COMMONWEALTH OF AUSTRALIA

Proof Committee Hansard

SENATE

COMMUNITY AFFAIRS REFERENCES COMMITTEE

Delivery of outcomes under the National Disability Strategy 2010-2020

(Public)

TUESDAY, 4 JULY 2017

SYDNEY

BY AUTHORITY OF THE SENATE

[PROOF COPY]

SENATE

COMMUNITY AFFAIRS REFERENCES COMMITTEE

Tuesday, 4 July 2017

Members in attendance: Senators Carol Brown, Duniam, Siewert.

Terms of Reference for the Inquiry:

To inquire into and report on:

The delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities, with reference to:

a. the planning, design, management, and regulation of:

  i. the built and natural environment, including commercial premises, housing, public spaces and amenities,

  ii. transport services and infrastructure, and

  iii. communication and information systems, including Australian electronic media and the emerging Internet of things;

b. potential barriers to progress or innovation and how these might be addressed;

c. the impact of restricted access for people with disability on inclusion and participation in economic, cultural, social, civil and political life; and

d. any other related matters.

WITNESSES

SANDS, Ms Therese, Director, Disabled People's Organisations Australia

Committee met at 09:30

CHAIR (Senator Siewert): I declare open this public hearing and welcome everyone here today. We acknowledge the traditional owners of the land on which we meet today and pay our respects to elders past, present and emerging. This is the first public hearing for the committee's inquiry into the delivery of outcomes under the National Disability Strategy 2010-20 to build inclusive and accessible communities. I thank everybody who has made a submission to the inquiry. This is a public hearing and a *Hansard* transcript of the proceedings is being made. The audio of this public hearing is also being broadcast via the interweb.

Before the committee starts taking evidence, I remind all present here today that, in giving evidence to the committee, witnesses are protected by parliamentary privilege. It is unlawful for anyone to threaten or disadvantage a witness on account of evidence given to the committee. Such action may be treated by the Senate as contempt. It is also contempt to give false or misleading evidence.

The committee prefers all evidence to be given in public but, under the Senate's resolutions, witnesses have the right to request to be heard in private session. It is important that witnesses give the committee notice if they intend to ask to give evidence in private. If you are a witness today and you intend to ask to give evidence in private, could you please speak to our secretariat, as we have arrangements that need to be made.

I welcome the representative from Disabled People's Organisations Australia, Ms Therese Sands. I would like to confirm that you have been given information on parliamentary privilege and the protection of witnesses and evidence.

Ms Sands: Yes, I have.

CHAIR: Thank you for your submission. It is very extensive. I think it is going to be very useful for us. Thank you. I invite you to make an opening statement and then we will ask you some questions.

Ms Sands: Thank you for the opportunity to appear before you today. The National Disability Strategy is the principal national strategic plan agreed by all Australian governments to implement the Convention on the Rights of Persons with Disabilities and report to the UN on progress in achieving rights for people with a disability. It is absolutely critical to addressing the daily lived experience of people with disability—one of discrimination, stigma, disadvantage and a range of human rights violations that are consistently reported by people with disability to our organisations and many other advocacy organisations and documented in national reports over the last several years. This includes the *Shut out* report in 2009, which was the report prepared by the former National People with Disabilities and Carer Council. It underpinned the development of the National Disability Strategy. It absolutely underscored the critical need for the National Disability Strategy to be a human rights focused national strategy.

This was followed three years later, in 2012, by the *Disability rights now* report, which was prepared by disabled people's organisations and disability representative and advocacy organisations for the UN for the review of Australia under the Convention on the Rights of Persons with Disabilities. It found similar issues existed for people with disability in Australia as the *Shut out* report did. Then, three years later, in 2016 the Disability Discrimination Commissioner conducted national consultations across Australia with people with disability and also found that significant discrimination and disadvantage remain in our communities. I note that the commissioner is appearing before the committee today and he may elaborate on some of those findings.

The NDIS has been a significant reform under the National Disability Strategy outcome area 4, and it provides critical investment to enable people with disability to choose the supports they need to increase economic, social, cultural and civic political participation. However, the success of the NDIS is dependent on parallel success in the National Disability Strategy. So a person may benefit from an NDIS funded package, but they may not be able to use that package effectively if they cannot access the community through accessible transport or access public premises or the justice system, or if they cannot enjoy inclusive education et cetera.

The focus on the NDIS, we see, has taken away significantly from other reform areas within the other five policy areas within the National Disability Strategy, and we note the recent concluding observations and recommendations from the UN Committee on Economic, Social and Cultural Rights, which reviewed Australia in May 2017. The committee noted with appreciation the adoption of the National Disability Strategy, but it remains concerned about the slow progress in implementation of the strategy attributed to insufficient resources and weak accountability and implementation measures. The committee recommended that Australia ensure full implementation of the strategy by focusing on all six areas covered by the NDS and allocating the necessary resources, and by strengthening the accountability mechanisms to ensure that people with disability fully enjoy their human rights.

In this respect, we do welcome the reaffirmed commitment by the Disability Reform Council of COAG to the strategy. This is really important, because we are now in the rather absurd position of being in the second implementation phase, which is 2015 to 2018, and yet the second implementation plan was only released in September 2016, and the supporting documents for this second phase—the Australian government action plan and the Australian government plan to improve outcomes for Aboriginal and Torres Strait Islander people with disability—have not yet been released, and we are now in July 2017. So this reaffirmed commitment by COAG must be supported by strengthened architecture to drive reform across governments and jurisdictions. We have made a range of recommendations, but I will just highlight three.

We believe that, to ensure greater accountability and reform across governments, we need a high-level mechanism within Prime Minister and Cabinet, such as an office of disability policy coordination or policy reform, to leverage reform across Commonwealth agencies and state and territory jurisdictions. We believe that there should be a strengthened, national, consistent, performance accountability and public reporting mechanism for the strategy. We also consider that there should be some consideration of tripartite governance and advisory structures for the strategy that comprise not only disability ministers but nominees from other areas across government, as well as the inclusion of representative organisations of people with disability, and this should be complemented by similar tripartite working groups on each of the six policy areas. These overarching recommendations are complemented by many of the other recommendations we have made in this submission, and I would be happy to elaborate on those. Thank you.

CHAIR: Thank you. Senator Brown, given that you initiated this inquiry, do you want to go first?

Senator CAROL BROWN: Thank you, Chair. First of all, I would just like to get an understanding from you as to how the Department of Social Services actually deals with this. They have primary responsibility, I understand. With the fact that they are the primary department looking after the NDS, what do you think is happening in terms of their coordination across portfolio areas?

Ms Sands: Yes, they do have primary operational responsibility. We are concerned that DSS as a downstream agency, if you like, does not have the particular status, if you like, to leverage reform across government departments and within jurisdictions. It can only really progress reform where it is able to do so and where it has the power to do so. This was a point that we raised probably in 2008 while the strategy was being developed. We argued strongly at that time for the strategy to sit outside of a downstream agency, because we were concerned about the ability for that kind of change to be leveraged across government. We had suggested then that it sit with Prime Minister and Cabinet. I know that there might be difficulties with it sitting in Prime Minister and Cabinet as well, but the point is that there is a higher status and more ability to oversee across government agencies and different state and territory jurisdictions. We see disability as a cross-cutting issue for all of government. DSS has a more traditional welfare-oriented focus, and there are programs within there that have that have that orientation.

The danger is that, with a document which should be strongly human rights focused given it is implementing the UN Convention on the Rights of Persons with Disabilities, that expertise really needs to be embedded within the department that is overseeing it. We have not necessarily seen that on all occasions, and I think it has been highlighted with the development of the second implementation plan, which, when you look at it, largely has a focus on the priority areas within DSS, such as employment reform and the full rollout of the NDIS. That is where it has put its focus in the second implementation plan, yet there were submissions called for in 2015 from all disability representative organisations that raised a myriad of significant issues around inclusive education, justice and violence which have not been incorporated into that plan. So it appears that the document has shifted from a human rights focused document to more of a focus on the particular priorities of one particular department. So our concern is that it is not located in the right place in terms of operational responsibility.

Senator CAROL BROWN: It appears that the government have taken on board the fact that the NDS has to be reinvigorated. Do you have an understanding of what they think that means?

Ms Sands: I am not clear what that means beyond that commitment that was made through COAG. We certainly welcome the fact that they identified other priorities that needed to be looked at, including mental health and justice. They are obviously looking more broadly than at the employment remit, employment reform and the full rollout of the NDIS. So that is very welcome, but how that will translate I am not sure. We need that commitment backed up by very solid and concrete measures, and measures that are resourced.

There also needs to be much stronger engagement with people with disability and their representative organisations. We are just about to enter a process where I understand the department is going to be asking for submissions again from representative organisations who are likely to just have exactly the same submissions that they had in 2015, which were not really taken on board. Also about to be released, I think, is a survey for people with disability to complete in relation to the strategy.

Senator CAROL BROWN: What is the department asking for? Is this to do with the strategy and the working group?

Ms Sands: This is to do with getting the views of people with disability and representative organisations about what the gaps in the strategy are.

CHAIR: When you have already done that.

Ms Sands: When we have done that, probably, in 2015.

Senator CAROL BROWN: You probably need to be able to look at the action plan that has not been released.

Ms Sands: That is right. It just seems that there are processes taking place which are more tick-box exercises. They need to get a view so that they can develop a progress report to put to COAG, but there is no synergy or consistency with what has happened previously, and we have already done this and it has not been incorporated into the second implementation plan. We do not have the government action plan to actually know what the concrete measures are, and yet we are now being asked to do this because there is a timetabling, I assume, to get another progress report for this second implementation phase developed so that we can move onto the third implementation phase. We are just concerned that there is not a rigorous process; it appears to be more a tick-box exercise of working to time frames and timetables to get things to COAG, but we want to be able to see some detail of concrete measures and some performance indicators. We need to have some consistency and accountability around what is in the National Disability Strategy.

Senator CAROL BROWN: What is the time line for a submission to go in?

Ms Sands: It has not actually been announced. We are aware because of our conversations with departmental officials that this will be coming and will be asked for, but we are not necessarily clear on the detail. We have this information because of conversations with the department.

Senator CAROL BROWN: Under the Disability and Carers Advisory Council they have set up some working groups, and one of them is the NDS reinvigoration. Have you had any contact with that group?

Ms Sands: No, we have not had any contact with that group, and I am not sure how the current council is linking in with people with disability and representative organisations because I have not had that contact. I have certainly had meetings with Minister Prentice in relation to the council and discussing the important role of the council in reinvigorating the NDS, but I have not had any correspondence or contact from the council per se in relation to their work or that working group.

Senator CAROL BROWN: We will put DSS aside. Are you able to point to any of the other portfolio areas, particularly the Attorney-General's Department, as to what concrete actions have been implemented?

Ms Sands: The Attorney-General's Department are the other coordinating point for the implementation and monitoring of the convention, along with DSS. They have quite a strong human rights mandate, as you would be aware, so they also would be dealing with and overseeing some law reform issues in relation to people with disability. Our information about that would be that they are doing work in relation to people with disability who are unconvicted but indefinitely detained in prison—there is some work in relation to that issue. They would also be aware of the Australian Law Reform Commission review into legal capacity and that report, although there has been no comprehensive response to that report.

Senator CAROL BROWN: No response?

Ms Sands: No. I think this just highlights that we are only aware of things that are happening if we are contacted or it is public in some way or if we ask questions. We would really like to see some coordination and somewhere where you could establish what is actually happening across governments, what initiatives are happening under the National Disability Strategy. Presumably this would be part of this national government plan, which we do not have, where you can actually interrogate what is going on across government and you can follow up with government departments et cetera and understand how it is meeting or responding to the outcome areas under the disability strategy. At the moment things are likely happening. We know there are things happening in other government departments. But it is really hard to know exactly, unless somehow you are contacted or are asked to be involved.

For example, we know that the infrastructure department is doing a whole-of-journey guide. They have been working with us very closely. We have really welcomed their approach to how they are working across that whole-of-journey guide in terms of conducting national consultations with people with disabilities, probably in a genuine co-design way, to facilitate people with disability at these consultations and ensure that the input is being fed back for the development of that. But that has been because of the approach of that department and the way they have approached that issue. That is not always the case. So, we have not been involved or approached in relation to the work being done in relation to people with disability who are detained indefinitely. We really only receive information in relation to that if we follow up with the Attorney-General's Department themselves as to what is happening.

Senator CAROL BROWN: When was the Law Reform Commission's review completed?

Ms Sands: I might have it in the submission. It is 2014-15. I think it may have been released in 2015. I know we did raise this in our submission, about the fact that there are a number of inquiries and reform processes that are conducted but that are never incorporated. There does not seem to be a mechanism to incorporate recommendations from those reviews—

CHAIR: And you refer to Senate inquiries as well.

Ms Sands: Yes, that is right—and to incorporate those recommendations or consider them in the context of the National Disability Strategy. So, August 2014 is the publishing date on that report.

Senator CAROL BROWN: And the government normally responds to those reports?

Ms Sands: Yes, they do normally respond to those reports, although in participating in the NGO domestic human rights forum conducted by Attorney-Generals' there was a comment made by a departmental official that the government no longer responds to those reports; they just note them.

CHAIR: Well, with the Senate one they are required to respond in the Senate.

Senator CAROL BROWN: But in terms of the Law Reform Commission—I wonder when they put that announcement out, that they only note them. Just getting back to some concrete outcomes, you talked about the *Shut out* report and talked about the daily experiences of people with disability in terms of stigma, discrimination and disadvantage and human rights violation. Do you think the situation has improved since the 2009 report?

Ms Sands: I do think there have been improvements. Clearly we have more concerted effort and visibility around issues for people with disability and there are certainly actions across government—various measures at state and territory level, measures at national government level—for reform. Some of those reform measures, though, are either one-off, ad hoc—it is not clear what is best practice across jurisdictions, particularly state and territory jurisdictions. There might be some good things happening, but I am not sure how, say, Western Australia might know what New South Wales is doing, and how that information is shared.

So, it remains patchy, and we can only take it from issues that are raised with us by people with disability on the ground. We consistently have information about inaccessible railway stations, not having announcements for transport, not being able to get into buildings and discrimination in employment. These are consistent themes in terms of the discrimination complaints taken to the Human Rights Commission. I am sure the Disability Discrimination Commissioner would have information on that. But I think in terms of more serious human rights violations we have been consistently raising issues to do with forced medical treatments and indefinite detention issues, whether in prison or in mental health facilities, and the issue of restraints and restrictive practices, issues to do with access to justice and all of those issues. We have been raising them consistently in submissions domestically but also submissions to the UN for treaty body reporting processes and Human Rights Council review processes. That is a consistent theme. Those violations are ongoing, and we do not see much attention to those issues. Very little if any attention in relation to those issues seems to be forthcoming. So, the situation there remains exactly the same, we would say.

Senator DUNIAM: On the issue of the overarching policy unit, I suppose, in PM&C, I want to get an understanding of whether that would be a moving of functions and responsibilities from DSS and Attorney-General's, for instance. And I am sure there are other departments and agencies that have a role there. Would it be moving those into PM&C? Or is there a new one to sort of coordinate and be that one point of contact for you, as discussed?

Ms Sands: I do not think it is about moving all the functions from those departments, because obviously they have a whole range of programmatic functions. I think it is similar to how it is done with the Office for Women, which is located in the Department of the Prime Minister and Cabinet, yet there is also programmatic work that happens in DSS around the issue of the status of women. It is the same for Indigenous Affairs et cetera, and overcoming Indigenous disadvantage, which is located in PM&C. It is about raising the issue of overcoming discrimination and disadvantage and the real policy, concrete measures that need to be driven across government that we are talking about—I guess that whole remit of the National Disability Strategy and the policy coordination that is required. That is I think what we are talking about, not necessarily shifting other functions from those areas.

Senator DUNIAM: No, I understand. I am all for breaking down silos, so it seems to make sense to me. One thing I am not incredibly familiar with, and it is referred to in the summary of your submission, is in relation to universal housing design. Can you just give me a bit of an understanding as to what the situation is across the country? Do we just have a bit of a piecemeal approach, such that some states or jurisdictions do certain things and others do not, or is there a standard that we try to apply nationally which is optional?

Ms Sands: The Livable Housing Design initiative came out of a 2010 dialogue between the housing industry, people with disability, government bodies et cetera. It sets up voluntary universal access design standards. But, as I said, they are voluntary. There are different certifications you can get if you take up that voluntary standard, silver and gold, depending on the level of accessibility you provide. The problem with that is that for the targets that have been set it is estimated that probably only five per cent of the universal housing design standards will be met by 2020, instead of the full 100 per cent of the standards. There is now a strong view—certainly from our groups of organisations as well as many others—that these should be mandatory. We should be seeing mandatory universal housing design standards built into the National Construction Code and we should also be seeing with local and state and territory governments these standards built into public and social housing developments.

I note that the Australian Network for Universal Housing Design are appearing this afternoon as well, and they have significant expertise in this area and have been working on this issue for some time. We certainly support their recommendations in this respect.

Senator DUNIAM: And I will pursue this a little further with them because I am interested in what mandatory inclusion or standards across the board would look like: how far does it apply, are there certain cases where it would not apply and things like that. But I will pursue that with them. The other thing I wanted to touch on was the ABC disability portal. Is the point you raised something based on feedback from your other member organisations or individuals that have bubbled up to you? Where has the push for this specific portal come from?

Ms Sands: That has certainly come from the grassroots of people with disability. That portal was one of the first portals of its kind on the public broadcaster and it enabled views to be expressed publicly and conversations to be had between people with disability and other interested stakeholders on a whole range of disability issues. It was raising awareness around significant disability issues. When that Ramp Up portal was discontinued, there were protests outside the ABC. There were Facebook pages established. There were significant concern and outrage expressed by people with disability. Certainly it was expressed through our organisations in relation to that.

I think the issue there is that there are very few opportunities for people with disability to have public discourse in that way, particularly for people with disability who may find it very difficult to go to public forums and meetings. That online portal offered a way for them to contribute in a way they had not been able to before. It also fostered emerging writers, authors and journalists who had disability as well.

We are saying that, when the National Disability Strategy was established—and you can see this plainly on the DSS website under the National Disability Strategy—this was part of a range of measures that were heavily invested in by government. If you look at the portal now, there are no further investment measures and these measures such as the Ramp Up website are listed but listed as completed as if there were a time limit to them and, once they are done, they have done their job.

CHAIR: They are like, 'You've been communicated with.'

Ms Sands: Yes. 'You've had that opportunity to be communicated with. We've now completed that'—but there is nothing to move on. We would see the Ramp Up portal as an initial measure that could now be expanded on. We have offered the UK as an example, where through the VBC and Channel 4 they have portals but they have a whole range of measures that look at diversity within their programming and within their employment structures and look at how people with disability are represented on a public broadcaster. We are saying that, instead of it being completed, it would have been great if there were more investment in initiatives like that that then sort of ramped up or expanded into more meaningful inclusion of people with disability. But there are no new initiatives that are listed.

Senator DUNIAM: You may not know, and I would be happy to contact the ABC, but do you know how much the portal cost to run? You probably do not, and I do not expect you do.

Ms Sands: I really do not know offhand. Certainly there was someone employed to edit it and manage it, so there would have been that cost, but I have no idea about the—

Senator DUNIAM: That is fine. I will contact the ABC to get an understanding of what the cost was. There are the points you make about what they do in the UK beyond just a portal: the programs and measures. Thank you for that.

CHAIR: We should maybe ask a question on notice about that.

Senator DUNIAM: Yes. I will do it up.

CHAIR: I have a couple of questions. Some of the issues that jumped out of your submission for me have already been addressed in questions, but I did want to ask a bit of a provocative question. The second implementation plan did not come out until after the start of the period it was supposed to cover. There is no action plan, and now you have heard there is a third one coming. Did I understand what you were saying correctly? What is the third part of it that you referred to?

Ms Sands: The National Disability Strategy was always intended to have three implementation phases. And so this implementation phase—the second one—comes to an end in 2018. Usually, at the end of an implementation phase there is also a progress report that goes to COAG, so I am assuming that the work DSS is beginning to look at is work to prepare the progress report as well as work to identify gaps for the third implementation plan.

CHAIR: Given that at this stage we have no action plan and in your submission you refer to the second implementation plan containing few to no actions to address these issues that you have articulated, it seems to me we are always going to be behind. We have not yet got an action plan to go with the implementation plan. There are few actions anyway. Would we be better off just scrapping that and going, 'Okay; from now till 2020, where are we going to go in terms of implementation?' It seems to me that we are going to be implementing the third plan after the end of the strategy.

Ms Sands: From our point of view, we really welcomed the original National Disability Strategy and we really welcomed its strong human rights focus. I think that, here on in, if we really want to keep the strategy meaningful and we really want to see it create change for people with disability as is the intention then some of the recommendations that we have here about changing some of that architecture and putting more effort into concrete measures, a more coordinated accountability mechanism et cetera are the work that really should be happening now. It is legitimate to say that work needs to take priority over the work of asking for more submissions and doing more surveys of people with disability. I do think that that is a legitimate point, because I cannot see how any information that comes at this point will be any different than what we have raised before in 2015.

I think we would prefer to see more effort looking at reinvigoration through concrete measures such as shifting operational responsibility to Prime Minister and Cabinet, setting up some kind of tripartite governance where people with disability and representative organisations have genuine input into governance of the operations, working groups where they are working through the concrete measures and there is some greater accountability developed, and clear actions that respond to what is consistently raised by people with disability. It certainly seems meaningless that we are going to be asked to produce another submission which will probably be literally identical to something that we have produced. It is easy for us—we can just cut and paste—but it is not actually meaningful for what we are trying to achieve through this strategy, and we want meaningful reform.

CHAIR: What runs through the comments you made this morning and also your submission is the NDIS took precedence but it is only a part of the strategy, and the strategy is absolutely essential to enable the NDIS to actually fulfil its role; therefore this approach is what basically kick-starts the NDS again.

Ms Sands: That is what we would say, yes absolutely.

CHAIR: Obviously we have had a lot of submissions but there was one from ACCAN, who we are hearing from this afternoon. I wanted to get your opinion on one of the recommendations in their submission:

> ACCAN recommends the Government investigate, with an expectation of implementation, funding a National Disability Telecommunications Service through the National Disability Insurance Agency's Information, Linkages and Capacity Building framework.

In other words, tier 2. I want to get your opinion on the service. I do not have any evidence. It sounds like a good idea to me but the thing for me is whether it should be funded through ILC. To me it seems that should be a mainstream service that is provided. Do you have any comments on that?

Ms Sands: The issues that the ACCAN submission raises, we would absolutely support. There is a real need for accessible communications systems, IT systems et cetera. I note that recommendation. It is really important to have something that coordinates accessible communications systems. I do think it is critical. It is a mainstream issue, absolutely. I do not think it is necessarily confined to the National Disability Insurance Scheme, the ILC component, even though ILC is meant to be dealing with mainstream services as well. Without having discussed it with them either, I am sure that is a question they would be happy to respond to.

CHAIR: I am going to follow it up this afternoon.

Ms Sands: If it could be funded in the mainstream way outside of the ILC then they could be preferable largely because I am concerned about the small bucket of money for ILC and the number of initiatives that ILC is meant to fund. There is a strong argument to say it should be funded outside of that so that it is supported and funded and invested in at the same time and not taking from the small bucket of money for ILC.

CHAIR: That was my concern. The idea sounds really good; it is the concern that things are being pushed off to ILC that, I think, actually should be funded elsewhere.

Ms Sands: Again, it is a question for ACCAN but they may have been concerned there were not any other funding sources and that could be a strategic decision on their part.

CHAIR: I will follow that up and I am presuming that is one of the driving forces behind that. I am concerned that ILC is going to be used for filling in the gaps where mainstream services should actually be doing it.

Ms Sands: That is right.

CHAIR: Following up from what Senator Duniam was asking about—whether PM&C becomes that coordinating body—what you are looking for is a body or an agency that is actually going to hold people to account, actually drive the implementation of the implementation plan and ensure accountability on that. If DSS put in processes where they could drive it, would that address your concerns? I understand what you are saying in terms of the welfare approach. I am not necessarily convinced that going into PM&C for Aboriginal and Torres Strait Islander issues, for example, has delivered the changes that are required. There is a commitment from government to ensure it. If they funded and supported DSS to do the same role—in other words, the coordinating role to hold each of the agencies accountable, where they have KPIs they have to meet, for example—would that suffice?

Ms Sands: I understand the point about PM&C. It has not always delivered the change that may be required, but there really does need to be a recognition that a downstream agency like DSS may not have the leverage across agencies to drive change. If it were to sit within DSS, there would need to be some significant resourcing and human rights expertise would have to be part of it—so perhaps a closer connection with Attorney-General's expertise. It would have to be strengthened and suitably resourced to be able to do that. I would be concerned about its ability to leverage change across government departments and certainly any real ability to engage with states and territories in any sort of meaningful way, whereas Prime Minister and Cabinet have greater ability to do that.

CHAIR: I take your point.

Senator CAROL BROWN: Going on from Rachel's question, it seems to me from your submission that some of the issues include the fact that there is a slowness in terms of implementation plans. There is certainly not a deliverable, concrete action plan as we speak. Also, the transparency around what has been delivered or how they are working towards delivering concrete action from local government, state government and the federal government seems to be part of the problem.

Ms Sands: Yes, that is right.

Senator CAROL BROWN: I agree with Rachel that it seems that having a coordination unit could solve it all. My concern is that, if we are not even meeting some very basic markers in terms of having a second implementation plan delivered at the end of 2016, I think—

Ms Sands: That is right.

Senator CAROL BROWN: and we are halfway through and we have no action plan and we have no progress report. That is the issue. We are all trying to work out how far we have come and we have no information to get an understanding of that. I am concerned that just moving it will not really get the desired effect if all the other issues are not rectified.

Ms Sands: I absolutely agree. We would hope that the move would not be just a simple relocation; it would come with the powers and functions to do the coordination and ensure that there was transparency and accountability across government and different jurisdictions and there were mechanisms so that the area could focus on coordination and ensure that we address some of the issues that cause concern where we do not have transparency in reporting, there is no accountability, no-one is clear what is happening and no-one is sure whether we are meeting any targets, if there are any targets, because we do not have plans to even develop the targets. We would see that that area would have a strong mandate to put those kinds of structures in place to ensure we can have the transparency and accountability as well.

Senator CAROL BROWN: In your submission, you talk about the Australian government action plan.

Ms Sands: Yes.

Senator CAROL BROWN: What is that about?

Ms Sands: This is written in the second implementation plan. It notes that the second implementation plan—which is COAG-agreed for the second phase—will be complemented or supported by an Australian government action plan which will set out the concrete actions that the Commonwealth government will be undertaking.

Senator CAROL BROWN: Is that an attempt to have some coordination across portfolios?

Ms Sands: I assume so, but it has not materialised. I do not know whether it is even being developed or prepared or whether there is a draft. I have not seen that. I am not clear why we need the Australian government action plan if we already have an agreed National Disability Strategy. It is really unclear to me what that actually means, and we have not had any discussions or contact in relation to developing that or what that is. I just cannot see how it can be meaningful in any case, given that we are heading to the end of 2017 and that action plan is meant to be supporting the second implementation phase.

It is also the same thing with the government plan for Aboriginal and Torres Strait Islander people with disability. That has been in development over the last two years, I understand, but there has been no plan released, and it is not clear where that is up to either.

So there is something happening. There is some kind of stalemate. Something is happening within DSS so that these things are not actually being developed or delivered.

CHAIR: Thank you very much for your submission and your evidence today. It has been extremely helpful for us and has set a high bar with the information that we have been able to get out of both your submission and your comments. Thank you.

Ms Sands: Thank you very much for the opportunity.

GRIFFIS, Mr Damian, Chief Executive Officer, First Peoples Disability Network Australia

[10:22]

CHAIR: I know you have done this before, but I still have to do it. First off, I will just check that you have been given information on parliamentary privilege and the protection of witnesses and evidence.

Mr Griffis: Yes, I have.

CHAIR: We have your submission; thank you very much. I would like to invite you to make some opening comments, and then we will grill you by asking you lots of questions.

Mr Griffis: No worries. Thank you to the committee for the opportunity to appear today and to provide this brief opening statement. I am the CEO of the First Peoples Disability Network, a national organisation representing Aboriginal and Torres Strait Islander people with disability. We are a unique organisation not only domestically but also internationally, because we are owned, operated and governed by Indigenous people with disabilities.

At the First Peoples Disability Network, we say that meeting the needs of Aboriginal and Torres Strait Islander people with disability is one of the most critical social justice issues in Australia today. By any measure, Aboriginal and Torres Strait Islander with disability are among the most disadvantaged of all Australians. They often face multiple barriers to their meaningful participation within their own communities and the wider community. New data is emerging that finally begins to quantify the prevalence of disability across our communities. This includes a recent conclusion in the 2014-15 *National Aboriginal and Torres Strait Islander social survey* that concluded that 7.7 per cent of all Aboriginal and Torres Strait Islander people have severe or profound disability. This equates to at least 60,000 Aboriginal and Torres Strait Islander people being eligible for the National Disability Insurance Scheme, meaning that Aboriginal participants should be making up at least 12 per cent of all participants. In dollar terms, Aboriginal participation in the NDIS equates to at least $1.6 billion of the whole scheme, making supporting disability in our communities comparable in size to the Aboriginal health budget.

At FPDN, we remain very concerned that the size of this market is not well understood. The analogy we like to use is a market analogy: if we were launching a new brand of Coca-Cola today and we estimated it would be worth at least $1.6 billion then there would be a substantial investment in research and development to better understand that market. Regrettably, the investment in better understanding the Aboriginal market is simply not happening.

One of the most significant of all barriers facing Aboriginal and Torres Strait Islander people with disabilities is access to the built environment. Many Aboriginal and Torres Strait Islander people with disabilities experience discrimination on a regular basis, in terms of access to premises and also in terms of access to transport. The experience is particularly acute for, but not exclusive to, Aboriginal and Torres Strait Islander people with disability living in regional and remote Australia. With regard to the built environment, there remains a very serious lack of accessible housing stock in regional and remote Australia. Regrettably, some major Aboriginal housing initiatives have not met access standards or have developed without any appropriate engagement with experts in disability access in the home.

As to access to commercial spaces, it is a common experience for Aboriginal and Torres Strait Islander people with disability to be completely excluded in terms of access. In regional and remote Australia and in small Aboriginal communities, this can result in Aboriginal people with disabilities having little or no physical access to local shops or grocery stores, for example. Coupled with the fact that prices for fresh produce are extraordinarily high in regional and remote Australia, this lack of access can have very serious health consequences.

Access to transport services is essentially non-existent for Aboriginal and Torres Strait Islander people with disabilities, especially for those with physical disability, particularly in regional and remote Australia. For more than a decade, FPDN has visited regional and remote communities and seen firsthand the very serious lack of accessible transport and the consequences such lack of access has, in terms of Aboriginal and Torres Strait Islander people with disabilities accessing an education or employment, for instance, or, critically, being able to access health services.

A stark example of this the FPDN continues to encounter around the country is the extraordinary challenges many Aboriginal people with disability face in being able to access dialysis because of a simple lack of accessible transport. Dialysis requires multiple visits during any given week, and each trip can become a prohibitive cost to a person with disability. In such circumstances, Aboriginal and Torres Strait Islander people with disabilities are entirely dependent on informal support, which can often amount to seeing if they can get a ride with someone.

At FPDN we advocate for the implementation of what we refer to as a whole-of-community response to disability. This program, which is currently unfunded, draws upon the long-established community based rehabilitation approach to supporting people with disability that has been in operation in some developing countries for more than 30 years. It is a relatively simple idea that looks to identify leaders in communities, ideally people with disability. They are then tasked with undertaking an audit of what resources currently exist in a community and what resources may be needed to facilitate participation of community members with disability—for instance, investment in wheelchair accessible vehicles, which, in turn, could create some employment, because the vehicle would require a driver or two, for example, or employment to create and maintain footpaths in communities, for example.

I might leave it there for the moment because I am obviously keen to take your questions. So thanks very much.

CHAIR: Thank you. Before I throw to the others, I might just get you to expand on the whole-of-community response to disability. I was really attracted to that when I read it in your submission. In terms of how it operates elsewhere, could you give us an idea of who initiates it and who pays for it. Also, it comes together with something that we heard on the aged-care inquiry, which is around CDC, or consumer directed choice, particularly in remote communities, where we heard that it is not working and that people want to share their allocation because of the community approach that people take. So I am very conscious of that community approach and wanting to share resources. I know I have asked a multiple of questions but I think it will probably all run together in your answer and that is where NDIS comes into that and the strategy.

Mr Griffis: Perhaps I will run some commentary on it. The logic is that the NDIS, as we all know, takes an individualised approach. That is not how we do business in Aboriginal Australia—

CHAIR: And that is why I am going there.

Mr Griffis: Plus, even on a practical level, in some of our communities it may be that there are only two or three people who are eligible for the NDIS and, if you take a market approach to that, the market is very likely to decide that it is not profitable, for want of a better word, to go and work there. So we need an alternative system that is more culturally appropriate, and that is why we say that a whole-of-community response is the appropriate way to go.

Community based rehabilitation, like I said in my opening statement, is a fairly simple approach. It uses a similar model to the NDIS in that it puts the person with disability at the centre in the sense that they are the leader within the community and they have a close personal connection with disability so they will know how well they do, or do not, get around their community. The idea is that they become the resource in that community for meeting the needs of other community members with disability. It is a process that has been in operation for a very long time and has been very successful in income-poor countries where there is no infrastructure whatsoever. For example, there is not even a government system. In those jurisdictions or those parts of the world where this happens—Bangladesh is a common area, for example—we start to see innovation and we start to see employment opportunities and we start to see change for community members with disability.

The other thing that we think has potential is the idea of developing cooperatives. Again, none of this work has really been undertaken yet. That is our point around the lack of understanding of the Aboriginal market under the NDIS—but viewing this as an opportunity, not as a deficit. It may be that two or three people coming together and pooling their packages can create buying power in the marketplace. Those two or three people may decide, 'The best thing we can do here is have a wheelchair accessible bus and we don't need a huge service intervention either.' The other thing that we are trying to avoid here are services 'coming to the rescue'. if you like. We would say that we do not need any more of that in Aboriginal Australia, and I think people are starting to realise that. We have the solutions ourselves; it is just a matter of resourcing things. It might be that a service response is not actually what is warranted. It might just be some resources, because we can support our community members with disability.

CHAIR: A range of questions arise out of that. As the network you have obviously been discussing this with government. It seems to me that some of the things that you are talking about are better delivered through the NDS rather than the NDIS. Again, for the same issues that we were talking about earlier, they should really be part of the services that are provided. As far as discussions with government about this approach and discussions with the NDIA around provision of services and packages, how far are you along the road?

Mr Griffis: I have to speak plainly, Senator. We are increasingly frustrated with the NDIS. This conversation does not really compute with an individualised approach. That is one of the reasons that we do not have a lot of success engaging with the NDIA around it. It is not that they do not see value in it. The fundamental problem that we have with the NDIS is that it will not deliver things like footpaths and it will not necessarily provide accessible transport. I was out in Tennant Creek a couple of weeks ago and an old fellow said very succinctly, 'I've got this flash wheelchair, but it is meaningless; I cannot get around my community.'

In a lot of ways, too often in the disability space in our community these things are sort of 'a bridge too far'. There has not been the front-end investment in fundamentally understanding the market. At the community event that we had in Tennant Creek a couple of weeks ago—and we were very keen to just talk with community—the community said to us, 'This is the first time anyone has come to talk to us about disability.' So that means that there have been plenty of presentations going on up there and a lot of PowerPoint presentations but they have not connected with community—the community has not gained an understanding of what all this talk is about.

At the front end we need to invest in more engagement and more consultation around disability more generally before we can even to notions of people getting access to the NDIS. We see that investment at the frontend as being critical. It may be that this takes five or 10 years, but that is what we need to do; otherwise, this scheme passes our people by very, very rapidly.

Senator CAROL BROWN: How do you see the NDS running in parallel to the NDIS? A lot of the concerns and issues that you raise about footpaths and transport are things that we were supposed to be looking at and having concrete actions on under the NDS—and, of course, the NDIS is another part of the NDS. There are obviously issues with the NDIS that have to be discussed and fixed. My concern is the slowness of actions under the NDIS so that people are able to be a part of the community and be able to access the services that they need. You talked about the person with the wheelchair who has to go to a GP appointment and it not going to happen. I know you are out in remote areas all the time. Have you seen any marked changes from the commencement of the NDS till now in terms of footpaths, transport and accessible buildings? I will ask you about commercial buildings as well. In the areas you travel and with the people you talk to what changes have happened?

Mr Griffis: In a word, none really. I can think of some isolated individuals who are getting better outcomes, but that is more by chance than by design. It is more because they have someone who can speak up on their behalf or they themselves might be able to do that. We encounter in the Barkly region, for example, people having plans done but there being nothing to purchase. People sit with dormant plans for one or two years. What is the point of that? That is probably our question.

Out of frustration in a lot of ways and also because we believe we have the answers, we developed our own 10-point plan with regard to the National Disability Strategy. We initially did it with the National Disability Insurance Scheme four years ago. That was launched in Parliament House in Canberra in 2013, from memory. We have not really seen that plan taken up in any substantive way. More recently through the Redfern statement process, which I am sure you are very familiar with, there was a disability workshop. It was the first of its kind actually. We brought together a number of Aboriginal leaders, the Department of the Prime Minister and Cabinet and other players to plot out a 10-point plan more generally. We think that is a much more meaningful way forward than the proposed national implementation plan, which we have had a lot to do with. Things are moving so rapidly that that plan already feels outdated.

CHAIR: Which one—the first one or the second one?

Mr Griffis: The first one—or even the second one, for that matter. Our 10-point plan talks about our understanding of disability and very prescriptively talks about 10 priority areas that need immediate attention. I have to say that we have had good engagement with Minister Prentice around that and we look forward to talking more about that. The way we can see that evolving is that that becomes, if you like, a partnership between government and the Aboriginal community.

There is one thing I did want to take this opportunity today to raise. We have had an idea for a while now at the First Peoples Disability Network that disability needs a kind of Closing the Gap type thing. It would need to have a different title obviously. At least that way disability would be elevated. We all know the huge challenges in Closing the Gap, and I am not romanticising things, but at the very least every year that is the focus of the parliament for one day and it has the attention of everybody. We wonder if that kind of process might be helpful across the disability field more generally.

Our own 10-point plan we think is the way forward. We could imagine that being a partnership event, for example, between the Australian government and our community. We think that would be much more meaningful than an implementation plan that kind of gets stuck in bureaucracy, to be honest.

Senator CAROL BROWN: I am not sure if you were here and heard all of the evidence given by DPO about their recommendation for a coordination unit going into PM&C. Do you have a view on that?

Mr Griffis: I absolutely agree. I think one of the problems that we have is that disability is just not elevated enough within the bureaucracy, which is kind of interesting when you think there is a very big budget item there under the National Disability Insurance Scheme. I do not necessarily have a view on where that sits; it is just a matter of it being elevated and getting the proper attention it deserves. That is what we would support. I think Prime Minister and Cabinet is an interesting exercise with what is happening in Aboriginal affairs. Maybe this is taking a positive view, but I think it is going to take some time to evolve there in a lot ways. As long as disability is elevated within the bureaucracy, on where it happens I would be deferring to experts on that who might have a different view. But I think that is the problem: it does not have the elevation. That is why we think a similar model to Closing the Gap might be helpful.

Senator CAROL BROWN: I agree that disability has to be elevated, because there does seem to be just the driver coming from DSS. When we talk about the issues that cover all portfolios and the three tiers of government, there has to somehow be a driver of that. So I agree there.

You talk about commercial spaces and the lack of access. Could you give the committee some examples of what you mean by that.

Mr Griffis: Yes. In some of our remote communities, including our very small communities, there is often what I suppose you would refer to as a general store, for example. Regrettably, a number of those around the country are actually not physically accessible. That is a huge problem. You literally cannot get in there and get what you need, so you are very dependent on other people, which is a common problem for our people with disability—perhaps even more acutely than other people with disability. You are totally and utterly dependent on other people doing your shopping for you or getting you 200 kays down the road to a doctor's appointment or whatever it might be. So that is a huge problem for us.

The physical access problem is a common one across Aboriginal Australia, and we do not believe there has ever been an audit of that undertaken. I have a colleague in our office who has quadriplegia, and he is also now a qualified access consultant. He needs to get around the place and actually audit these things. In Tennant Creek the other day, for example—and again I do not know if this is a precise figure, but regardless of whether it is a precise figure or not—the community told us there are 35 houses there, and all of them are inaccessible. So what is going to have to happen now is that there will have to be some home modification program, which is not a very smart thing to do economically, I imagine. It is sort of starting over, really. He needs to go out there and actually audit these things, because he knows how it needs to be. He knows the width of things and stuff like that. There has just never been the investment there.

The other thing that that creates, if you take a different view, is employment. Someone could be an access consultant in every community. There are jobs there, and that gives some power back to the community, I think.

Just as a slight aside, for Jake to get out to Tennant Creek as a person with quadriplegia, he had to drive from Adelaide with his wife in an accessible vehicle, because the only place you could hire accessible vehicles was in Adelaide.

CHAIR: I have done that trip. It is a long way.

Mr Griffis: It is, and it is especially long from Adelaide. That is indicative of how difficult it is, and he is a very accomplished young man who knows how to work the system, but even for him to get there to do the work is a huge challenge, and that is indicative of access problems.

Senator CAROL BROWN: I am just trying to get an understanding of who is actually responsible for footpaths. You talked about footpaths. Is that a local government issue?

Mr Griffis: Yes, my understanding is that it is a local government issue, and I think this is where things break down. Often the response that we get is that there is no money in the budget, and this is a problem everywhere. It is a problem in Wilcannia. It is a problem in Ali Curung. But, if we actually turn it over and think about it in a different way—and perhaps CDP has a role here—then there are jobs here for someone to build and maintain footpaths. It has to be viewed in a different way: instead of it being a problem, if you like, for local government, it is actually an opportunity. I think that is what is not done.

The other thing, I think, is that we are not doing people favours here. This is someone's right. I think there is a perception sometimes that we are doing people a favour if we make these footpaths accessible wherever it might be, but, as we know, it is people's right to be able to move around their community.

The isolation of our people with disabilities is an extreme problem. The Aboriginal and Torres Strait Islander social survey has dug deeper into the lived experience of our people with disability and some of the statistics that are starting to show are deeply concerning. Most Aboriginal people with disability would say they have very poor health outcomes. I think only 14 per cent of Aboriginal people with disability described their health as good. The rest of the Aboriginal population is not real flash either, but in a disability context it is particularly acute. If you leave hospital, for example, with an amputation, which is very common in our communities if you have complications with diabetes, you might be wheeled out of the front of the hospital in a wheelchair issued by the hospital but that is the end of it. You will go back to a house that is likely to have steps. You probably will not leave your front door; someone has to assist you to do that. Without putting too fine a point on it, that older person is likely to die soon because they are isolated. So closing the gap does not work in that sense; it does not actually even focus on those sorts of things.

Senator DUNIAM: I am trying to get a handle on the degree of need in the communities you are talking about. We are talking about some very small, isolated communities. I presume there are people in these communities who would require the services we are talking about? Do you have a sense of how many in each community?

Mr Griffis: Across the country, we say 60,000 Aboriginal people are eligible just for the NDIS. That does not include everyone else. We have very high rates of disability across our communities, as you are probably very aware. The 2016 census has concluded that at least 45 per cent of our people have some form of disability or long-term health condition, yet this is a story that has not really been told. In terms of the severe and profound rates, in any community we will have people who are severely and profoundly disabled anywhere. The challenge we face is in some of our communities being so small and isolated; they will be outside the marketplace. The market will be not interested in them, really, in a cold, sort of calculating way.

Senator DUNIAM: Like you said, we can plan and there are no services to purchase to fulfill that.

Mr Griffis: The answer is not always about services; it is about building community responses. Disability in our communities is really a community development exercise.

Senator DUNIAM: I think the whole-of-community response, as you have referred to it, is a very practical and pragmatic way of looking at it. On the issue of commercial spaces where people are excluded, and you talked about the general store that is inaccessible for someone who has a profound disability of some description, who bears responsibility for making that an accessible place? Is it the business owner? Is it something that local government should chip in for? Is it something that the Commonwealth, state or territory government should chip in for?

Mr Griffis: I think the only way we make change there is to start lodging some disability discrimination complaints and then we can determine who is actually is responsible, to be honest with you. I think it depends. In housing in the Northern Territory, obviously the Northern Territory government is responsible for what is public housing. To get change there, we are going to have to engage there. This is part of the problem: there are so many jurisdictional 'Whose is whose?' For example, if it is footpaths, my understanding is it is local government. It is a matter of understanding and analysing whose responsibility it is, and for us to seek change we are going to need to start lodging disability discrimination complaints, unfortunately.

Senator DUNIAM: I assume in engaging with people who run these businesses, they would be willing to look at things, one would hope, noting that some of these smaller general stores are not large chains and are strapped for resources. So I just wonder what role government has there.

CHAIR: The government runs the Outback Stores.

Senator DUNIAM: Right.

Mr Griffis: I would be keen to comment on that. The exploitation there is a bit of an elephant in the room. I can tell you of a story just last week of a sign on the front door of a store—and I will not name the community for the purposes of today, but I would be very happy to pursue it outside of this—saying 'No wheelchairs allowed and leave your prams at the front door.'

Senator DUNIAM: Why would someone say that?

Mr Griffis: I think it is issues of race. I think it is about racism. Yes, definitely. And there is a lot of profiteering that goes on in some of these outback stores—$9 or $12 for a two-litre bottle of orange juice, for example. The way it is justified is, 'We've got more freight costs,' and all that sort of business. I think sometimes these things are better run by a community itself and run as social enterprises. Perhaps they should not necessarily be framed as profitable businesses per se. They are actually social enterprises, and I think they should be owned and operated by Aboriginal people, local people.

CHAIR: I should probably be careful and say that there are a lot of stores they are outback stores, but not all of those in remote communities are outback stores. I did not mean to impugn anybody there.

Senator DUNIAM: I think by asking that question we have strayed into territory that is slightly outside the terms of reference, but I accept the point.

CHAIR: It is a good example.

Mr Griffis: It is about access.

CHAIR: No, it is a good example. If the only store in your community says 'no wheelchairs', that is an accessibility issue.

Senator DUNIAM: Sorry, I was talking about ownership—what we got onto, which is slightly outside the terms of reference. In relation to transport, briefly, I have the same sort of question. If there is someone with a need for transport services in an isolated community, and I think Senator Brown touched on this, how is that best catered for? Is it a community response backed up and supported by government? Is that what you see?

Mr Griffis: Yes. I think the solution there is investment on the part of government, and it might be investing in things like a fleet of accessible vehicles, and then that can be driven by local community people and can create jobs, actually. At the moment, it is an absolutely informal set-up. If you live in, I don't know, Tennant Creek and you have to get down to Alice Springs, you can go on a Greyhound bus, but that is not exactly physically accessible if you are a wheelchair user. You have to try and get a ride with someone, basically, to get down there. There is no real, meaningful way of getting around.

So a better alternative, we would say, is investing in infrastructure—investing in a fleet of vehicles that could be owned and operated by the community. I think that is a relatively easy fix instead of, well, nothing happening, really, to be honest with you.

Senator DUNIAM: Yes, the alternative.

Mr Griffis: Yes.

Senator DUNIAM: Okay. That is fine. Thank you.

CHAIR: I have a couple of questions. In terms of the two 10-point plans, we know we can get yours on the interweb, but it might be an idea if you officially sent it to us, if that is okay—

Mr Griffis: Yes, sure.

CHAIR: as part of your supplementary submission. In terms of the Redfern workshop process, should we go to them for a copy of the outcomes, or are you okay to send them to us?

Mr Griffis: Yes, we will send those to you. We have a communique from that, so we will send that to you.

CHAIR: Yes, and that will then come in as a supplementary submission. Thank you. I want to go back to the points that you made first up in your opening statement around the number of eligible people that have severe and profound disabilities, and the sort of investment that would be required to meet their needs if they all applied. I presume that you have been raising this with government?

Mr Griffis: Yes.

CHAIR: Is there a recognition of that percentage of people that are going to need that level of support from government, from an Aboriginal and Torres Strait Islander perspective?

Mr Griffis: I would say that, increasingly, there is recognition of that. Where it is not being recognised is within the National Disability Insurance Agency. The response we normally get to that, when we raise this figure, is, 'The scheme is open to everybody, so, if it is 60,000 people, it is 60,000 people; if it is 20,000 people, it is 20,000 people.' What that does not acknowledge, though, are the structural barriers facing the vast majority of our people with disability. Of those 60,000, we would estimate 50,000 of our people would require intensive support to get access to the scheme. So the elephant in the room for us is the lack of individual advocacy support for our people with disability to get into the scheme. An example I can give you is that, about six weeks ago, we held quite an historic gathering of Aboriginal blind people in Sydney. We had about 30 Aboriginal blind people come from around Australia. One of those 30 people knew what the NDIS was—only one. There are two young women from the Barkly region who are blind. They do not have a diagnosis that they are blind, but they are certainly blind, and they are both 11 years old and have never been to school, for example. The NDIS does not know about them and they will not get access to the scheme unless someone is beside them to help them through it.

The elephant in the room is that we need intensive support and individual advocacy—a national program to support Aboriginal people to get into the scheme. This is not new money we are talking about. All we are saying is that this is what the Aboriginal component of it is. It is not like we are asking for new money, but there clearly has to be some investment in that and it has to happen really quickly. The approach the NDIA is taking is through local area coordination. We would say that is not a function we want them to own. This is a function community needs to own. Aboriginal NGOs should be fulfilling this role because of the example I used before of two weeks ago in Tennant Creek. The community said to us, 'This is the first time anyone has come and had a yarn around disability.' That is code for: 'This is the first time we've understood what's going on.'

CHAIR: In terms of the local area coordinators, what is the situation so far in Aboriginal communities? Are local NGOs not getting the gig?

Mr Griffis: No. One of the recommendations in our original 10-point plan for the successful implementation of the NDIS in our community is that we have an Aboriginal owned and operated local area coordination program.

CHAIR: Yes, I remember that.

Mr Griffis: That is not happening.

CHAIR: That has not been taken up?

Mr Griffis: Not at all. For example, here in New South Wales, UnitingCare, St Vincent de Paul—the big preferred providers—have the local area coordination function. They sometimes have identified positions, but some of the big NGOs do not have a great connotation, as you know, with some of our community, so they do not necessarily want to seek them out, whereas a local Aboriginal organisation—and there may be some challenges in some parts of the country—is a far more appropriate way to do this business. That is a constant frustration for us.

CHAIR: Thank you for that. I will continue to follow that one up. I want to go back to the whole-of-community response. That could work if you had a series of local area coordinators and an Aboriginal owned and driven one. That could work very nicely with that process, couldn't it?

Mr Griffis: Yes, absolutely. As a result of our meeting at Tennant Creek a couple of weeks ago, we are establishing the First Peoples Disability Network Tennant Creek mob—a little committee which is going to be owned by some elders who are very keen to lead that work. We do not really have the resources to support it, but we will find a way. The idea that we all agreed to is that we would come up with a solution by the end of the year. The way that we and the community want to frame it is: 'This is how it will be.' That is where we need to get to, to be frank. Instead of it being about, 'Please, can we have a system that looks like this?' we say, 'This is how it will be and we'll make it happen, whatever happens.' That is the kind of place we need to get to. The opportunity here in Aboriginal Australia is huge. The economic opportunity that the NDIS brings is very exciting, but we are not seeing investment yet.

CHAIR: I realise that our conversation has been crossing between the NDIS and the NDS, but we have to keep talking about them both because one is—

Senator CAROL BROWN: They are interlinked. You have to get them both to be successful.

CHAIR: Exactly, and that is why I have been keen to pursue the other side of the equation. While Senator Duniam was asking about housing codes and all those things, we thought we would try to get a rundown of how each state is going. We need a particular focus on regional and remote housing as well.

Senator DUNIAM: Are the 35 houses you mentioned in Tennant Creek social housing that was recently built?

Mr Griffis: Yes. Effectively, they are public housing owned by the NT government.

CHAIR: My understanding of Tennant Creek is that there has not been new housing built for a significant period of time. Lack of housing is an issue, but the housing that exists is not accessible.

Mr Griffis: I do not know that is a precise figure, but that is what the community tells us. Either way, it is a problem. It would be interesting. I would assume that things like asbestos might be an issue because they might well have been—

Senator DUNIAM: They are older houses?

Mr Griffis: Yes. They are at least 40 years old.

CHAIR: That is my understanding as I know someone who has just come back from there. We got a report that that is exactly right—they are older houses. There have not been new ones built for a while.

Senator DUNIAM: You were talking about the need to retrofit and I thought that they may have built these things without reference to all the things we have been talking about. So these are 40 years old and no investment has occurred for four decades?

Mr Griffis: Yes.

CHAIR: It also happens to be where they started the NDIS in the NT. You would think we would try to get it right there.

Senator CAROL BROWN: You could perhaps answer this now or take it on notice. You talk about access to computers and the internet. One of your recommendations is having alternative approaches to accessing various government systems and information, which are increasingly online. Do you have any alternative approaches?

Mr Griffis: It has to be a concerted outreach approach. It just has to be. I go back to the example of a couple of weeks ago in Tennant Creek. It was far more meaningful sitting down and having a yarn with people in community than perhaps sending out some brochures with nice pictures of goannas on them, to be honest with you. There is a bit too much of that going on. Engagement and investment in understanding what the situation is for people in the community in which they live informs everything. This remains a huge problem. Aboriginal media is a great asset. The Aboriginal community needs to know about the National Disability Strategy. It needs to know about the National Disability Insurance Scheme. Aboriginal media is a really meaningful way to do that. We can produce television programs pretty readily that can explain these things. There is no investment happening in that. We do that all ad hoc. We have a regular spot on the National Indigenous Radio Service, for example, but there needs to be investment in the visual media—the TV media. That is not happening.

CHAIR: And radio.

Mr Griffis: Exactly. It is not happening.

CHAIR: Thank you very much for your time today. It has been extremely useful for us. If you could send us those additional documents, that would be very much appreciated.

Mr Griffis: Thank you, Senator.

CHAIR: Thank you very much.

Proceedings suspended from 11:02 to 11:16

McEWIN, Mr Alastair, Disability Discrimination Commissioner, Australian Human Rights Commission

CHAIR: I welcome Mr McEwin. Can I confirm that you have been given information on parliamentary privilege, and the protection of witnesses and evidence.

Mr McEwin: Yes I have.

CHAIR: We have your submission. I now invite you to make an opening statement and then we will ask questions.

Mr McEwin: Thank you for the opportunity to appear before the committee this morning. Since Australia ratified the Convention on the Rights of Persons with Disability or CRPD, as we commonly say, almost 10 years ago, the Australian Human Rights Commission has consistently highlighted the importance of incorporating the principles underpinning the CRPD into policies and programs affecting people with disability. Although there has been some progress towards more inclusive and accessible communities since the adoption of the National Disability Strategy in 2010, the commission is concerned that the National Disability Strategy and its implementation plan have not fully delivered against Australia's obligations under the CRPD.

The failure to take appropriate measures to ensure people with disability are able to access on an equal basis with others the physical environment, transportation, information and communication, and other facilities and services is contrary to Australia's obligations under the CRPD. It has serious consequences and is a clear illustration of the discrimination and disadvantage that people with disability in Australia continue to face. This is compounded by other sources of exclusion and disadvantage, including for Aboriginal and Torres Strait Islander people, and people from culturally and linguistically diverse backgrounds.

The commission has provided a detailed submission with 15 recommendations to address the barriers that continue to inhibit progress to more towards more inclusive and accessible communities. I would like to draw your attention to a few points in our submission. First, the need for stronger leadership and coordination in the implementation of the National Disability Strategy and more rigorous monitoring and evaluation of progress under each outcome area. This is required to facilitate whole-of-government action, develop further implementation measures and drive progress under the National Disability Strategy. Second, the importance of achieving inclusive and accessible communities through the National Disability Strategy to ensure the full participation of people with disability in the activities of their choice. Inclusive and accessible communities are critical to enabling people with disability to enjoy their other rights under the CRPD, including the right to active employment, housing, education, social, recreational and cultural opportunities and activities on an equal basis with others. They are also necessary for the realisation of vision and objects of the National Disability Insurance Scheme, including the independent and social and economic participation of people with disability.

Finally, there is the need for stronger engagement with people with disability and their representative organisations in the development of strategies and monitoring of implementation under the National Disability Strategy. The philosophy of 'nothing about us without us' guided the development of the CRPD, and should guide the approach to developing and monitoring action under this strategy. Thank you again for the opportunity to appear. I am happy to answer any questions you have.

Senator CAROL BROWN: Welcome, Mr McEwin. It is very good of you to be here today. Firstly, I want to ask you about the national consultations that you conducted, and whether you could give us some further information about the concerns that were raised with you?

Mr McEwin: Thank you, Senator, for your question. When I first commenced I thought it was important that the work that I do be reflective of the concerns and the issues and the needs of people with disability in Australia, so I undertook national consultation from about October last year to February or March this year. I went all around Australia; every capital city and some regional areas. Resources did not allow me to undertake a more comprehensive national tour.

As part of the consultation, I suggested five priority areas that I could focus on and asked people to provide me with feedback. Those five areas were: employment, education, housing, National Disability Insurance Scheme and the criminal justice system. People unanimously, or widely, agreed with those five priorities. They also recommended a sixth priority area, which I have now added to my final six, and that is violence against people with disability. People also told me of a range of other issues, and they also fall under the National Disability Strategy—access to health, access to goods and services, access to information—so I am keeping a monitoring brief on those issues. Part of my job, as commissioner, is to monitor progress under the Disability Discrimination Act standards, of which there are three: education, access to premises and accessible public transport.

In summary, people consistently told me they want a job; they want to be able to be educated, just like anyone else; they want to be able to live where they choose to live and be close to their families and friends. They are also very concerned about their colleagues and friends who are in the custodial system. They also want to see a robust and strong National Disability Insurance Scheme. They are also very concerned about the hidden issue of violence against people with disability.

Senator CAROL BROWN: In the forums that you held, did you discuss with the people that you spoke to their view on improvement that has happened under the NDS?

Mr McEwin: Certainly people told me about some of the things that were working well. For example, if they were able to get to their local bus stop and an accessible bus arrived as scheduled, then that made all the difference for them being able to get to work. I heard examples of that, of when it was working well. I also heard of where they arrived at a building and it was a new building and it was completely accessible, it made all the difference to being able to participate if that was their workplace or if they were attending a function in that building.

On the converse, ironically, I should say that when I was conducting the consultation in Hobart in a brand-new building, less than two or three years old, the fire alarm went off and we had to evacuate. It was clear that the building was not designed for enabling—there were at least three or four people who used wheelchairs there. So we still have some way to go. When I was there I saw firsthand the need for new buildings to be completely accessible, not only for entry but also for evacuation.

People also told me of some initiatives that work well in the justice system. For example, I understand that in Queensland—I need to explore this further as part of my findings—that Queensland police are proposing to implement a disability liaison officer position in local area command. I think that is a good step in the right direction of ensuring that police officers, who often are not trained in interacting with people with disabilities—I know that is not a main focus of today's discussion, but access to justice is a very important aspect. I am hearing some positives, but they are very piecemeal. I see my role as commissioner to facilitate a national conversation on things that are working well.

Senator CAROL BROWN: So what you are saying is that it is pretty ad hoc across the states and territories, from where we have come from, from the commencement of the NDS, to where we are now?

Mr McEwin: No. I have to say the general view is that there has been some small progress. People were very excited about the National Disability Insurance Scheme, and I commend the government for progressing that. That is a really important way of seeing article 19 of the convention, the right to live independently, being realised in Australia. There was a lot of excitement; however, there were a lot of concerns about how the NDIS was being implemented. Overall, when they talked about their experiences of going to work, if they have a job, or using public transport, there was very little that they could say in a positive way. But I did hear the way people described how they felt included when they were able to use public transport, were able get to a station with an accessible lift. It made a huge difference.

Senator CAROL BROWN: We have heard here today that under the NDS and the implementation plans that there have been a couple of concerns. One concern is that the NDS is not widely known out in the community, and the concrete actions that have been delivered are also not widely known. The other is the fact that reporting has been very slow. We are halfway through the second implementation plan, but we have no progress report and we have no concrete actions.

Mr McEwin: I am happy to comment on that. That was also what people talked about in the consultations that I conducted. Many people were vaguely aware that the government had some sort of plan. They seemed to think that a lot of resources were being focused on the NDIS, and I acknowledge that we need to get implementation in and around that right, but there was a lack of understanding that there was a National Disability Strategy that is a whole-of-government commitment. I have reviewed the implementation plan, and I believe what is lacking, and I will just point you to recommendation—I just want to make sure I get the number right, but I will get back to that in a minute. We need to see more coordination. I think what is lacking is central coordination.

I understand that the Department of Social Services is the department that is implementing it, but I think there is a lack of centralised coordination as well as detail around the plan in itself, in that we need to see performance indicators and we need to see specific responsibility taken up by the relevant government or the relevant department. I will just draw your attention to recommendation 13 in our submission, and I will read it out so that I can highlight the point:

> The Commission recommends that the Australian Government develop and apply a performance framework to the National Disability Strategy … This should include assignment of responsibility for each action, performance indicators—

as I mentioned earlier, and 'clear and measurable performance targets for each outcome' with time frames. From my consultation, it was clear that people were vaguely aware of the commitment at high level but were not aware of the detail.

I have to say that, in my meetings with members of parliament and bureaucrats, often there was a lack of awareness of the National Disability Strategy. So I think that illustrates the issue that we have. A lot of government people have said to me: 'It's great that the National Disability Insurance Scheme is being implemented,' and I support that, but that will only include 10 per cent of the population of people with disability. We need to be very aware of the impact that lack of action under the National Disability Strategy will have for the other 90 per cent.

Senator CAROL BROWN: In your opening statement you talked about stronger engagement. Do you have any comment to make in terms of the engagement that is currently undertaken with development of implementation plans?

Mr McEwin: Historically, before the National Disability Insurance Scheme, the way we provided support to people with disability—particularly those who were most vulnerable or had significant disabilities—was very ad hoc. Each state and territory had a different approach with different ways of funding and different ways of implementation. I think we are still seeing that in many ways. With the move towards the NDIS, we are seeing state and territory governments begin to absolve themselves of responsibility for funding or for implementing particular initiatives, and I am concerned about that. As I said earlier, the NDIS will only be for 10 per cent of the disability population. So it is important that we think about it holistically.

As to where I have seen things work well: for example, South Australia has the Disability Justice Plan, which is centrally coordinated by the Attorney-General's Department in South Australia. When you see a central coordination approach, that works well, because people with disability present from a wide range of backgrounds—people from overseas, young people with disability, older people with disability and so on. So, when you coordinate and when you recognise that people with disability have unique needs and you coordinate their needs, it works well.

Senator CAROL BROWN: But, even for those people who are covered by the NDIS plans, if we do not have accessible buildings, the issue is still relevant, obviously, to them as well. We had a recommendation earlier today about a disability coordination unit, I think, located in PM&C, to be a driver across all portfolios. Do you have a view about that suggestion?

Mr McEwin: I would welcome that approach. I am stating the obvious: Prime Minister and Cabinet have ultimate responsibility for the smooth running of how people live their lives. So I would strongly advocate for or support a move that would make sure that Prime Minister and Cabinet, if they were to be the coordinating unit—and I would strongly support that—have that oversight. That is what I think is lacking here. The Department of Social Services are to be commended for their commitment to, for example, the NDIS, as I have said repeatedly—and please forgive me if I repeat myself on the NDIS; it is a very important aspect of my work—but also I have seen it work well when they coordinate smaller initiatives, such as supporting mentoring support, or programs for deaf people to access interpreters when they have health appointments and so on. So Prime Minister and Cabinet would have that oversight. They play a critical role. I attended an inclusion and diversity council meeting that was chaired by Prime Minister and Cabinet and it taught me the critical importance of bring together all the secretaries and heads of department to the table. So I would strongly support that, and I think that is something that would work well, particularly if we see the Prime Minister himself taking responsibility for it.

Senator CAROL BROWN: Can you give us an overview of the complaints that you receive and what those issues relate to?

Mr McEwin: For at last the five years the highest number of complaints that we have received at the commission have been about disability discrimination. Last year, 39 per cent of all complaints that we received related to disability discrimination. So there is a clear need for much improvement for people with disability. In my submission I talk about some of the complaints that we receive. Around eight or nine per cent of the complaints that we receive relate to access to premises—no lifts, no ramps or no access into the building itself. We are also starting to receive an increasing number of complaints about touchscreen technology. For example, in financial services, a device that requires you to tap your card is inaccessible to people who are blind or have low-vision impairment. So we have seen a number of complaints relating to inaccessible touchscreen devices—and, as we all know, the use of touchscreen devices is increasing in our society. They are just quick snapshot examples of the types of complaints that we receive at the commission.

Senator DUNIAM: The last witness, from the First Peoples Disability Network, talked to us about the barriers faced by Indigenous people in regional and remote communities with regard to providing appropriate supports and services. Do you have any view on how we can ensure that those sorts of things are provided to people in need in those communities?

Mr McEwin: I am very familiar with the work of Damian Griffis and the First Peoples Disability Network and I have a strong and cooperative working relationship with them. So I am familiar with those issues. They also came up frequently in my consultations. With the NDIS, for example, there are two issues which I am sure Mr Griffis spoke about. One is the awareness of the NDIS itself in remote communities. Many Aboriginal and Torres Strait Islander people are not aware. Secondly, you could have the most fantastic NDIS package that outlines the support that you can receive; however, the services invariably may not be available in small or very remote communities. They are two particular issues that I want to reinforce and which I am sure that Mr Griffis has spoken about.

I have just been appointed by Minister Porter as an independent expert adviser to the NDIA—which, as you know, is the agency tasked with implementation. So I look forward to working on this. I think the two biggest issues will be providing support to Aboriginal communities as well as to very vulnerable people who may not have their own voice or the ability to articulate their concerns where other people with disabilities can. In summary, the work that the First Peoples Disability Network is doing is critical, and I welcome Assistant Minister Prentice's commitment to developing a plan for Aboriginal and Torres Strait Islander people with disabilities. That is the government's intention and I look forward to seeing that progress.

Senator DUNIAM: You mentioned by way of examples places where centrally coordinated approaches are working, and you talked about South Australia. I think you mentioned the justice department. Is the South Australian justice department doing what we were talking about PM&C doing at a federal level? Or are they more focused on justice-related issues and a few add-ons from other departments?

Mr McEwin: That plan is specifically on access to justice, the South Australian Disability Justice Plan, being coordinated by the Attorney-General's Department. It has four areas, and two of them are looking particularly at the issue of vulnerable witnesses in the justice system. Last year the South Australian government passed laws to amend the Evidence Act to allow for people who may have an intellectual disability or who have a speech impairment, to recognise that they give evidence in a different way. The Evidence Act until last year did not recognise that. That is an example of where having a plan and a coordination unit behind it sees positive progress for people with disability. There are a lot of other areas under the plan, but that is a very good example of where the law itself is now changing to recognise that people with disabilities give evidence in different ways.

CHAIR: I want to follow up on that issue. We heard a lot about the plan in our inquiry into violence towards and neglect of people with disability and also in our indefinite detention inquiry. Are you continuing to monitor—well, 'monitor' is not the right word, but to look at—the South Australian approach? It does seem to me, from the evidence I have seen, that they are leading the country. But you would be aware that there were still some concerns raised, including by Kelly Vincent, who was very involved—the MLC in South Australia—and her party. They were critical of some elements of it. Are you continuing to look at the implementation of the approach by the South Australian government?

Mr McEwin: I think we can all appreciate that often the law moves very slowly, so I want to reinforce that the process to amend the Evidence Act clearly was a long and complicated one. But, having said that, it demonstrates that once you have a plan in place, and targets, then you can commence progressing those targets. So, I commend that work that Kelly Vincent has been doing in South Australia. As we have seen in recent months, there are still concerns around supporting people with disability in specialist services. So, that is a matter that concerns me.

With respect to the 2015 inquiry report, and I commend the committee that did that, I am currently in conversations with the Attorney's office to make sure that we can implement the recommendations from that, in particular around making sure that we address the need for safeguards. I understand that the government's NDIS Quality and Safeguarding Framework will apply only to those who receive NDIS services—again, 10 per cent of the population—once the NDIS is fully implemented. So, I am currently looking at exploring ways to make sure that we still have safeguards, particularly in relation to the recommendations from the 2015 inquiry report, for people who are not receiving NDIS support. And the list is endless—for example, a young person with a physical disability attending their local theatre group or a young person going to their local sporting club and being at risk of abuse. The list is very long. So currently I see that as a priority for me, to explore the way we can respond to make sure that anyone with a disability is a safe environment no matter where they are.

CHAIR: Thank you. We will probably be asking you more questions around that in an inquiry that this committee will be doing—well, the legislation committee—into the bill on that. So I will be looking forward to that enormously. You referred to the plan that Assistant Minister Prentice is preparing in relation to Aboriginal and Torres Strait Islander people's access. What is your understanding of the time line for the development of that plan?

Mr McEwin: I do not know. What I do know is that on 2 May there was a media release from Minister Prentice's office. And I spoke to her the next day after she had been to a meeting in Redfern where she met with First Peoples Disability Network. So, I do not know anything further. I am hopeful, though, that there will be some progress on that.

CHAIR: So you have not been engaged in any discussions about how to progress the development of that plan?

Mr McEwin: Not in detail, no—only a very high-level supportive comment, I suppose, from the minister.

CHAIR: Recommendation 4 of your submission is:

> … that the Council of Australian Governments develop and commit to a housing reform agenda that includes strategies to increase the supply of accessible and affordable housing for people with disability …

I am presuming that this is beyond the money that is being provided for specialist housing support through the NDIA or NDIS—so, outside of that process?

Mr McEwin: Sorry: could you repeat the question, just to make sure that I have understood it?

CHAIR: There is obviously the SDA money that has been allocated through the NDIS, and I am presuming that what you are talking about in your recommendation 4 is beyond that, to ensure that housing is accessible.

Mr McEwin: You are absolutely correct. Perhaps I could preface that by drawing your attention to recommendation 3, which is:

> … that the Building Ministers Forum immediately conduct a regulatory impact statement to consider the cost and benefits of a variation to the Building Code of Australia to apply a minimum accessibility standard …

We see that as a way, when new housing is built, for it to include accessibility features—for example, so that young people with a disability who are currently living in nursing homes for older Australians can actually live in homes that are built. So, in recommendation 4—you are right—we are saying that we need to also see a housing reform agenda that is more of a whole-of-government or, rather, whole-of-sector approach to ensuring that we increase the supply of accessible housing.

Senator CAROL BROWN: In that recommendation you talk about including incentives. What does that mean?

Mr McEwin: Recommendation 3?

Senator CAROL BROWN: In recommendation 4, on the housing reform agenda, you say 'including incentives to deliver accessible and affordable housing stock'.

Mr McEwin: The incentive will be built on the realisation of recommendation 3, where there is a minimum regulation in the Building Code of Australia that all new housing must include accessibility features. That will form part of the indicator for measuring and implementing what we are talking about in recommendation 4. I hope that makes sense.

Senator CAROL BROWN: I am still unsure of what 'incentives' means.

Mr McEwin: The background to recommendation 3 is that currently it is voluntary for builders to build houses that are accessible, and we have seen very little uptake. Less than five per cent, I think, of new housing is accessible. So, by implementing recommendation 3, by having a minimum mandatory accessibility requirement in the Building Code of Australia, we will then, in theory, see an increase in supply of accessible housing, which leads on to recommendation 4.

Senator CAROL BROWN: Okay.

CHAIR: I want to go back to the comments you made at the beginning, and also in response to Senator Brown's questions, that you have been pretty clear about there not having been a commitment across government to implement appropriate and specific measures to address the barriers, and you articulate the built environment, housing, transport and communication. You also talk about the failure to implement appropriate measures to build inclusive and accessible communities. It seems to me there is a lack of will across the states and territories, and the Commonwealth for that matter, to address these issues. The NDIS is there. People acknowledge there has been a strong focus on the NDIS to make it work because it is critical that we make it work. The strategies are there; we are supposed to be committed to it.

Mr McEwin: I think you have highlighted a challenge that is common across all areas of life when we have a federated system of Commonwealth, state and territory and local government. Often for people with disability, my experience has been we see a shifting of responsibility or the shifting of blame as to why something might be happening, so you are right. The National Disability Strategy itself is an excellent articulation of the Convention on the Rights of Persons with Disabilities. However, we are not seeing a particular government department or a particular agency take concerted responsibility for it. When you talk about the wide range of discrimination that people with disability experience every day in life across all areas of life and the unique understanding that is required to progress removing those barriers and that discrimination, you need to have a coordinated approach and for somebody to show very strong leadership. So I commend the government for the National Disability Strategy, but I think the implementation plan needs to be far stronger with performance indicators and time frames and specific responsibility.

CHAIR: Which takes me to the point we were discussing this morning with Ms Sands from Disabled Person's Organisations. The second implementation plan did not come out until after the period it was supposed to be addressing started and we still do not have an action plan for the implementation plan, and we are about to enter into the time line for where the third implementation plan is supposed to start. By the time we get to implementing the implementation plan with an action plan, we will be into the third one. The question I put to her is whether we should put a line in the sand and say, 'Let's have another go at doing this and have an action plan to really start pushing along implementation of the NDS'?

Mr McEwin: Even though I was not present for that discussion, I share Ms Sands's concern around the timing and the time frame that we have seen. By way of analogy, I would look at the process for the review of accessible public transport standards. We are already behind in schedule for the Prime Minister's third review. We are still catching up. We are well overdue for the second review process. This is something that people with disability often see. I would suggest that it is illustrative of the lack of political will that we need to see from the government in making sure that up to 20 per cent of the population are included in society and not just continually segregating or leaving them out of conversations that relate to inclusion. It is a common theme and I would like to see more resources applied to ensuring that we see proper adherence with time frames.

Senator CAROL BROWN: Is the Disability (Access to Premises—Buildings) Standards 2010 a voluntary code?

Mr McEwin: A voluntary code for?

Senator CAROL BROWN: For access-to-premises standards.

Mr McEwin: Yes, that is correct. That is the current status.

Senator CAROL BROWN: That is the current status. I think I heard you say, but correct me if I am wrong, that only five per cent of buildings since 2011 are completely accessible.

Mr McEwin: I should be clear: that was on that issue of housing itself.

Senator CAROL BROWN: Oh, housing.

Mr McEwin: And I should acknowledge that, after me, you will be hearing from Margaret Ward and Michael Fox on that particular issue, and I am sure they are happy to take specific questions on that.

Senator CAROL BROWN: Okay. Thank you. In your submission, you talk about the recently released initial review of the access-to-premises standards, which says 'there are limited mechanisms at the Commonwealth level' to collect performance information. Has the government responded to that review?

Mr McEwin: They have, and only very recently.

Senator CAROL BROWN: What was their response?

Mr McEwin: I do not have the detail in front of me. There were something like, I think—do not quote me—60 recommendations and there were a number of responses, such as 'supported', 'noted' or, on a number of occasions, 'not supported'. So I do not have the detail in front of me. I am not quite sure what the process is, but I am happy to get that information and send it to the committee.

CHAIR: That would be great. Effectively, you have taken it on notice to provide that, so the secretary will be in contact about that.

Senator CAROL BROWN: Could we also have your response to their response?

Mr McEwin: Okay. I will see what I can do with that.

Senator CAROL BROWN: Thank you. In your submission you also talked about a grant program that was in existence, the Make Local Communities Accessible for all Australians initiative, which is no longer available. It was $5 million, according to your submission, provided to local governments to make local buildings and public spaces more accessible. Do you have any information on how successful that was?

Mr McEwin: I will have to get back to you on that. Our submission was saying that that was a good initiative to have. I do not think we were implying it was no longer available. That is not my understanding of it. But I am happy to take that on notice and clarify.

Senator CAROL BROWN: Okay—if you could do that. We will check that as well. I also wanted to know whether, in your work, you go and talk to the local government associations, because they are the other part of the strategy and they have responsibility for many of the issues that we have been talking about. Did you talk to them in the initial consultations that you undertook or in any further consultations?

Mr McEwin: I will have to check. However, I believe there were a number of people from local government who attended my consultations, so their input was certainly included. I have not had direct conversations with the local government association; however, ironically, I spoke only last week at a council event. Certainly, the role that local governments play in implementing the National Disability Strategy and other disability initiatives is very important, and I continue to stress that.

Senator CAROL BROWN: Okay. I ask because we have talked a lot about the Australian government and the state and territory governments, but local governments have a vital part to play in delivering under the strategy. We are going to be talking to them ourselves. We as senators are unsure as to where we are in terms of concrete actions because we do not have that information available to us, so it is difficult. But some of the issues do seem to be around voluntary codes as well—whether codes should be mandatory or there should be some incentive provided to ensure that the changes that are required in terms of buildings and housing are actually delivered. Do you have a view as to whether there should be mandatory codes where they currently do not exist or should it be more based on an incentive model?

Mr McEwin: Because there is a wide range of stakeholders in the building industry and the housing industry, I think it is critical that we have mandatory standards because there is a lack of understanding of the impact that it has on up to 20 per cent of the population and many people with physical disabilities. Also accessible housing benefits young families and older Australians, so there is a huge need for accessible housing. In other industries and areas where mandatory requirements are included in codes or in legislation we have often seen improvements in the lives of people with disability. I would answer your question by saying that a requirement in the building code is mandatory.

Senator CAROL BROWN: You have made a lot of recommendations in your submission. It is a very comprehensive submission. I thank you for that. Which recommendation would you say would be the most urgent to act upon? I know that is a difficult question. If you would like, you can take it on notice and come back to me. That would give you some time to think about it.

Mr McEwin: I am actually happy to answer that now. The current implementation plan is lacking in detail. It is lacking in the need to have specific performance indicators and specific time frames. The plan and the report give some examples, but they are very ad hoc examples—there is an example from Queensland and an example from South Australia, but there is no coordinated one. To answer your question, I would highlight again recommendation 13. I see that as a critical priority. Having said that, all the things that we have talked about are important; however, if we can see government take true leadership and have a coordination unit, which has been suggested or proposed, I think that would have an impact on all the other things we have talked about.

Senator CAROL BROWN: We heard in evidence this morning from Ms Therese Sands about an Australian action plan that will be part of the NDS. Do you know anything about that Australian action plan?

CHAIR: I thought it was the process for implementing the implementation plan.

Senator CAROL BROWN: Of the second implementation plan?

CHAIR: Yes.

Senator CAROL BROWN: Are you aware of the development of that action plan by the Australian government?

Mr McEwin: Am I aware of how that was developed?

Senator CAROL BROWN: The evidence we received was that the second implementation plan outlines that it will be supported by the development of an Australian government action plan that will represent the Australian government's commitment to tangible actions. Are you aware of the development of that?

Mr McEwin: Yes.

Senator CAROL BROWN: Are you involved in that development?

Mr McEwin: I have not been involved. As you can appreciate, I am still relatively new to my role—perhaps I should not say 'new' anymore. Having said that, I am, for example, liaising or engaging with the National Disability and Carers Advisory Council, which, as you might appreciate, has oversight of the National Disability Strategy.

Senator CAROL BROWN: Thank you.

CHAIR: Thank you very much for your time today and your submission. As Senator Brown said, it was very informative and useful. Thank you for taking on notice those questions that you have.

Mr McEwin: And thank you to all the senators, the committee support and secretariat for facilitating my attendance. If there is anything you would like more information on or if you have any other questions, please let me know. I wish you well.

CHAIR: Thank you.

FOX, Mr Michael, Chair, Rights and Inclusion Australia

WARD, Dr Margaret, Convenor, Australian Network for Universal Housing Design, Australian Network for Universal Housing Design and Rights and Inclusion Australia

[12:05]

CHAIR: Can I check that you have both been given information on parliamentary privilege, and the protection of witnesses and evidence?

Dr Ward: Yes.

CHAIR: We have your submission. I invite either of you or both of you to make an opening statement and then we will ask some questions.

Dr Ward: I will speak first and then Michael. We represent the two organisations that have been working together on this particular issue, the issue of housing. A quick background on my experience: I trained as an architect and I supported my daughter, who had profound disabilities, for 30 years. When she died, I went back to university to study the logics of the housing industry in providing accessible housing. I have been convener since 2011. Our submission relates to policy direction No. 3 of the first outcome of the National Disability Strategy—that is, the improved provision of accessible and well designed housing, with choice for people with disability about where they live. We particularly have been following the commitment by the strategy to work towards an aspirational target that all new homes will be of agreed universal design standard by 2020 with interim targets and early completion dates to be determined.

In summary, we were part of the initial national dialogue that developed that strategy. We have been monitoring the progress. The national dialogue that developed that strategy committed to regular reviews from 2013. There have been no reviews, so the Australian Network for Universal Housing Design did a review of its own with the assistance of RI Australia, and we estimated in that review at the end of 2015 that less than five per cent of the target would be reached with the voluntary approach.

We believe that housing should meet the needs of current and future Australians, and is vital for inclusion and active participation in family and community life. We also believe that there is a public interest in the way private housing is provided. There is not just private interest; there are three levels of public interest. The first is that housing be designed to include everybody not only to live in but to visit, because most of our essential activities in life around family and community occur in homes. That is where we make babies, raise babies, hope to die and everything in between.

Secondly, that housing is designed and built to last more than 50 years. It is in the public interest that housing is useful for 50 years or more so there is not unnecessary cost to government and to individuals who live there to modify that housing. So we need to consider the public interest as we think forward. Then there is a tertiary interest because housing affects the costs to other services, avoidable hospital stays, in-home services and the general welfare of children, particularly, and older women. I will hand over to Michael.

Mr Fox: ANUHD and Rights and Inclusion Australia are working in partnership on all these programs. Thank you, Senators, for this opportunity today. I am an architect and a planner; I am also an access consultant. I have been involved in accessibility for over 30 years, I was the initial chair of the Standards Australia committee that developed all the Australian standards and I was actively involved in the drafting and adoption of the UN CRPD in New York. I am the current Chair of Rights and Inclusion Australia.

We submit that regulatory intervention is necessary to meet the commitment of the 2020 target, exactly as recommended by Alastair. We have worked closely with all members of the dialogue for the last five years. We have endeavoured to meet to discuss the issues, but it is very clear that the voluntary approach is not working. Therefore, we recommend that this regulatory intervention should be through the National Construction Code, the NCC, or the BCA. This should progressively provide evolving standards equivalent to Livable Housing Australia gold or Australian standard 4299. There are various standards available, but it needs to apply to all new and extensively modified housing. These changes in the NCC should be complemented by education and training of the housing sector, including all the stakeholders that are involved.

To give this some perspective from my involvement in accessibility, we have always worked on the basis of what we call a process of access. People need information. Alastair needed information to find this venue and be here today. We all needed transport to get here. We needed to get through the built environment. We need to have equipment that we can communicate with. All of those issues have been discussed and resolved at many levels, but the one that is not resolved is housing. We have developed in Australia extensive legislation for access to public buildings, we have the DDA, we have legislation for transport and we have the UN CRPD, but we are still left in the situation where any housing accessibility is voluntary rather than mandatory, and we believe this is, essentially, the final step in the comprehensive access strategy that Australians are so proud of. We have achieved so much, but housing is the missing link, in our opinion. Currently, there are no national access requirements for housing. There are all sorts of different guidelines. There is Australian standard 4299, which is called up by many local councils. There is Livable Housing Australia, which is used for the voluntary code. There is New South Wales SEPP 65. Many local governments around Australia have developed control plans that vary—five per cent, 10 per cent, 15 per cent, 20 per cent. It is really all over the place, and the builders and developers we speak to say that that is costing money because every development has to meet a different set of requirements. Everyone has to go through the process—'Which one do we apply this time?' It really needs to be resolved, Senators.

We also have a slight misfit, which I think Alastair mentioned, between the DDA and the CRPD. The DDA, which I was involved in back in the nineties, is essentially about public environments. Of course, you mentioned, Senator, the recent review of the access to premises standard. The answer from the department of industry to us was, 'Well, under the DDA, our job is to look after public environments, but we can't look after private environments.' So there is a gap in the DDA, which does not fit with the UN CRPD, which Australia has ratified. Article 9—I was a convener of article 9—clearly requires governments that ratified the CRPD to include access to housing. We are not meeting that obligation.

The minimum requirements that we have been talking about in all of our documents—which I think Margaret's excellent submission put together—are at least one accessible entry, accessible paths of travel and a bathroom area suitable for reasonable adaptation, three things which are not terribly difficult. Even with the terminology, I noticed that in your sign on the door here there is a typing error: it says 'assessable' rather than 'accessible', which is quite amusing.

CHAIR: Just for the record, that was not us.

Senator DUNIAM: That is the venue.

Mr Fox: Fair enough. These minimum requirements of at least one entry, a path of travel and a modifiable bathroom are well within current building and construction practice and have minimum cost impact. Of course, the overall issue is that, in our contention, more accessible housing benefits everyone. I think it is really important that we are not talking about 10 or 20 per cent of people who have a disability. Everyone with a disability has a wife, a husband, a son, a daughter or a visitor. It is very easy to see the overall benefits of more accessible housing.

CHAIR: With an ageing population.

Mr Fox: Finally—I know that time is important—in following appropriate NCC legislation, which we are advocating, there are a number of benefits. Here are just some of these benefits. Australia has ratified the CRPD. It enables us to meet that UN commitment of article 9, which is access to housing. More people can age in place and age in familiar neighbourhoods because a house nearby is accessible. NDIS housing requirements can be more readily achieved. There would be less need for isolated and expensive aged care. You probably saw the *Four Corners* show a week or so ago about the outrageous situation of retirement living in Australia, and a big part of that is because so many people cannot age in place. When they have a significant disability or an ageing problem, houses are not flexible enough, so many people have no alternative but to go to a retirement village. We saw that story a few weeks ago.

I have a couple of final points. Housing, of course, can then be adaptable over time for changing needs. We are very involved in accessible transport, accessible buses and accessible taxis. The whole idea of that is that it is pretty easy. People can use it. A thing called a bus is now a thing that is accessible, a thing called a taxi is now accessible et cetera. A thing called a house should be accessible.

Of course, as I am sure that Damian mentioned this morning, there are also significant benefits for remote and Indigenous communities, and we have run several workshops with Damian. His organisation is a member of Rights and Inclusion Australia.

I have two final points. I am sorry to take the time. I think really the bottom line of this whole issue is that what we are recommending will result in minimum cost to government but maximum benefit to the community. All the government has to do is agree to amend the NCC. That is all the government has to do, and over time we will have a more accessible and equitable community for people to live in. The cost is minuscule. It will be absorbed by the builders and the community. It does not cost the government anything. All you have to do is agree to change the NCC, which is what we have been advocating.

Very finally, ANUHD and Rights and Inclusion Australia have a housing forum organised in Sydney on 15 August. We would like to send you some details of that. You may be interested. That forum will be specifically discussing this move towards more accessible housing legislation and trying to harmonise the various standards that apply. Details are available at our website, and I will leave a couple of my business cards here.

CHAIR: Thank you. I will throw to questions. I think on 15 August we are actually sitting in Canberra.

Mr Fox: Okay, fine. We will send you the details anyway.

CHAIR: That would be great if you could send us the details, and the outcomes would be fantastic.

Senator CAROL BROWN: I would like to get some clarification of some of the information that you provided. You talked about less than five per cent of housing meeting the silver standard. Is that right?

Dr Ward: Yes. The commitments within the National Disability Strategy have interim targets which are outlined in our submission. These were agreed to by and endorsed through the COAG process into the National Disability Strategy. The government gave $1 million to Livable Housing Australia to implement this strategy. We worked with Livable Housing Australia till the end of 2014. They were monitoring the development of that strategy and they gave us the figures as best they could. We also consulted across Australia around the implementation of that strategy. We wrote to every state government around the implementation of the strategy. With all that data—

Senator CAROL BROWN: When did you do that? Was it in 2014?

Dr Ward: We published the report at the beginning of 2015, and it is on our website. From that data we estimated that, by 2020, with the rate of development that we were seeing, the uptake of the livable housing design guidelines through the voluntary approach would not get to five per cent of the 2020 target.

Senator CAROL BROWN: So that five per cent figure relates to 2020?

Dr Ward: Yes, that is right.

CHAIR: That is if it is business as usual.

Dr Ward: Yes, that is right.

Senator CAROL BROWN: You provided a couple of targets here. Is the first one just for private housing?

Dr Ward: You might as well say that, because public housing is less than four per cent of our housing stock and the building program there is minimal currently.

Senator CAROL BROWN: You go on to talk about targets that were set for Commonwealth, state and territory funded housing. Do you have any information on those?

Dr Ward: That would be the four per cent.

Senator CAROL BROWN: With that four per cent you are talking about only four per cent of the housing that has been—

Dr Ward: Of our housing stock—that is all those little houses out there—four per cent across Australia are public or community housing. That is housing that is funded in some manner by the Commonwealth and the states.

CHAIR: By public money.

Dr Ward: Yes, public money. The social housing program is pretty well nil in its increase at the moment. There is very little money going into social housing. We can be pernickety about what is social housing, what is public housing and what is private housing, but I think we are losing the point when 96 per cent of our housing is privately built and paid for.

Senator CAROL BROWN: Okay. You also indicated there had been no reviews. When was the first review due?

Dr Ward: 2013.

Senator CAROL BROWN: Did government indicate why a review was not undertaken?

Dr Ward: We have had no response.

Senator CAROL BROWN: Okay. I am assuming you inquired more than once.

Dr Ward: Yes, we have. In the implementation plan of 2017—the livable housing design initiative—this commitment was not mentioned at all.

Senator CAROL BROWN: During the work that was undertaken on the national dialogue and the targets set, was there a discussion around it being mandatory or voluntary?

Dr Ward: I understand there was at the table in 2010, but the housing industry would not sign it if it was going to be mandatory. They convinced the others at the table that they would do this voluntarily, that it would be monitored regularly, that there would be regular reports and that they wanted a transparent process. They were the words of Peter Verwer, who chaired that meeting.

Senator CAROL BROWN: Even though you have had no response from government in terms of reviews, do you have an understanding of why a review was not—I do not know whether one was conducted and just not released—made public?

Dr Ward: No, I do not. I can guess, but that is not helpful.

Senator CAROL BROWN: Why has it failed—other than the obvious: it has not been taken up. Do you have any understanding of why it has not been taken up?

Dr Ward: From my studies on this, there is no constituency in the Western world that has had a successful voluntary approach. Where we have seen consistent provision of accessible housing at minimal extra cost has been where there has been regulation. Our best example is the UK and Ireland, where part M, part R and part T—they have different parts—have minimum access requirements in all new housing since 1999. The sky has not fallen in. The industry has not stopped. The building programs have continued quite happily. The research in that area has shown that, now that the builders have changed to the new standard, they would not go back, because all their processes are now geared to this minimum standard. So Britain is a shining example of how a regulation can change an industry to provide housing that is much more accessible without any real angst to the industry.

In Japan they have an incentive process through their national mortgage program that pretty well could be seen as regulation because, if you want a loan with a 10 per cent discount, you provide access to your house. You buy a house that is accessible.

But I need to say both of those programs—the regulatory one and the one through the incentive through the national mortgage program—have been seen to be inadequate to meet the needs because of the ageing populations. We are late now. We cannot be much later on this.

Mr Fox: I think your question was: why has the dialogue failed? I do not think it has failed. I think it has been an important part of the process and that at many of the meetings we have been to we have complimented the people involved in the dialogue for putting together the livable housing guidelines and for getting a lot of national media attention and awareness within builders. We have said many times that it has shown the voluntary process is part of the process. There is a time when you say: 'Okay, you have tried it on a voluntary method. The sky didn't fall in, as Margaret said. It's time to move towards mandatory.'

Senator CAROL BROWN: But my question was why you think the voluntary mechanism has failed.

Mr Fox: I think that is why. I think it has failed also because of the mismatch between the DDA and the CRPD. Many of the people in government have used that—at the Australian Building Codes Board, the Department of Industry, the Attorney-General's Department, the Prime Minister's department—and many are saying that the DDA is about public environments and we are talking about making private environments accessible. So there is an issue there for government. I do not think it is impossible to resolve, particularly as it contradicts what Australia has ratified under the CRPD. So something has to happen there.

Senator CAROL BROWN: Why do you think the housing industry appears to be reluctant to adopt the standards?

Dr Ward: Can I share with you how the housing industry works? It is an interconnected web of relationships that are dependent on each other. It is like a conveyor belt. If there is a change made up one end of the conveyor belt where, say, 820 doors are changed to 870 wide doors, this affects the architraves, it affects the framers and it affects a whole lot of other things. On a building site, particularly with volume building, which is most of our housing at the moment, the supplier has provided 820 doors for the next five years. They are tooled up to provide 820 doors. So they have an order for the next five years from Divine Homes or whoever. If someone says, 'We want an 870 door,' there is a panic: 'We want these minor changes.' 'No, we can't do that because we have a whole system that is going to be affected.'

If you have a regulation that comes in that says, 'Every house how from 2020 needs 870 doors,' the industry tools up, they order them in and it is there ready to go for 2020. The building industry could not care less whether they were 820 or 870; what they want is a level playing field. What they hate is these one-off changes.

CHAIR: If they all agree with a voluntary approach, why haven't they then gone to that 870?

Mr Fox: As I mentioned earlier, I was involved in the initial access legislation in Australia. Back in the eighties and nineties there was a similar debate in Australia. Many organisations and many of the same industries that we are talking about now strongly advocated a voluntary approach. They said, 'Okay, well, how about we just say to people that if you build a new office building how about making it accessible?' Many people around the world looked at that and, as Margaret said, every voluntary approach has failed. From a building point of view, I know as an architect that if I do a specification for a builder, I cannot put in that specification something voluntary; all I can do contractually is say, 'Build the building; this is the specification. And, by the way, here's some voluntary stuff.' And what does the builder say: 'Forget that; I'll sign the contract.' I think, up to a point, builders want minimum legislation but they also want to know, as Margaret said, what they have to do. I think they have supported voluntary simply because they were part of that dialogue seven years ago.

CHAIR: So they did not actually mean it; they just wanted to make it go away?

Mr Fox: I think they knew they had sort of a way out, because it was voluntary and they said, 'If you feel like it, we'll do it.' It is like anything. If it is voluntary to smoke, for example, half of us would be smoking, but it is mandatory that we cannot smoke and society has accepted that. Similarly, we have accepted that a new public building like this and the bathrooms and the signage need to be accessible. We have accepted that transport, communications and websites need to be accessible. Everything is in place in Australia except housing. From the industry people we speak to, I think that once this government makes this, I think, very easy decision to legislate in the NCC, it will all be resolved.

Senator CAROL BROWN: Is there continuing discussion within government about the standards?

Dr Ward: I will just inform you on our advocacy to this point. We approached the Australian Building Codes Board with a proposal for change. That is the formal process to ask for access requirements in the Building Code. It was refused—this was in 2016—and we were advised to go to the Building Ministers Forum, because they were the policy people around the Building Code. So we went to the Building Ministers Forum, and they have agreed to propose to COAG that a regulatory impact statement be done as soon as possible. We understand that proposal has now gone to COAG, and there may be an out-of-meeting decision on that. If that is the case, the Building Ministers Forum will then direct the Australian Building Codes Board to do a regulatory impact statement. I have written to the Australian Building Codes Board to confirm whether that is in their work plan. I have not got a response to that yet, but we hope that they have the resources within their work plan. There is many a slip 'twixt cup and lip on this, but we are following the process in a very courteous and methodical way through the ladder.

In summary, we hope that COAG will agree that there is a necessity for a regulatory impact statement to be done. The Building Ministers Forum will then direct the Australian Building Codes Board to do it, and we hope that the Building Codes Board has the resources to do that work. In the meantime, the Australian network has written to every state to ask them for their report on their achievements in relation to the livable housing design commitment. We do not expect a rush of reports back, but we are keeping the pressure on, and we have committed to work with Neil Savery from the Australian Building Codes Board on the regulatory impact statement if it happens. Alastair McEwin, the Disability Discrimination Commissioner, with Summer Foundation, have put aside $40,000 to do some independent research to feed into that regulatory impact statement. So I guess we have a pincer movement happening here to try to trigger it along.

I sound a little bit negative on this. We have been doing it a long time, but I do think there is a shift within the Building Ministers Forum. There is an acknowledgement that the voluntary approach has not worked and that something needs to happen. The next step is the regulatory impact statement. We just have to make sure that that is well done to the three levels of impact—the primary, secondary and tertiary.

Senator DUNIAM: Thank you for that, and thank you for your characterisation of a home earlier on—where babies are made. I think a moment of levity is always welcome.

Dr Ward: Sometimes they are made in the back of a car!

Senator DUNIAM: Yes. I will stick to homes for now. I will just ask something on a very micro level. We have talked about the builders and design and things like that. If these standards were introduced in a mandatory way—it may be something both of you want to address—what does that look like? You talked about 820 versus 870 doors. What other changes are there to a standard home? Say I am building one this year and the standard is enforced. What is different from now, if I were not abiding by any of these requirements?

Dr Ward: The performance measure I would like to have is that anyone can be invited home, enter the front door, have a cup of tea, maybe move to a glass of wine—

Senator DUNIAM: I would welcome that.

Dr Ward: definitely go for a pee, and leave with dignity. That is the performance measure. We could go a little bit further. With two glasses of wine, they want to stay the night and make babies and may want to shower in the morning, but let's go to the minimal. We can argue that around the table. Essentially, if housing can do that, it would make a huge difference to the inclusion and participation of people in ordinary life. That is the performance measure.

Senator DUNIAM: It is an important starting point.

Dr Ward: Over to Michael for what that means in real terms.

Mr Fox: From a practical point of view, it would mean that at least one entry is accessible. The current code has an 850 door, there are certain requirements for nib space around a door and to get through the doorway and there are level requirements. It is not rocket science. People these days know what an accessible entry looks like. Secondly, a corridor should be at least a metre wide, which is a requirement already in the Building Code, so you can get down a corridor, and one bathroom that is a little bit bigger than a conventional bathroom, but probably not these days with the way housing is going, which has some reinforcement in the walls—either a double layer of gyprock or brickwork or tile—so that, if somebody in the future wants to move the basin around or wants to modify the shower or wants to put in a grab rail, they do not have to reconstruct the building. It is a minor amendment. They are the three components we would see as minimum requirements.

Senator DUNIAM: It is very basic.

Mr Fox: It is not very hard.

Senator DUNIAM: If you are a young couple building a house, it is not about having all the grab rails in and things like that for potentially one day.

Mr Fox: I think it is important that, in the ABS stats, something like 20 per cent of Australians have a declared disability of some sort. Half of one per cent are wheelchair users. The biggest component is people with mobility problems, hearing problems and sight loss. Of the 20 per cent, possibly two per cent or five per cent would want grab rails and so on in the bathroom. Most people would simply benefit because they have had a stroke or a serious accident and can easily get in the front door and, as Margaret said, have a glass of wine. Many of the houses in the five per cent, which are called adaptable, have never been modified because of that statistical case. It is only the person in a wheelchair, either at the time of purchase or during life, who needs to modify the bathroom and says, 'My God, I can't without pulling down half the house.' If they could say, 'Hey, I can do that,' that is the game.

Senator DUNIAM: And originally it was done at very low cost.

Dr Ward: On the very low cost, the Victorian government did some figures in 2010 when they considered regulation. For a low-rise unit, those features cost $190—the cost of a pair of party shoes.

Senator DUNIAM: You a very economical, I have to say!

Dr Ward: A single house is $870. That is a new dishwasher. For a high-rise unit with an elevator it costs $1,000. That will be less now. That was in 2010 and, with the access to premises code, the lift should be accessible anyway, so that price would go down. The cost to put those features in after design is $19,400.

Mr Fox: That is 20 times the amount.

Senator DUNIAM: Easily. That stands to reason. It makes sense.

Dr Ward: There is a little extra bit here which I think we need, to be fair, to say: that, when a builder has been asked to do one house over here with the modifications, that costs him an extra $5,000. The reason for that is that he has got to go down and watch the concreter to make sure that he does put in the step-free entry and that he does frame up the shower, because that concreter has been doing the old practice 700 times for him, and the $5,000 is not the cost of the concreter doing the work; it is the cost of the supervisor getting down there at seven in the morning and—

Senator DUNIAM: Making sure.

Dr Ward: saying, 'Listen mate, don't do what you've always done; this one's different.' That is the $5,000. So if it is regulated, then the $190 and $870 become a reality.

Mr Fox: There is also an additional cost, in my experience—and as an architect I have supervised many builders around the place. There is also a cost to the builder because, if they comply with one of the local councils that, say, requires 10 per cent AS 4299, we have got to go on site and say, 'Where are the 10 per cent?' They have got to designate them. The builder has got to come along, and the guy who does all the doors; he has got to get a different door for that one; he has got to do a different bathroom. The guy supervising the job often gets pretty irritated, because the guy modifies the wrong apartment. And of course, if there were simply a requirement that every door was 850, every corridor a metre and every bathroom five per cent bigger, there would be no problem.

The overall cost saving to the economy is really huge in this whole issue. So we think this regulatory impact assessment should show that there are significant financial and social benefits across Australia.

CHAIR: Thank you for your time today. I do not think you took on any homework, did you?

Dr Ward: No, but we are happy to.

CHAIR: I think, between your submission and the comments you have made today, it is pretty clear what your opinion is and where we need to be following up. And we will continue to ask our other witnesses about these issues as well. So thank you.

Dr Ward: Thank you.

Mr Fox: Could I ask: what is the process from here?

CHAIR: The process from here is that we have other hearings. We have got one in Melbourne on Thursday. Then we have got other ones that we are still planning. If you were here at morning tea, that was part of what the little huddle here was about—finding other dates. We have got a couple of other cities that we will be going to. Then we will be tabling our report which, at this stage, is due on 13 September.

Mr Fox: And that goes back to parliament, I suppose?

CHAIR: We table that in parliament, yes. Then there will be a series of recommendations which we will then lobby like hell to try to get adopted. Thank you very much. We will suspend now for the lunch break.

Proceedings suspended from 12:48 to 13:33

CHOO, Mr Mark, Senior Policy Officer, Macular Disease Foundation Australia

HERAGHTY, Ms Julie, Chief Executive Officer, Macular Disease Foundation Australia

CHAIR: I understand information on parliamentary privilege and the protection of witnesses and evidence has been provided to you.

Ms Heraghty: Yes.

CHAIR: We have your submission, thank you very much. I would like to invite either of you or both of you to make an opening statement, and then we will ask you some questions.

Ms Heraghty: Thank you for the opportunity to address the Senate Community Affairs Reference Committee and for the Macular Disease Foundation Australia to make comment on the delivery of the outcomes under the National Disability Strategy 2010-2020 to building inclusive and accessible communities. I do thank you for the opportunity because, just reading Senator Brown's speech in the *Hansard* of 30 November, her comment that it is timely to initiate an inquiry into the efforts to address barriers to the inclusion and participation of people with disability was very pertinent. Senators, what we have primarily for those people with age related macular degeneration is enormous barriers, and I will outline those barriers for you.

Briefly, I would like to cover off a brief outline of who we are, what we do and the aids and technologies. I will refer to the submission and highlight some points from there, without going into too much detail. Secondly, I would like to background the history of the exclusion from the NDIS of those who acquire a disability after the age of 65 years. Although it is in the past, the impact now for the barriers is huge. We are seeing the impact of that. While we are trying to do something about it, I think it is very important for us to review that.

Thirdly, I would like to cover off that we have been advocating for a national system for aids and technology since 2007. So from the NDS point of view it came in a little bit later. I would like to briefly outline what we have done in that period to try to bring this issue to the attention of policymakers and successive governments and ministers. Then I would like to look at the NDS. I have done a very comprehensive audit from February 2011, when the first strategy was agreed to by all of the ministers in every state. I would like to take you through where I believe that the aids and technology issue has now fallen through the cracks of the NDS and through the cracks of the interface between NDIS and the aged-care system.

Finally, I would like to offer to the committee what can be done now to fix this problem. We like to be very constructive in what we are doing. We think we do have the solution, but we just need some courageous people to carry it forward.

Briefly, on the first point, Macular Disease Foundation Australia is the national peak organisation for macular disease. It was established in 2001 as the Macular Degeneration Foundation and changed to the Macular Disease Foundation Australia in 2012 to cover all macular diseases. Age-related macular degeneration is the leading cause of severe vision loss and blindness in this country and also in the developed world. Most people who go blind from macular degeneration go blind after the age of 65 years. It is a disease that affects older Australians.

The second big one now is diabetic eye disease. With the increase of diabetes, this is now growing very quickly. It primarily affects younger people in that working age group. In effect, the NDIS is going to accommodate the vast majority of them, unless we can make sure they have eye tests, timely treatment and save their sight.

In terms of aids and technologies, which is what the foundation is really focusing on today, I refer you to page 1 of our submission, where we outline very clearly the impact of low-vision aids and technologies. Perhaps a better way of saying it is the impact of not having access to low-vision aids and technologies. We also provide a lot of evidence and references in a couple of paragraphs.

There is clear evidence that low-vision interventions actually do assist in maintaining quality of life and independence. They can provide the opportunity to read essential communications, to look after grandchildren, to look after your ageing parents—remember we are all living longer, so 65-year-olds and 70-year-olds are actually supporting 90-year-olds and 95-year-olds—to undertake hobbies and to do the things that we want to do. Age-related macular degeneration affects your central vision—it takes away your ability to read, to drive and to see people's faces and colours clearly—but you will always maintain your peripheral vision.

Without the support of low-vision aids and technologies, the impact on a person's daily life can be significant. There is the impact of isolation. Being able to communicate, whether it is by email, by using iPads, by listening to books through a Daisy player or whatever form of aid or technology, or by using a magnifier to be able to read the newspaper—whatever we are doing—engages people with society and the community. If a person with low vision chooses to disengage, they may become very socially isolated and predisposed to depression. A person's ability to cope with both the emotional and the social challenges of vision impairment is paramount to their psychological wellbeing.

And, most importantly, vision impairment can lead to older people being prematurely placed into permanent residential care despite a lack of other health concerns. What we are trying to do it to maintain the elderly in their own homes, where they feel comfortable, they have their support networks around them and they are able to maintain quality of life and independence. So, there is no shortage of evidence and reasons for why aids and technologies are so important, and later on I will familiarise you with a report that we have produced that is going to I think make that even clearer.

I will now move on to backgrounding the issues associated with 65-year-olds being excluded from the NDIS. This has really been a great challenge for so many people. Although significant reforms have been introduced in the disability and aged care sectors over the last five years, there are still major issues of inequity regarding accessibility and affordability of aids and technologies. And those two Productivity Commission reports: that was a substantial policy review and new legislation, but we all anticipated that the reform agenda of successive governments would finally address the issue and cause us to be confident in the fact that aids and technology would be available. But it continues to fall between the cracks and the silos of the federal government, state governments and reform agendas, disability and aged care, and between departments—health, disability and aged care—and the interfaces between all of these systems.

That leaves us now in a highly disadvantageous, unfair, and inequitable position. We know that one of the key outcomes or aspects of the NDIS was that it would provide for reasonable and necessary supports and entitlement for life. But, critically, although the commission recommended that those who acquired a disability after the pension age be excluded and instead also receive equivalent support in the aged care system, the aged care sector was never built. It does not have the capacity, the expertise or the ability to do what was intended when they excluded those who acquired a disability after the age of 65. It never did, it never has and, despite the efforts I will outline in a moment, it has absolutely collapsed.

So, we have been in the situation that since 2013, when the federal government gained exemption from the Age Discrimination Act 2004 for the operation of the NDIS, this has become really challenging. We wrote to the Parliamentary Joint Committee on Human Rights. We appeared before the Senate Standing Committee on Community Affairs inquiry into the NDIS bill and the Living Longer Living Better package. I can find no other example in this country where, because of your age and having a disability, you are excluded. Knowing that throughout all of the documents in the National Disability Strategy and everything else I read on this there is a constant reference to the United Nation Convention on the Rights of Persons with Disabilities, this exclusion on the grounds of age and having a disability is, in my view, in contravention of everything we have been trying to do to improve the situation for those with a disability.

Given that background, which I know you are familiar with, I constantly ask why. Why was that done? I can clearly tell you the reason, because a policy officer from the Productivity Commission gave a talk in the very early days after the report was produced, in the disability area, and said, 'Well, it was cost.' And the question from me was, well, did anyone do any analysis of those costs? And the answer was, 'No, not really; it was back of the envelope.' And to this day that has been the nexus of this problem: nobody ever did the homework to say that there is a legitimate case, that this is such a high cost that we need to do something, because it might blow out the NDIS. Well, we know there have been those challenges, but what would this challenge have done? They did not know that. But we do know now, because we have done a lot more work on that.

But that is where it all came from. Decisions and policy were made on the basis of assumption, not fact. And good government policy, in my view—and this can be seen throughout the National Disability Strategy—is on evidence base and data. That is critical in the work I do in the foundation to be able to deliver good outcomes. I think it is essential for government to have that basis for what to do. And we know that for macular degeneration, given the age of these people, it is an episodic, one-off item that is required—fairly low-cost items, not big-cost items for life. They are not big-ticket items for the number of people with low vision and blindness, legally blind in both eyes. And I will come back to what the costs are in a little while.

CHAIR: I am just conscious of time, so when you say 'little while'—be mindful that we do need time so that we can ask questions.

Ms Heraghty: Okay; I will speed it up for you—sorry. We have documented everything from 2007—every meeting with the minister, every campaign, everything we have undertaken over all those years appearing before the Productivity Commission. It is 12 pages rolled out—different ministers, different governments, changing of departments—and it really is an example of where an issue has got lost. I would really like to say, in terms of where we are now, that when it went to aged care we made a very good push to have aids and technology included in the Commonwealth Home Support Program and to do something about residential aged care. They are the only two places where you can do anything in aged care. We received a grant from the department, and we have undertaken a massive research program in residential aged care, and that report will come due at the end of this year with an audit of all the processes in eye health in residential aged care.

In Commonwealth Home Support we fought so hard to get $1,000 put into the Commonwealth Home Support Program. It is there in principle only. There is no funding behind it, and it has never been accessed.

CHAIR: Could you just explain that in a little bit more detail?

Ms Heraghty: In the Home Care Support Program we argued, through NACA, the National Aged Care Alliance, when all of the changes were going up to the department, to have some funding particularly quarantined for aids and technology, and the answer was yes. And that $1,000 has been placed there. But it is in principle. No funding has been put behind that. Mark, did you want to add something?

Mr Choo: I can elaborate a bit further on that. We managed to get that into the program manual through our advocacy efforts, so when there were changes to the CHSP that was in the new program. However, following discussions with the department, it turns out that there was no new funding allocated and, even though the program had changed, it was all still based on the original contracts between the department and the providers. Because the aids and equipment funding stream was new, no funding was allocated to it, because nothing had changed in practice. Even with the growth funding round that was announced recently, the only aids and equipment funding that was on offer was limited to the ACT, and only for culturally and linguistically diverse communities and Indigenous communities. They were the only two groups in that jurisdiction for which organisations could apply for funding to support aids and equipment—nothing else. We are not even sure whether that has happened. So we are quite confident that low-vision aids and technologies are still not being funded in the Commonwealth Home Support Program.

Senator CAROL BROWN: When were aids and technology included in the Commonwealth Home Support Program?

Mr Choo: At the launch of the Commonwealth Home Support Program, so on 1 July 2015.

Senator CAROL BROWN: But no money, except for what you have just outlined?

Ms Heraghty: That is right. Given the evidence and facts, I commissioned the George Institute for Global Health to do a worldwide literature review on aids and technology for low vision, and then we put that together and we found ample evidence, so that now we have a document with the history of everything I have outlined here today. This is the first example in Australia—and, to our knowledge, the first in the world—of a literature review to look at low-vision aids. So I guess we have done a little bit of that work of the Productivity Commission to show that there is benefit and there are certainly reasons for having this included for those people over 65.

The final thing is in the NDS. I did a review—an audit. Area for future action 4.4 is firmly embedded:

> Support the development of assistive technologies and more access to aids and equipment for people with disability.

In 2011, you tick it off; it is there. In 2012, there is a report to the council of governments laying the groundwork; it is still there. Then you go to 2014, with the project report, and it slips away. What is in that report is just a few scattered examples of state governments doing a sticker scan for something. It is nothing. So you see it getting lost. I can see it getting lost. Around the same time, you have the NDIS coming in, and I can see these overlays of things moving, and it is getting lost. So then we get to 2015 to 2018, and September 2016 for the second implementation plan, and it is totally lost. So what has happened here? Thank you, Senator Brown, for bringing this to attention in your speech in *Hansard*. Again, this is a frustration that has got lost in the National Disability Strategy, the very area where it should be.

So what can we do? On 2 September 2016, the Disability Reform Council reaffirmed its ongoing commitment to the NDS and agreed to reinvigorate all governments to drive progress. I cannot find a better example of where we could reinvigorate to get an outcome, especially for those diagnosed over 65 years. I think we should embrace that goal. The first is that a COAG agreement be established to develop a funded national aids equipment and assistive technology program, which includes a statement on the process and time frames for developing that national program. The second is that the Productivity Commission be commissioned to provide a report on the outcome of the decision to exclude from the NDIS those who acquired a disability after the age of 65 years and the resulting levels of assistance and support between the NDIS and aged-care system in this area. So 'Where are we at now?' Let someone independently assess that. As well, commission the Productivity Commission to examine the evidence for the provision of aids and technologies and the funding models to support those who have been excluded.

Mr David Tune has completed, I think, the Aged Care Legislated Review and will send the final report to the minister in August 2017. When you go back and look at the Aged Care Act of 1 October 1997 there are five areas identified of people with special needs in the aged-care sector: Aboriginal and Torres Strait Islanders, non-English-speaking, rural and remote, financially or socially disadvantaged, people of a kind specified in the allocation principles. By August 2013, they have updated these and added: people who are financially or socially disadvantaged; veterans; people who are homeless or at risk of becoming homeless; care-leavers; parents separated from their children by forced adoption or removal; and lesbian, gay, bisexual, transgender and intersex people.

At the time, I begged the minister, 'You have left out disabilities. Why are disabilities not included in the act?' That was another key point. If we said everyone could get this from the aged-care sector but we did not identify them in the legislation as being a special needs group, we have been behind the eight ball ever since. Lastly, one of the most important things would be to include those with a disability under the special needs groups amendments and that this be recommended by Mr David Tune. We have certainly made strong representations on that point.

Senator CAROL BROWN: Thank you for your evidence. Your first recommendation is about a nationally funded low-vision aids and equipment program. What is currently in place? You say it is inconsistent across Australia.

Ms Heraghty: In this report, we did an audit to the best of our ability of what was available. There is very little. It is scattered and it is spasmodic.

Senator CAROL BROWN: Does every state and territory have some sort of program?

Mr Choo: Every state and territory has an aids and equipment program but not all of them provide low-vision aids and technologies.

Ms Heraghty: We did a desktop audit. We did this audit for this report to indicate to people who might be looking for help or support what is available. If we could not find it on the website, we would try to ring and we found it was extremely limited.

Senator CAROL BROWN: You have put a figure in your submission. I think it was between $30 million and $50 million a year that would be required. I am trying to understand how you arrived at that figure. I also would like to know how many people are missing out.

Ms Heraghty: There are about 100,000 people who have vision loss, and we determined that as being in both eyes—legally blind—because you can have vision loss in one eye. We took the most severe situation. About 50 per cent are from age related macular degeneration, so that is about 50,000 people. Then we said, 'Let's take that group as the most severe and do an assessment based on what we know of the costs of low-vision aids.' We took a general, fairly reasonable amount. We said, 'If people wanted that, what would be the first modelling for the cost of the provision of that?' It came out at $30 million. Remember, in the national hearing program it is quite a lot more than that. So, for this particular one, we assessed that, even at a minimal level, it would be about $30 million a year. Now, that is our modelling and we would highly welcome someone like the Productivity Commission to do modelling to give us a further indication.

Senator CAROL BROWN: What else do the states and territories provide?

Mr Choo: Based on our research, we found that New South Wales and the ACT have programs with clear guidelines which directly provide low-vision aids and technologies. For Queensland and the Northern Territory, it was not in black and white, but when we contacted them they said they would look at the cases on a case-by-case basis. For the rest of the states, the main aids and equipment programs did not provide low-vision aids and technologies.

Senator CAROL BROWN: In the ACT and New South Wales, is it adequate provision, though? Do you know that?

Mr Choo: For New South Wales, I guess you could consider it fairly generous. In New South Wales, because it is means tested, people who are on the lowest scale are able to rent a piece or pieces of equipment based on assessed need for a $100-a-year fee. With the ACT, however, all they get is up to $100 for low-vision aids on a two-year basis.

CHAIR: What would that buy you?

Ms Heraghty: A handheld magnifier maybe.

CHAIR: That is what I was thinking. It is not going to buy you much.

Ms Heraghty: I do have copies of those if you would like to refer to that page.

CHAIR: That would be useful.

Senator CAROL BROWN: Do you have any information on how many people have not been able to acquire the equipment they need?

Mr Choo: Specific numbers—

Senator CAROL BROWN: How many people, because of cost or lack of subsidies, have not been able to acquire the equipment they need to live inclusive and accessible lives?

Ms Heraghty: It is very hard to get that assessment because we would have to do a very good survey and a study. It also depends on what you need. If someone needs a CCTV where they can blow up the photographs of their grandchildren or read a pill bottle, that may be a $5,000 exercise. A very good magnifier might be $500, but generally that is one-off. So it depends what you need. It is hard to say, but, from our experience at the foundation, the work we have done over many, many years and our contact with all of the low-vision agencies, we know that there are many people who cannot afford low-vision aids and technologies. It is just too hard. If you just keep putting it off and your vision decreases, there is adaptation. Then you have a slip, then you have a fall and then you are not going out et cetera. So I have to be honest and say that it is a challenge to get those figures, but we know from our experience that it is there.

Mr Choo: I also want to add that there are two other concerns here. One is that when older people enter the aged-care system they might become ineligible for the state based programs.

CHAIR: For home packages and residential care?

Mr Choo: That it is right.

CHAIR: Is it correct that it depends on different state and territory rules?

Mr Choo: That is correct. The other is that, because of the funding agreements between the NDIS and the jurisdictions, we are concerned that these programs will cease to exist.

CHAIR: I think that is a reasonable conclusion to make given where we have seen some of the states going.

Ms Heraghty: And to weave your way through this as an 85-year-old with vision loss is impossible. Senators, page 47 was the reference to the desktop audit of low-vision aide technologies.

Senator CAROL BROWN: And you found that assisted technology had completely slipped from implementation plans. I think that is what you said.

Ms Heraghty: From the National Disability Strategy?

Senator CAROL BROWN: Yes.

Ms Heraghty: Yes.

Senator CAROL BROWN: Did you have any conversations with the federal government about why that was the case, or even earlier—these were not your words—when they were downgraded? I think you said that there were jut a couple of comments in the previous report about assisted technologies.

Ms Heraghty: Yes. It starts off in 2011. It is in there in 2012 and it starts to slip off in 2014 in the NDS project report and it has since completely gone in this report. Did I have any conversations? No. To be fair, I think the National Disability Strategy dropped off the agenda quite a lot when the NDIS came along. I was quite pleased to see your elevation of it in the House, because someone was bringing it back onto the agenda and it is very, very important. I think it lost its momentum and its fire. With changes to government policy, people were all trying to deal with the NDIS, and I think that is what happened. But through the near 100 entries and the 12 pages work that I would hate to roll out on your floor because it goes right up to the other end, I can assure you that we spoke to everyone else—everyone.

Senator DUNIAM: I have one very brief question, and my apologies for my late entry this afternoon. In your submission you talk about the need to assist those over the age of 65. I came in at the end of your discussion about the varying supports available state by state. Generally speaking, what do people over the age of 65 get in terms of support for visual impairments and the like? Nothing?

Ms Heraghty: Very, very little. It has got to the stage where someone with low vision finds a foundation for help. Remember that, the earlier someone who is going to lose more vision starts on aids and technology, the better the outcome. We refer them. Obviously there are a range of low-vision charities but they are involved with block funding and all the challenges of that with the NDIS. There is very little for them—and that is my point. It is an injustice. It is unfair. It should never happened. Data, evidence and proper policy should have aligned with this, but it dropped between the cracks of reform agenda, changes in minister, changes in policy—changes in a whole range of things. This is such an opportunity. If I could rule a red line under those 12 pages, this is an opportunity. If this really is a National Disability Strategy, where has section 4.4 gone? It is lost. It was there at the beginning and halfway through, and it has gone.

Senator DUNIAM: This is something to be dealt with, and I am trying to understand how it got to that point once you hit 65. Mr Choo, it looks like you have something to say.

Ms Heraghty: Because of the Productivity Commission reports, ultimately the Gillard government at the time then went and had an exclusion for the aged care for the discrimination. You could be discriminated against because of your age.

CHAIR: The Living Longer Living Better ledge kicks in at 65, and the NDIS does not cover people.

Senator DUNIAM: It stops—okay. Ordinarily I would have thought that that sort of thing happens because there is an alternative source of support, but you are telling me that there is nothing—'very little' were your words—for people. Once they hit that age, that is it.

Ms Heraghty: Just to be clear, in 2013 the federal government gained exemption from the age—

CHAIR: I am just saying that it is if you acquired the disability after the age of 65. If when you are 60-odd you acquire a disability, you are covered, and then you are covered, but if you acquire your disability after 65—and the point with macular degeneration is that it is generally after the age of 65—then you do not get covered by NDIS.

Senator CAROL BROWN: Fifty per cent, I think, is there.

Senator DUNIAM: Half of it?

Ms Heraghty: So you can have two brothers, one aged 60 and one aged 65 and nine months, and they both get age related macular degeneration blindness at the same time. One will get a package for life under the NDIS. The other brother will basically get nothing. Let's say the brother over 65 is a pensioner and the other brother is a self-funded retiree. Then again you have that inequity. So it is very inequitable.

Senator DUNIAM: Just in broad terms, how many Australians each year over the age of 65 get age related macular degeneration?

Ms Heraghty: There are 1.25 million right now who show some evidence of macular degeneration, from the very early stages right up to legal blindness. This is the big one. Over 50 per cent of all severe vision loss and blindness is from age related macular degeneration. Right now, about 50,000 people have severe vision loss and blindness.

The good news is that under successive governments—I have to say from the time that Tony Abbott MP was health minister—the treatments that were available and came on the PBS got through so quickly, and we have saved so many people's sight. That has been an enormous change. We lead the world in awareness and saving of sight from age related macular degeneration. We are unbelievably good. Governments have done the right thing with PBS and awareness.

Where we fall down is at this end. It is almost like the last thing we need to do to really end this story and say, 'These are the people that need help.' In 2013, the federal government gained exemption from the Age Discrimination Act 2004 for the operation of the NDIS. They were the only group to my knowledge, as I mentioned before, that have ever been excluded from an act of parliament based on their age. Why, because you are older and get a disease, should you be excluded? It is almost like they have been quarantined in the aged-care system, but there have been no supports there to do the job if they had stayed in the NDIS.

CHAIR: Your first recommendation, you mentioned it before, was around a national aids and equipment program, particularly for low vision. Why separate out low vision from the other aid and equipment programs? I understand the issues around how it has been dropped off the NDIS but would it not be better to take a national approach on everything?

Ms Clark: I would, definitely, because there are issues here about what comes under health and what comes under a disability. My understanding, from the work that we did in the National Aged Care Alliance and from my colleagues there, is that the OTs, the speech therapists have cases too and they are not big cases—so the over 65s. I would certainly support that it be a national aids and technology program, and that the Productivity Commission would look at all of them. I just think vision happens to be the big one. But I absolutely agree; I would not want to discriminate against other diseases.

CHAIR: I just wanted to be clear on that.

Mr Choo: From a policy perspective, I think that because of funding changes with the NDIS coming in and the reforms between the states and the federal government, the issue now is that there is an age cut-off so the policy has not caught up to it in the disability area. We are not recognising that there is an age cut-off. In the aged care system, we are not recognising there is a need for more disability support.

CHAIR: Yes, that is a point well made. At the time of the debate, that point was also made but failed to get traction. I do not think you have been given any homework because you have given us the report.

Ms Clark: I am happy to leave this for photocopying.

CHAIR: We appreciate that.

Ms Clark: This was sent to every MP in parliament.

CHAIR: Yes, I do remember receiving it, but it was good to have it in front of us right now. Thank you very much for your time today.

CLARK, Ms Narelle, Acting Chief Executive Officer, Australian Communications Consumer Action Network

HAWKINS, Mr Wayne, Disability Policy Adviser, Australian Communications Consumer Action Network

[14:18]

CHAIR: Can I just check that you have both been given information on parliamentary privilege, and the protection of witnesses and evidence?

Ms Clark: I believe we have received it. We are familiar with the proceedings.

CHAIR: It is a requirement that I double-check with you that you have received that information. Thank you for your submission. All submissions have been outstandingly useful, I have to say. I invite either of you or both of you to make an opening statement. We are in your hands for that statement, and then we will ask you some questions.

Ms Clark: Thank you. I do have an opening statement. On behalf of ACCAN, I would like to thank the Community Affairs References Committee chair and members for the opportunity to appear at this public hearing and to make a submission to you on this vital work. First, I have some introductory comments about ACCAN. We are the peak consumer telecommunications representative organisation in Australia. We represent all consumers on communications issues, including telecommunications, broadband and emerging services. We act as a unified voice to consumer interests and work for availability, affordability and accessibility of communication services. We have over 100 organisational members, of which 25 per cent comprise disability organisations.

Access to communications is increasingly a necessity for full participation in Australian life. Much of what it means to be a citizen in society today means being a digital citizen, especially given the many instances of digital-first or digital-by-default policies of both government and corporate Australia. It is a normal day-to-day activity for most Australians to be able to access, via online mechanisms, government information and services; education and employment opportunities; banking, commerce and trade generally; and the full gamut of social and community activities. However, for many Australians living with disability, there remain barriers to digital inclusion. Issues of appropriate mainstream and assistive equipment; digital literacy, set-up and access to ongoing support; as well as barriers of affordability all contribute to the ongoing exclusion of many people with disability.

In our submission, which committee members should have received, we provided nine recommendations. In our statement today we would like to provide an overview of these points just in five key areas.

Firstly, people with disability require functionally equivalent access to anytime, anywhere telecommunications services, just as all other citizens within Australia do today. For many, this has been via the National Relay Service, which provides equivalent access to a standard telephone service for people who are deaf, or hearing or speech impaired. Recent announcements subsequent to our submission indicate that the funding to the NRS is being capped at the level of financial year 2012-13, and with very restricted outreach. This is of great concern to us and our members.

Secondly, people with disability require inclusive access to broadcast television and video-on-demand services, and this means an increase is needed in current captioning quotas, and the introduction of audio description across Australian free-to-air television.

Thirdly, people with disability require full and equitable access to all online government information and services, and employment opportunities. This requires a whole-of-government procurement policy for accessible information and communications technologies to achieve the economies of scale that make accessibility the norm, not the exception.

Fourthly, many people with disability need access to appropriate mainstream and assistive information and communications technology equipment, with training and ongoing support in digital literacy. We believe this could be achieved by the introduction of a national disability telecommunication service which would comprise a one-stop shop for all sorts of information and referral services and, indeed, training for people.

Lastly, financial solutions are needed to assist with the costs associated with initial and ongoing connectivity. Importantly, a review of the Centrelink telecommunications allowance is overdue, as it is not meeting the needs of people receiving Centrelink benefits.

As I said earlier, further detail on these and all of our recommendations are to be found in our submission, and we are happy to take any questions or discuss any other issues related to that now. Thank you.

CHAIR: Thank you. Senator Duniam, did you have any questions?

Senator DUNIAM: I did want to go to the last point you made there, Ms Clark, with regard to the Centrelink telecommunications allowance. What is the amount of that allowance?

Mr Hawkins: My recollection is that for certain pensioners it is $28 a quarter and for others it is $41 a quarter.

Senator DUNIAM: Okay. And that is assessed on your condition?

Mr Hawkins: It is assessed on your family status and—

Senator DUNIAM: Okay. I get you. Yes.

Ms Clark: And it is not available to people on Newstart, who may well have greater need to make phone calls—to get that job.

Senator DUNIAM: Okay, so can you tell me, Mr Hawkins, what $28 or $41 would actually do in assisting you with regard to telecommunications accessibility—if it does indeed assist you?

Mr Hawkins: If you are looking at current pricing for NBN services, that would get you about half a month of a basic NBN connection. There is the question about whether the CTA is designed to provide full access, or is it a supplementary payment to assist in covering the costs. Even at $28 a quarter, that is a very minimal assistance package. What is necessary to keep in mind is that while overall unit charges for telecommunications services, like the price of a phone call and the cost of a megabyte of data, are falling, the capacity that is necessary for everyday connectivity and engagement is increasing. So while your unit cost is going down, your need for greater capacity is going up, so the actual cost to an individual is rising.

Senator DUNIAM: The CTA, as you refer to it, is that something that would assist with other equipment, in theory, despite the amount that it is, that you require? I am not sure what other sorts of equipment might be required to access certain types of telecommunication, but I presume there is expensive equipment involved for some in need. Is that a fair assessment?

Mr Hawkins: Yes. There are a number of mainstream and assistive services that people need. The Centrelink telecommunications allowance, as I understand it, is just paid as an additional supplement to the pension, so it is not quarantined per se to be paid only for telecommunication services. So you could, indeed, use that quarterly payment to assist in accessing equipment.

Senator DUNIAM: Yes, and I just want to get an understanding of that assistive equipment or services. What sorts of costs do you face with those? Do you have examples of costs?

Mr Hawkins: It depends on what you need, but the iPhone, which is considered the leading accessible device off the shelf, is something that someone like myself—I use an iPhone. To purchase that outright, it is a minimum of $1,000. If you need something more specialised, like a refreshable braille device, that can be anywhere from $3,500 and up, in addition to connecting that to your phone or your computer. There are a range of prices, depending on your specific circumstances. There are products that are increasingly becoming less expensive. You can probably get an android smartphone today for a couple of hundred dollars—you have got the technical support; you can load that up, so it would be accessible to a certain extent—but it does not have that off-the-shelf accessibility that the Apple products have.

Ms Clark: Somebody may need assistance in setting things up. We are finding that that assistance is quite thin on the ground. We recently did a second step of our mystery shopping amongst a number of the telcos—we contacted 100 telcos by phone; we did 100 instances of walking into the shop—and presented them with a standard set of cases: to help a relative who was deaf, a relative who had other disabilities. We found a very, very low knowledge base at the point of sale. In fact, one was worse than the one we found when we tested them three years ago.

Senator DUNIAM: Really?

Ms Clark: Indeed, and yet this sort of information is supposed to be readily available.

CHAIR: Was that going into their outlets?

Ms Clark: Yes.

CHAIR: I can attest to that from my family's personal experience.

Ms Clark: Indeed, so this is why we have put together this request for a national disability telecommunications service. We think there needs to be one sort of clearing house where people can go to for reliable and trustworthy information.

Senator DUNIAM: Yes, and rather than having to shop around and—

Ms Clark: Rather than having to face the poor service that they are getting now.

Senator DUNIAM: Fair enough. In regard to your recommendation 4 and free-to-air captioning services, what proportion of free-to-air programs are currently captioned?

Mr Hawkins: Currently, the captioning requirement for free to air on the primary channel is all programmable between six am and midnight, and news and current affairs regardless of when that is broadcast. For the second tier channels, the requirement is only that if the network had previously broadcast a program with captions then that program when it is broadcast on one of their digital channels also has to provide captions.

Senator DUNIAM: Right. Your recommendation says that government require free-to-air broadcasters to provide the same quota of captioning across all channels. So you are talking about between the first-tier and second-tier channels—is that right?

Mr Hawkins: Yes. With the digital television switchover there was a distinction initially between a primary channel and those multichannels. The government in the last couple of years, the department of communications and the ACMA, have I guess dissolved that distinction between primary and additional multichannels, and they are all now seen as television channels. Our thoughts are that if there is no longer a distinction since 2013 between a primary and a digital multichannel then captioning should be provided across all the channels. As more channels are introduced, if the captioning requirement does not follow the introduction of new channels then proportionately people are actually worse off than they were before the multichannels were introduced.

Senator DUNIAM: Captioning, if I am not wrong, has become a far more simple and automated process these days—is that right? I have read of automated captioning services for TV programs and things like that.

Mr Hawkins: The quality of that advancement is a question of debate.

CHAIR: That is my understanding.

Mr Hawkins: Voice recognition software is much faster to create captions and much cheaper to create captions than having a stenographer, which was the original way of doing captioning. But there are definitely questions of the trade-off between ease of production and quality of service. A lot of the feedback that we get from the deaf community is that the quality of captions when they are done using voice recognition software is that they are a much lower quality and more difficult for them to follow.

Senator DUNIAM: I accept the points you make there.

Senator CAROL BROWN: In regard to the National Relay Service, you talk about the inadequate access to the triple 0 emergency services. Can you give me some background as to what that means.

Mr Hawkins: Sure. The background of it is that it was the 2010 report on access to electronic media for people with hearing and vision impairment. It was a recommendation that there be an SMS emergency service platform for people who are unable to use voice telephony to call triple 0 services to make those calls using text. There was a lot of community discussion and negotiation between the telecommunications providers—the three main network providers, Telstra and Optus and Vodafone—with the deaf and hearing impaired community and the government about implementing that type of communications channel. The result of that was in the 2013 National Relay Service contract a SMS service was introduced where, instead of the SMS going directly from the consumer's handset to the triple 0 emergency call person, the SMS would go through the National Relay Service and then they would prioritise that to triple 0.

One of the issues around that is that for consumers who use Optus or Vodafone mobile telephony services their SMS messages go through the Telstra gateway, which is the gateway that is used for triple 0 and the National Relay Service, so there is potentially a delay for those customers. Another issue is that, because of the way it was introduced, there is no capacity to prioritise those calls directly to triple 0. There is also no roaming capability for SMS services currently so, if you are out of region on your carrier, your SMS emergency text will not roll over to the service that is available in that area. So there are a number of issues. As it was introduced part of the National Relay Service guidelines and the government's department of communications' guidelines said that this is not a robust and reliable service and should only be used in conjunction with an additional call to triple 0.

Senator CAROL BROWN: What do we have to do to make access more reliable?

Mr Hawkins: There are a number of things that need to happen. First of all, the emergency call person, which is the triple 0 operator—currently Telstra—needs to have a digital platform that can receive text and digital communications. Currently they do not have that capability. Then the communications providers, the telcos, need to refigure their networks so that a SMS can go directly to triple 0.

It was also part of the triple 0 review a few years ago that the department of communications undertook. All of the emergency service organisations and I believe also Telstra and the telecommunication companies recommended that the government do this in the next contract for the triple 0 call person. It was something that was not picked up by government as a result of that review. There are a number of things that do need to change with the infrastructure in order for that to happen. There are several other jurisdictions that are providing that service. There are good opportunities to work with those other jurisdictions. A lot of the emergency service organisations in Australia do indeed do that work with NENA, which is the national emergency service in the US. The US is implementing a plan there that they call text to 911.

Senator CAROL BROWN: Do you know when the new contracts were up or were signed? They have just been signed, haven't they?

Mr Hawkins: For the NRS or the—

Senator CAROL BROWN: For triple 0.

Mr Hawkins: Triple 0 have just gone out for tender. In the week before last they went out for tender, but not with the requirement to provide this.

Senator CAROL BROWN: But not with the requirements that were recommended by the triple 0 review?

Mr Hawkins: The government report to the triple 0 review did not recommend that. The emergency service organisations, the telcos and most consumer organisations recommended that that service be implemented, but it was not picked up by the government.

Senator CAROL BROWN: But the telcos were part of recommending it?

Mr Hawkins: Yes.

Senator CAROL BROWN: Do we have an understanding of why it was not picked up by government?

Mr Hawkins: I do not.

Senator CAROL BROWN: Thank you for that. Do you have any information that you can give us about safety concerns because of the current situation with, as you say, inadequate access to the triple 0 emergency service?

Mr Hawkins: I do not have any specific examples, but I know that there are a number of services, and I know of examples where people have actually SMSed the NRMA to intervene on their behalf with triple 0, because they needed an ambulance. There were specific incidents where somebody had a heart attack while they were driving and they had to SMS the NRMA to make the call for an ambulance for them. Again, it is not reliable. It is really just not a safe service, and it means that people who do not use voice telephony—people who are deaf, hearing impaired or speech impaired—do not have that 'any time, anywhere' access to emergency services that the rest of the community have.

Senator CAROL BROWN: Are the relay services available 24/7?

Mr Hawkins: All of the services are available 24/7 with the exception of the video relay service, which is available in business hours eastern time Monday to Friday.

CHAIR: Convenient for us in WA!

Mr Hawkins: Yes.

Senator CAROL BROWN: Especially during summer!

CHAIR: Yes, exactly. We might as well go home at two o'clock in the summer!

Senator CAROL BROWN: So what was—

Mr Hawkins: There are a number of services that are available. There is text, telewrite, teletype and the TTY service. There is an internet relay service. There is the SMS relay service. There is captioned telephony—both a handset and an internet service—and there is the video relay service. Those are all different ways that people can make calls through the NRS. All of those services except for the video relay service, which is used by deaf people whose first language is Australian Sign Language, are available 24/7.

Senator CAROL BROWN: What is the reason why that one is not available?

Mr Hawkins: It is not 100 per cent clear. I would say that there are a couple of reasons that may play into that. One is the cost of providing that service. Another is the capacity to have adequately trained, competent Auslan interpreters available 24/7. We know from our own experience—as an organisation that tries to make sure that at any of our public meetings we have Auslan interpreters, captioning, hearing loops and any accessibility accommodation that somebody needs to participate—that it can be quite challenging to get competently trained Auslan interpreters, so I think that may also be a factor in providing that service, although there are a number of opportunities. New Zealand Sign Language and British Sign Language are not that different from Australian, so there are opportunities where, with outsourcing to take advantage of those different time zones, it would be possible to cover off the lack of experienced Auslan interpreters in Australia.

Senator CAROL BROWN: Thank you. I just want to turn now to audio description. You have given us a bit of background on the history of audio description, but can you bring the committee up to date on where we are now in what is happening with government.

Mr Hawkins: Right now, what is happening is that the first meeting of the Audio Description Working Group which was announced by the government has been organised by the Department of Communications. That took place last Thursday, and at that meeting were a number of blindness sector and consumer organisation representatives. There were free-to-air subscription television industry representatives, there were audio description provider representatives, as well as a presentation from an international streaming service, and there were also a couple of academic researchers from Curtin University who research specifically around access to television for people with disability.

Senator CAROL BROWN: Is your organisation part of that?

Mr Hawkins: Yes.

Senator CAROL BROWN: That is supposed to report at the end of the year; is that correct?

Mr Hawkins: It is supposed to give a report to government by the end of the year. The terms of reference are somewhat ambiguous about what the intent or what the outcome of that report will be. It is unclear whether the expectation is that audio description is going to happen in Australia and this working group is there to map out a pathway for that to happen, or if the working group is still discussing whether audio description can happen in Australia. I was at that meeting and I did ask that question. The answer from the department was that the working group was going to come up with possible opportunities to introduce audio description in Australia. So it does not seem that it is actually going to progress audio description as much as it is going to discuss different options for doing that.

CHAIR: I am just checking: has it met frequently?

Mr Hawkins: It met last Thursday for the first time, and there is an expectation that it will meet four times. The next meeting is in the first week of August, and then there will be two meetings after that, probably around a month apart rather than the six weeks between the first and the second meetings.

Senator CAROL BROWN: If we can turn to the trial that ABC iview conducted, my understanding is that the ABC were putting together their strategy for the financial year, going forward. Have you seen that strategy?

Mr Hawkins: No.

Senator CAROL BROWN: We might get a copy of that, because my understanding is that they were going to indicate, at some level, how they were going to deal with audio description. It just seems to me that we have had a number of reports and we have had some trials, but we have not really moved much further ahead.

Mr Hawkins: I would second that statement. This has been on the agenda for almost 10 years. It was first raised in the 2008 discussion paper 'Access to electronic media for the hearing and vision impaired'. As you said, we have had two trials—one on the broadcast networks and one on the online catch-up service, both with the ABC. The first trial was five years ago. At the meeting on Thursday, the ABC were still referring to 'technical impediments' that stopped the introduction of audio description rolling out across broadcast television, but they were not able to indicate whether any of those technical impediments have been ameliorated in the last five years or if they continue, and they were not actually able to identify the significance of those technical impediments last week.

CHAIR: It might be useful for us to ask the ABC to come, because this morning we were discussing the demise of Ramp Up, so I think there are a number of issues that we may want to explore with them. So I think we should put that on our agenda.

Mr Hawkins: One of the other things that were raised at the meeting on Thursday—and this is in the terms of reference from the working group—is that it is really looking at alternatives to legislation to introduce audio description. The broadcasting industry in Australia does not really have a good track record of that. Captioning has taken many years to get to the level where it is, and the deaf and hearing impaired community have had to fight really hard for all that time to get and maintain the level of captions that are currently provided. Last year we had a meeting with the ABC to discuss the fact that they had been providing additional captioning over and above what was required under their legislative mandate, and because of financial restraints they have actually cut that back, so their voluntary captioning has been reduced and now they are just providing what they are required to under law. It seems questionable, from a consumer perspective, whether having a voluntary approach to providing audio description is going to be viable in the long term when it is subject to the vagaries of the finances of the industry.

From a consumer's perspective, obviously as somebody who is blind I have a keen interest in audio description being introduced in Australia, but I think more broadly we have to look at whether it is viable to look at this as something done on a voluntary basis. What impact does that have on the human rights of Australians who are blind or vision impaired when it comes to accessing television if their human rights are only available in good times but not bad times?

Senator CAROL BROWN: It appears so. My understanding is that the working group that you are part of was in response to the report that was produced.

Mr Hawkins: Yes.

Senator CAROL BROWN: So they had the report and then they decided. I think it was over a year before they responded. I could be wrong. In regard to the ABC and audio description, that will obviously require funds, as you have indicated.

Mr Hawkins: Yes. In our discussions with the ABC, the response from the ABC to ACCAN and to the blindness community has always been that they do not have the financial capability to provide audio description, and in order for them to do that they will need additional funding from the government specifically earmarked to provide audio description. That raises questions when we have the government saying that there is no money to provide that, yet we have the media reform bills that are currently in parliament, where licence fees are being removed for free-to-air broadcasters and they are going to be paying a spectrum tariff which provides approximately $90 million a year in savings to the industry, and then we have the government propping up subscription television's captioning or promotion of niche sports to the tune of $30 million. I do not think anyone in the blindness community opposes more sports on television, but the idea that it is being provided with taxpayer funding through a subscription model seems somewhat peculiar. I very much doubt that that niche programming is going to be wheelchair rugby with captions and audio description, so yet again the disabled community misses out.

Senator CAROL BROWN: As we move away from television, what is the situation in terms of cinemas?

Mr Hawkins: The cinema situation is much better. I am trying to think of the time frame. It was probably 2011 when there was a meeting between the disability community, the government, the cinema industry and the Human Rights Commission. An agreement was forged where the cinema industry in Australia would progressively roll out accessibility features across all cinema complexes in Australia, so every cinema complex in Australia has at least one screen that provides audio description and captioning. That is markedly different from television.

Senator CAROL BROWN: Is it one screen in each state and territory?

Mr Hawkins: No, every cinema complex. If there is a cinema complex with 10 screens, there will be at least one screen in that complex that provides access features.

Senator CAROL BROWN: These are not independent cinemas then.

Mr Hawkins: No, it is the commercials. I know that my independent local cinema provides audio description, and that is great, but there is not a requirement for that. I think the government of the day had a willingness. The parliamentary secretary for disability at the time really understood the importance of making sure people with disabilities—hearing impaired and vision impaired—had access to the full range of society. There was a clear willingness to make that happen.

Senator CAROL BROWN: Thank you.

CHAIR: We are about to run out of time, but I have a specific question I wanted to ask about one of your recommendations which I also took the opportunity to ask Disabled People's Organisations Australia this morning. Your recommendation 8, as you referred to earlier, is about the funding and implementation of a national disability telecommunication service. You recommend that it could be through the NDIA's ILC building framework. While I think the idea is a good idea, I am wondering if it should be something that we expect government to do as part of mainstream service delivery rather than going to the NDIA for funding, particularly given that a lot of us are really worried about the level of funding that is available for ILC?

Mr Hawkins: It would be great if there were something that was funded as a need. I guess the place for that would sit under the universal service obligation as a need to provide access. In the Productivity Commission's recent report on the universal service obligation there was a section on accessibility, and that spoke to how there will continue to be groups in society that will need government support, but it did not speak to what that would look like. I think there are actually a number of opportunities. There is a private-public partnership that could be worked out where government and industry contribute that would keep it outside the funding envelope of the National Disability Insurance Scheme. I think industry does have a role to play in this as they have under the universal service obligation with the disability equipment program.

Part of our discussions with industry around mystery shopping and the fact that over the past few years Telstra and Optus have decommissioned their formal consultation processes with disability groups. The government's recent announcement that the National Relay Service Outreach will no longer be funded—there is a clear vacuum here around what is available, how people access it, how people get the digital literacy to be able to use the equipment that is going to serve their needs and how they get the ongoing support for that. I think there are a number of opportunities. Our suggestion that it be part of an information linkage and capacity-building framework seemed a way to—when we looked at the first round of grants that were available earlier this year, some of the streams and priorities under the ILC, particularly the first of those four, which was about enabling people with disability to engage in the mainstream and be connected, seemed a perfect fit under that framework. We have not done a cost-benefit analysis of this, but I think that, whatever the cost, given that most of the information is out there—it is just in a very disparate and fractured manner—bringing that all together and aggregating it in one place where everybody knows that is the place also would provide. The idea of doing it under the ILC was that it would provide planners and the NDIA the opportunity to have that place to direct people. So there was benefit in it for the NDIA as well.

CHAIR: Yes. I think the general idea sounds good. It is then whether there is funding available from elsewhere or there are other organisations or funds whose responsibility it should be to do. If not, it is something that ILC could do.

Mr Hawkins: We would like to be able to have conversations with government around this. We have brought it up with the department of communications. There has not been much interest in it as yet. Perhaps now, with the obvious areas of need being created through the changes in the National Relay Service, there is more opportunity to talk to government about that.

CHAIR: Thank you very much for your time today and for your submission. As I said earlier, the information that we are getting, though we have only just started, is already very informative and useful.

Mr Hawkins: Thanks for your time.

Proceedings suspended from 15:03 to 15:15

McFEE, Mrs Gillian, Chair, PSM Taskforce, Business Council of Co-operatives and Mutuals

MORRISON, Mrs Melina, Chief Executive Officer, Business Council of Co-operatives and Mutuals

CHAIR: Welcome. I need to check that you have both been given information on parliamentary privilege and the protection of witnesses in evidence.

Mrs Morrison: Yes.

Mrs McFee: Yes.

CHAIR: We have your submission, thank you. I would now like to invite one or both of you to make an opening statement, and then we will ask you some questions.

Mrs Morrison: First of all, thank you very much the opportunity to come and give some more evidence to this very important inquiry, to expand on what we have put forward in our submission and to answer any questions that you might like to ask us today. We have one quite simple proposition in our submission. We noted that the overall objective of the 10-year National Disability Strategy is to transform the experience of people with a disability and demonstrate the benefits for all Australians of more inclusive communities. The focus of our submission was the specific term of reference for the inquiry that talk to the 'potential barriers to progress or innovation and how these might be addressed'.

For this to occur, the sector that we represent, cooperative and mutual businesses and enterprises, considers that people with disability and their carers, their support workers, their families and so forth need to be at the centre of policy and service design. One way we know that this can occur for people living with disability is for greater use to be made of the cooperative and mutual business model, where the members of those enterprises are both economically and democratically involved in the ownership and governance of the enterprise. We consider that this is an alternative, a middle way if you like, to existing organisation forms such as traditional for-profit and not-for-profit organisations. So although they are already an alternative and demonstrated successful model for removing some of the barriers that your inquiry is inquiring into, for people living with a disability, particularly to their full and active participation in economic, civil and political life, cooperatives and mutuals do not compete on a level playing field.

In closing, I would like to say to the hearing that we thought it was very important in our submission to put forward for the committee's consideration some recommendations that will allow cooperatives and mutuals to be a model of choice for people living with disability. The three recommendation areas are: removing the barriers to setting up and running cooperatives and mutuals that currently exist; increasing awareness of the model through case studies and education; and acknowledging the benefits of having government involved in a reform agenda by potentially funding a cooperative development initiative in the area of disability inclusion, such as has occurred in the agricultural sector with the Farming Together program. I would just like to ask my colleague Gillian McFee to say a few words and then we will welcome any questions.

Mrs McFee: I would just like to introduce the work that the business council has done on public service mutuals. In 2014 we released a white paper, which is referenced in our submission, which was really to raise awareness of the role of mutuals as an alternative to privatisation of public services. Since that time, we have received significant interest about the opportunities for cooperative and mutual business models in human services, and we have actively participated in the Productivity Commission's inquiry into human services. We have observed from that work the tendency for economic organisations like the Productivity Commission to be agnostic about organisation form, and we actually think that to achieve the objectives that your inquiry is on about, in terms of social and economic inclusion of people with disabilities, that the motivation of providers actually matters. We are doing further work around a second version of this white paper. We have actually changed the name to community service mutuals to try to avoid that association with privatisation and we are getting a lot of interest from human services areas.

The BCCM has also helped a number of groups, most recently an organisation called SILC to form a new cooperative around disability accommodation. There is also a very successful worker co-op that is operating, a new one, in the national disability insurance and aged care space called Co-operative Life. Another very notable example that we have used in our submission is Nundah, which is a disability employment co-op. It is effectively a worker co-op where the members are people with disabilities.

Senator CAROL BROWN: In your submission and in the statements that you made just now you talk about the level playing field and barriers. Can you outline for the committee what those barriers are?

Mrs Morrison: Certainly. They largely fall into three categories: recognition, regulation and legislation. For a business and enterprise model that is so vital to community, economic and social development—as was recognised by the United Nations in 2012 with the International Year of Cooperatives, which recognised this business model for its important contribution globally to social and economic inclusion and advantage for all people—we have a sector that is currently poorly served by the regulatory and legislative environment in which it finds itself operating. Recognition goes largely to the fact that, in terms of education, we simply do not see this enterprise model as existing, so it is everything from the training that is given to lawyers, accountants and other professionals that are engaged, to human services professionals that are engaged in helping people run organisations or receive services from organisations, through to our political representatives, given that we currently do not have a portfolio for cooperatives and mutuals at federal or state levels.

In terms of regulation, I would give one example that is very pertinent, I think, to this inquiry given that you have already received some evidence today, I understand, from an Indigenous advocacy group. The cooperative model is particularly credible and relevant for Indigenous organisations, but the Indigenous Advancement Strategy currently excludes cooperatives as a model of business whereby an organisation can apply to continue to receive funding under that strategy. How has this happened? Primarily by omission, probably. When the well-meaning policymakers and people involved in scoping and writing the material and frameworks around grants and policy programs such as the IAS think about the organisations that might be receiving that funding, they simply forget that cooperatives exist.

As it is currently set up, if I am an existing Indigenous cooperative organisation, and I am highly successful and well governed et cetera—such as Rumbalara, which is a well-established, successful cooperative providing aged-care disability and community services to Indigenous communities in western Victoria—I cannot apply under the IAS unless I am a corporation under the Corporations Act or an Indigenous company under ORIC. That precludes state registered cooperatives. Rumbalara, being a cooperative registered under the Victorian and now Cooperatives National Law adopted act, is in a position where it has not entirely been ruled out, but it is certainly excluded on paper and will have to argue its position. That effectively is a great example where regulation can either by design or by omission actually put our business model at a disadvantage.

Senator CAROL BROWN: You mentioned education. Is that in the training that you previously mentioned—is that what you mean?

Mrs Morrison: Education is not only in the sense of formal education. Everything through primary, secondary to tertiary education does not fully understand or see the ecosystem of businesses and organisations in our economy. Member-owned businesses are missing in action. Given how many organisations working in human services and disability care are member-owned or cooperative organisations, this is a disadvantage in this particular area of inquiry. But education also goes to how we communicate through policymakers and thought leaders the idea of having alternative organisational forms that empower people. It is a different way of thinking about where the primary stakeholder sits in relation to the business design. Would you like to expand on education, further to what the senator is asking?

Mrs McFee: I guess what I would say, from the work we did on the Public Service Mutuals Task Force, is we introduced the idea of different forms of coops and mutuals where the members could be consumers and service users. In the case of education, it would actually be the students or it might be a community of interest, the parents and students. So it is a model that actually places, in that example, the service user at the centre of service design and the governance of the organisation rather than the actual providers of the service. You could apply that example to disability services and aged care, and to other forms of human services as well. There are, of course, other examples where the members can be workers, the employees. I have used the example of a community of interest or a place-based cooperative.

Senator CAROL BROWN: Have you had discussions at the Australian government level about cooperatives not being able to access programs or grants?

Mrs Morrison: We have 17 recommendations as part of the bipartisan report of the Senate Economics References Committee's inquiry into cooperatives and mutuals of 2016 which has been very helpful in allowing us to prosecute the case for the full inclusion of these enterprises wherever government policy regulation or legislation affects them. We have brought to the relevant minister's attention the fact that the IAS currently excludes one very important organisational form, and we are engaged in a dialogue with government about reforming that. Several of the recommendations—recommendations 10 and 11—of that Senate Economics References Committee inquiry talk specifically about cooperatives and mutuals being able to compete equally for all grants and programs with other forms of business.

And because this is more or less an iterative process, so that as new grants and programs come into being the same issues come around, it is an easy fix when you land on something specific, but how do you actually change the thinking of government so that it does not continue to happen? That is a more difficult process. So, what I would say is that when we bring it up—and we still have some way to go with the Indigenous Advancement Strategy—there is often a willingness of government to fix something immediately in front of them, but we really need something like a regulatory impact statement framework so that when policies are being made cooperatives and mutuals are in the thought bubble and at the table as well. The Senate Economics References Committee also made a recommendation around cooperatives being represented in government policy discussions, particularly where community outcomes were central. That was recommendation 2, and the committee did agree that cooperatives are excluded from a lot of policy discussion.

I think NDIS is a great example of where a policy is designed around the idea of choice and control. The mechanisms for how you actually allow people to exercise genuine and authentic choice and control are much more complex in reality. So, we are trying to help by introducing yet another way of doing that. It will not fix things in all circumstances, but cooperatives are budget holders, if you like. Rather than having isolated, siloed budget holders not being able to aggregate power, this is just one example in the NDIS arena of where you might want to include a more diverse array of models.

Senator CAROL BROWN: If the fact that cooperatives and mutuals have just been omitted—it has not that an actual decision has been made but they have just been omitted in terms of the program guidelines—why is it so difficult to fix at the government end? We have had the Senate inquiry. And forgive me: I am not familiar with the 17 recommendations. But I will go and make myself familiar with them. I am assuming that the government has not actually responded to those recommendations yet?

Mrs Morrison: The government's formal response has not been received yet, but there is certainly progress. For example, some cooperatives and mutuals are federally registered, and they are currently at a disadvantage when they want to raise working capital for investment for tactical acquisitions for innovation and growth. The Treasurer has initiated a specific review into capital raising for mutuals, the Hammond review, which is currently underway. So, there are initiatives to address some of those 17 recommendations. I think the major problem is, whose responsibility in government is it? These are business structures that fall under state and/or Commonwealth jurisdiction. These are organisations across the entire breadth of the economy. Whose responsibility, whose line of command or chain of responsibility, does it fall under? You really have to pick off each recommendation and look at it.

One thing we found in the white paper we did in 2014 is that if you look to other jurisdictions and you see where cooperatives and mutuals play a more central role, or a more included role, in government thinking, particularly around innovations like disability service provision, there has usually been a government reform agenda. The example we gave in the white paper was that in the United Kingdom about a decade ago a mutuals task force was launched with bipartisan support, and that meant that within government there was actually a task force looking at what could potentially be the role of mutuals in a more inclusive, diversified and equitable economy going forward. That group was tasked with providing advice, information—a small amount, but very meaningful. It was 10 million pounds at that time—not a lot of money—as seed capital for some mutual pilots. I think that government imprimatur helped.

Mrs McFee: If I may, I might just go back: I think also this question about education and awareness, not just of government but within the community in general, explains why cooperatives and mutuals are not thought of in the same way as a corporation is. The recommendations that the Senate Economics References Committee made included that there should be reference to cooperatives and mutuals in the Corporations Act. That was recommendation 4. And then recommendations 7 and 8 I think highlight the issue that we are trying to explain, which is about awareness. Recommendation 7 is:

> The committee recommends that the Commonwealth Government to work with all relevant stakeholders to undertake a program of education and training to inform them about the role of co-operatives and mutuals.

When organisations are forming, they tend to go for the form that they actually know, which most commonly is either incorporated association or a company limited by guarantee.

Recommendation 8 is:

> The committee recommends that the Commonwealth Government examine ways in which it can improve the recognition and understanding of the co-operative and mutual sector in the national secondary school curriculum and that tertiary institutions consider the inclusion of co-operative and mutuals in accounting, business, commerce, economics and law degrees.

It just does not happen in a routine way. There are some universities largely driven by academics who are known to the Business Council of Co-operatives and Mutuals who have started to get programs going. But most curricula would not include it. So, what is not known is not referred to as the starting point of reference.

Senator CAROL BROWN: Are there any states or territories that do better in recognition and in including cooperatives and mutuals when they are doing their program guidelines and so on?

Mrs Morrison: The states and territories are starting to get on board with the idea that where any resources are provided by government around organisational form or start-up, particularly business advisory services—business.gov.au type websites—most of them currently do not talk about cooperatives at all, so they say that the business forms you can choose are sole-trader partnership trusts or companies. So, that needs fixing across the board.

The New South Wales government was the first government to bring in Co-operatives National Law, as it is called, which is the attempt by all states and territories to at least bring state-registered cooperatives under the same act no matter where they set up business in Australia. Queensland has pulled out of that process. It is a bit disappointing that one state is dragging the chain. We cannot have a national legal structure until we have all the states and territories in. So there is some work to do there.

CHAIR: Why did they pull out?

Mrs Morrison: There was no reason given. I think they can be encouraged to come back in. I think it is about a lack of priority and a lack of seeing the work that the sector does. Given that you would have many thousands more registered associations to deal with, it is also about resources. In the state of New South Wales there are around 650 registered cooperatives, compared to many thousands of registered associations. Many departments are lacking in resources, so those resources will go where there is more to deal with. It is a discouragement overall. There are no stand-outs, but I would say that there is an open door by the states we have spoken to to improve particularly the low-hanging fruit.

Senator CAROL BROWN: Throughout your submission you talk about a number of cooperatives doing various work and you also talk about cooperatives in Indigenous communities, and you have already explained some of the issues that you are working on in that area. What is the impetus for somebody to say to you, 'Can you help us form a cooperative?' Is it because what they are currently getting is not working or there is a lack of services in an area?

Mrs McFee: It is a very good question and it is very opportunistic in the context of the very significant policy reforms that are happening in Human Services, particularly the NDIS, which is an individualised, consumer directed program, as is aged care. What we have certainly found since we did the white paper in 2014 is that the policy shift away from block funding, where the provider was funded and then they would dole out the services to consumers, to consumer directed care, where the consumer is funded in a demand-driven model, has certainly driven an interest in the co-op model. What we have certainly experienced is that smaller community based organisations, who are either reaching the $2 million threshold in terms of turnover as an incorporated association and have to form into another corporate entity or who regard themselves as not being viable in an environment where block funding no longer gives them that guaranteed revenue stream, are looking for different models and ways in which they can continue to operate in their communities but cooperate or collaborate through a cooperative structure with others.

I think one example we did use in the submission was some work we did with some community transport providers. We helped them form an enterprise co-op. They were the members and then some of them, not all of them, gradually re-formed as consumer co-ops and the enterprise co-op then was able to provide all of the back office functions, which enabled them to continue to operate in their local communities. That is where a lot of the interest is coming from.

The other thing I would say is that the impetus for worker co-ops—and we used the example of Co-operative Life—is coming about where people who work in aged care and disability services at the coalface, who are really passionate about their work and the quality of the work that they do, are not satisfied working with larger organisations. That is what motivates them into employee ownership, which is what a worker co-op is, so that they can actually deliver services to a standard that they are comfortable with and have a more personal relationship with their clients.

Senator CAROL BROWN: Do a lot of the co-ops operate in more regional or remote areas?

Mrs Morrison: Another area of attraction, if you like, for the co-op model is in thin markets. This will be particularly important in NDIS. You cannot actually engage in full choice and control of your personalised budget when you live in an area where there is no choice. Your only option may be to find other people to team up with and cooperate with to gain access to services. In effect, you may have to provide that service yourself. You may have to expand the range of provision by acting on that. What we are finding in regional and rural areas is what was once a traditional model of doing things together. The co-op was the retail store and it was often the bank.

That form of cooperating is playing a more and more important role in terms of human service delivery. I think we will be going back to things like cooperative hospitals and GP practices. The National Health Co-op is an example of the patients co-designing their bulk-billing GP practices. The greatest area of demand for that ACT based cooperative, which has now 12 per cent of the ACT population in membership, is from rural and regional Australia. It is almost back to the future, if you like, for the co-op model.

CHAIR: We will have to wind this discussion up. You said you have already been talking to the First Peoples Disability Network. The whole-of-community approach that they are talking about seems to fit that model quite well.

Mrs Morrison: They keep their individual status as autonomous members, but they pool the things they can pool together, which is perhaps their budgets, purchasing power and community links. It allows that autonomy to coexist.

Senator CAROL BROWN: Could we get a copy of the white paper?

Mrs McFee: We can send you one. I have the recommendations here. They were in the submission. There was a link. If you are interested, just—

CHAIR: Are they from the committee?

Mrs McFee: They are from the Economics References Committee and they are in the report.

CHAIR: It is on our parliamentary website.

Mrs McFee: That is good. They are worth reading. You asked the very fundamental question about the barriers. We would say that is our main point. Those barriers need to be removed and we need all 17 recommendations implemented quickly.

CHAIR: Thank you very much for your time. It is very much appreciated. It was a really interesting angle for us. Thank you very much.

Mrs Morrison: Senator, just in closing, do you ever do site visits? I would very much like to extend an invitation for you to visit perhaps the Parent Assisted Residential Accommodation service, which is in North Sydney. That would be a great example.

CHAIR: Thank you very much.

CALLAWAY, Ms Libby, Senior Lecturer and PhD candidate, Department of Occupational Therapy, Monash University

CARLING, Ms Nita, President, FNQ Independent Living Support Association Inc.

[15:49]

CHAIR: Welcome. Do you have any comments to make on the capacity in which you appear?

Ms Carling: I am also here in the capacity as an individual with 17 years of lived experience with quadraplegia.

CHAIR: Have you been given information on parliamentary privilege and the protection of witnesses and evidence?

Ms Callaway: Yes.

CHAIR: Thank you for your submission. I invite both of you to make an opening statement and then we will ask you some questions.

Ms Callaway: Thank you for the opportunity to contribute to this really important inquiry. I am an occupational therapist. I have 25 years experience working in Australia and the USA, and I currently lead a team in a two-year research project focused on housing that is being funded as one of nine projects as part of the National Disability Strategy second implementation plan. I also lead a range of research for the Transport Accident Commission, evaluating their $30 million investment in housing and technology for their clients. In addition this research, I still work clinically with people with neurological disability through my occupational therapy practice, Neuroskills. I consulted to the National Disability Insurance Agency as they developed their specialist disability accommodation framework.

I have contributed to the writing of three submissions for this Senate inquiry: one from the Australian Rehabilitation and Assistive Technology Association—and you will hear from my colleagues from that association in the Melbourne hearing on Thursday; one by me and my colleague from Monash architecture department, Dr Kate Tregloan; and one from Nita and me which brings together my PhD research findings and clinical experience with Nita's lived experience and her systemic advocacy work.

There are three key issues I want to highlight to you from the submissions that we have made. The first relates to accessible and affordable housing, the second to nationwide effective and affordable internet access for people with disability and the third to employment of people with disability in Australia. In the latter stages of Australia's National Disability Strategy, we certainly continue to see significant barriers to people with disability being able to access employment services and amenities in the community and the internet and well-located housing. The National Disability Insurance Scheme has really opened up more time access for funding for supports and equipment that people need to live in the community, but in relation to housing there are still a number of barriers that exist, specifically lack of physical access; limited, well-located housing stock and low affordability of housing for people with disability. We have seen some really good, targeted government investment in this area.

For example, in 2012 the federal government invested $60 million in capital projects. In partnership with the Summer Foundation, Mission Australia Housing and Yooralla, Monash University secured some of this funding and built some affordable technology-enabled housing on the border of our Monash Peninsula campus. This housing includes the option of tenants accessing additional support from Monash Health professional students clinical training hours, which has been a really innovative model that has worked extremely well for both the tenants and the students, who will become our future workforce of health professionals. The model that we have delivered through that federal capital funding certainly aligns with the NDIS aspirations to build social and economic participation, and reduce lifetime support needs. In year 1 of the project, we have seen a number of the tenants develop their independent living skills. But the issue is that if there are not other well-located, affordable and accessible solutions for that group, they are at risk of being restricted in moving on to more independent living and that then limits this investment in housing for others who might be able to move in to access the skilled support.

The other point I want to make is that the NDIS specialist disability accommodation policy is really geared to that six per cent of the NDIS participants with the most specialised housing needs. We have only really seen a few housing demonstration projects developed for that group in the early stages of the scheme. Unless strategic government action is taken more broadly beyond the six per cent, we are really going to continue to see the number of people with disability stuck in hospital beds or entering aged care as young people grow. Our research has shown how damaging that can be for the health and wellbeing of a person with a disability as well as their family.

Specific to housing access, there really is a need for us to look more broadly at amending current building codes to ensure new housing stock has minimum standards for access. This will then open up greater options for a range of Australians, including those who are ageing as well as those living with disability.

In relation to affordability, there have been a range of federal and state government inquiries into this issue over the last few years, with recommendations made, but these recommendations have not been actioned.

Specific to internet, we certainly have seen the opportunity technology-enabled housing often can offer to build independence for people with disability, but, if we do not have an efficient and cost-effective NBN nationwide, people are not going to be able to harness that opportunity.

Affordability of internet access and data allowance really is a significant barrier for people on low incomes, including those with disability, and we need a strategic approach to ensuring affordable internet access in the homes of Australians, including those with disability.

Finally, with regard to employment, it has been pleasing to see the NDIA set targets for employment of people with disability in their agency, as have some other organisations, but employment rates of people with disability continue to significantly lag behind those of other Australians. If people with disability cannot get access to income beyond welfare payments, they are going to continue to be marginalised from mainstream housing markets as a majority of their income will be taken up in meeting basic living needs. In contrast, if a strategic approach is taken to incentivise open employment for people with disability, this will have social and economic participation benefits for Australians with disability but also will build more inclusive attitudes and communities, including within Australian workplaces.

Thanks for allowing me to provide that brief overview. I really look forward to our discussion.

CHAIR: Thank you. Ms Carling?

Ms Carling: Is it okay if you play my digital story as part of my presentation? I submitted a digital story that I had put together through Summer Foundation. It is a broad outline of what has happened through my life and different things that are hidden away that the average person does not really think of when they look at somebody like me. They just think, 'Oh, you poor thing; you can't walk.' It is all the other things that go along with it that make it hard for us to get around in our community and to live a normal life.

CHAIR: Ms Callaway, did you send that through with your submission?

Ms Callaway: Yes, there was a link in our submission to the digital story. It was in the executive summary and also in the main body of the submission. It is the YouTube link that is listed in our submission.

CHAIR: Okay. Sorry; I thought you were talking about something separate from the submission. So, yes, we do have that.

Ms Carling: Okay. I have the flu, so I am not quite sure how much longer my throat might not tickle for.

CHAIR: Right. Would you rather not make an opening statement and just answer questions?

Ms Carling: I can make a small opening statement and then play my digital story.

CHAIR: Yes.

Ms Carling: I sustained my spinal cord injury in 2001. It was a result of diving into shallow water. It was an accident and it was my own fault, so I had no compensation or insurance for that to look after my care needs for the future. I basically had the government to rely on. That is what started my journey in the actual hospital, finding out that government does not pay for the basic costs of a power wheelchair, which I needed to be able to access the community. I had to find a couple of thousand dollars elsewhere—from my parents, from fundraising and that—so I could buy the basic wheelchair I needed to leave hospital.

In support needs, they told us that, if we filled out all these forms, we would go into a waiting list and were at priority 1 on the waiting list to get a funding package. That would have involved getting in and out of bed. I was sent home with the understanding that that should not take very long as a priority-1 person. My boyfriend agreed to give up his work and look after me in the short term until got the package.

I broke my neck on Australia day. I came home on 3 December. I went to a Christmas party three days later and met all these other people that lived in Cairns and were in wheelchairs. I found out that they were all priority 1 as well. There was a lady who had already been on the waiting list for 20 years. I found out later on that funding that I was meant to get the package through was lifestyle support and that that no longer existed and had not had any new funding for seven years. That is what started my volunteer journey. I thought, 'Wow; this is just not fair.' You expect the basics like just getting in and out of bed and the basic wheelchair that the doctor tells you that you need, but it is just not provided.

Seventeen years later, I am president of FNQ Independent Living Support Association, and that is an organisation that was started up by 10 like-minded people like me who have a spinal cord injury. The actual service providers that were available for them to pick from did not allow them to have the flexibility to be able to live their lives in full, return to work and have a choice in what they would do in daily life, so they started their own organisation in 1997. That now has 120 clients. It has grown and grown. We deliver the kind of model that NDIS has said that they are going to apply: freedom of choice in who comes to your house, what time they come to your house and how the supports are going to be needed in the workplace as part time or in the home for personal care.

I will leave you with my digital story.

CHAIR: Thank you. Senator Brown, do you want to kick off?

Senator CAROL BROWN: Thank you. First of all I wanted to turn to your submission, where you talk about employment options being urgently required. You also talk about what the NDIA has set in terms of the agency's workforce consisting of people with lived experience of disability. What do you think other areas of government should be doing? Do you have a view on the new disability employment scheme that will come into effect on 1 July next year?

Ms Carling: I have been pleased to see the agency step front and centre and say people with disability should have the opportunity for open employment. We certainly have been pleased to see some of the reforms around the low payments within supported employment and the push to identify that people should be getting a minimum wage like any other Australian in employment. But, in looking at all the industry that exists across our country, it just seems like an opportunity to look at how we can get more balance in a more diverse workplace—diverse in culture, diverse in age and diverse with a range of abilities.

In my private practice I have had more opportunity to link some of my clients to open, well-paid employment when they are living with acquired brain injury or spinal cord injury than had previously been available. The opportunity that opens up in being able to save money to then be able to look at options for servicing low-interest mortgage, rental or other savings is just so important. There are also all the benefits that being in a workplace offers to any person.

So certainly it has been really exciting to see that happen, but there has not been enough done. With regard to your question of other organisations that might be able to look at this, there is a bit of red tape with organisations like, for example, the rogue accident insurance schemes, where they have confidential information. If they have a client of the scheme working in the agency, that can certainly be an issue, but again I think there must be ways to work around this to ensure that those agencies and those large industries can offer a range of jobs, from jobs that might be routine and structured and allow the same tasks to be completed each day if that is helpful to a person's learning through to someone that might be able to grade the demand in their work tasks over a week or over time as they learn skills.

It is really a great opportunity that we should be looking at, and I think, again, that government have a role to play in that and have played a very good role with the National Disability Insurance Agency targets that we are seeing being delivered. It is really exciting to go to their website and see that this job is specifically designed for people with lived experience with disability. This is not something we have seen very much previously to that. I think that across big business we have seen some of the banks say that they are trying to do this and they are looking at developing roles specifically for people with disability to build a more diverse workforce, but often, when I have inquired about those roles, they have not been particularly receptive to people that might experience cognitive impairment, whereas I have seen the agency being much more open to considering people with a range of abilities for employment. There is definitely much more work that could be done; I guess that is the point that we wanted to make in our submission. It seems that, if we could really focus on that with big business and build scholarship and graduate program opportunities, it would make a big difference to the number of jobs that might be available to people.

Ms Carling: It would be really nice if we could use buses and public transport to be able to get to and from work. It would be great if there were a position out there, but to get there I have to catch a bus, and the buses in their current situation are too dangerous. There is no tie-down point or anchor point to anchor your chair to, and numerous people are falling or being tipped out of their chairs when going around corners or roundabouts. They are ending up with staples in their heads, broken arms and broken legs. It is just way too dangerous to travel on the buses in their existing form. While they have provided that every single bus up here is wheelchair friendly, they are not that safe to actually go into.

Ms Callaway: Nita, your point that you need reliable and safe transport to get to work is a good one. I guess there are a whole lot of barriers that can join up together to create one big barrier to people being a part of their community, and transport and work can go hand in hand, as well as income associated with that.

Ms Carling: All we need is just an anchor point—a bull ring. We can supply our own strap for our wheelchair and strap it to the side of the bus to save the wheelchairs from tipping over. Otherwise you are parked in the part where parents are parked with their little babies in prams, and my chair actually ice-skates across the floor, and I am in danger of squishing a little baby in a pram on the other side of the bus when going around a corner.

Senator CAROL BROWN: Thank you for that. I will just get back to the disability employment scheme and the changes that the Australian government have made. Have you had an opportunity to look at that?

Ms Callaway: I have certainly looked at the industry information paper and some of the other information that came out as part of the reforms that are planned for next year, but I would not say I know them intimately. I certainly am pleased to see a focus on this and looking at the way that this area might be reformed, particularly in relation to that supported employment aspect, which was definitely underresourced and underpaid as well.

Senator CAROL BROWN: There are two aspects of employment, I suppose, that I want to ask you about: employment in the private sector and what we do there to raise awareness among businesses about the benefits of employing people with disability, and also what we may do in the government sector with their levels of employment of people with disabilities. Do you have a view on those two?

Ms Callaway: I would say that one key consideration is around that really skilled assessment of both the workplace and the work task to ensure that people with disability feel confident and have choice around being able to do those in a way that they feel they can do them. And I think one of the issues we are seeing with the NDIS planning process is that often not enough attention is paid to that initial assessment of what equipment might be needed, what technology or communication devices might be needed, to assist people to more actively participate in tasks like work. That might need some additional health professional support, for example, to assess the workplace set-up, to look at the tasks the person will be completing.

So, it will need some additional input, and that is where, again, the NDIS can offer that opportunity to undertake that skilled assessment, if it is well planned for. But one of the issues we are seeing is that a lot of the NDIS planners do not necessarily understand the need for that skilled planning around a goal relating to open employment access. But certainly that is one area that I would suggest needs to be focused on. I know the CEO of the NDIA recently said that they know they need to do planning better. And certainly specific to the field of brain injury, which is my main area of practice, we have seen Brain Injury Australia receive some NDIA funding to work to build a community of practice to help to grow the quality of planning for people with brain injury so that there is more of a skilled focus around the range of supports needed, such as to achieve a goal in relation to employment. So I would say that is the key area. Nita, is there anything you would add to that?

Ms Carling: No, I think you have covered that fairly well.

Ms Callaway: But as far as employers are concerned, I guess the other issue is assisting them to see the benefit this can bring to a workplace. Things like Nita's digital story are I think so powerful in demonstrating everything she has been able to contribute since her injury—in systemic advocacy, in the work she does going into schools to talk to children and young adults. It is about seeing, as Nita said, beyond just the walking; there are actually a whole lot of other factors that need to be addressed. And you pointed to transport, Nita. With the NDIS coming in, people are getting more timely support to get up out of bed and get through their morning routine so they can get out the front door and get to work. But Nita and many of her colleagues and friends in Queensland are still awaiting NDIS rollout and so still are fairly limited in the amount of support they have in order to get through their morning routine in a timely manner. Nita, do you have anything to add to that?

Ms Carling: I would add getting the right carers as well. There is a shortage of carers who are available at the same time every day, because everybody needs somebody to help them get out of bed between, say, 5.30 and 7.30. There are not enough carers available in that time slot. You have to wait in line for the next time slot. So, that makes it really hard. It also makes it hard to keep carers, because the main demands of a carer for somebody like me are just in the morning, and meal preparation, and then of an evening. So, it is a very widespread time in between each shift.

Senator CAROL BROWN: I suppose what you are saying is really that we should not be looking at employment in isolation; we do have to look at transport and other access—

Ms Carling: The way the award is structured at the moment is not friendly to keeping the one carer five days a week. There is somebody who is happy to come and get me out of bed for two hours in the morning and then come back in the evening for two hours, but the way the award is structured you are not allowed to do that unless you incur penalty rates, and that whole four hours you have used is paid at evening rates instead of daytime and evening rates.

Senator CAROL BROWN: When does the NDIS roll out up there?

Ms Carling: Not until July next year.

Senator CAROL BROWN: The Australian government has put together under the National Disability and Carers Advisory Council a working group on employment reform. Have you heard of that working group?

Ms Carling: No, I have not, but it sounds like something I would definitely be interested in finding our more about.

Senator CAROL BROWN: I might get the secretariat to provide you with that information. It is relatively new. They have a couple of working groups. One is on the National Disability Strategy reinvigoration, and another is on employment reform, which is obviously one of the key areas you are talking to us about today.

CHAIR: I want to go back to your comments around coordinating the health and disability interface a little bit more. Could you expand on that in terms of how you see that happening, and whether there is anything more you think we should be pushing through our report? I am interested in where you think we should be going in addressing that issue.

Ms Carling: Would that cover general wellbeing of a person's body in employment, such as passive movement, like physio?

Ms Callaway: That is a point we have been talking about: how you maintain physical health. And I think we should highlight that one, because health and wellbeing fits very much within the National Disability Strategy. I think your question is more about coordinating exits from the health system into the National Disability Insurance Scheme. Is that correct?

Ms Carling: The ongoing need—

CHAIR: It is that ongoing—

Ms Carling: to keep your body healthy so you can stay in employment in a healthy manner, so that you are not leaving employment because of ill health from lack of regular therapy.

CHAIR: Yes, that is more the approach, I think, because your submission talks about that interaction, and it talks about—you are right—the secondary health conditions. Ongoing interaction between health and disability services is the way I took what you were talking about. Is that correct? And what are the key things there that need to happen to make sure that is effective? It seems to me that under the current system there is huge potential around Australia for that to not quite work right.

Ms Callaway: You are absolutely correct, and we are seeing that in the early stages of the NDIS rollout. As Nita has pointed out, there is the matter of maintaining your health, and then there are the secondary health conditions experienced by people who are living with disability. So, they are continuing to interact with a range of systems. Even if they go into the NDIS, they will still be interacting with the health system. And we have certainly seen in the early stages of the scheme this attempt to sort of silo health conditions from disability-related supports, and it is just not feasible, based on the interaction between health and disability when you are living with permanent and significant disability as NDIS participants are. So I would certainly say that there needs to be a lot more work with state health systems and the National Disability Insurance Agency to actually look at how we can create roles of liaison between existing health systems in each state with the National Disability Insurance Agency. That is No. 1.

I know there has been some investment in that more recently with the ILC grants. The Summer Foundation has received some funding to look at health liaison and interface between the National Disability Insurance Scheme and health systems. But we need to do that in every health system across every state to ensure that people with disability are getting coordinated care for their health-related needs as well as in the NDIS-funded supports that they are receiving. If you look at the Administrative Appeals Tribunal reviews, we are seeing some big black holes that used to be funded by state disability services but, within the legislation of the NDIS, are now being identified as health related needs—for example, suctioning equipment for someone living with severe brain injury; oximetry equipment to manage oxygen levels if you have issues managing your own secretions after a neurological disability—and are ending up in no-man's land as far as those needs being met for people with disabilities.

Certainly there has been some investment in work to try and join up communication between the state health systems and the National Disability Insurance Scheme, but there is going to need to be a lot more work across each of the states. Then when you bring in the regional issues of health networks that are servicing large regional areas—for example, in the Northern Territory—it is going to be very challenging to join up, but it is something that needs a strong focus. It certainly seems to be that, if you could look at outreach from health networks to the National Disability Insurance Agency with the NDIS participants, that would be a helpful conduit, and we have seen that work effectively before between health and disability in each of the states when we have had those health liaison roles into state disability services. So I think it is achievable but, at the moment, it is just not being actually put in place. Nita, do you have other things to add to that?

Ms Carling: I have knowledge of that from the people who have started applying for the NDIS through Mackay, and that was why I brought up continual rehab because, with how the NDIS is working at the moment, there is no allowance for that rehab. 'Rehab' is a dirty word that is not allowed to be used. There is just no allowance for maintaining someone's physical health so that they can keep healthy and stay working, and to avoid contractures of joints and to keep good skin integrity.

CHAIR: Can I just explore that a bit more. Did I misunderstand what you said about rehab—that 'rehab' is a dirty word for NDIS?

Ms Carling: What clients in Mackay have found is that, when they have asked for rehab, they have been turned down and told that it is not part of the NDIS's funding provision.

Ms Callaway: There is certainly a language issue in the National Disability Insurance Scheme around capacity building in that you can harness allied health support for capacity building but, if you are looking for rehabilitation, when you look at the applied principles, it is fairly clear that they talk about the difference between rehabilitation and NDIS-funded allied health services. What we are seeing on the ground—and Nita is seeing the same thing in Queensland—is that there is very little planning around allied health needs and a stronger focus on disability support worker needs, but we do not have a consistent or skilled disability support worker workforce, and, if it is going to actually ensure that people's health and wellbeing is maintained, it needs some direction from health professionals who understand spinal cord injury or acquired brain injury or multiple sclerosis. We are certainly seeing that planners are saying, 'No, that is not something that the NDIS can fund; rehabilitation is a health need.' But the NDIS will fund capacity building and allied health support for capacity building. So there is a language issue there that often can put up a red flag that means that the planners immediately say, 'No, sorry, we cannot fund that,' rather than saying, 'Hang on—how does this relate to your goals?' and, 'Would an allied health professional be best placed to deliver this support?' rather than putting in more attendant care support which may not actually be able to provide the skilled input needed.

CHAIR: I remember asking—I think it was during estimates—about slow-stream rehab and funding for that, and we were assured that, yes, they were looking at the issues around slow-stream rehab in terms of being able to access funding and when they are doing planning. So, yes, you are right—there is a matter of language there—but I also get the impression that there is not a shared understanding of that around Australia. That is the impression I have got, having heard issues around this area for a while.

Ms Callaway: I would agree with that. I recently ran a workshop on the NDIS at the National Acquired Brain Injury Conference and I used David Bowen's quote from Senate estimates around what the NDIS would fund. He talked about slow-stream rehabilitation. We have so many planners. There were the numbers they needed to get through. It has been well identified that there has been a real loss of quality of planning. Also we are seeing inconsistency in planning. The planners become the gatekeepers to what you can put in your plan. If they get the sense that people are talking about rehabilitation, some planners will say, 'That's not something that the NDIS can fund,' whereas if you walk in saying, 'I have a goal to maintain my health and to do that I need some capacity building from an occupational therapist or physiotherapist,' mostly you can get that put in a plan. It is really inequitable as to who gets the targeted slow-stream capacity building or rehabilitation and who does not.

CHAIR: I do not think anyone else here was at the joint standing committee inquiry on the NDIS. We were hearing about issues like that and issues around the variation in planning. I go back to the interface in terms of health and disability. Have you had much interaction with PHNs, Primary Health Networks, around this specific issue or are you aware of it?

Ms Callaway: I am presenting to Primary Health Networks through Monash Health in a couple of weeks on the NDIS. That will be my first interaction beyond my interactions with general practitioners whom I talk to about the NDIS and what they should be doing for patients that they are seeing who may be eligible. They would be a great conduit to understanding eligibility and also understanding some of the broader language and principles. It is about how you consistently get to that group. That would be good to think about strategically. I think they would be a good conduit. It may also pick up some of the people living with disability who might not have been in state systems. They might have lived from birth with family, have stayed in the family home as adults and are not well connected to get access to the NDIS. They may also link up young people in nursing homes, who we know are very much lost in that system. The Primary Health Networks are potentially a good conduit.

CHAIR: That is the end of my questions. Senator Brown covered my other question and Senator Duniam's questions as well. Having sat at the end of a phone during inquiries myself, I realise it can be a bit daunting speaking to a room full of people you cannot make eye contact with. Thank you very much for your time today. It is very much appreciated.

Ms Callaway: Thank you.

Ms Callaway: Thank you very much. I was very nervous.

CHAIR: Both of you did really well. Thank you.

Ms Callaway: All the best for the rest of the inquiry.

CHAIR: Thanks.

OVENS, Ms Serena, Executive Officer, Physical Disability Council of New South Wales

[16:30]

CHAIR: I welcome Ms Ovens from the Physical Disability Council of New South Wales. Thank you very much for coming today. It is really appreciated. Can I check for the record whether you have been given information on parliamentary privilege and the protection of witnesses and evidence?

Ms Ovens: Yes.

CHAIR: Fantastic. Thank you for your submission. I invite you to make an opening statement, if you feel so inclined, and then we will ask you some questions.

Ms Ovens: I apologise in advance because I have a really niggling cough. It has been driving me crazy. I am not sick. It is just right at the back of my throat and driving me nuts, so I do apologise.

Thank you very much for inviting me to provide evidence at the committee's inquiry into the delivery of outcomes under the National Disability Strategy to build inclusive and accessible communities. As you may be aware, the Physical Disability Council of New South Wales is the New South Wales peak organisation for people with physical disabilities. Our core work is to provide systemic advocacy, information and education to ensure that people with physical disability can achieve and maintain full participation, equality of opportunity and citizenship in the New South Wales community.

The National Disability Strategy is an initiative that the PDCN wholeheartedly support. We commend the federal and state governments on endorsing and implementing it. However, while small gains have been made for people with disability since its development, in the past few years in particular we feel much of its impetus has been put aside as the rollout of the National Disability Insurance Scheme takes place.

The NDIS itself is also a major reform, which in principle will also bring about significant change and improvement in the lives of people with disability, especially those who are eligible to receive an individually funded package. However, the NDIS is an insurance scheme and provides funding for individualised services and supports but does not and was never intended to address nationwide systemic change and ensure physical access into the built environment to things like health services and the legal and judicial systems for those who are not eligible and, in fact, even for those who are.

Given that the NDIS will also enable many people to access supports they need to interact in the wider community, in greater education and employment opportunities and in other mainstream services, PDCN feel it is imperative that the National Disability Strategy is implemented in as a comprehensive manner as possible. In addition, PDCN believe that to truly achieve a fully inclusive community in a timely manner it may be necessary to mandate a number of reforms, such as the inclusion of a higher standard of universal design principles in things like building and environmental design, to set employment targets for mainstream services and perhaps the private sector, to ensure that accessible information systems and transport options are available and to ensure we achieve the outcomes to which the NDS subscribes.

It is worth noting that the National Disability Strategy clearly recognises the importance of advocacy, both individual and systemic, in allowing people with disability to have the opportunity to participate in decisions that affect their lives and advance their rights, wellbeing and interests. However, at this time both federal and many state governments are defunding or significantly reducing funds to advocacy and peak representational organisations nationwide. PDCN argue that this will have a direct impact on the NDS aims to create accessible and inclusive communities and may, in fact, cost more to governments in the long run. In terms of outcome 1 of the NDIS, inclusive and accessible communities, PDCN's submission did not address all areas of the reference paper. However, it highlighted the importance of appropriate housing, accessible transport options and information systems, and the need for further progress in these areas. I will do my best to address any questions you have about our submission and directives.

CHAIR: Thank you. Senator Brown.

Senator CAROL BROWN: Today we heard from Inclusion Australia, who also put forward some recommendations around universal design standards. I am sure you would be aware of their position, as it is your position.

Ms Ovens: Yes.

Senator CAROL BROWN: So I want to ask you questions about that, but I was interested in some of the other recommendations you have made under housing—if you could just give us some more information as to why these recommendations have been put forward. One is 'increasing rental security' through longer contracts; has this been an issue in in New South Wales?

Ms Ovens: In general, the issue for us is that many people as renters have a lot of difficulty in terms of making home modifications to a rental property; and the cost of doing so, especially if they are not funded under the NDIS, is quite prohibitive, especially if they do not know or are unsure of the longevity of the tenancy. So it is about looking at tenancy reforms where there would be the ability to take a much longer rental contract and then know that the changes that you are making to the home will not need to be done again in six or 12 months time in a scenario where they lose the tenancy.

Senator CAROL BROWN: But has that been an issue? I would have thought landlords would like longer contracts.

Ms Ovens: It is an issue for many people. The other side of the coin is that landlords are hesitant to allow things such as home modifications to be done to their properties and, rather than seeing the value in having a property that can be accessed by more people for different reasons, they often do not make it easier for tenants to negotiate making those home modifications.

Senator CAROL BROWN: Has there been any discrimination against people with disability in trying to access rental properties?

Ms Ovens: I think, in general, yes. We certainly could go back to our members to find specific examples. But in general it is very difficult, in the first place, to find accessible properties and, then, to be allowed to actually make the modifications, and a lot of tenants are perhaps not as aware as others of their ability to do so. However, the make-good condition at the end can also be costly for them.

Senator CAROL BROWN: Yes. I read with interest the part of your submission talking about modifications and the make-good requirements. Can you give us any examples of people under the NDIS that are reluctant to access the service to modify their home?

Ms Ovens: I do not know that people under the NDIS are reluctant to access that. I think in fact it is the first time people are aware that they can actually access funds to do the modifications, which is a good thing. There has been some confusion about where they can do modifications—whether they can do it in a private rental property as opposed to in social housing, who bears the cost of that, whether the NDIS is the group that will do that or whether they need to go back to social housing to get those modifications allowed or funded. Certainly, I myself spoke to the NDIS and got two very different points of view on that when we tried to address it for a particular client.

CHAIR: When was that? Because there has been some further work done on the SDA, specialist disability accommodation.

Ms Ovens: This was not a specialist disability accommodation situation. It was tenancy in a social housing scenario.

CHAIR: Okay.

Ms Ovens: And it was approximately two months ago.

CHAIR: So it was relatively recently. So we have not seen much progress.

Senator CAROL BROWN: And you had two different—

Ms Ovens: Two completely different answers to the same question, from two different people on the phone line.

Senator CAROL BROWN: Right. And the answers were, 'Yes, you can do it,' and 'No, you can't'?

Ms Ovens: Basically, yes.

Senator CAROL BROWN: I would just stop when you got the right answer!

Senator DUNIAM: Good advice over there!

Senator CAROL BROWN: I will just go to the transport. The examples you have given are examples of what is happening in New South Wales.

Ms Ovens: Of course.

Senator CAROL BROWN: That is really good. That is what we would like to know. You talk about train stations, and there is obviously some transport access program. Would you be able to give us some information on the program?

Ms Ovens: Sure. The New South Wales government has a Transport Access Program. It is run by Transport for New South Wales. It sets aside its funds and decides on the number of projects that can be done over the period of the funded proposal. To be honest, transport is quite good in terms of looking at the disability and accessibility needs. We sit on the accessible transport advisory council with Transport for New South Wales, so I can commend what they do in working with the sector to look at improvements and to address the needs.

Senator CAROL BROWN: Is that across all modes of transport? You talk about trains, buses, cabs—

Ms Ovens: Trains, buses, light rail, taxis and ferries, so pretty much all forms of public transport. However, in regard to the rail situation, it is a very long and slow process, and it can take a number of years in that process to ensure that a station becomes accessible. Sometimes the level of accessibility is not station-wide. For instance, Redfern station will get lifts to two platforms but not to all 12 or so, so that still limits the accessibility of that station, which is a core station.

Senator CAROL BROWN: That is what I would have thought.

CHAIR: Bad luck if you are going anywhere that the lifts do not go to.

Ms Ovens: Exactly. That is right. Many people who cannot access platforms need to go to a different station along the line and then catch other forms of transport back to where their intended end point is.

Senator CAROL BROWN: It is a much longer journey.

CHAIR: And more expensive.

Ms Ovens: And more expensive, yes, because it usually involves a taxi at that point.

Senator CAROL BROWN: Why is that? You said you are on the committee.

Ms Ovens: Yes. We help government to look at need and requirements, but we do not set their funded budgets, and we certainly do not get a lot of say in the priorities and the amount of funds that go into the transport program. So we still advocate for a greater amount of funds going into that access program and doing so in a more timely manner for stations across New South Wales.

Senator CAROL BROWN: How many stations? I think you do say.

Ms Ovens: Roughly 50 per cent now have some type of access; they are not necessarily fully accessible.

Senator DUNIAM: Are they progressively adding to that number?

Ms Ovens: Increasing? Yes, absolutely. As our documentation said, there are approximately 20 to 30 stations that will see some form of accessibility by 2022, but that will only bring it up to just over 50—perhaps 56 per cent—and there are still about 100 or so that would need to be included to bring that to 100 per cent accessibility.

Senator DUNIAM: When you say 'some sort of', that could be from the very minimum standard through to something more substantial? Is there a range?

Ms Ovens: As I said with Redfern, it could be access to only a number of platforms but not all platforms, or it could be different forms of accessibility depending on the station requirements. In the most recent budget, they have looked at ensuring that the disability access parts are quite well addressed, and in doing so they have perhaps limited the amount of money they might be spending on other parts of a station upgrade. So they might have knocked off a car parking scenario to ensure that better accessibility design and properties are included in the process.

Senator CAROL BROWN: With the ones that have had some degree of accessibility, is that across New South Wales or across the city?

Ms Ovens: Across the metro stations.

Senator CAROL BROWN: Are you happy with their priority list?

Ms Ovens: I guess every individual would suggest differently, depending on what station they wanted to access. We would address it more in terms of getting to the point of having more stations accessible full stop, as opposed to picking particular stations that were needed.

Senator CAROL BROWN: Okay, so I read in your submission where you talk about assistance being required to actually get off the train.

Ms Ovens: For wheelchair users, for most stations there is quite a gap between the trains and the platform. That requires a ramp to be put out when the train arrives at the station. It also requires communication prior to even travelling, to ensure that someone is aware that the ramp is needed. At the very least you would have to do that, if you have not rung both ends to say, 'This is what I need on this date and this time and this particular train', when you got to your on-boarding station. You would be asking them to let the outboarding station know of your needs and requirements. Unfortunately, it does not always happen that the ramp is out and ready, and sometimes that has meant that some of our members have been stuck on a train, literally, going past the station that they need to get off at.

Senator CAROL BROWN: Okay, so do you have any suggestions for how that might be alleviated?

Senator DUNIAM: You were waiting for that, weren't you?

Ms Ovens: Yes!

CHAIR: Without a wand.

Ms Ovens: Without a wand, yes. A better system for ensuring that notifications happen and that staff are actually there. There may be options, as they are changing the trains themselves, for trains that have an actual automatic ramp built in as part of the train itself that could be released so that the person with disability could press a button when they arrive at the station they need it at, and address that. But, again, there are some implications around that. They need to ensure that trains do not take off without those being removed or brought back in time for the train to leave, so there is probably some identification that still requires a human element to that, or a time factor in terms of journey.

Senator CAROL BROWN: You talk about the opal card. I am not familiar with the opal card, but can you explain—I suppose my question is: when these measures are put in place, what consultation is required with organisations or people with disability when they design these systems?

Ms Ovens: I am not sure there is a mandatory requirement, although there possibly should be. One of the things that we do now, as part of the accessible transport advisory committee, is ensure that when these projects are happening that there is a very good consultation process. Many of the issues that perhaps used to occur do not occur now because of that process. Transport for New South Wales now will ask for members of our organisations who have disabilities to come out and test new trains, new technologies et cetera and ensure that they work well. There are still some issues around the physical environment, in terms of what actually does work well. Sometimes what is part of regulation in stated fact fits the accessible requirements, but in actual operation is not as good as or as fit for purpose as it could be. One of the things would be the bus situation. There are a number of issues. One of them, which was not raised here, is around where the press button is physically located for someone who uses a wheelchair. While it is in a legally reasonable position, it is not reachable by some people in a wheelchair.

In terms of the card and access on and off buses, the difficulty with buses in particular is that there is a very limited thoroughfare: trying to get on and off a bus in the time that it is trying to actually leave the stop can be quite a difficult scenario for someone in a wheelchair if they have to manoeuvre past other people, and if the bus driver cannot see that they are actually trying to get off at that stop. And then, in that same process, trying to find a point where they can swipe their card at the same time can actually make it quite a stressful situation for them to undertake all of those issues.

Senator CAROL BROWN: I was going to move off transport.

Senator DUNIAM: Ms Ovens, you mentioned towards the end of your submission advocacy and funding for advocacy groups. Previous submitters have talked about the establishment of a centralised, overarching, coordinating body within the Department of the Prime Minister and Cabinet—

Ms Ovens: Are you talking about in New South Wales?

Senator DUNIAM: No, nationally—to ensure that the work of government agencies in the area of disability support and the like is up to standard and is what is being called for by the community et cetera. Is that something you have given thought to? I would have thought, as part of what these previous submitters were saying, that if it is a high priority of government and the bureaucracy elevate it to the point where it is in this central policy agency—is that sort of in conflict, or does it complement your submission here that funding ought to be ongoing for advocacy groups?

Ms Ovens: So, you are clarifying where it sits, as opposed to what is funded or not funded?

Senator DUNIAM: I take from your submission that you are saying that advocacy groups, in order to do what they do—very good work—require ongoing support and funding. Previous submitters have not gone to that issue, although it may be in their contemplation. They have said that in order to give effect to proper reform and ensure that the work of government is actually addressing the needs of those who require support—

Ms Ovens: There is a central place for us to report to?

Senator DUNIAM: Yes, that is right. What I am trying to understand is: if this committee recommended, for instance, the establishment of this central entity within the Department of the Prime Minister and Cabinet and the government said yes, would that then head off at the pass the need for ongoing funding for advocacy groups? I think I know the answer to this question, but I am just testing you!

Ms Ovens: No.

Senator DUNIAM: That was simple!

Ms Ovens: It would, however, mean that there was perhaps a better pathway for us to address systemic issues. However, in saying that, I will also say that there is very different policy across states and territories, so the issues that we might address in New South Wales could be very different in each state and territory, and we believe exactly the same thing: that if we are looking to where it should sit in the New South Wales government we are also looking at the DPC, the Department of Premier and Cabinet, as being probably the central area for that.

In terms of overriding the need for advocacy, I am not sure how that would work, because obviously the people on the ground are the people who can talk to their members and address the issues, rather than having—I mean, what would you expect, if you took out the peak representation bodies? Would you be asking individuals to talk to that organisation or that particular point of reference? And that would probably then mean that you would have 100,000 people ringing you on a weekly basis telling you about an individual issue.

Senator DUNIAM: Yes, we have seen how that has gone in other areas.

Ms Ovens: So, I would suggest that it would be fantastic to have a recognised place to report to and in which to interact and have the conversations.

Senator DUNIAM: So, more complementary rather than mutually—

Ms Ovens: For sure.

Senator CAROL BROWN: What is happening in New South Wales on advocacy?

Ms Ovens: In general, New South Wales is de-funding pretty much all of its advocacy sector as of July next year. The funds for that sector go back to the federal government as part of their NDIS agreements.

Senator CAROL BROWN: So, where are they going to get the expertise they need for their committees and so on?

Ms Ovens: We are not sure.

CHAIR: They are trying to get around it—

Ms Ovens: I guess so. I would suggest that that is exactly it: that in removing a lot of the sector from their sphere they are not having to deal with some of the issues that might come up. We feel that it is quite a naive point of view, to lose—

Senator CAROL BROWN: Short-sighted.

Ms Ovens: Yes, to lose the actual knowledge of the sector, the years and years worth of information, the contact directly to the bottom link—as I said to Senator Duniam, to ensure that we are not having individuals repeating over and over an issue that can come up millions of times to a major government department. It makes far more sense for us to address at a systemic level, to try to act on change once only and to advise, where we can, of things that could be done better or differently—work in partnership as opposed to losing that expertise.

Senator CAROL BROWN: And potentially avoid some calamity.

CHAIR: How many organisations are funded in New South Wales—from New South Wales rather than federal funding?

Ms Ovens: I would have to go back to my notes to tell you absolutely, but it is significant. It is roughly $10 million to $12 million worth of funding within a year, depending on how you look at it. It is mainly the organisations that were funded through Ageing, Disability and Home Care—straight advocacy organisations, information referral organisations, peak bodies.

CHAIR: I just do not see how they think their system is going to work.

Ms Ovens: You and I both. So, if you would like to come with me to my next meeting with the minister—

CHAIR: I in fact have a letter in my inbox from Queensland saying, 'Can you come and talk to us, because we're about to lose our funding.' I had a conversation in Western Australia on Friday around funding.

Ms Ovens: With the exception of Victoria, most states are in the same position, with New South Wales being the first to be de-funded and a sort of rolling de-funding premise, state by state, as of July next year.

Senator CAROL BROWN: Have you been involved in the review they are undertaking at the federal level?

Ms Ovens: The NDAP review?

Senator CAROL BROWN: Yes.

Ms Ovens: Yes, and I recently was in Canberra speaking to both DSS and the federal disability minister around the NDAP review. It is a bit cylindrical or circular at the moment. The federal government is not prepared to release the results of that review until such time as they know what the states are going to do. The states, of course, are pushing back on the federal government to deliver, and we are having this constant circle at the moment.

Senator CAROL BROWN: Have you spoken to your members about some of the areas of day-to-day living that they feel need improvement? Obviously we have transport and housing, but what other areas are they most interested to achieve some changes to?

Ms Ovens: Definitely transport and housing are incredibly big ones for them. Transport means that they can access education, employment and anything socially, and doctors, health care et cetera. And I was going to say something else, but I have lost my train of thought.

Senator CAROL BROWN: Is it communication and information systems?

Ms Ovens: There is that. Physical access is important. One of the other things we get calls on regularly is people not being able to access the physical environment—to enter buildings, parks, pools et cetera. That is still an issue for many people, particularly wheelchair users, of course. In terms of the information systems, again, it is dependent on the type of disability. For people with vision impairments and hearing loss, there are some significant issues around the types of ways they interact with electronic media in particular. One of the big issues I find, directly related to me and to some of the friends I have who are wheelchair users, is being able to access and purchase tickets to events of any description, be they sporting events, the cinema, the theatre or musical events. They are limited as to how they can do that, and the online systems in general do not work for them; they are forced to make a phone call and be treated in some respects like a second-class citizen who might not do the right thing when booking a ticket because of the need to book accessible seating.

Senator CAROL BROWN: What about the actual physical locations?

Ms Ovens: In what respect?

Senator CAROL BROWN: You talked about online booking, but let's talk about wheelchair access into cinemas, sporting venues and so on.

Ms Ovens: It can be quite limited. Obviously, in any venue, being able to access areas is dependent upon where they set wheelchair accessible seating. Another issue with that is that, when they do set accessible seating, they often only allow for one person in a wheelchair to sit with one other person. So it is sort of like you and your companion and that is it; you do not have other friends—

Senator CAROL BROWN: 'You have no friends!'

Ms Ovens: That is exactly it! And that can be quite a problem. We are seeing—which, again, is good and we are working very hard when people are building new facilities—facilities that allow for removable seating so that seats can be put in or taken out depending on how many people wish to sit together and whether that is an option, but obviously, in most scenarios where the seats are already in place, it is less likely that that occurs.

Senator CAROL BROWN: You mentioned parks. What is the issue about access to parks?

Ms Ovens: It could be, again, for wheelchair users or people with vision impairments et cetera, about the safe path they travel—so, whether it is a level, even, flat pathway—or about being able to get into and access equipment for people with disabilities. We are now seeing some parks that have swings and mobility facilities for children who use wheelchairs so that they are able to actually take part, but it is still obviously very new and very low.

CHAIR: 'Here is your special swing'!

Ms Ovens: That is it—'You can play on that, and that is it,' but you cannot actually push over to that other piece of equipment because it does not have a pathway that allows you to do so or tactile information to get you to the equipment.

Senator CAROL BROWN: As to some of the changes that you have seen, in terms of playgrounds and parks, is that happening because there are mandatory requirements for new buildings?

Ms Ovens: Not mandatory, but I think the disability inclusion action plans that local governments are implementing are starting to have some effect, particularly in bigger areas like the City of Sydney where they have probably got more impetus and more funds to do it. They are starting to deliver on more accessible environments. Barangaroo, as an example, has ensured that it is an accessible environment for people who are wheelchair users and others.

Senator CAROL BROWN: With the National Disability Strategy, what would you say your progress has been to date?

Ms Ovens: I think that there certainly has been progress—the fact that it was put in place and that people are using it as a guideline, and that there has been uptake and instigation from states such as New South Wales, especially, as we said, in the area of transport, to really implement accessible policy to bring people in and be part of the consultation process has brought about change. I have not been in the area long enough to say what has happened since 2010; I have only been in this role for just under three years, so I cannot talk about the entire process per se.

Senator CAROL BROWN: I just want to go back to IT systems. One of your recommendations talks about mandating or incentives for commercial services to incorporate minimum standards. Can you give the committee an understanding of why you put that recommendation forward? You touched on it a little bit when you talked about online booking for concerts, I think, but exactly what is the issue in terms of online booking?

Ms Ovens: Online booking or—

Senator CAROL BROWN: Or using websites?

Ms Ovens: For many people using websites, if it is not an accessible website, they cannot actually read the information; if they have vision impairment and they physically cannot read it anyway, if information is not put onto the website in a way that can be read by a screen reader in particular formats, then they are not able to access or read the website itself. For some people it can be around contrast requirements or the ability to enlarge the print on a page. Whilst it is occurring, there are obviously many areas, especially in corporate services where people might need to access information about electricity bills and other bills, where they are not necessarily at the point of covering off at a level that we would see as acceptable for people with disability to be able to use a website and get the information that they need.

CHAIR: You are from the Physical Disability Council, but one of the issues that came up very strongly during the Centrelink inquiry was Easy English, not only in letters that you get. In this instance it was Centrelink. I would have thought it needs to apply to websites and things like that or that an Easy English version would be available. I presume you also mean things like that for people with cognitive impairment, for example.

Ms Ovens: For sure. Obviously that would be the best outcome for anybody if we are looking sector-wide in terms of disability. Easy Read or Easy English would probably help many other people.

CHAIR: Exactly. You make the point of incentives or mandating. Witnesses this morning said they are at the point of saying, 'Right, we've got to mandate accessibility in housing.' They have had enough of trying the voluntary approach. We are clearly of the view that the voluntary approach has not worked, but it has also not worked elsewhere. We have had witnesses talking about other issues and saying it was getting to the point of crunch time. I would have thought that, given the history of this, we should not be giving some of the newer technologies the capacity to say, 'Lets do a few more incentives first.' I suppose I am now pre-empting your response. What do you say to the argument that we are past that, we should have learnt and we should be mandating?

Ms Ovens: I would say yes, it would be a far more appropriate way to ensure that change actually happens and happens at a reasonable pace.

Senator CAROL BROWN: Were you talking about the built environment or across the board?

CHAIR: I am talking about across the board basically now. A lot of points have been made about information technology and people with disability being locked out.

Senator CAROL BROWN: Or the technology is there, but it is not being used.

CHAIR: Yes, and they are locked out. If we go down the same road we went with housing and all the other things, they will be locked out further before anything happens.

Ms Ovens: Yes. I would suggest that mandating is obviously the way to go in terms of ensuring that change happens at a reasonable pace. It is the best way to ensure that everyone engages in the process, broader than just mainstream government as well. It is a sector-wide and community-wide scenario. We should be ensuring that not only government mandates these things but that the corporate and private sectors also need to do so with anything that they are doing.

Senator CAROL BROWN: I want to understand the recommendation you made about the provision of training for sport code staff, coaches and other support staff.

Ms Ovens: We are saying that everyone should be accessible and everyone should know about disability. I would recognise that the sporting sector, particularly local clubs, would be the best place for this to start. There is less capacity. It is usually the parents of the kids or people who are in the clubs doing the work. They are volunteers and they are doing it out of the goodness of their heart and they often, just like my father, who may have done exactly the same thing, have never had to deal in disability at all. So being able to offer them the ability to get training, understand disability and begin the process would be incredibly valuable.

Senator CAROL BROWN: So the recommendation is not there because there is an issue?

Ms Ovens: No, not because there is an issue. It is a need. We are saying that everyone should be inclusive, that communities themselves should open up and do the right thing. I would suggest that it is unreasonable to expect that will just happen without some training to assist people in understanding the needs of people with disability in the first place.

CHAIR: Thank you for your time today. It is very much appreciated and so is your submission. I thank all of our witnesses today, our secretariat and broadcasting staff. We have learnt a tremendous amount today. We have had some excellent submissions and we learnt heaps of information. It is very much appreciated.

Committee adjourned at 17:11