



Queensland Advocacy Incorporated

Our mission is to promote, protect and defend, through advocacy, the fundamental needs and rights and lives of the most vulnerable people with disability in Queensland.

Systems and Legal Advocacy for vulnerable people with Disability



REPORT AND OUTCOMES FROM THE FORUM

Walk the Talk: Realising the 2010-2020 National Disability Strategy and our human rights promises

On Monday 20th March 2017 at the Brisbane Cultural and Convention Centre, a forum including six workshops was held to consider the progress Australia has made and how far we have yet to go in the implementation of the National Disability Strategy as the nation's commitment to the Convention on the Rights of Persons with Disability and within the new paradigm set by the National Disability Insurance Scheme.

This event was made possible by the generous sponsorship of government and allies such as:-

Australian Government – Department of Social Services,

Queensland Mental Health Commission,

Anti-Discrimination Commission Queensland,

Queenslanders with Disability Network,

Bespoke Lifestyles,

National Disability Service,

Staffing OptionS,

QCOSS

COTA Queensland

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QAI endorses the objectives, and promotes the principles, of the Convention on the Rights of Persons with Disabilities.

Patron: His Excellency The Honorable Paul de Jersey AC

This event was a showcase opportunity to introduce the new Human Rights Commissioner and Disability Discrimination Commissioner to the disability sector. Commissioners Ed Santow and Alastair McEwin presented in the first session of the Forum and stayed for the day. They had opportunities to contribute to the workshops and to network at the lunch and tea breaks. Our Queensland Anti-Discrimination Commissioner Kevin Cocks and Mental Health Commissioner Lesley van Schoubroeck offered the Queensland perspective as Lesley facilitated the presenters' session reporting from the workshops on the six National Disability Strategy Themes.

SOME STATISTICS ABOUT THE EVENT:-

Accessibility

The venue and presentation formats were all fully inclusive for people with disability, families and carers, with concession tickets available. Auslan interpreters, live captioning, hearing loop, accessible tagged PDFs and on-site support workers were made available on the day provisions were made for a specific language interpreter if required. The event was filmed and can be viewed online at https://www.youtube.com/watch?v=XiAn_21uHZE&t=210s

The partnership between Queensland Advocacy Incorporated and Griffith University, and with the support of funding from the Department of Social Services National Disability Conference Initiative 2016-17 under the Disabilities and Carers Programme enabled us to subsidise the attendance of 205 participants at the Brisbane Convention and Exhibition Centre.

These included:

- 53% representing service providers, support and advocacy organisations.
- 10% public servants
- 8% researchers and educators
- 17% individual people with disability, family and carers.
- 12% guest speakers, sponsors, support worker and volunteers

This forum also provided networking opportunities for a diverse group of citizens committed to the implementation of the 2010-2020 National Disability Strategy. The Forum attracted a wide cross-section of the public. This was made possible by the generous subsidy of \$150 a ticket for 50% of the delegates (total \$15,000), and subsidised travel and accommodation for a number of people with disabilities and their supporters from regional Queensland and interstate both as speakers and forum participants.

A key aim of the forum was to identify and support emerging younger leaders with disability to present "lived experience" speaker sessions or to facilitate in workshop activities, and or to engage in lively and actionable discussions at those workshops.

INFORMATION ABOUT THE FORUM FOR THE ATTENDEES:

- 57.5% were subscribers to QAI or Griffith University event email notifications
- 33.3% were forwarded invitation/email/flyer from a service, organisation or friend

Achievements, priorities, strategies, actions, barriers

- 6.5% found the event on a website or Facebook
- 4.5% heard about the event in the Media
- 2.3% heard of the event by word of mouth
- 4.5% were informed by other means.

THE REASONS FOR ATTENDING THE FORUM WERE:

- **56% wanted to find out more about human rights for people with disability**
- **58% wanted to find out more about the National Disability Strategy 2010-2020**
- **118% wanted to hear a particular speaker**
- **55% wanted to contribute to the discussion on human rights**
- 13% were interested in:
 - proposed policy for disability access
 - young people
 - disability categories entitled to NDIS
 - the role of advocacy.

INTEREST IN THE OUTCOMES OF THE NDS:

1. Inclusive and accessible communities: 31%
2. Rights protection, justice and legislation 37%
3. Economic security 7%
4. Personal and community support 7%
5. Learning and skills 11%
6. Health and well-being 7%.

93% of participants would consider attending similar events in the future.

The attendees expressed preference for the sessions as follows:

- | | | |
|---|--|-------|
| ➤ | Alastair McEwin Disability Discrimination Commissioner | 72.1% |
| ➤ | Edward Santow Human Rights Commissioner | 69.8% |
| ➤ | Kevin Cocks AM Anti-Discrimination Commissioner of QLD | 62.8% |
| ➤ | Benedict Coyne President, Australian Lawyers for Human Rights | 46.5% |
| ➤ | Craig Flintoft Representative from the Department of Social Services | 11.6% |

➤	The workshops	34.9%
➤	The session on "lived experience"	58.1%
➤	The session on "the way forward"	16.3%

The presenters, including the stories of the lived experiences were key examples and linked to the six themes of the National Disability Strategy and provided all participants points to consider when , discussing the following aspects to the NDS:-

- What has been achieved?
- What are some strategies and ideas that will address identified issues and drive the agenda forward?
- What are the key priorities for the next three years?
- Any suggestions for collective and committed actions from individuals and entities.
- What are the barriers to progress in this area?

Our first keynote speaker, **Alistair McEwin** is the Disability Discrimination Commissioner. He spoke about the *Convention on the Rights of Persons with Disabilities (CRPD)*, Australia's other human rights conventions, the National Disability Strategy, the National Disability Insurance Scheme, and his human rights consultations conducted with people with disability all over Australia, for which he established six key theme areas, namely: employment, education, housing, violence, people with disability in the criminal justice system, and the implementation of the NDIS..

Human Rights Commissioner **Ed Santow** addressed the audience with his concerns and experience with mental illness and the Optional Protocol to the Convention Against Torture (and Other Cruel and Unusual Punishment) and the need for systemic reforms to address the power imbalance between those detained; the use of physical and chemical restraints, solitary confinement, lack of access to equipment and indefinite detention.

Kevin Cocks AM, Queensland's Anti-Discrimination Commissioner began his address by reflecting on how the stories of persons with disabilities and their families influence the NDS and provided focus on how a human rights act can contribute to a paradigm shift from a deficit model to a strength-based approach.

Kevin emphasized the need to continue the process of transformative cultural change and that a Human Rights Act can provide further legislative permissions to dismantle the institutional and structural systems that facilitates systematic discrimination. A Human Rights Act for human rights protections beyond the *Convention on the Rights of Persons with Disabilities* to allow people to assert human rights and that it is unacceptable to resign to the belief that some people will be left behind..

Benedict Coyne from Australian Lawyers for Human Rights delivered a history of human rights protections both in Australia and at the UN, where Australian advocates like Dr Evatt, without whose influence the UN may not have come into existence. Benedict made the point that the Commonwealth anti-discrimination laws are Australia's primary human rights instruments.

Craig Flintoff from the Department of Social Service gave an overview of the National Disability Strategy: its conception, birth under COAG, and subsequent development as a commitment by all levels of government, industry and the community to a unified national approach to policy and program development and our proposed implementation of the CRPD.

Authentic speakers next provided the snapshot of the lived experiences of people with disability and how they relate to the NDS themes.

1. INCLUSIVE AND ACCESSIBLE COMMUNITIES:

Kath Russell presented the story of forced co-tenancy as experienced by her friend, neighbour and sister-in-law Deb. The difficulties experienced by a woman with mental illness and/or intellectual disability to find and to keep stable accommodation that is not congregated, where there is a separation of landlord from service provider. Deb had no choice but to live with people with whom she has no prior acquaintance just to obtain support. Whether it was intended or not, Deb felt her tenancy was threatened if she did not perform all the duties of an unpaid cleaner and cook for all the other tenants, and had to participate in activities and outings that were of no interest to her. After months of abusive service, and 'domestic' violence from another tenant, Deb's mental health deteriorated drastically, and with no choices or autonomy she wanted to end her life. Deb is a woman who has lived in various kinds of unsuitable accommodation while subsisting on the low income provided by the Department of Social Service and was at the time of the forum living 80% of her time in respite at her own cost of \$1900 per fortnight in order to search for other accommodation. QAI is pleased to learn that on the day at the forum a sympathetic service provider approached Kath and offered support and housing to Deb through Kath and her family. **Inclusive and Accessible Communities welcome and support people with disabilities to live typical and good lives in the manner of other Australians rather than force people to live experiences that are not of their choosing.**

2. RIGHTS PROTECTION, JUSTICE AND LEGISLATION:

Kym Chomley from 121Care presented **Martin Broad**, the latter appearing by video, to speak about sexual expression and the necessity to amend or repeal section 216 of Queensland's Criminal Code. This section of the legislation makes it unlawful for people with intellectual impairment to have intimate relationships in Queensland. Yet relationships and sexuality are part of the lives of people with disability equally as they are for us all, and a provision on the Criminal Code introduced as an adjunct to protections for children is not appropriate in a world where we recognise the right of people with intellectual impairments to live their lives to the full. Reform of this and cognate sections of the Criminal Code fall neatly within the National Disability Strategy's provisions dealing with Rights Protection, Justice and Legislation.

3. ECONOMIC SECURITY

Donna Best supported by Michelle O'Flynn shared her experiences of employment and in particular how she came to be an employee in Sheltered Workshops. Donna's experiences attending and working at a sheltered workshop in Brisbane were a stark contrast to the experiences she previously and later enjoyed in open employment. How, they asked, can a person with disability enjoy the National Disability Strategy's economic security when paid at a rate that is, in some cases, less than a quarter of the minimum Australian hourly rate, and substantially less than what Donna and other

people would be paid if they did the same work in a regular factory? The rewards and benefits that Donna gained from a real job for real wages surpassed monetary security and provided opportunities that would otherwise never have presented. Donna offered her own views on how disability employment services and employees can be more effective and approachable in supporting people with disabilities in the open workforce.

4. PERSONAL AND COMMUNITY SUPPORT

Madonna Nicoll talked about young people in institutional care, particularly her own experiences and those of other young people in institutional care when they were young. The indignity of being a teen left alone in a hallway draped in a towel after a shower while the worker went elsewhere, and while the manager ushered businessmen through the centre; the physical abuse and devaluation of a person 'in care' clearly and sharply illustrate the dire and dramatic shift that is required in consideration of what is quality support and service. Sharing those stories showed a lot of courage, and Madonna was glad to report that she is now living independently and directing her own supports.

5. LEARNING AND SKILLS

Stephanie Gotlib supported **Kelly Brooks** to share the experience of her child and the use of restrictive practices in schools. Kelly talked about her son who, when 8 years old and attending a state primary school in Hervey Bay, was on numerous occasions put into a withdrawal room – what her son called 'the dark room'. She conveyed the fears that her son experienced being left alone and without any education or support and that such behaviour management resorts may constitute psychological abuse, deprivation of liberty, physical abuse and assault. The state school, she said, did not provide quality inclusive education, and made no reasonable accommodation for her son's support requirements. Stephanie and Kelly referred to the Convention Against Torture, an international agreement, the signatories of which agree to work to stop cruel and degrading treatment and punishment. Kelly's son is now thriving without any such restrictions in an inclusive and supported learning environment in another school.

6. HEALTH AND WELL-BEING

Maureen Fordyce from Amparo Advocacy presented the mental health needs of migrants with disability. Maureen shared the story of Soraya, a client who had been treated for depression and an eating disorder. Soraya was severely underweight, incontinent, not eating and not caring for herself physically. She was not leaving her home and was refusing her family and mental health professionals to enter her home. The lack of person-centred culturally appropriate supports to Soraya and her family within the hospital system almost cost Soraya's life.

While drawing upon the lived experiences as examples the next session was a platform for presenters to illustrate the important elements of the NDS. The speakers facilitated a workshop with forum participants to determine the achievements of the NDS to date, identify what issues still required redress; develop strategies to drive the required change; and to garner collective action to achieve these outcomes.

1. Accessible and Inclusive Communities (Emily Steel and Paul Calcott)

What has been achieved? As people with disability have come out of large institutions, they're more visible in our schools, parks, pubs, workplaces. Diversity is more understood and accepted, but if we can bring disability into the mainstream alongside other dimensions of diversity rather than restricting it to specialist programs or facilities then this will actually help us implement the CRPD.

Accessibility is about meeting peoples' needs and not merely physical access. Accessible and inclusive communities mean everyone has a place that respects and celebrates cultural diversity, and this begins with people having support to communicate in their first language with people who understand and can convey those cultural needs and customs. Respecting human rights can be economically efficient.

What are some strategies and ideas that will address this issue and drive the agenda forward?

- Government consulting with community groups, including Aboriginal and Torres Strait Islander (ATSI) community leaders with disability
- Increased awareness of how to be inclusive and more training
- More trained ATSI support staff (especially with lived experience) to communicate about disability supports and services
- There is a need for ATSI supports and services in regional and remote areas
- Making human rights explicitly part of the conversation
- More visibility through people receiving NDIS supports having increased presence in the community
- Opportunities to self-direct and recruit own chosen supports
- More advocacy
- More pressure on government to make communities more accessible
- Local councils, especially in regional and remote communities
- Culturally appropriate supports and services to Aboriginal and Torres Strait Islander people with disability and their families.

What are the key priorities for the next three years?

- Making buses and other transport more usable, safe and accessible
- Braille and other inclusive accessibility measures for all government material including consultations, assessments etc. to be more reflective of the diversity of our communities
- Housing that meets the cultural and disability support needs of all people
- More support to navigate the NDIS and other systems

Any suggestions for collective and committed actions from individuals and entities.

Achievements, priorities, strategies, actions, barriers

- Encourage more people that positive change is possible if they can speak out
- More consultation with people with disabilities
- Whistle-blower protection for individuals and cut out attacks on “tall poppies” for speaking out

What are the barriers to progress in this area?

- Limited ways to connect people who aren't connected to the digital world
- Low funding for advocacy organisations and disabled persons' groups
- Affordability of assistive technology is still prohibitive
- Complexities of NDIS system and NDIA staff not fully understanding it themselves to explain it comprehensively and to support others to access and use effectively
- Who takes on overarching responsibility to enforce? No one/no entities get penalised for not complying

2. Rights Protection Justice and Legislation (Mary Burgess and Mary Mallett):

Achievements: Little has been achieved by the National Disability Strategy in this theme. One of the problems being that there is not much coherence between a range of strategies and plans that exist at a State and Federal level. There is great need for better monitoring of existing strategies and shadow reporting on Australia's implementation of the NDS.

There is a problem with service systems that the NDIS is not going to fix. It's the power imbalance and the NDIS is just a new system with its own imbalances which will do nothing to address imbalances in existing systems.

What has been achieved? Here are the achievements to date:-

- Today's event! Listening to shared stories; a great event speaking with people in the breaks, lovely food and drinks; linking agencies to people and acknowledging the new organisations from speakers
- The NDIS roll out
- Lots of legislation and regulations - services going through audits (although questionable impact)
- Quality safeguards framework
- Official Public Advocate's work and advocacy services on the ground
- States' Disability Action Plans but a disconnect from the NDS
- Identification of all relevant Human Rights legislation as essential learning requirement for social service degrees and healthcare degrees

What are some strategies and ideas that will address this issue and drive the agenda forward?

Achievements, priorities, strategies, actions, barriers

- More of the stories must get out to people in their homes not just forums
- Change the media bias
- Investigate the service providers and make them go through extensive training in integrity of clients, empathy and respecting clients and self-empowering clients
- Supported Decision-making – volunteer programs like Citizen Advocacy so that people are less likely to be forced into the guardianship system
- Actively lobby for changes to current Queensland legislation e.g. Criminal Code
- Queensland to come up to speed with the Evidence Act
- Human Rights Act – State and Federal
- Independent Oversight
- Advocacy – individual and systemic – make it an election issue
- Shadow Reports
- Abuse and neglect issues should have a separate investigative commissioner
- Spot visits by auditors – in line with Community Visitors Program
- Making human rights an inclusive part of the way we talk about service delivery under an NDIS

Key Priorities: Advocacy and advocacy funding are key, because despite having the ‘icing on the cake’ we do not have the cake; we see so many people still missing out, not living the lives they want. With state funding for advocacy being transferred to the Commonwealth there is no certainty that advocacy will be widely available, accessible to all or with sufficient specialist expertise. People won’t be able to raise their collective voices, for example, at forums like this one. Funding for Community Legal Services is a priority. Funding for systemic advocacy is a priority. Volunteer decision-making support and citizens’ advocacy must be operationalised for people without community supports.

We would like to see a strategy for volunteer decision-making support. Again, the problem of mismatch between state and federal service provision is a problem. The NDIS seems to work well for people who are articulate, or who have supporters who can speak up for them, but does not appear to even regard people who do not have those supports? There is a danger that people will be pushed into state guardianship systems rather than receiving the supports that they need to make and operationalise their own decisions.

Assaults, abuse and critical incidents in institutions and community homes that are not being reported, and people are afraid to complain for fear of retribution, and that, in turn, often comes because people have little choice about their accommodation.

The new NDIS complaints commissioner may be a more accepted and effective channel of complaint.

What are the key priorities for the next three years?

- Funding for Community Legal Services is a priority. Funding for systemic advocacy is a priority
- It is imperative human rights issue to cut the disproportionately high rates of ATSI People in jail and dispossessed from their communities
- Protect children from abuse from the systems of the top of government
- Ensuring federal framework that supports NDS and NDIS and co-operates with State legislation
- Public view of penalties when rights, justice, etc. is violated
- “Teeth” for the Quality and Safeguards framework – make it strong!
- Full access to justice
- Human Rights Act for Qld

Any suggestions for collective and committed actions from individuals and entities.

- Many people are struggling in Australia, and victimised by the structures of government and the pre-existing systems and their barriers
- make NDIS really support our disadvantaged people – Some people are fully supported by the NDIS but others in community are not
- Watchdog over NDIS rollout
- Consider group-based appeals for NDIS (class actions)
- Raising broader community awareness and getting out of our “niche” bubble
- More advocacy services
- Lobby
- Work together

What are the barriers to progress in this area?

- Interface between Commonwealth and State services
- Legal logistics about ‘capacity’
- Being framed as all about NDIS and not looking at the whole picture
- Dissolution of Accommodation Support and Respite Service for people who are under restrictive practices

Achievements, priorities, strategies, actions, barriers

- Departments and governments providing positive rhetoric yet in denial when people's rights are violated
- Services not reporting critical incidents, abuse, assaults, etc.
- Access to justice
- Fundamental culture of control in all levels of systems
- People with disability not openly included in consultation with legislation

3. Economic Security (Karen Soldatic and Emma Phillips)

For a person to be economically secure, this means that they need to have support from:

- Social Security and Pension Systems
- Employment and Labour Market Participation
- Social Infrastructure: social housing, public transport, health and medical care, participation supports

For persons with disability, this means all of these must also be non-stigmatising, non-discriminatory, accessible and inclusive.

What has been achieved?

Only gradual changes

- 2005: From 30 –15 hours of work per week
- 2011: Impairment Tables assessment more stringent
- 2018: Mobility Allowance moves to NDIS

In real terms, fewer persons with disability now access the DSP

But increasing numbers of persons with disability on NewStart Allowance

People with disability have the right to work

- Evidence that NDIS is increasing some people's ability to engage in the workforce
- S.Q.W – Skilling Queenslanders for Work
- Employment supports and NDIS
- Move away from sheltered workshop-type environment to more "open" employment, but that has probably lead to less options for some people
- In employment and training: - One of the best changes has been the gradual change in government funding for vocational education funding that requires the Registered Training Organisations to include employment supports and report on the percentage of employment post-completion

Achievements, priorities, strategies, actions, barriers

- Changes to Disability Employment Services including the star rating and re-tendering procedures

What are the key priorities for the next three years?

Investment strategies for people with disabilities: - Develop strategies that allow people to have secure incomes in times of change. Advocacy, and advocates that can go places with people, provide them with support in generating jobs.

- There is a need to ensure stability in the service workforce
- Impose legislation and quotas and targets for the employment of people with disability in open employment
- Remove fees for people with disability under the Public Trustee
- Address disincentives – like the threat of loss of security of the DSP if attempting work
- Plan for episodic disability and relevant support needs
- Advocacy

What are some strategies and ideas that will address this issue and drive the agenda forward?

- Get on with it!
- Support to people with disability as Custom Designers and specifically provided to individuals in small groups with pathways to leadership and internships for inclusion of people with disability in workplaces
- Take the focus away from “people with disabilities” who have “skills and talents” to “people right for that job”
- Mandatory qualifications and expertise for Disability Employment Services support staff
- Stringent monitoring of sheltered workshops and social enterprises
- Access to education programs that include employment supports
- Employment quotas for percentage of people with disability in government services
- Cease slave wages under BSWAT or any other such discriminatory tools and instigate minimum wages
- Reviewing how employment services are provided to people with a disability (should be integrated with supports and specialised services as and where required)
- Training and mentoring in networking and life governing group managing supports and designing directions in our lives
- Fund demonstration projects
- Vocational education that is accessible, inclusive, meaningful, and effective in assisting people to gain employment
- Keep Disability Income Support flexible and open

Achievements, priorities, strategies, actions, barriers

- Strong social change leaders and leadership
- [universal income payment system](#)

Learn from other jurisdictions. Once you're in the labour market, is work decent? Is it secure? Is it work that pays a good hourly wage?

Economic security is not just about being assured a pension or a social security payment, but it's also about the labour market and the kind of quality job that you can get within the labour market. Finland has initiated a universal income payment system

In February 2015 the COAG disability reform council agreed that future work across governments on the implementation of the NDS should include a strong focus on the employment of people with disability, so now it is a core priority under this second implementation plan. We agree with this focus.

Any suggestions for collective and committed actions from individuals and entities.

- Practical simulation – experiences for politicians who don't actually value people with disability
- Research studies into the performances in employment outcomes for people with disability post vocational or tertiary education
- Closer scrutiny of the practices of and professional development of DES staff
- Social awareness
- Need for social change leaders and effective leadership

What are the barriers to progress in this area?

The key barrier was services and service provision, and the kind of knowledge they have. The belief systems of workers themselves in employment services in whether they actually believe the people they're serving, and whether they believe the people they're serving can actually work. People getting less and less support, in training, skills development and job placement.

- Lots of talk about employing people with disabilities but no data to say anything is done in a meaningful way
- Those that know answers are not being listened to by government
- Current practices in determining eligibility for DSP
- Lack of accessible workplaces and inclusive employment practices
- Low expectations of and for people with disability as employees
- Politicians who don't understand the impact of their poorly thought-through policies in action
- Societal and other (e.g. potential employer) attitudes to "employees with disabilities" rather than just "good employees"

There is a lack of stability in day-to-day staff and constant change at the coalface in employment agencies. Not enough change and regeneration of ideas at the top levels. Rather than restrict access to the DSP, open it up and make it more flexible. People are afraid to work for fear of losing the DSP. Recognize that people with disability go in and out of the workforce. Workforce participation of people with disabilities has been dropping for the last two decades. And people are still in sheltered workshops and being paid at rates far less than the minimum wage. Couple this with lower employment security and an average weekly income approximately half that of people without disability.

This is not about a reduced desire to work but the increased difficulties that people face in attaining employment in the first place, as a direct result of disability.

4. Personal and Community Support (Shayna Smith and Tony McCarthy)

The key outcome envisaged by the NDS is that people with disability, their families and carers have access to a range of supports to assist them to live independently and actively engage in their communities. More specifically the presenters' focus was placed upon the context of forensic detention and the forensic mental health system. Those being to divert individuals from the criminal justice system and to serve a therapeutic purpose of ensuring individuals have access to appropriate supports, personal and community supports to facilitate their habilitation, their rehabilitation and to ensure they are able to live an active, inclusive life in the community. Ideally, a framework, a system that operates within a strength-based recovery framework intended to strengthen and promote the individual's ability to live ordinary lives, to maximise their autonomy and to participate socially and economically in their communities in ways that reflect the progress that is imminent for many other people with disability.

The examination of four key stages of the forensic mental health system:-

- Early intervention, which is identified in the NDIS as one of the key priority areas for future action.
- Access and support to access community and personal supports to ensure that underlying reasons for why an individual might come in contact with the criminal justice system are addressed at an early stage.
- diversion from the criminal justice system after a person who's come in contact with for example a court or a health service at a crisis point, diverting individuals into appropriate and flexible and ongoing community and personal supports.
- Of course, in detention in ensuring individuals have access to appropriate supports and programs to promote their rehabilitation and of course, in transition from detention as well, to facilitate an individual's return to an ordinary and inclusive life in the community.

What has been achieved? ? [and must also be available/attainable for people in the forensic systems]

- NDIS is enabling more choice and control
- Higher visibility on positive outcomes for people living good lives in their community

Achievements, priorities, strategies, actions, barriers

- More options, greater flexibility and control for individuals
- More examples of higher quality care and more awareness about the importance of it
- Higher standards – in many situations – of care being offered

What are some strategies and ideas that will address this issue and drive the agenda forward?

- Reinforce human rights within all planning and intentional attention to cultural awareness
- Discussions for people entering the NDIS
- Higher standards that are reviewed, upheld, evaluated and policed – not just tokenistic processes
- Greater respect for individuals' ability and right to choose
- Shift from current risk averse practices to risk mitigation
- Roles for assistance with service engagement, support coordination and monitoring for successful holistic plan delivery.
- Intentional support for rebuilding of personal strengths and networks
- Universal training for the sector. There must be a commitment to new and novel ways of doing business rather than reliance on traditional (and dysfunctional) service approaches.

What are the key priorities for the next three years?

To truly break the cycle of indefinite detention and recidivism, funding for people within forensic systems must be individualised, culturally appropriate, flexible, wrap-around services across disability, mental health, medical and tailored to needs of individuals.

However, as the individuals are supported to exercise their autonomy, particularly as they exit the forensic services, must be enabled to co-design, have their requests of who and how those supports are delivered taken into account, and assistance with coordination of supports and services made available to them.

- Need for more accountability by service providers who are breaching human rights and where this is determined through external audits – need to hear more about consequences
- No new group homes to be built
- Investment in community development
- More opportunity for relationships to be developed

Any suggestions for collective and committed actions from individuals and entities.

- More support for people who choose to self-direct
- De-mystify and de-stigmatise what support is.

What are the barriers to progress in this area?

The Queensland Office of the Public Guardian has about 2,400 clients and about 100 on mental health or disability forensic orders.

People subjected to the forensic system are at a high risk if they are without adequate personal and community supports, to come off forensic orders and they end up cycling often for longer periods of time in detention than they might have spent if they'd gone through the criminal justice system.

The intersection between different funding agencies, different funding models, and for example, the intersection between a disability services agency or mental health or the NDIS and those grey areas of overlap if someone is presenting with dual diagnosis. It appears there is a value judgement made and significant buck-passing between the different agencies that is failing the people within the system who stand to make the most gains from individualised personalised supports and services and with a degree of autonomy that the NDIS promises everyone else.

- Service providers struggling with fundamental cultural change and acknowledging imbalances in power
- Staff who get qualifications and where they don't really have any interaction with human rights or philosophy re: best practice
- Skill institutional care, no one is keen to stop abuse within services (incidents, assaults, critical incidents not documented)
- Ensure that people are correctly diagnosed – people with intellectual impairment are often conflated within mental health sectors without adequate support for their disability support needs
- Isolation of people with disability and people growing up having never met a person with a disability or knowing them well

5. Learning and Skills (Natalie Wade and Stephanie Gotlib)

What has been achieved?

Children with disabilities are actually in schools and able to participate at some level with varying degrees of success. Good practices can be found in education where there is a strong family advocate, a child who's a strong leader in a school community, a good principal, a good teacher, but this is sporadic and not embedded in the broader system.

- Existing frameworks such as enrolment that enable students into mainstream schooling, and also the participation phases of education.
- Research on inclusion index
- Inclusive education as a concept and research and development in the area
- Raised awareness
- Program support innovations, Buddy systems

Achievements, priorities, strategies, actions, barriers

- Accessible adult learning opportunities
- Some services that are proactively supporting people with disabilities to learn practical life skills and to be included in the community in a meaningful way (but this is not widespread)

What are some strategies and ideas that will address this issue and drive the agenda forward?

- Use the research available and develop a clear and universal definition of 'inclusion'
- Consistent and comprehensive teacher education
- Development of expertise of inclusion and behaviour management – [who's behaviour and why is it exhibited?]
- Setting expectations around qualifying and measuring genuine inclusivity
- Legislation focussed on mandating inclusive practice and universal design
- Education for all education staff on 'inclusion index' and how to support diverse needs across the different disability types. With individual educational approaches for ALL students beginning with students with disability, then the needs of all students will be met.

An opportunity to be educated is an opportunity to learn not only essential life skills, but also critical skills for employment. The integral part that education plays for our children cannot be understated.

What are the key priorities for the next three years?

- Raise the expectations of families, of communities and schools to welcome and value diversity
- Raise expectations for students with disability and of students with disability
- Link inclusion of students with disability to funding for schools –those that include students are funded accordingly
- One consistent inclusive national education system
- Systemic cultural change
- Accountability of educators for implementation of inclusive teaching and learning and educational service providers
- Auditing and review of existing policies and procedures that do are not embedded in human rights framework
- National and state Human Rights Act/s with universal framework with mechanisms for change
- Reports and data of the numbers of students included in mainstream education, targets for improved student learning outcomes
- National Educational Strategy development
- Clear complaints mechanism and to have change effected to prompt improvements

What are the barriers to progress in this area?

- The dual systems always provides an escape clause for schools to not include students with disabilities
- Lack of systemic, genuine commitment that translates to address attitudinal barriers, lack of appropriate training of inclusive teaching practices and a perceived lack of resources. An inconsistent approach to allied services such as coordinated fusion of therapy and education.
- Lack of expertise in the systems from teachers and principals to department leaders
- Inadequate resources and equipment/technology and inaccessible sites
- Policy not influencing practice and values and beliefs
- NAPLAN testing
- Lack of communication and collaboration across government departments/systems
- Need to ensure collaboration without compromising privacy
- Services not wanting people to leave their services when the person has achieved their goals with learning and skills development – whose needs are being served?
- The use of restrictive practices on children is an indication of the failure of the systemic and school-based approach to supporting students with disability and not a failure of the student. It also sends misconceptions about the student to peers and school community.

6. Health and Well-being (Rebecca Minty and Kylie McGrath)

What has been achieved?

The NDS states that people with disability have the right to the highest attainable standard of physical and mental health to be met through effective prevention and early intervention, universal health reforms and choice and social participation, supported by government.

Positive experiences often involved self-advocacy or supported advocacy to achieve positives and combat inaccurate stereotypes and provide peer support.

- Some increase in recognition of people with disability in health systems
- Anecdotal individuals – no clear systemic disability service plans have been put into place in Queensland
- Self-advocacy stories are evidence but not necessarily linked to the NDS
- Language change– participants and service user rather than clients,
- New role of peer supports
- Support workers common

Achievements, priorities, strategies, actions, barriers

- Anecdotal: more accessible GP service

What are some strategies and ideas that will address this issue and drive the agenda forward?

- Disability/mental health training for settlement workers
- GPs need to know how to write referrals with sufficient documentation (minimise referral wait times)
- Need to address attitudes within health professions and services
- Raise awareness of inaccurate stereotypes and negative expectations of people with disability
- Constructive self-awareness – action plans
- Being aware of the limitations/subjectivity of assessments and diagnosis even of “experts”
- Need to challenge the assumptions underlying pre-natal testing
- Accessibility training/education of medical service providers – disability-specific awareness (including at the medical school level)
- Using stories to educate
- Having an advocate and better access to advocates
- Emphasis on person-centred planning in Medical profession
- Add Medicare schedule that enables multidisciplinary approach to people with disabilities and mental health issues
- Integrate tertiary and on-the-job training for healthcare professionals – offer professional development (with points) to allied health professionals – to change the culture
- Review CHAPS tool to be more accessible and effective and promote it
- Develop strong palliative care awareness for people with disabilities across government, departments, agencies and businesses

What are the key priorities for the next three years?

- Sharing knowledge and information about disabilities and mental health – open up the sector
- NDIA and NDS needs to better self- promote – OPG training and awareness, also how to advocate in medical system
- Person-centred planning with choice and control and respect for self-determination
- Equal access to health services
- Great need to acknowledge and address the additional vulnerabilities of people from CALD backgrounds, ATSI, refugees, youth and young adults.

Achievements, priorities, strategies, actions, barriers

- Include compulsory and core units in tertiary studies in working with people with disabilities. Training extended to referral writing by GPs. Training in how to use interpreters
- There is a need to instil a holistic approach support for decision-making to health and well-being.
- Create a Medicare item number for more comprehensive GP consultations for a person with a disability
- Promote positive stories with NDIS experiences – getting the most out of the NDIS and the use of accessible language and especially to CALD communities
- Emphasis of well-being rather than medication
- Physical access to specialist services
- Raising awareness in health sector to challenge and to change culture
- Increase knowledge and awareness training re: Capacity
- Increase awareness of the health impacts for people who acquire additional disabilities and conditions as they deteriorate in palliative care
- Ensure people with disabilities are supported with dignity and respect in palliative care
- Charter of human rights.

Any suggestions for collective and committed actions from individuals and entities.

- Code of rights for consumers (charter of rights and responsibilities Qld)
- Enforce the principles of the Optional Protocol for the Convention against Torture. Move from a reactive complaints model to a proactive and preventative model. Regular monitoring, of prisons, secure mental health facilities, immigration detention and anywhere people with disability are held.
- Promote person-centred planning prior and during NDIS and in other situations
- More collaboration between health or other agencies re: rights of people with disabilities and relevant, respectful and timely health care

What are the barriers to progress in this area?

- Lack of knowledge in Refugee workers regarding needs of refugees with disability and or mental illness
- Misconceptions about planning - People thinking planning is about planning services not planning for a person to have a good life
- Acceptance of pre-natal testing
- Not taking lived experience of people with disability into account

Achievements, priorities, strategies, actions, barriers

- Lack of performance indicators of best practice
- People with disability still facing same barriers in accessing mainstream services
- NDIS terminology is confusing
- Disconnection between Primary Health Services and the NDS – what's the interface?
- Lack of legislation around young people
- Invisible disabilities are ignored denied and misunderstood especially with a lack of support to people who use diverse communication methods
- Unknown what happens for people with disabilities who are deteriorating – no one talks about this
- Passing the buck between systems for people in palliative care

The Walk the Talk forum was a momentous gathering of committed individuals who are self-advocates, informal advocates, family members, individual advocates, paid advocates, and volunteers. The collective power is awe-inspiring, and this report reflects the commitment and dedication to driving the agenda for change and ensuring that the NDS brings practical realities of the CRPD to every person with disability, their families and supporters and communities.

Queensland Advocacy is deeply indebted to the people with disability who shared their lives, ordeals, triumphs and stories, and to all the presenters and participants who collaborated with such enthusiasm and energy. However, as we examined the promises of the National Disability Strategy, we also call upon all participants, allies and partners to carry this work forwards and to enact the strategies outlined herein.