

RACP recommendation uptake in the *Royal Commission into Violence, Neglect and Exploitation of People with Disability* report

Summary of recommendations addressed (17) / not addressed (18)

RACP Submission to Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability April 2021	Recommendation outcome	
<p>The RACP made 35 recommendations across 2 sections and addressed 12 areas:</p> <p>Section 1: Transformational changes to health care</p> <ul style="list-style-type: none"> • Ensure a human rights centred approach (recommendations 1 – 4) • Reduce levels of violence, abuse, neglect, and exploitation of people with disability (recommendations 5 – 7) • Provide person-centred, integrated care (recommendations 8 – 10) • Improve the NDIS (recommendations 11 – 16) • Enhance the systems which support the health and disability sectors (recommendations 17 -19) <p>Section 2: The experience of people with disability</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander peoples (recommendation 20) • Children and young people (recommendations 21 – 22) • Young People in the Criminal Justice System (recommendations 23 – 25) • Adults and older people (recommendations 26 – 31) 	<p>1 – Addressed 2 – Addressed 3 – Not addressed 4 – Not addressed 5 – Addressed 6 – Addressed 7 – Not addressed 8 – Addressed 9 – Not addressed 10 – Not addressed 11 – Not addressed 12 – Not addressed 13 – Not addressed 14 – Not addressed 15 – Addressed 16 – Addressed 17 – Addressed 18 – Addressed 19 – Not addressed 20 – Addressed 21 – Not addressed 22 – Addressed 23 – Addressed 24 – Not addressed 25 – Addressed</p>	<p>#3 - All health services should provide patient and service information in Easy Read format and have in place other strategies to address health literacy, such as providing appropriate information about medicines and how they are administered.</p> <p>#4 - The Independent Hospital Pricing Authority (IHPA) should specifically address the needs of people with disability in their pricing framework to ensure systemic barriers to health care are addressed.</p> <p>#7 - The Commonwealth Government should ensure that the specific needs of people with disability are addressed in the National Standards for Disability Services, providing information about safeguarding, advocacy services, helplines, and other community-based support services, in a format accessible to service users and carers.</p> <p>#9 - The Commonwealth Government must address the barriers in electronic communication between healthcare providers to improve the accuracy of healthcare information transfer for people with disability.</p> <p>#10 - Communities of practice should be established to support and enhance collaboration and reduce challenges at the interface between health and disability sectors.</p> <p>#11 - The Commonwealth Government should implement the recommendations of the Tune review in a way that is genuinely person</p>

<ul style="list-style-type: none"> • People in rural and remote areas (recommendation 32) • People from culturally and linguistically diverse backgrounds (recommendations 33 – 34) • People who care for people with disability (recommendation 35) 	<p>26 – Addressed 27 – Addressed 28 – Not addressed 29 – Not addressed 30 – Not addressed 31 – Not addressed 32 – Not addressed 33 – Addressed 34 – Addressed 35 – Not addressed</p>	<p>centred, guided by the participant, and which ensures that the advice of treating medical professionals is considered in all assessments.</p> <p>#12 - The NDIA should improve communication channels on how to use the Early Childhood Early Intervention (ECEI) to make it easier for families of children with disability or developmental delay to access.</p> <p>#13 - The Commonwealth Government should further strengthen and continue to fully implement the National Framework for Quality and Safeguarding to protect NDIS participants from potential abuse by service providers.</p> <p>#14 - The NDIA should ensure that planners have sufficient expertise to provide adequate support for participants with high or complex needs, particularly those with developmental or intellectual disability or children with challenging behaviours.</p> <p>#19 - The NDIA should develop a strategy for regularly monitoring rates of application, acceptance, plan activation, timeframes, plan contents, and outcomes for NDIS participants in order to develop short- and long-term intervention strategies as issues arise. Focus should be on priority populations, for example, children in out of home care and individuals with complex or unstable medical support needs.</p> <p>#21 - Health services should improve the quality and accessibility of services that help young people with disability to transition between paediatric and adult health services, including ensuring that there are identified healthcare providers who take responsibility for managing the transition.</p> <p>#24 - Commonwealth, State and Territory Governments should consult with groups with expertise in community led justice reinvestment with a focus on strengthening communities, improving health outcomes, and reducing contact with the criminal justice system.</p>
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		<p>#28 - Health services should support clinicians to provide education, support, and referral to specialised services as required so that people with disability are provided with opportunities to have the same sexual education and relationships as those without disability.</p> <p>#29 - The Commonwealth Government should review and improve, and State Governments should fund, more appropriate accommodation options for people with disability. This should include options for young people who require a similar level of personal care as that provided to older persons in RACFs.</p> <p>#30 - The Commonwealth Government should build linkages and reciprocal collaborations and a legal framework between all relevant sectors to develop best-practice approaches to palliative care service delivery for people with disability.</p> <p>#31 - The NDIA should fund enhanced clinical support for people with complex medical or palliative care needs within their existing accommodation or support access to medical model-supported accommodation options.</p> <p>#32 - State and Territory Governments should consider increasing funding for medical, pharmacy, and allied health outreach services for people with disability, including supporting healthcare providers working in rural and regional areas to expand their capacity to care for people with disability within their area of expertise.</p> <p>#35 - Commonwealth and State and Territory Governments should recognise the critical importance of the health and well-being of carers and family members and ensure they are supported socially, economically, and medically.</p>
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Detail of RACP recommendations and Royal Commission response

RACP Submission April 2021	Royal Commission into Violence, Neglect and Exploitation of People with Disability Final Report September 2023
RACP Recommendation 1	ADDRESSED
<p>Governments at all levels and health services should adopt and implement a rights-based policy foundation for people living with disability underpinned by the following:</p> <ul style="list-style-type: none"> a. A human rights-based approach: people with a disability have the same human rights as others in the community and are empowered to live independently. b. Equity of health care outcomes. c. Care delivered in a supportive, multi-disciplinary environment. d. Services will be easy to navigate, and accessible to people with a disability, and administrative barriers will be removed. e. Amplify the voices of people with disability. f. Communication and support will be timely and appropriate. 	<p>The Royal Commission strongly supports all the RACPs recommendations to ensure human rights are central to the planning and delivery of services for people with disability in six distinct areas (a-f).</p> <ul style="list-style-type: none"> a. people with a disability have the same human rights as others in the community and are empowered to live independently (recommendations 4.5, 4.6, 4.12, 4.16, 4.21, 5.5, 6.31, 7.8, 7.17, 7.42, 8.2, 10.1, 10.13, 11.15, 11.6) b. Equity of health care outcomes (recommendations 4.7, 4.9, 6.6, 6.31, 6.32, 6.33, 6.34) c. Care delivered in a supportive, multi-disciplinary environment. (recommendations 6.6, 6.32, 6.33) d. Services will be easy to navigate, and accessible to people with a disability, and administrative barriers will be removed. (recommendations 4.7, 4.9, 4.14, 6.1, 6.3, 6.17, 6.23, 6.32, 6.34, 7.1, 7.3, 7.5, 7.6, 7.10, 7.17, 7.21, 7.22, 7.23, 7.28, 7.32, 7.35, 7.36, 7.40, 8.21, 10.8, 10.185, 10.20, 11.3, 11.4, 11.5) e. Amplify the voices of people with disability (recommendations 4.3, 4.6, 4.7, 4.9, 4.12, 4.15, 4.18, 4.20, 4.21, 6.5, 6.6, 8.6) f. Communication and support will be timely and appropriate. (recommendations 4.14, 6.1, 6.3, 6.15, 6.32, 7.6, 7.42, 8.4, 10.20, 11.3, 11.11)
RACP Recommendation 2	ADDRESSED
<p>All health services should ensure reasonable adjustments are provided to improve access for people with disability.</p>	<p>The Royal Commission supports the RACPs recommendation that reasonable adjustments are provided by all health services to improve access for people with disability (recommendations 4.9, 4.12, 4.25, 4.26, 10.20, 11.5, 11.6)</p>

RACP Recommendation 3	NOT ADDRESSED
<p>All health services should provide patient and service information in Easy Read format and have in place other strategies to address health literacy, such as providing appropriate information about medicines and how health professionals administer them.</p>	<p>The Royal Commission makes approximately thirty-four (34) recommendations that would address literacy by providing information in an accessible format. However, most of these recommendations relate to education, housing, employment, or registering complaints.</p> <p>6 of the 34 recommendations relate to all services including health, with only 2 relating to addressing health literacy to improve access to healthcare:</p> <ul style="list-style-type: none"> • The Disability Rights Act should recognise the right of people with disability to equitable access to health services. This right should include: <ul style="list-style-type: none"> ○ a. the right to the same range, quality and standard of free and affordable health care and programs as people without disability ○ b. the right to exercise choice about healthcare options and between available services. ○ c. the right to access and receive quality health services appropriately adapted or specifically designed to meet the needs of the person with a disability. ○ d. the presumption of legal capacity and provision for supported decision-making ○ e. the right to adjustments required to access services and to receive treatment and care (to the extent that a duty-holder is required to provide adjustments in accordance with the Disability Discrimination Act 1992 (Cth)) ○ f. the right to accessible information ○ g. the right of First Nations people with disability to receive health care that is culturally safe and recognises the importance of their personal connection to community and Country. ○ h. the right to access health services that are safe, sensitive and responsive to the intersectional needs and experiences of the person with a disability, noting that intersectional needs and experiences may be due to a variety of attributes,

	<p>including sex; gender identity; sexual orientation; ethnicity; language; race; religion, faith or spirituality; socioeconomic status; age; neurodiversity; culture; residency status; geographic disadvantage; and experiences of trauma</p> <ul style="list-style-type: none"> ○ i. the right to voice opinions and to make complaints about health services. (recommendation 4.9) <ul style="list-style-type: none"> ● Through the Health Ministers Meeting, the Australian Government and state and territory governments should: <ul style="list-style-type: none"> ○ a. jointly fund a national workforce of ‘disability health navigators’ to support people with cognitive disability and complex health needs access health services and to embed safe, accessible and inclusive practice in everyday health service provision ○ b. develop a national evaluation framework to assess the impact of disability health navigators and share lessons learned across jurisdictions. Evaluation findings should be published. (recommendation 6.34).
RACP Recommendation 4	NOT ADDRESSED
<p>The Independent Hospital Pricing Authority (IHPA) should specifically address the needs of people with disability in their pricing framework to ensure systemic barriers to health care are addressed.</p>	<p>The Royal Commission does not make any reference to the Independent Hospital Pricing Authority.</p>
RACP Recommendation 5	ADDRESSED
<p>Governments should urgently commit to eliminating preventable deaths and ill health and to establish systems to measure and publicly report on progress toward these goals.</p>	<p>The Royal Commission has made recommendations that support those made by the RACP to commit to eliminating preventable deaths and ill health and to establish systems to measure and publicly report on progress toward these goals. The Commission does this by recommending that a disability death review scheme should be established (recommendation 11.14) how it should be set up (recommendation 11.15) and implemented in partnership with the NDIS Quality and Safeguards Commission (recommendation 11.16)</p>

RACP Recommendation 6	ADDRESSED
<p>Health services should provide clinicians with adequate support to better understand and respond to potential abuse of people with disability.</p> <p><i>Note:</i> <i>The RACP was pleased to contribute evidence at Public Hearing 10: Education and training of health professionals in relation to people with cognitive disability through our appointed representatives Dr Jacqueline Small FRACP and Associate Professor Mitra Guha AM FRACP.¹</i></p> <p><i>The RACP is committed to further work in this area by developing a suite of online learning resources to ensure better quality healthcare and outcomes for people with disability in Australia.²</i></p>	<p>The Royal Commission recommends that support for clinicians to better understand and respond to potential abuse of people with disability can be realised by improving education and training curricula and pathways. It should be noted here that health services do not provide physician education and training, it is the role of professional colleges and organisations to provide this support.</p> <p>The Commission calls upon the Australian Government Department of Health and Aged Care (recommendations 6.24, 6.25 and 6.26) to review the disability health capability framework to:</p> <ul style="list-style-type: none"> • expand the role of the Intellectual Disability Education and Training Expert Advisory Group to develop an implementation plan for the cognitive disability health capability framework, including key steps for embedding the capabilities from the framework in curricula in education and training programs for health practitioners across all training. • develop a monitoring and evaluation framework to coordinate and measure the delivery of the expanded capability framework and its implementation.

¹ The RACP has progressed work in this area, including:

- Renewing and developing curricula which reflect contemporary best practice. This will include strengthened reference to and assessment of practices in person-centred care, which is fundamental to meeting the needs of vulnerable patient cohorts such as those with an intellectual and/or cognitive disability.
- Involving consumers throughout the work of the College, including in the areas of education and training of physicians. The RACP Framework for improving patient-centred care and consumer engagement, implemented in 2016, includes actions to improve patient-centred care and consumer involvement in decision-making across the RACPs strategic priorities to 'educate, advocate and innovate'.
- Advocating for healthcare policies that promote the interests of the profession, of patients and of the community, including by engaging in Government Roundtables and publishing submissions in response to proposed policies and healthcare reforms.
- Addressing the issues raised with and by the Royal Commission about physician's attitudes and beliefs towards people with disability through our continuing professional development program.

² The RACP is developing an online learning resource for physicians regarding '*Providing healthcare to people with cognitive disability*'. One section of the resource will cover "violence, abuse, neglect and exploitation" of people with intellectual disability. This will include topic areas about the relationship between (intellectual) disability and experiences of abuse and violence, both within healthcare and within the wider community; how to recognise signs of abuse and neglect; and how to effectively respond to and support people with intellectual disability who are experiencing abuse and violence.

- immediately expand the scope of the work on an intellectual disability health capability framework and associated resources to address all forms of cognitive disability, to apply at all stages of education and training. This expansion should include autism-specific content and address specific healthcare issues for people with learning disability, dementia and acquired brain injury.
- allocate additional funding to support the expanded scope of health workforce capability development.
- Ask the that the Health Ministers Meeting should expand its role in monitoring the progress of the intellectual disability health capability framework to encompass the expanded capability framework proposed in Recommendation 6.25. This should include annual reports to the Health Ministers Meeting on the progress of actions.

The Royal Commission also recommends that accreditation authorities for registered health professions and the peak professional bodies for non-registered health professions (recommendation 6.27) should:

- review and amend accreditation standards to sufficiently address cognitive disability health curriculum.
- use inclusive teaching practices, involving people with cognitive disability where possible.
- report to the Australian Government Department of Health and Aged Care on their progress in implementing this recommendation.

The Commission also recommends that access to clinical placements for students and trainees and specialist training and continuous development in cognitive disability health care are improved (recommendations 6.28 and 6.29) and that specialised health and mental health services for people with cognitive disability are developed (recommendation 6.33)

The Royal Commission has also made numerous and broad recommendations to provide disability providers with adequate support to better understand and respond to potential abuse of people with disability (recommendations 4.21, 6.3, 6.15, 6.23, 8.2, 8.5, 8.6, 8.14, 9.1, 9.10, 10.1, 10.22, 10.30, 11.11, 11.18)

RACP Recommendation 7	NOT ADDRESSED
<p>The Commonwealth Government should ensure that the specific needs of people with disability are addressed in the National Standards for Disability Services, providing information about safeguarding, advocacy services, helplines, and other community-based support services, in a format accessible to service users and carers.</p>	<p>The Royal Commission does not make any references to the National Standards for Disability Services.</p> <p>It only refers to addressing safeguarding practices in a service provider context.</p> <p>It only refers to making advocacy services available in a housing context (recommendation 7.38 and 7.42) NDIS context (recommendation 10.5) or when making a complaint to the NDIS (recommendation 10.20)</p> <p>Helplines or other methods of telephoning for advice are not mentioned in the report.</p> <p>Accessible community-based support is only referred to regarding housing (recommendations 7.36 and 7.41)</p> <p>However, the Commission does refer to ensuring that community connector programs for First Nations people (recommendation 9.4, 9.5 and 9.10) are addressed in a format accessible to service users and carers.</p>
RACP Recommendation 8	ADDRESSED
<p>The Commonwealth Government should invest in, pilot, and expand, integrated, multidisciplinary models of care which are person centred and collaborate across sectors including health, disability, education and family and community services, such as the RACP’s Model of Chronic Care Management, that specifically address the needs of people with disability.</p>	<p>The Royal Commission recommends that a new National Disability Agreement should provide the framework for intergovernmental collaboration to develop and implement reforms requiring national attention and coordination, including recommendations of the Commission and implement Australia’s Disability Strategy 20210-2031 (ADS) and the NDIS (recommendation 5.1).</p> <p>The Royal Commission also supports models of care that are multidisciplinary and person centred for people living with disability to access healthcare (recommendation 6.32 and 6.33) including those in corrective services (recommendation 8.14) and in First Nations workforces to build the capacity of family members to provide care, (recommendation 9.13) and to enable collaboration between advocates so they can identify potential or emerging issues (recommendation 10.5) and for the NDIS Quality and Safeguards Commission to improve access to behaviour support practitioners (recommendation 10.24)</p>

<p>RACP Recommendation 9</p>	<p>NOT ADDRESSED</p>
<p>The Commonwealth Government must address the barriers in electronic communication between health care providers to improve the accuracy of healthcare information transfer for people with disability</p>	<p>The Royal Commission does not specifically address barriers in electronic communication between <u>healthcare</u> providers to improve the accuracy of healthcare information transfer for people with disability.</p> <p>It does recommend that States and territories should introduce legislative and administrative arrangements that would allow prescribed bodies in each jurisdiction to exchange risk-related information with the NDIS Quality and Safeguards Commission, where the exchange of information will promote the safety of NDIS participants who may be at risk of experiencing violence, abuse, neglect or exploitation (recommendation 10.28)</p>
<p>RACP Recommendation 10</p>	<p>NOT ADDRESSED</p>
<p>Communities of practice should be established to support and enhance collaboration and reduce challenges at the interface between health and disability sectors.</p>	<p>The Royal Commission does not mention communities of practice but does support the introduction of disability health navigators to support people with cognitive disability and complex health needs to access health services and to embed safe, accessible, and inclusive practice in everyday health service provisions (recommendation 6.34)</p>
<p>RACP Recommendation 11</p>	<p>NOT ADDRESSED</p>
<p>The Commonwealth Government should implement the recommendations of the Tune review in a way that is genuinely person centred, guided by the participant and which ensures that the advice of treating medical professionals is taken into account in all assessments.</p>	<p>The Royal Commission makes twenty-five (25) recommendations to give people living with disability a voice in making decisions that impact their lives.</p> <p>Most of these recommendations relate to education, workplace, housing, employment, criminal justice, and First Nations people.</p> <p>21 of the 25 recommendations relate to all services including health, but none specifically refer to decision-making in relation to the healthcare needs of people living with disability.</p> <p>Two recommendations are made to ensure medical professional advice is considered, but this is specifically for children in the criminal justice system (recommendations 8.4 and 8.14)</p>

RACP Recommendation 12	NOT ADDRESSED
<p>The NDIA should improve communication channels on how to use the Early Childhood Early Intervention (ECEI) to make it easier for families of children with disability or developmental delay to access.</p>	<p>The Royal Commission does not make any recommendations that would make it easier for families of children with disability or developmental delay to access the ECEI.</p> <p>The Royal Commission does recommend the use of the Ages and Stages Questionnaire-Talking about Raising Aboriginal Kids (ASQ-TRAK) tool to screen First Nations children to identify a need for an ECEI plan. (recommendation 9.2) but this does not improve access to it.</p> <p>For First Nations people including those who have children with disability, the Royal Commission supports the establishment of a First Nations Disability Forum to lead further development and implementation of the Disability Sector Strengthening Plan (DSSP) by the end of March 2024 to support First Nations community-based organisations across the health, criminal justice and early childhood sectors to improve workforce disability competency to ensure First Nations people with disability receive appropriate disability support (recommendation 9.4). Improving workforce capabilities may indirectly improve communication channels on how to use the ECEI</p>
RACP Recommendation 13	NOT ADDRESSED
<p>The Commonwealth Government should further strengthen and continue to fully implement the National Framework for Quality and Safeguarding to protect NDIS participants from potential abuse by service providers.</p>	<p>The Royal Commission does not mention the National Framework for Quality and Safeguarding itself, but it does recommend that the NDIS Quality and Safeguards Commission should commission a capacity-building program to support disability service providers to embed human rights in the design and delivery of their services (recommendation 10.1), as well as strengthen collaboration between disability service providers and disability advocacy organisations to enable advocates to maintain periodic contact with people with disability so they can identify potential or emerging issues (recommendation 10.5)</p> <p>Additionally, the Royal Commission recommends the integration of community visitor schemes (CVS) with the NDIS. CVS provides oversight of institutions by independent members of the community, appointed by statute, with wide powers to visit, inspect, and report on the experience of people living with disability (recommendation 11.3)</p>

RACP Recommendation 14	NOT ADDRESSED
<p>The NDIA should ensure that planners have sufficient expertise to provide adequate support for participants with high or complex needs, particularly those with a developmental or intellectual disability or children with challenging behaviours.</p>	<p>While the Royal Commission makes some recommendations that relate to ensuring NDIS support coordinators have adequate capabilities to support NDIS participants in making their NDIS plans, they do not extend any recommendations to improve NDIS support coordinator's expertise to support people with developmental or intellectual disability or children with challenging behaviours.</p> <p>The Royal Commission recommends that NDIS <u>employment</u> support coordinators build their knowledge, resources, and capacity so they can encourage NDIS participants to identify supports that will help them achieve employment goals (recommendation 7.29)</p> <p>The Royal Commission also recommends that the First Nations Advisory Council in consultation with the NDIA should develop guidelines for NDIA staff on including cultural supports and return to Country trips as reasonable and necessary supports in plans (recommendation 9.8)</p> <p>More broadly, the Royal Commission recommends that the NDIA should ensure that NDIS participants identified as being at heightened risk of violence, abuse, neglect or exploitation, particularly those living in supported accommodation, have funding for support coordination included in their NDIS plans (recommendation 10.3) but this does not relate to the skills or knowledge of the support coordinators</p> <p>Additionally, the Royal Commission recommends that the NDIS Quality and Safeguards Commission should examine the quality and consistency of support coordination (recommendation 10.4) and that the Australian Government should establish a national disability support worker registration scheme that can develop a code of conduct and minimum standards for registered disability support workers, including support coordinators (recommendation 10.8)</p>
RACP Recommendation 15	ADDRESSED
<p>The NDIA should ensure that any NDIS processes that have been streamlined and improved in response to the COVID-19 pandemic, such as improved hospital discharge pathways, remain in place.</p>	<p>The Royal Commission refers to learnings from the COVID-19 pandemic by recommending that the Australian Government Department of Health and Aged Care and state and territory counterparts should review all policies and protocols to ensure people with disability are permitted to be accompanied by</p>

	<p>a support person in any health setting. This should always apply, including when in-person healthcare restrictions are in place, such as during COVID-19 (recommendation 6.31). This recommendation is restricted to one learning outcome as a result of COVID-19.</p>
<p>RACP Recommendation 16</p>	<p>ADDRESSED</p>
<p>The NDIA should ensure that registration requirements for service providers include training and development of staff skills and practices so that they are equipped to support the health and wellbeing of people with disability</p>	<p>The Australian Government, the National Accreditation Authority for Translators and Interpreters (NAATI) and the National Disability Insurance Agency (NDIA) should take steps to ensure people with disability have access to appropriately skilled and qualified interpreters as needed (recommendation 6.3) and The NDIS Quality and Safeguards Commission (NDIS Commission) should commission a capacity-building program to support disability service providers to embed human rights in the design and delivery of their services. The program should enable providers to prepare for or demonstrate compliance with, current and future legislative and registration requirements associated with the rights of people with disability. This includes responsibilities under the Disability Discrimination Act 1992 (Cth) and the Disability Rights Act (if enacted) (recommendation 10.1). Additionally, the Australian Government should establish a national disability support worker registration scheme by 1 July 2028 (recommendation 10.8)</p>
<p>RACP Recommendation 17</p>	<p>ADDRESSED</p>
<p>The Commonwealth Government should establish the proposed Disability and Health Sector Consultation Committee to ensure coordination of policy initiatives across the Government, supported by consumers, carers, healthcare professionals and disability experts.</p>	<p>The Royal Commission does not refer to a Disability and Health Sector Consultation Committee, but it does:</p> <ul style="list-style-type: none"> • Recommend a new National Disability Agreement be developed that provides for intergovernmental collaboration to implement coordinated reforms (recommendation 5.1) • Suggest improvements be made on coordinating the cognitive disability health capability framework (recommendation 6.24) • Recommend that an Action Plan for Women and Children with Disability should be developed with linkage to other relevant plans and strategies the forthcoming Aboriginal and Torres Strait Islander Action Plan and Australia’s Disability Strategy 2021-2031 (recommendation 8.23)

	<ul style="list-style-type: none"> • Recommend that the Australian Government should revisit the Australian Human Rights Commission’s recommendation and introduce legislation enshrining the key provisions of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) and facilitate the national coordination of Australia’s OPCAT response
<p>RACP Recommendation 18</p>	<p>ADDRESSED</p>
<p>The Commonwealth Government should establish a dataset that standardises and consolidates information about the health of people with disability and routinely report on the outcomes, including inputs from the health, education, and disability sectors. The Australian Institute of Health and Welfare (AIHW) may be well placed to compile this dataset.</p>	<p>The Royal Commission makes approximately 29 recommendations relating to the importance of data in shaping disability services. The focus of the recommendations is mixed and ranges from establishing data sets and interdepartmental collaboration to specific service recommendations, of which 4 have a specific health context (recommendation 6.37 relating to the use of psychotropic medication; 6.41 relating to involuntary sterilisation; 8.13 relating to cognitive or mental health impairment and its implications in the justice system; and 11.16 relating to the inclusion of disability death data). The full list of recommendations relating to data are:</p> <ul style="list-style-type: none"> • Australia’s Disability Strategy 2021-2031 should be updated to include a review of its Data Improvement Plan (recommendation 5.2) • The Australian Government should establish the National Disability Commission, among its functions it should analyse data, including outcomes data from National Disability Insurance Scheme reporting and other relevant reporting from the Australian Government and state and territory governments. This includes reporting on jurisdictional disability strategies and plans and reporting from relevant oversight bodies (recommendation 5.5) • The Australian Government and states and territories should develop and implement a national approach to collecting and publishing de-identified data on support and representation arrangements, led by the Australian Institute of Health and Welfare (recommendation 6.19) • The Australian Government and state and territory governments should improve data collection and reporting on met and unmet demand for disability advocacy within their jurisdiction (recommendation 6.22)

- The NDIS Quality and Safeguards Commission, the Australian Commission on Safety and Quality in Health Care and the Aged Care Quality and Safety Commission should publish joint annual progress reports and commission an independent evaluation of the Joint statement on the inappropriate use of **psychotropic medicines** (recommendation 6.37)
- The Australian Institute of Health and Welfare should work with state and territory governments to develop consistent data definitions and collection methods on restrictive practices across all jurisdictions and align reporting periods. These definitions and collection methods should be finalised by the end of 2024 and the data should be collected and published on an annual basis, with publication commencing by the end of 2025 at the latest (recommendation 6.39)
- The Australian Guardianship and Administrative Council (AGAC) should expand its annual collation and publication of data on the **sterilisation** of people with disability to strengthen protections for people with disability and avoid consequences that hamper reproductive autonomy (recommendation 6.41)
- Numerous recommendations are made to strengthen data collection and reporting in education (recommendation 7.9 and recommendation 7.12), employment (recommendation 7.21) and housing (recommendation 7.33 and recommendation 7.43)
- The Australian Government and state and territory governments should support legislation requiring the annual collection and publication of data relating to people found unfit to plead or not guilty by reason of **cognitive or mental health impairment**. (recommendation 8.13)
- The consistent collection of data and its use to inform system wide processes should be used in State and territory corrective services, youth justice agencies and justice health agencies, through the Corrective Services Administration Council and equivalent youth justice bodies (recommendation 8.14) and the NDIS Quality and Safeguards Commission provider registration process (recommendation 10.21 and 10.23)

- the NDIS Quality and Safeguards Commission should expand its data reporting and publication to quarterly activity and annual reporting (recommendation 10.26) and enhance its engagement and capacity building activities with NDIS providers by routinely sharing data analysis and insights to promote improvements in the quality and safety of services (recommendation 10.30)
- States and territories should each introduce legislation to establish nationally consistent adult safeguarding functions, including data collection and public reporting, including demographic data (recommendation 11.1)
- States and territories should each establish or maintain an independent ‘one-stop shop’ complaint reporting, referral, and support mechanism to receive reports of violence, abuse, neglect and exploitation of people with disability. This mechanism should collect, analyse, and publicly report annual data on complaints and reports received and on referrals. (recommendation 11.3) use data to drive continuous improvement (recommendation 11.5) and commit to nationally consistent collection and reporting of data about monitoring places of detention (recommendation 11.10 and 11.11)
- States and territories should agree to make CVS collect and report on nationally consistent data regarding people with disability (recommendation 11.12)
- The Australian Government and state and territory governments should enter into a national agreement that commits to nationally consistent disability death data collection and reporting requirements, and the inclusion of **disability death data** within the proposed National Disability Data Asset (recommendation 11.16)
- The Australian Government and state and territory governments, through the Disability Reform Ministerial Council, should improve the collection of disability data by developing a nationally consistent approach to collecting disability information (recommendation 12.5) by outlining an implementation plan (recommendation 12.6) extend data collection (recommendation 12.7) commit to long term support to the National Disability Data Asset (NDDA) (recommendation 12.8)

RACP Recommendation 19	NOT ADDRESSED
<p>The NDIA should develop a strategy for regularly monitoring rates of application, acceptance, plan activation, timeframes, plan contents and outcomes for NDIS participants in order to develop short and long-term intervention strategies as issues arise. The focus should be on priority populations, for example, children in out of home care and individuals with complex or unstable medical support needs</p>	<p>The Royal Commission indirectly calls for better monitoring of the outcomes of a NDIS participant plan by recommending that the NDIS Quality and Safeguards Commission:</p> <ul style="list-style-type: none"> • improve its internal procedures for monitoring reportable incidents (recommendation 10.11) • review its compliance and enforcement policy (recommendation 10.25), including: <ul style="list-style-type: none"> ○ increasing its face-to-face engagement with NDIS participants who are at greater risk of experiencing violence, abuse, neglect and exploitation, ○ increasing site visits to speak with providers and workers ○ increasing its use of its enforcement powers and monitoring tools in relation to NDIS providers that place NDIS participants at risk <p>However, these recommendations do not focus on priority populations for example children in out of home care and individuals with complex or unstable medical support needs</p>
RACP Recommendation 20	ADDRESSED
<p>The RACP supports the ten priorities to address disability inequity developed by the First People’s Disability Network Australia (the FDPN). The ten priorities are:</p> <ol style="list-style-type: none"> 1. Invest to create an Aboriginal Community Controlled Disability Service Sector for the provision of disability supports by Aboriginal and Torres Strait Islander people with disability for their communities. 2. Address the barriers facing Aboriginal and Torres Strait Islander people accessing the NDIS. 3. Prioritise timely intervention to ensure supports and services are provided, and available over the long-term, and at the right time in people’s lives. 4. Recognise and value the existing knowledge, skills and expertise within Aboriginal and Torres Strait Islander communities. 	<p>The Royal Commission has recommended numerous actions should be taken to ensure First Nations people with disability have equitable access to disability support. The following demonstrates how well the recommendations made by the Royal Commission support those made by the RACP and align with the First People’s Disability Network Australian (FPNA) priorities. In support of FPNA’s priority 1 to invest in the creation of an Aboriginal Community Controlled Disability Service Sector for the provision of disability supports, the Royal Commission recommends that the National Disability Insurance Agency (NDIA) should provide block funding for First Nations Community Controlled Organisations to flexibly deliver supports and services to First Nations people with disability (recommendation 9.5) and that Section 127 of the National Disability Insurance Scheme Act 2013 (Cth) should be amended to provide that the National Disability Insurance Agency Board must include at least one First Nations person at all times (recommendation 9.6)</p>

5. Resource a community-directed research strategy that specifically focuses on Aboriginal and Torres Strait Islander disability.
6. Endorse and support peer-to-peer leadership to ensure that Aboriginal and Torres Strait Islander people with disability lead the engagement with the community themselves.
7. Develop and implement an access to justice strategy for First People with disability, particularly those with cognitive impairment, and sensory and intellectual disability.
8. Develop and implement programs for inclusive education and employment for First People with disability in line with national strategies for their full societal participation.
9. Create links between the National Disability Strategy and Closing the Gap Framework for coordinated policy and programs at the Commonwealth, State, and local levels in partnership with Aboriginal and Torres Strait Islander people with disability and their organisations.
10. Develop an Aboriginal and Torres Strait Islander Disability Performance Framework for the independent monitoring of the social and economic outcomes of Aboriginal and Torres Strait Islander people with disability.

The Royal Commission addresses **FPNA priority 2**: barriers facing Aboriginal and Torres Strait Islander people accessing the NDIS, by recommending that:

- First Nations people with disability should have equitable access to health services that are culturally safe and recognises the importance of their personal connection to community and Country (recommendation 4.9)
- the Disability Rights Act should require Commonwealth entities to provide (arrange and fund) an appropriately trained and credentialed interpreter when required by a person with a disability who is accessing or using its services or engaging with its statutory functions. Interpreters may be required in Auslan, First Nations sign languages or spoken languages other than English. (recommendation 4.13)
- The Disability Advocacy Work Plan associated with the 2023–2025 National Disability Advocacy Framework should be amended to include priority work areas on increasing culturally appropriate and accessible advocacy services for First Nations people with disability (recommendation 6.23)

Additionally, the Royal Commission recommends actions that encourage a community-led approach be taken as a way for First Nations people to become engaged in the NDIS: They recommend that:

- the NDIS Act 2013 be amended to include ‘participation in cultural life’ in recognition that it is just as important as participation in social and economic life (recommendation 9.7).
- The NDIS includes return to Country trips as an important cultural support (recommendation 9.8)
- The NDIA, the First Nations Advisory Council, and First Nations Community Controlled Organisations should co-design policy guidelines on funding for First Nations family members to provide supports to participants in remote communities (recommendation 9.9)

The Royal Commission supports **FPNA’s priority 3** regarding timely services for First Nations people by recommending that parties to the National Agreement on Closing the Gap should commit to building on the Disability Sector

	<p>Strengthening Plan (DSSP) by revising the DSSP in partnership with the First Nations Disability Forum. (recommendation 9.11)</p> <p>In support of FPNA priorities 4 and 6 that ask for First Nations disability support and leadership to be community-based the Royal Commission recommends that the Australian Government and state and territory governments should support the establishment of a First Nations Disability Forum to lead further development and implementation of the Disability Sector Strengthening Plan (DSSP). (recommendation 9.10)</p> <p>The Royal Commission does not specifically support FPNA priority 5 to resource a community-directed research strategy that focuses on Aboriginal and Torres Strait Islander disability.</p> <p>The Royal Commission does, however, recommend research activities should be directed towards eliminating restrictive practices:</p> <ul style="list-style-type: none">• the National Disability Research Partnership should commission a longitudinal study of the impact of positive behaviour support and other strategies to reduce and eliminate restrictive practices and the study should include the experiences and identify the intersecting needs of a broad range of people with disability, such as First Nations people with disability (recommendation 6.38)• the Australian Institute of Health and Welfare should work with state and territory governments to develop consistent data definitions and collection methods on restrictive practices across all jurisdictions including its use on First Nations people in health, education and justice settings, and align reporting periods ensuring data is collected and published on an annual basis (recommendation 6.39) <p>The Royal Commission does not support FPNA priority 7 to develop and implement an access to justice strategy for First Nations People with disability, particularly those with cognitive impairment, and sensory and intellectual disability.</p> <p>The Royal Commission does not support FPNA priority 8 to develop and implement programs for inclusive education and employment for First People with disability in line with national strategies for their full societal participation.</p>
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	<p>In support of FPNA priority 9 asks that links between the National Disability Strategy and Closing the Gap Framework for coordinated policy and programs at the Commonwealth, State and local levels in partnership with Aboriginal and Torres Strait Islander people with disability and their organisations are created, the Royal Commission recommends that:</p> <ul style="list-style-type: none"> the Disability Rights Act should require Commonwealth entities (as defined in the Public Governance, Performance and Accountability Act 2013 (Cth)), to develop and evaluate policies, laws and programs and in planning new initiatives or making major changes to services that are provided to the public, or have a direct and significant impact on the public, to consult with people with disability (including disability representative organisations), recognising the special importance of consulting and actively involving First Nations people with disability in issues that affect them (recommendation 4.11) <p>Although the Royal Commission recommends data collection and publication should include First Nations support and representation arrangements (recommendation 6.19) and First Nations demographic indicators (recommendation 6.22), it does not provide any recommendations that specifically support FPNA priority 10 to develop an Aboriginal and Torres Strait Islander Disability Performance Framework for the independent monitoring of the social and economic outcomes of Aboriginal and Torres Strait Islander people with disability.</p>
<p>RACP Recommendation 21</p>	<p>NOT ADDRESSED</p>
<p>Health services should improve the quality and accessibility of services that help young people with disability to transition between paediatric and adult health services, including ensuring that there are identified healthcare providers who take responsibility for managing the transition.</p>	<p>The Royal Commission does not make any recommendations to improve services that help young people with disability transition between paediatric and adult health services.</p> <p>At best the Royal Commission recommends that the Australian Government and state and territory governments, through the Disability Reform Ministerial Council, should commit to long-term support to the National Disability Data Asset (NDDA) by calling upon governments to commence specific data projects using NDDA that demonstrate the outcomes and experiences of people with disability transitioning between systems including education and</p>

	<p>employment, child protection and justice systems and housing and health (recommendation 12.8)</p>
<p>RACP Recommendation 22</p>	<p>ADDRESSED</p>
<p>State and Territory Education Departments should support access to appropriate services to review and support individual children with complex disability, including improving access to applied behavioural analytic services and interagency school clinics/case conferences.</p>	<p>The Royal Commission makes two recommendations that support the RACP's recommendation to improve access to appropriate services to review and support individual children with complex disability, including improving access to applied behavioural analytic services and interagency school clinics/case conferences. They are that:</p> <ul style="list-style-type: none"> • The National Disability Commission should conduct or arrange for a comprehensive review of progress towards providing inclusive education for children and young people with complex support needs. (recommendation 7.15) • The NDIS Quality and Safeguards Commission should, by December 2024, improve access to behaviour support practitioners, especially in regional and remote areas, by providing incentives to practitioners and NDIS providers to provide services and forming a partnership with First Nations leaders to target those with experience working with First Nations communities, to address behaviour support shortages. In addition, the NDIS Quality and Safeguards Commission should explore professional development and accreditation models for behaviour support practitioners and create a public list of all individual behaviour support practitioners (recommendation 10.24) <p>The Royal Commission indirectly supports the RACP recommendation by advocating for inclusive education to become established in all schools (recommendations 7.7, 7.8, 7.9, 7.11, 7.13) and makes several other recommendations to support the delivery of inclusive education to students with disability (recommendations 7.3, 7.4, 7.5, 7.6, 7.12, 7.14). It should be noted however, that inclusive education does not accommodate the specific needs of students with complex disability who may benefit from improved access to applied behavioural analytic services and interagency school clinics/ case conferences.</p>

RACP Recommendation 23	ADDRESSED
<p>State and Territory Governments should ensure incarcerated adolescents undergo a comprehensive, multidisciplinary medical history and examination promptly during and after incarceration, which includes assessing for the presence of developmental or intellectual disability.</p>	<p>The Royal Commission makes a total of 24 recommendations concerning criminal justice and people with disability. Four (4) of the recommendations support RACPs recommendation to by calling upon state and territory governments to:</p> <ul style="list-style-type: none"> • ensure timely screening and expert assessment are available for individual children with cognitive disability involved in the criminal justice system (including, but not limited to, detention settings) and that they receive appropriate responses, including therapeutic and other interventions (recommendation 8.4) • collaborate with youth justice agencies and justice health agencies, through the Corrective Services Administration Council and equivalent youth justice bodies, to develop national practice guidelines and policies relating to screening for disability and identification of support needs in custody. People with disability, including with lived experience of the criminal justice system, and people with expertise in cognitive disability should be involved in the design of the guidelines and contribute to the approaches to implementation (recommendation 8.14) • ensure that policies and practices concerning screening, identification and diagnosis of disability in respect of people with disability in custody are consistent with the national practice guidelines (recommendation 8.15) <p>work with youth justice agencies and justice health agencies to engage First Nations organisations, including Aboriginal Community Controlled Health Organisations, to provide culturally safe disability screening and assessment services for First Nations prisoners and detainees (recommendation 8.16)</p>
RACP Recommendation 24	NOT ADDRESSED
<p>Commonwealth, State and Territory Governments should consult with groups with expertise in community led justice reinvestment with a focus on strengthening communities, improving health outcomes, and reducing contact with the criminal justice system.</p>	<p>Outside of recommending that states and territories develop or review existing court-based diversion programs (see next recommendation), the Royal Commission does not recommend any actions relating to community led justice reinvestment, to strengthen communities, improve health outcomes or reduce contact with the criminal justice system</p>

<p>RACP Recommendation 25</p>	<p>ADDRESSED</p>
<p>Commonwealth, State and Territory Governments should use diversionary services which focus on preventing the entry of first time or low risk defendants into the criminal justice system.</p>	<p>The Royal Commission supports the recommendation from the RACP to implement diversionary services to prevent entry people living with disability from entering the criminal justice system by recommending that states and territories develop or review existing court-based diversion programs (recommendation 8.21) to ensure they:</p> <ul style="list-style-type: none"> • are accessible and culturally appropriate, particularly in regional and remote areas • provide support for defendants to access the NDIS • satisfy service needs, including connecting defendants to appropriate education, housing, employment and other services.
<p>RACP Recommendation 26</p>	<p>ADDRESSED</p>
<p>The Commonwealth Government should introduce mechanisms to enhance funded supervised training placements, especially for adult medicine and rehabilitation, to promote and enhance quality health care for adults with disability.</p>	<p>The Royal Commission recommends that the Australian Government Department of Health and Aged Care should include improved access to clinical placements in disability health services as an immediate priority and consider mechanisms to enhance funded supervised clinical and work-based training placements to train students in providing quality health care to people with cognitive disability. This should include enhanced financial support for clinical placement and supervision in community settings (recommendation 6.28)</p>
<p>RACP Recommendation 27</p>	<p>ADDRESSED</p>
<p>Commonwealth, State and Territory Governments must ensure that employment services for people with disability are provided using a flexible individualised approach to the person’s specific needs to ensure people with disability obtain the support required.</p>	<p>The Royal Commission supports the RACP recommendation by suggesting the Australian Government Department of Social Services makes sure that the new Disability Employment Services model is inclusive in design, co-designed by people with disability, and adopts customised employment models that can facilitate flexible employment supports (recommendation 7.16)</p>
<p>RACP Recommendation 28</p>	<p>NOT ADDRESSED</p>
<p>Health services should support clinicians to provide education, support and referral to specialised services as required so that people with disability are provided with opportunities to have the same sexual education and relationships as those without disability.</p>	<p>The Royal Commission does not support the RACP's recommendation that clinicians should be supported by health services to provide education, support, and referral to specialised services as required so that people with</p>

	<p>disability are provided with opportunities to have the same sexual education and relationships as those without disability.</p> <p>The Royal Commission does, however, support the education sector to provide this service by recommending that state and territory educational authorities should develop and make available in accessible form guidelines for ensuring equal access to consent, relationships, and sexuality education for students with disability through learning resources, including for neurodiverse students and LGBTIQ+ students. (recommendation 7.3)</p>
<p>RACP Recommendation 29</p>	<p>NOT ADDRESSED</p>
<p>The Commonwealth Government should review and improve, and State Governments should fund, more appropriate accommodation options for people with disability. This should include options for young people who require a similar level of personal care as that provided to older persons in RACFs.</p>	<p>The Royal Commission makes many recommendations that relate to providing appropriate accommodation options for people with disability, but they do not specifically address options for young people who require more intensive levels of personal care.</p> <p>The recommendations are:</p> <ul style="list-style-type: none"> • State and territory governments commit to increasing the availability and supply of accessible and adaptive housing for people with disability (recommendation 7.35) • State and territory governments should develop and implement accessible and inclusive processes for allocating and modifying social housing for people with disability (recommendation 7.36) • For those government entities responsible for regulating privately operated and government-funded board and lodging-type supported accommodation services, they should support residents to access independent advocacy services focused on identifying alternative, longer term accommodation options in recognition of the transitional nature of these services (recommendation 7.38) • The National Disability Insurance Agency (NDIA) work with the Australian Government, and state and territory governments, to expand alternative housing options and support people with disability to access and transition to these options through an initiative-taking market enablement strategy (recommendation 7.42) • the Australian Government and state and territory governments develop and implement a comprehensive roadmap to phase out group

	<p>homes within the next 15 years and in doing so provide a transition pathway that provides access to advice, advocacy and support for people with disability to understand and explore their housing options, make decisions about transitioning to the housing of their choice, and receive support for that transition (recommendation 7.43)</p> <ul style="list-style-type: none"> the Australian Government, working with state and territory governments, should develop a National Housing and Homelessness Plan, which should review the adequacy of funding for homelessness, the cost of providing more intensive homelessness support for people with disability and complex needs, and current levels of unmet demand (recommendation 7.40)
<p>RACP Recommendation 30</p>	<p>NOT ADDRESSED</p>
<p>The Commonwealth Government should build linkages and reciprocal collaborations and a legal framework between all relevant sectors to develop best-practice approaches to palliative care service delivery for people with disability.</p>	<p>The Royal Commission does not make any recommendations relating to palliative care service delivery for people with disability</p>
<p>RACP Recommendation 31</p>	<p>NOT ADDRESSED</p>
<p>The NDIA should fund enhanced clinical support for people with complex medical or palliative care needs within their existing accommodation or support access to medical model supported accommodation options.</p>	<p>The Royal Commission does not provide support for people with disability and complex medical or palliative care needs to receive enhanced clinical support to remain in their existing accommodation or access accommodation that can provide medical or palliative care.</p> <p>At best the Royal Commission recommends that the Australian Government and state and territory governments, outside the remit of the NDIA but in consultation with people with disability, should (recommendation 6.32):</p> <ul style="list-style-type: none"> identify and publish a list of frequently needed adaptations and supports (including communication supports) to enable people with disability to receive high-quality health care in all publicly funded settings, including the amending of adaptations and supports that may need to be tailored to individual needs <p>review hospital (admitted and non-admitted care) and primary health care funding models to ensure these adaptations and supports can be implemented in all relevant settings.</p>

<p>RACP Recommendation 32</p>	<p>NOT ADDRESSED</p>
<p>State and Territory Governments should consider increasing funding for medical, pharmacy and allied health outreach services for people with disability, including supporting healthcare providers working in rural and regional areas to expand their capacity to care for people with disability within their area of expertise.</p>	<p>The Royal Commission does not support increased funding for medical, pharmacy and allied health services for people with disability, including those working in rural and regional areas.</p>
<p>RACP Recommendation 33</p>	<p>ADDRESSED</p>
<p>The NDIA should adopt a comprehensive cultural competence framework to ensure access to appropriate NDIS funding and support for people with disability from culturally and linguistically diverse communities</p>	<p>The Royal Commission directs one recommendation towards the NDIA. It calls upon the NDIS Quality and Safeguards Commission to examine the quality and consistency of support coordination, with a particular focus on National Disability Insurance Scheme participants who are culturally and linguistically diverse recommendation 10.4)</p> <p>The Royal Commission also makes many broad recommendations to ensure people with disability from culturally and linguistically diverse backgrounds are treated in the same way as those people without disability and from mainstream backgrounds.</p> <p>Broad recommendations include:</p> <ul style="list-style-type: none"> • that the Disability Rights Act requires supports for people with disability from culturally and linguistically diverse backgrounds is provided in recognition that their culture, language, and other differences may create barriers to providing supports, that addressing those supports is informed by consultation with their communities (recommendation 4.6) • that culturally and linguistically diverse people with disability are entitled to supported decision-making that is culturally safe, sensitive, and responsive. This includes people who are exercising guardianship and administrative legislation recognise the importance of maintaining a person’s cultural and linguistic environment and set of values. (recommendation 6.6) • all engagement with First Nations and culturally and linguistically diverse people is culturally safe and responsive and appropriate training for staff is provided to enable them to do so (recommendation 6.15)

	<ul style="list-style-type: none"> • that the work plan for Disability Advocacy, which is linked with the 2023-2025 National Disability Advocacy Framework should, in its revision, prioritize the areas of work that focus on making advocacy services more culturally appropriate and accessible to individuals with disabilities, especially those from culturally and linguistically diverse backgrounds (recommendation 6.23). • that collection of data to inform disability services include culturally and linguistically diverse people with disability (recommendations 6.38, 6.39, 7.9, 11.1, 12.7) • State and territory educational authorities ensure that culturally safe adjustments to teaching strategies (recommendation 7.3), and career guidance and support to aid the transition from educational institutions to further education and/or open employment (recommendation 7.5), are made for students with disability from a culturally and linguistically diverse background. • Youth justice bodies encouraging the development and use of disability screening tools that are culturally appropriate for people with disability from culturally and linguistically diverse communities (recommendation 8.14)
<p>RACP Recommendation 34</p>	<p>ADDRESSED</p>
<p>State and Territory governments should ensure equitable access to interpreter services across both public and private health services.</p>	<p>The Royal Commission supports RACP's recommendation that people from culturally and linguistically diverse communities should have equitable access to interpreter services, by recommending that</p> <ul style="list-style-type: none"> • people with disability from culturally and linguistically diverse should be included in national plans to improve communications with and information for the diversity of people with disability (recommendation 6.1) • the number of Auslan interpreters from culturally and linguistically diverse backgrounds should increase (recommendation 6.2)
<p>RACP Recommendation 35</p>	<p>NOT ADDRESSED</p>
<p>Commonwealth and State and Territory Governments should recognise the critical importance of the health and wellbeing of carers and family members and ensure they are supported socially, economically, and medically.</p>	<p>The Royal Commission makes minimal recommendations that align with the RACP's recommendation to support the health and wellbeing of carers and family members.</p>

	<p>The Commission makes two recommendations in support of First Nations family and communities:</p> <ul style="list-style-type: none">• the National Disability Insurance Agency (NDIA), the First Nations Advisory Council and First Nations Community Controlled Organisations should co-design policy guidelines on funding for First Nations family members to provide supports to participants in remote communities (recommendation 9.9)• The First Nations Disability Forum and parties to the Disability Sector Strengthening Plan (DSSP) should collaborate to develop a strategy to develop First Nations local workforces in remote communities including allocation of funding for local workforce development should include funding to build the capacity of family members to provide care (recommendation 9.13) <p>The Royal Commission makes a further two recommendations to consider family members in NDIS complaints processes and when reviewing a death:</p> <ul style="list-style-type: none">• The Commonwealth Ombudsman should lead a co-design process with the NDIS Quality and Safeguards Commission, state and territory ombudsmen and other bodies with complaint handling and investigation expertise, to develop guidelines for organisations on implementing complaint handling systems that are accessible and responsive to people with disability, their family, and others in compliant processes (recommendation 11.5)• States and territories should establish and appropriately resource disability death review schemes to include powers to invite and consider information from the deceased person’s family, guardian, or advocate when reviewing and/or investigating a death (recommendation 11.14) <p>More broadly the Royal Commission recommend that carers or family members of people with disability are included in consultations on policies or plans that could affect them (recommendations 4.11, 5.5, 5.6, 6.7, 7.2, 7.3, 7.5, 7.6, 7.38, 10.14) these are not specifically related to providing social, economic or medical support but could contribute to improved health and wellbeing of carers or family members.</p>
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