



Queensland Advocacy Incorporated

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

Systems and Individual Advocacy for vulnerable People with Disability

NDS and NDIS Outcomes Frameworks

**Submission by
Queensland Advocacy Incorporated**

Department of Social Services

December 2020

Ph: (07) 3844 4200 or 1300 130 582 Fax: (07) 3844 4220 Email: qai@qai.org.au Website: www.qai.org.au

PO BOX 3384, STH BRISBANE QLD 4101

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

About Queensland Advocacy Incorporated

Queensland Advocacy Incorporated (**QAI**) is an independent, community-based systems and individual advocacy organisation and a community legal service for people with disability. Our mission is to promote, protect and defend, through systems and individual advocacy, the fundamental needs and rights and lives of the most vulnerable people with disability in Queensland. QAI's board is comprised of a majority of persons with disability, whose wisdom and lived experience of disability is our foundation and guide.

QAI has an exemplary track record of effective systems advocacy, with thirty years' experience advocating for systems change, through campaigns directed to attitudinal, law and policy reform and by supporting the development of a range of advocacy initiatives in this state. We have provided, for over a decade, highly in-demand individual advocacy through our individual advocacy services – the Human Rights Legal Service, the Mental Health Legal Service and the Justice Support Program and, more recently, the National Disability Insurance Scheme Appeals Support Program, Decision Support Pilot Program, Disability Royal Commission Advocacy Program and Education Advocacy Service. Our individual advocacy experience informs our understanding, and prioritisation, of systemic advocacy issues.

QAI's recommendations

QAI recommends:

1. QAI agrees with the proposed vision of '*An inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community*', however submits that the word '*all*' be included before '*people with disability*' so that the vision undeniably applies to '*all people with disability*'.
2. An inclusive community will only be created when all people with disability are actively engaged with the rest of the community, i.e. people without disability.
3. Accessibility must be conceptualised to incorporate the diverse needs of all people with disability. It is more than physical access to the environment and includes considerations such as level of noise, lighting or proximity to others.
4. The principles of universal design must be applied to all policy-making. The extent to which they are adhered to throughout the built and natural environment, services and programs and the provision of information is a quantifiable measure that could be incorporated into the Outcomes Frameworks.
5. The autonomy of people with disability must not be lost amid efforts to quantify progress in the Outcomes Frameworks. Rather, progress under the Outcomes Frameworks should be relative to the extent that people with disability exercise choice and control over their lives.
6. All people, regardless of their disability status, have a right to a basic standard of living. The level of payment under Australia's welfare system and its equivalence with the minimum wage is a quantifiable measure that could be included in an Outcomes Framework. The eradication of ADE's and the abolition of productivity-based wage assessment tools, when coupled with the expansion of meaningful employment roles in open employment, could also be indicators of increased economic security.
7. Progress towards achieving equitable access to suitable housing for people with disability can be measured through a reduction in the number of tenancies in congregated, segregated and Supported Independent Living (SIL) settings.



8. Measuring health and wellbeing requires more than quantifying a person's access to health care services. The Outcomes Framework must be nuanced enough to decipher the *quality* of healthcare services that are accessed by people with disability as well as improvements in mortality rates.
9. A person's ability to feel safe and have their rights promoted, upheld and protected is integral to the CRPD and must be ensured through robust accountability measures. The ongoing funding and uptake of a well-resourced disability advocacy sector is fundamental to achieving success in this domain. With Article 12 of the CRPD enshrining the right to equal recognition before the law and the model of supported decision-making, the level of a paradigm shift away from substitute decision-making approaches should be tracked under the Outcomes Frameworks through measures such as reduced applications for guardianship and administration, involuntary treatment and the use of Restrictive Practices.
10. The Australian Collective for Inclusive Education (ACIE) has produced a roadmap for achieving inclusive education in Australia, outlining six core pillars where efforts for change should be focused and providing a comprehensive list of short, medium and long-term outcome measures that will track progress over a ten-year period. As a member of ACIE, QAI endorses the roadmap and the outcome measures contained therein.
11. Personal and community supports must remain person-centred. This is in keeping with the diverse needs of people with disability and their right to self-determination. Continuity of service provision, together with the clarification of the interface between NDIS and mainstream services and education and training regarding this issue are important outcome measures. The introduction of the NDIS should not have the unintended effect of absolving state and territory governments from their responsibilities and the Outcomes Frameworks must remain alert to this throughout the life of the new Strategy.

Introduction

QAI welcomes the opportunity to make a submission in response to the Department of Social Services' introductory paper regarding the draft National Disability Strategy ('the Strategy') and National Disability Insurance Scheme (NDIS) Outcomes Frameworks. As a human rights organisation devoted to the interests of people with disability, QAI has a strong interest in the Strategy, the NDIS and the extent to which they effectively meet the needs of people with disability. This submission builds upon our previous contribution to the Stage 2 consultation phase regarding the development of the new Strategy.

QAI acknowledges the significance of the Strategy, not just in enshrining the principles of the Convention on the Rights of Persons with Disabilities ('CRPD') into the Australian policy landscape but as a means of creating a fully inclusive society where all people with disability fulfil their potential and live as equal citizens. Whilst progress has undeniably been made, with the Strategy itself symbolizing an acknowledgment of the specific needs of the disability community and the NDIS heralding historic changes to the way in which disability supports are delivered, people with disability continue to suffer systemic oppression and experience poorer outcomes compared to people without disability. QAI therefore agrees with the Department's stated intention to focus on improving the *implementation* of both the Strategy and the NDIS with renewed attention on measuring, monitoring and reporting of outcomes. If the Strategy and NDIS are to genuinely improve the lives of people with disability, there must be tangible change that facilitates the self-determination of people with disability and ensures the accountability of all stakeholders.



What do you think about the different elements in the draft structure for the Outcomes Frameworks?

Vision and domains

QAI agrees with the proposed vision of ‘*An inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community*’, however submits that the word ‘*all*’ be included before ‘*people with disability*’ so that the vision undeniably applies to ‘*all people with disability*’. This is in keeping with the language used throughout the previous Strategy and implies that it will not be realised until everyone with a disability enjoys equal participation in Australian life. It also draws attention to the need to understand the diverse needs of people with disability, acknowledging that a one-size fits all approach will not suffice.

QAI supports the use of the six domains from the previous Strategy to form the underlying structure for the new Outcomes Frameworks. These areas encompass key aspects of the lives of people with disability and represent the domains where leadership, inclusion and systemic change is most required.

Inclusive and accessible communities

The extent to which people with disability live in inclusive and accessible communities depends upon the meaning given to these concepts by those measuring their success. Tracking the development of ‘inclusive communities’ requires more than measuring how many people with disability are participating in social, economic, cultural, sporting and recreational activities. To date, many efforts to increase the participation of people with disability in community life have occurred within segregated settings. For example, in respite day centres or through activities that group people with disability together. Whilst desirable for some people, these segregated activities are not sufficient to create a fully inclusive society. An inclusive community will only be created when all people with disability are actively engaged with the rest of the community, i.e. people without disability.

The National Employment Services Association defines accessibility as the “...global ease of use of the physical and technological environment and clarity of communications, both in their form and their content”.¹ It is this kind of understanding of accessibility that must underpin the Outcomes Frameworks. It reflects the social model of disability and the position that social and environmental barriers exclude people with disability from their communities rather than their impairment. It also recognises the barriers experienced by people with disability other than physical disability. For example, barriers to accessible technology such as complex layout and navigations, inappropriate or unsuitable locations, or unacceptable levels of noise, lighting or crowding experienced by people with intellectual, cognitive or psychosocial disability. Accessibility must therefore be conceptualised to incorporate the diverse needs of all people with disability.

¹ Community Affairs References Committee (2017) *Delivery of Outcomes under the National Disability Strategy 2010-2020 to build inclusive accessible communities*; p7

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AccessibleCommunities/Report



The principles of universal design must be applied to all policy-making. If we are to truly create an inclusive society where all people with disability fulfil their potential, we must mandate the development of policies that meet the needs of everyone, with the principles of universal design becoming a minimum standard rather than an ideal outcome. Universal design principles also benefit everyone, not just people with disability. The Building Better Homes Campaign to include minimum accessibility standards in the national building code states that our ageing population, who are increasingly ageing at home due to trends of deinstitutionalisation, will significantly increase the demand for accessible housing in the coming years.² Wider doorways and open plan living also facilitates social distancing during the current pandemic and generally makes accessibility easier for everyone, for example families with young children. Levels of adherence to the principles of universal design throughout the built and natural environment, services and programs and through the provision of information is therefore a quantifiable measure that could be incorporated into the Outcomes Frameworks.

Economic security

Achieving economic security through adequate income, access to employment opportunities and suitable living arrangements is fundamental to a person's human rights. All people, regardless of their disability status, have a right to a basic standard of living. This includes being able to earn a minimum wage or for those who cannot work due to their disability, being able to rely upon income security measures that are equivalent to a minimum wage. Australia's social security system must not be responsible for putting people with disability into poverty. Income support for people with disability should not be jeopardised by measures that seek to reduce payment levels or initiatives that threaten access to fundamental necessities, for example measures such as the cashless debit card.

Aside from assessing the financial viability, availability and accessibility of a person's living arrangements, the extent to which they are deemed 'suitable' must be viewed through a human rights lens. That is, does the person with disability have choice and control over where and with whom they live? The proliferation of Supported Independent Living (SIL) models under the NDIS has seen the rights of people with disability to live independently in their own home violated under veiled attempts at institutionalisation through the use of group homes. Unfortunately, many people with disability believe that shared living is their only option. Many enter SIL arrangements in the belief that they will receive individualised support, however the reality can be very different. A reluctance by the National Disability Insurance Agency to promote alternatives, such as Independent Living Options, has also prevented informed decision-making in this area. With full disclosure and an active promotion of alternatives, the prevalence of SILs compared to the rate at which they are the chosen living arrangement of people with disability will be a telling measure of their suitability. QAI sees the abandonment of SILs and all forms of segregated living, together with maximum numbers of people with disability living independently in their own home, as the ultimate measures of success in this domain.

The barriers faced by people with disability seeking entry into the workforce are well-known. People with disability encounter discrimination, a lack of suitable jobs, difficulties accessing education and training, a lack of reasonable adjustments and on-the-job support and a lack

² <https://www.buildingbetterhomes.org.au/index.html>



of accessible transport or technology.³ Despite the range of benefits associated with employing people with disability, including higher productivity levels, better retention rates, increased diversity in skills and fewer workplace injuries, this information is not understood by the open labour market. A lack of on-the-job-support for people who require longer term assistance is the result of cut-backs in the Disability Employment Service sector as well as unreasonable capping of transport assistance and poorly funded plans under the NDIS. The NDIS purports to assist people to fulfill their goals and should therefore provide opportunities for longer term job support as a measure to increase skill development, and enhance informal support from co-workers over time.

In keeping with the whole-of-community approach required by the Strategy, QAI supports the introduction of measures to address the barriers created by employers preventing people with disability accessing the workforce. For example, the development of Disability Employment Standards as a form of subordinate legislation under the *Disability Discrimination Act 1992* (Cth) to set minimum, legally enforceable standards of practice expected of employers to ensure that they are upholding their obligations under the Strategy and are helping to create a fully inclusive society for everyone. Levels of compliance with these standards could then be included as an indicator of success under the Outcomes Frameworks.

QAI also perceives the existence of Australian Disability Enterprises (ADEs) and productivity-based wage assessment tools as continued barriers to the participation of people with disability in the open workforce. These archaic institutional approaches reinforce negative stereotypes, perpetuate low expectations of and for people with disability and ignores their capacity to positively contribute to the workplace. While ADE's may have had benevolent origins, in reality ADEs function as day centres for people with disability in areas where there are limited other supports or services. Previously, ADE's operated as training centres and some employees with disability were moved into open employment. However this was not viable for many ADE providers and this function subsequently ceased. In some instances, ADE's are highly productive and compete on the open market against other businesses yet continue to pay slave wages to their employees with disabilities. Rather than incentivising people with disability into the workforce, ADEs and the supported wage system demean the contribution of employees with disability through grossly insufficient remuneration and the confinement of workers to a small and undervalued sector of the labour market. The eradication of ADE's and the abolition of productivity-based wage assessment tools, when coupled with the expansion of meaningful employment roles in open employment, could therefore be included as indicators of increased economic security for people with disability in the Outcomes Frameworks.

Many people with disability undertake volunteer roles in the community and yet their contribution is rarely measured or acknowledged in workforce statistics. Some people undertake this work with the assistance of support workers whilst others volunteer independently. Some people with disability have told us they would rather volunteer in open employment and community settings than work in ADEs. Unfortunately, opportunities for paid employment are rarely forthcoming in such circumstances, however, supported and targeted

³ Australian Human Rights Commission, 'Barriers to employment', Australian Human Rights Commission (Webpage) <https://humanrights.gov.au/our-work/9-barriers-employment>.



transitions into paid employment from voluntary positions should be encouraged and subsequently measured.

Measuring success under this domain arguably lends itself well to being quantified under an Outcomes Framework, however, the autonomy of people with disability must not be lost amid efforts to quantify progress. For example, employment rates can be deduced from the Australian Bureau of Statistics. Whilst increased employment of people with disability is a universally desired goal, the employment status of a person with disability must not become an arbitrary measure that determines their access to other supports or services. For example, it must not be imposed into the plan of an NDIS participant who does not identify engaging in the workforce as one of their goals.

Health and wellbeing

Measuring health and wellbeing involves more than quantifying a person's access to health care services. Whilst access to services is indeed an important indicator, particularly for people with disability living in regional or rural areas across Australia, it is vital that the Outcomes Framework is nuanced enough to decipher the *quality* of healthcare services that are accessed by people with disability. A healthcare provider's ability to communicate effectively and understand the diverse needs of people with disability is integral to a person's experience of their service. The extent to which a person is listened to and their views and preferences incorporated into their healthcare, is another important indicator. Whether the person has choice and control over who their healthcare provider is, should also be considered. People with disability living in institutions or group homes often have their right to choose their GP taken away from them and are instead forced to see the GP who treats all residents in the institution. The ability of the healthcare professional to remain alert to power imbalances between patients and their support workers who have a tendency to speak over the person with disability, is also an indicator of high-quality service provision that must be taken into consideration when measuring the ability of people with disability to attain the highest possible health and wellbeing outcomes.

It is also important that the Outcomes Framework avoids focusing heavily on the achievement of arbitrary healthcare outcomes, such as the absence of disease, as indicators of success. Whilst optimising health and wellbeing is integral to a person's ability to fulfil their potential as equal members of the community, conceptualising success based upon the absence of illness is indicative of the medical model of disability which problematises difference and perpetuates negative attitudes towards people with disability who are seen as needing to be 'cured'. Instead, focus should remain on whether people with disability are exercising choice and control over their healthcare. Decreasing rates of forced and coerced sterilisation, the use of chemical restraint and the prescribing of anti-libidinal medication, all of which occur without the informed consent of the person with disability, would be appropriate indicators of achieving optimal health and wellbeing for people with disability under the Strategy and NDIS. When people with disability are included in decision-making regarding their healthcare, greater understanding of and compliance with treatment plans occur, resulting in optimised health and wellbeing.



Rights, protection, justice and legislation

A person's ability to feel safe and have their rights promoted, upheld and protected is integral to the CRPD and must be ensured through robust accountability measures. Ensuring people with disability understand their rights, enjoy equal treatment under the law and are safe from abuse requires a multifaceted approach that will encompass a range of outcome measures and indicators of success. The ongoing funding and uptake of a well-resourced disability advocacy sector is fundamental to achieving success in this domain. Not only are outcomes achieved on an individual level, where a person with disability is supported to uphold their rights and stakeholders held to account through conflict resolution processes, but also on a systemic level, where injustices are addressed through policy and legislative reform. Indeed, such is the importance of access to independent advocacy for people with disability that it must become routinely offered and made available to all people with disability whose rights and fundamental freedoms are in jeopardy. For example, it is imperative that adults who are the subject of guardianship and administration applications or applications for the use of Restrictive Practices are routinely referred to appropriate advocacy support. The rate at which independent advocacy, both legal and non-legal, is funded, offered and subsequently utilised by the disability community could therefore be measured under the Outcomes Framework. The importance of systems advocacy that is steeped in expertise in the reform of laws, policies and practices cannot be underestimated. Indicators of progress will be the advent of new relationships between policy and lawmakers and systemic advocates working towards rights-based legislation and practices that uphold the CRPD.

With Article 12 of the CRPD enshrining the right to equal recognition before the law and the model of supported decision-making, the extent to which there has been a paradigm shift away from substitute decision-making approaches should also be tracked and measured through the Outcomes Framework. This could be measured through the rate at which applications for guardianship and administration appointments decline over time, on the understanding that people with disability should be supported to maintain their legal capacity through assistance to understand, consider and communicate their decisions rather than appointing an alternative decision-maker. Education and training on supported decision-making must continue to be rolled out across relevant sectors, such as the health sector and disability services sector, where a large proportion of applications for substitute decision-makers originate. This, together with measures of attitudinal change, could track the implementation of Article 12 and highlight where ongoing barriers to its realisation remain.

Similarly, quantifiable measures regarding the rate at which people with disability have their rights protected can be found in various statistics, such as the number of applications for the use of Restrictive Practices, the number of discrimination complaints brought before state and federal human rights commissions, the number of people in indefinite detention and the number of parents with disability who have their children removed, to name just a few. The emerging learnings from the Disability Royal Commission present a timely opportunity for policy-makers to listen to the experiences of people with disability and learn where and how people with disability have their rights violated. The many settings in which this occurs is telling of where progress under this domain must be tracked.



Learning and skills

Education is the first formal introduction a child has to a society that either embraces diversity and welcomes people with disability through models of inclusion or marginalises people with disability and differentiates people based upon their diagnosis. The right to an inclusive education in Article 24 of the CRPD acknowledges the vital importance of inclusive education to the full development of human potential and sense of dignity and self-worth. Education settings that segregate students with disability perpetuate negative stereotypes of people with disability, lead to low expectations of students with disability who subsequently achieve poorer educational outcomes, condition students with disability for a lifetime of exclusion and leave people with disability ill-equipped for adult life. The removal of segregated education is therefore a vital outcome measure for success under this domain, together with greater school attendance, higher literacy and numeracy skills and participation in higher education settings.

The Australian Collective for Inclusive Education (ACIE) has produced a roadmap for achieving inclusive education in Australia, outlining six core pillars where efforts for change should be focused and providing a comprehensive list of short, medium and long-term outcome measures that will track progress over a ten-year period.⁴ Importantly, it outlines a step-by-step approach to phasing out segregated education. As a member of ACIE, QAI endorses the roadmap and the outcome measures contained therein. QAI sees the elimination of the use of Restrictive Practices and the removal of gatekeeping and other discriminatory practices as particularly important areas which should be prioritised. QAI therefore urges the Department of Social Services to incorporate the outcomes listed in the roadmap into the development of the Outcomes Frameworks.

In addition to the roadmap, QAI considers that levels of compliance with the Disability Education Standards could be included as a further indicator of success in the Outcomes Framework. A lack of awareness of the standards has plagued their success over the last fifteen years. In a recent submission to the 2020 review of the standards, QAI called for a nationally consistent monitoring and accreditation system that would strengthen compliance with the standards and thereby help to ensure students with disability access education on an equal basis. QAI considers that this could be another quantifiable measure that would increase awareness of and compliance with the standards, achieve behavioural and attitudinal change and ultimately improve the experiences of children in the education system, ensuring they have access to an education that is responsive to their needs.

Personal and community support

The Strategy's vision of people with disability fulfilling their potential as equal members of the community will only be realised when people with disability have consistent access to well-coordinated supports that are appropriate to their needs. The significant changes to service delivery brought about by the introduction of the NDIS has, for many, facilitated access to previously unobtainable supports, whilst for others, introduced a level of complexity and bureaucracy to their lives that is unfeasible. Glitches in the delivery of a new scheme are to be expected and of course the scheme must be sustainable in the long-term. However, recent amendments to the NDIS, such as the proposed introduction of independent assessments,

⁴ <https://acie.org.au/2020/09/30/driving-change-a-roadmap-for-achieving-inclusive-education-in-australia/>



and the NDIA's tendency to use a participant's plan goals as funding acquittal tools, raise concern in the disability community that notions of 'choice and control' are being replaced by measures of economic frugality. Personal and community supports must remain person-centred. This is in keeping with the diverse needs of people with disability and their right to self-determination, fundamental to their human rights and dignity. The quality of supports and whether they facilitate true choice and control for people with disability could be measured by the number of requests for internal reviews of decisions made by the NDIA, the number of appeals to the Administrative Appeals Tribunal regarding decisions made by the NDIA, the number of complaints made to the NDIS Quality and Safeguard Commission, as well as participant satisfaction. Further statistical analysis of the aforementioned numbers will illustrate emerging themes of where and why people with disability are being denied access to well-coordinated and effective supports. People with disability should not have to feel grateful for what is supposed to be a human rights-based approach to support, nor should they be forced to endure processes that translate to rigorous performance measurements of their lives.

The interface between the NDIS and mainstream services must also be considered during the development of the Outcomes Frameworks. With approximately only 10-15% of Australians with disability accessing the NDIS, personal and community supports funded through mainstream services are more important than ever before. Through our NDIS appeals advocacy service, QAI has witnessed people with disability being caught in funding disputes between state and federal agencies seeking to limit their respective obligations to provide support to people with disability. The slow, bureaucratic processes that typically ensue often leave the person without access to vital services whilst they struggle to navigate the various systems. Whilst the interface between the NDIS and health system has been clarified to some extent through the publication of further guidelines in October 2019, funding disputes continue to affect other service areas such as education and child safety departments. Continuity of service provision, together with the clarification of the interface between NDIS and mainstream services and education and training regarding this issue are therefore important outcome measures. The introduction of the NDIS should not have the unintended effect of absolving state and territory governments from their responsibilities and the Outcomes Frameworks must remain alert to this throughout the life of the new Strategy.

How can we best implement the Outcomes Frameworks to enable governments and stakeholders to track the effectiveness of the Strategy and the NDIS?

In order to successfully implement the Outcomes Frameworks and move beyond the rhetoric of the Strategy, a prescriptive approach that stipulates definitive targets and requirements for reporting is needed. QAI supports the recent announcement of the Department of Social Services to establish a new National Disability Strategy Advisory Council. QAI wonders about the scope of the Council, whether it will employ people with disability and what level of influence it will exert over policy-making. QAI looks forward to engaging in the upcoming consultation process regarding the development of the Council. QAI also welcomes the Department's intention to develop Good Practice Guidelines for the engagement of people with disability. If done well, this will ensure people with disability are afforded meaningful opportunities to effect change at the policy level and not consulted as tokenistic gestures.



Drawing upon our previous submission, QAI also calls for the following:

- A mandatory requirement for all state and territory governments to develop disability action plans to address inconsistencies between jurisdictions.
- The development of an Office of Disability Strategy to sit under the auspice of the Disability Reform Council to have overarching responsibility for coordinating the delivery of the Strategy and the Outcomes Frameworks across all levels of government. QAI asserts the need for people with disability to occupy key roles in the Office of Disability Strategy to ensure the voices of people with disability remain central to decision-making regarding the policies that impact upon them.
- Biannual reporting by states and territories regarding progress under the NDS Outcomes Framework. Reporting must require more than a 'commitment' from governments and should be made mandatory. There must also be consistency in the reporting process. If all jurisdictions are reporting on the same indicators and in the same timeframes, the disparities between outcomes for people with disability that exist between states and territories will be apparent and therefore highlight where further investment is needed.
- The sharing of information regarding progress under the Outcomes Frameworks (including lack thereof) with the public as a means of increasing awareness of the Strategy's vision and involving the broader community in its endeavours. QAI considers International Day of People with Disability as a potentially suitable milestone on which to release key information regarding progress made and areas for further improvement.
- The issuing of 'statements of compatibility' by governments when creating new policies or programs that are compatible and compliant with the Strategy and NDIS Outcomes Frameworks. This will assist to create behavioural and attitudinal change at the policy-making level, ensuring the needs of people with disability are routinely considered during decision-making and will enable compliance with the Outcomes Frameworks to be easily deciphered.

What else should be considered when we are monitoring and measuring the impact of activities on people with disability?

In accordance with the notion 'nothing about us, without us', inclusion of people with disability in progress tracking is essential to the success of the Outcomes Frameworks. This can be ensured through the employment of people with disability in key decision-making roles, including in the National Disability Strategy Advisory Council and the Office of Disability Strategy, if created. Another important consideration is ensuring that methods of engagement, including research methodology, are fully accessible. That is, ensuring that they are inclusive and responsive to the diverse needs of *all* people with disability.

QAI also recommends consideration of the establishment of state and territory based Disability Commissioners that could work alongside other Commissioners to ensure all laws,



policies and practices are in compliance with Australia's legal obligations under the CRPD and in Queensland, the Human Rights Act 2019 (Qld).

Conclusion

QAI thanks the Department of Social Services for the opportunity to contribute to this consultation process. We are happy to provide further information or clarification of any of the matters raised in this submission upon request.

