disability Royal Commission, foundational supports, mainstream services, and funding allocations. Progress should be reported on the Disability Gateway. Public consultations, including annual forums in each state and territory and online sessions, should be expanded, targeting advocacy groups, service providers, and people with disabilities. The ADS should also regularly update its website with government initiatives and progress on agreed reforms, allowing advocacy organisations to identify gaps and provide support.

Consultation and Co-design

Defining Consultation and Co-design

There is a general concern among the disability advocacy sector that Governments do not effectively consult about, and co-design policy, programs and services with people with disabilities. As a starting point, leaders in the disability sector, governments and the disability advocacy sector must come to an agreement about what these terms mean. The ADS can publish this definition as a guideline.

Part Two - Response to Outcome Areas

Outcome Area: Employment and Financial Security

PDCN agrees that employment and financial security are a key priority area.

Increasing employment for people with disabilities in the public service

The public service should increase their employment rate of people with disabilities. This employment rate should be consistent across Australia, considering the size of the that specific public service and should include disaggregated targets for disability type. The government is a powerful entity that sets standards for other businesses. Advocacy organisations can be contracted to provide support to public service bodies to provide advice, guidance and support to be inclusive.



Outcome Area: Safety, Rights and Justice

PDCN Position

PDCN agrees that preventing violence against people with disabilities is a priority. We also agree that people with disabilities must be treated fairly in the criminal justice system.

Restrictive Practices

PDCN is concerned about the use of restrictive practices on people with disabilities. NSW has the highest rates of restrictive practices across Australia.

The current Targeted Action Plan prescribes activities for protecting people from violence. However, the ADS should use the recommendations from the Disability Royal Commission report to track the progress of governments to define the term 'restrictive practice', legislating against restrictive practices and collecting data about restrictive practices. Data about restrictive practices should be shared by the ADS with the public.

Capacity building programs for health professionals, law enforcement, and people with disabilities are key to preventing violence against people with disabilities.

Health professionals and law enforcement should receive trauma-informed training that enhances their understanding of how to communicate with and support individuals with disabilities, particularly recognising the heightened risks faced by women, children, people from culturally diverse backgrounds, and First Nations communities. For people with disabilities, capacity-building programs and peer support are essential in helping them understand their rights, identify referral pathways, and access one-on-one support. This requires consistent funding.

Disability Rights – legislative reform

To enhance disability rights, Commonwealth legislation should impose positive obligations on employers and institutions to recognise the rights of people with disabilities, shifting the burden of proving discrimination from individuals to those with more power. The ADS should incentivise the prevention of people with disabilities being stuck in a cycle of complaints which does not lead to systemic reform. Complaint bodies, such as the Australian Human Rights Commission and State and Territory Ombudsmen, should analyse individual complaints to identify areas for systemic reform. They should report on these analyses, highlight opportunities for systemic remediation, and provide progress updates on the ADS website.

Outcome area: Personal and Community Support

PDCN Position



PDCN agrees the disability service and support sector is a key priority. This is especially true because of the reforms to the NDIS, the plan to implement foundational supports and plan to increase accessibility and inclusion in mainstream services.

Keeping the Disability and Support sector clear, simple and publicly available.

Disability supports and services should ideally be able to be located through the Disability Gateway. The Gateway's data and analytics should be analysed, and a report published allowing governments to make new funding decisions where there are clear gaps in the market.

Enhancing Mainstream Services

All Governments should maintain and update their Disability Inclusion Action Plans. Corporate bodies should also be encouraged to develop and maintain a DIAP.

The Principles of Disability Inclusion in mainstream services and systems

A key to a more inclusive and accessible future is to design all services and systems applying the principles of disability inclusion listed in the Health and Wellbeing section of this submission.

Outcome Area: Health and Wellbeing

PDCN Position

PDCN agree that health and wellbeing is a priority area. We advocated for a parliamentary inquiry into health services in NSW. We also work with Health Consumers NSW to make sure the principles of disability inclusion are embedded in health systems (example below). We are deeply concerned about restrictive practices being used in health settings.

Case Study – Applying the Principles of Disability Inclusion in health systems

The NSW Health Single Digital Patient Record should include features and functions that are useful to people with disabilities. As an example, PDCN developed a mobile application called the Health Care Passport to improve communication and care of people with disabilities in medical settings. To do this, we developed the following principles to guide the design of the system:

Equity of Access - Inclusive health care means equity of access for people with disabilities so that they can participate in their health care. If a system is inclusive, that means they have made the necessary changes to their practice to make their program more accessible for those with disabilities.



This is not just about building facilities – it extends to medical equipment, availability of assistive technology, financial access. Access to culturally appropriate services for First Nations people with physical disabilities etc.

Respect and dignity - To be inclusive, healthcare providers must respect and value the diverse lived experiences of people with disabilities and avoid making assumptions about them, their identities, and the barriers that they face.

This requires both the healthcare system and the people who work in it to meet the needs of patients. Treating people with respect and dignity occurs at the systemic and individual level. Put simply respect and dignity involves funding commitments at the systemic level and workforce training at the individual level.

The terms ‘respect and dignity’ can be difficult to define. Ultimately, respect and dignity are about kindness and empathy. It’s about listening to people and understanding their point of view.

Participation and shared decision making (or choice and control) - Full Participation means that people with disabilities are fully and meaningfully included in health programs and services. People need to be able to have choice and control over their health care, and where choice and control is difficult, people need to be provided with supported decision making.

Strive for excellence – Disability inclusion needs a strategic and considered approach, not a tokenistic approach. Decision makers in the health sector must analyse existing disability inclusion initiatives to determine best practice.

Honesty and Trust - Inclusive health care involves accountability and a commitment to continuous improvement. It’s about being open and honest about areas for improvement and putting measures in place to protect people’s safety and wellbeing and remediating problems so that people with physical disabilities can build trust in the health sector.

These principles are flexible in their application. They can be applied to any government policy, program, service or system.

Outcome Area: Homes and Inclusive Communities

PDCN Position

PDCN agrees that accessible and affordable housing is a critical priority area. Housing continues to be one of the top issues affecting the lives of people with physical disability.

Targeted Action Plan for Housing



The ADS should include an action in the new housing Targeted Action Plan. A Targeted Action plan for housing will improve government accountability on housing progress. For example, in relation to Draft Finding 4, the ADS should support clear accountability on the 'Inclusive homes and communities outcome area' by requiring all states and territories to report regularly on their compliance with the Livable Housing Design Standards in the National Construction Code, including the enforcement and application of the standards and any exceptions or exclusions. States and territories should also report regularly on increases in accessible housing stock in their jurisdictions.

Outcome Area: Community Attitudes

PDCN Position

PDCN agree this is a priority area. Community attitudes can be strongly influenced by awareness campaigns and accessible recreational activities.

Disability Awareness Campaigns

Disability awareness campaigns should be delivered in primary and secondary schools. From an early age people should understand disability to reduce fear and confusion.

Accessible Recreation and Leisure Activities

It is during community events that people feel socially connected. Free from the responsibilities of work and study, people have a chance to look around and enjoy life. Visibility of people with disabilities enjoying the community will have a positive impact on community attitudes.

Playgrounds, venues and community events should be accessible and inclusive. People with disabilities should be able to play sport, attend music concerts, attend church, enjoy the easter show, and watch their children play in the playground.

Proposed outcome area: Transport

People with physical disabilities are concerned about limited transport options. Transport is a large and complex portfolio. It includes air travel, trains, buses, trams and taxi services. Therefore, we propose Transport be considered alone as an outcome area.

Case Study – Taxi Services and Wheelchair Accessible Taxis

In NSW there is a severe shortage of wheelchair accessible taxis. The Interstate taxi vouchers are not accepted by some taxi drivers because they are not familiar with the vouchers or do not want to do the administrative work to redeem them. This is the type of



cross jurisdictional issue that can be brought to the attention of Disability Ministers at the Disability Ministerial Reform Meetings.