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RACP Submission - Foundational (General) Supports for People with Disability

November 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 22,500 physicians and 9,500 trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties across 33 specialty areas including paediatrics and child health, adolescent and young adult medicine, rehabilitation medicine, internal medicine and geriatric medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients, the medical profession and the community.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Executive Summary

The Royal Australasian College of Physicians (RACP) appreciates the opportunity to provide feedback on the design and implementation of Disability Foundational (General) Supports, which are additional supports provided for people with disability, their family and carers, to those delivered through the National Disability Insurance Scheme (NDIS) or mainstream services.

The RACP:
- Acknowledges that different terms are used when talking about disability and we recognise language can vary from person-to-person and across disability communities. In this submission, we use person-first language and use 'person/people with disability'.
- Welcomes the development of General Supports that aim to help build the capacity of all people with disability, and where appropriate, their families, carers, and kin, to participate in the community fully, make informed decisions, and advocate on issues that affect them.
- Commends the Australian Government's commitment to acting on the Disability Royal Commission's Final Report and the final report of the Independent Review of the NDIS to ensure that the NDIS and broader disability supports work well for people with disability.

Information, advice, and capacity-building supports help people with disability by providing trusted information, tools, and resources that foster skills, independence, and community connections. These supports also empower families, carers, and communities to create more inclusive environments and facilitate access to relevant services and activities for people with disability.

RACP members with expertise in rehabilitation medicine, geriatric medicine, internal medicine, paediatric and child health, and community child health, contributed to this submission.

Our RACP Members:
- Support advocacy for a disability services model prioritising accessibility, cultural safety, and inclusion aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).
- Emphasise the need for clear information, peer support, and skill-building to ensure equal access to healthcare, education, and employment.
- Promote governance, accountability, and community involvement, especially for underserved groups like Aboriginal and Torres Strait Islander communities.
- Recommend integrating disability services with primary, secondary and tertiary healthcare and expanding telehealth for rural and regional healthcare access.
- Suggest grants for local solutions, together with funding for inclusive schools and community spaces.
- Stress the need for cultural responsiveness, with Indigenous leadership, to meet local needs.
- Highlight the need to focus on long-term education, integrated services, and support for families with cognitive challenges.
- Recommend supporting a skilled workforce through standardised training and rural and regional incentives.
- Advocate for a flexible, data-driven service model promoting peer support and community solutions.

RACP Recommendations

The RACP suggests the following recommendations be considered to ensure the design and implementation of General Foundational Supports benefit people living with disability.

Information, Advice, and Capacity-Building Supports:
1. Provide clear guidance on NDIS entry points and eligibility to reduce confusion.
2. Guarantee access to education, employment, housing, health, and justice, with culturally safe supports for Aboriginal and Torres Strait Islander communities.
3. Implement training for hospital and healthcare service staff to support people with disability, including intellectual disabilities and additional needs.
4. Increase supports for people with disability, including intellectual disabilities, mental health challenges, and those facing cultural or language barriers.

5. Foster peer support initiatives and integrated care across health, disability, and community services.
6. Provide reform funding and environmental adaptations to promote inclusive education and community settings.

Intended Outcomes:
7. Ensure access to tailored information is rapid, otherwise access itself remains insufficient.
8. Broaden education across society to elevate inclusivity and protect against exploitation, especially for people with disability, including those with cognitive challenges.
9. Embed people with disability in designing and leading support organisations.
10. Shift from emphasising "independence" to fulfilling the human rights of people with disability, as defined by the UNCRPD.
11. Create and mandate public reporting on organisations' commitment to human rights.
12. Implement consistent processes to ensure equitable support across services.
13. Educate organisations to better serve people with disability.
14. Foster collaboration between health and disability services to improve overall care and support.

Information, Advice, and Referral Supports:
15. Provide quick, clear and tailored access to information suitable for varying levels of health literacy and technical skills.
16. Adopt universal design standards to improve the accessibility of foundational supports.
17. Establish centralised coordination to streamline service integration and access.
18. Link information and supports to primary health care for a cohesive support system.
19. Offer case managers or coordinators to help individuals navigate the complexity of the various sectors and systems.
20. Ensure comprehensive training for support staff to enhance service delivery and quality.
21. Advocate for stronger oversight to uphold high standards in service provision.

Address market gaps, particularly in regional and remote areas:
22. Consult with stakeholders to identify and address local needs.
23. Establish small grants for research and projects addressing market gaps.
24. Implement regulation and accountability mechanisms to maintain service quality.
25. Partner with community organisations, health services, and medical practices for integrated support.
26. Provide plain language resources and specialised support for children, including those in out of home care, and families from diverse backgrounds.
27. Advocate for age-appropriate supports that meet children's developmental needs.

Effective communication of service provider achievements and needs:
28. Foster societal acceptance of people with disabilities as equal.
29. Link audit procedures to service accreditation and funding, with public reporting on Key Performance Indicators (KPIs) through online dashboards.
30. Engage people with disability in designing and evaluating family-centred, accessible services.
31. Demonstrate continuous improvement in upholding human rights and prioritising user experiences of supports and services.
32. Use mapping initiatives to identify community needs and improve information sharing.
33. Ensure foundational supports for parents and caregivers go beyond therapy to meet diverse accessibility needs.

Strengthen sector capacity by addressing immediate needs:
34. Consult with local disability providers to align healthcare services with community resources.
35. Test new initiatives in smaller communities to address issues before wider rollout.
36. Fund foundational supports adequately to meet established quality standards.
37. Explore social prescribing to provide integrated and comprehensive care.

38. Develop peer support networks and facilitating group settings.

Workforce:
39. Ensure disability services staff are trained in essential skills, cultural competence, and inclusive practices.
40. Expand training, employment, and promotion opportunities for individuals with lived experience.
41. Support sector employment through initiatives like government grants.
42. Balance mainstream and specialised options to meet individual needs.

Best practice in support delivery:
43. Prioritise clear governance structures within the sector.
44. Actively involve people with disabilities and service providers in policymaking and program design.
45. Establish grant schemes for public sector projects focused on human rights, aligned with the UNCRPD.
46. Emphasise quality-of-life measures to improve overall wellbeing in disability services.
47. Partner with universities and research institutions for evidence-based innovation and action research that addresses community needs.
48. Create communities of practice to enhance service delivery.

Opportunities for capacity building in regional and remote areas:
49. Establish systems to identify and address gaps in regional support services.
50. Help to sustain essential services, including those from Indigenous organisations, in underserved areas.
51. Design programs with input from local leaders and organisations.
52. Prioritise telehealth as a flexible and accessible service option.
53. Create incentives to encourage healthcare professionals to work in rural and remote communities.

Additional RACP Member Feedback on the Consultation

Nine (9) of the twenty-five consultation questions were particularly relevant to RACP members and responses have been provided below.

> ### Is the broad focus and scope of information, advice and capacity-building supports aligned to what you would expect? Are there any gaps?

Accessible Information
RACP members suggest that clear, accessible information is developed to help people understand and navigate the disability support system. This suggestion aligns with the RACP submission on the review of the Australian Disability Strategy (ADS), which called for clear guidance on how to access services.

Alignment with the UN Convention on the Rights of Persons with Disabilities (UNCRPD)
RACP members recommend that disability services should align with the UNCRPD to make sure people have equal access to healthcare, education, and work opportunities. The RACP has echoed this in several submissions, including an RACP submission to the Disability Royal Commission and an RACP submission to the Australian Disability Strategy 2021-31 review, focusing on human rights in areas like education, health, housing, work, and justice.

Culturally Safe Services

RACP members stress the importance of culturally safe services specifically tailored for Aboriginal and Torres Strait Islander communities; a focus that aligns with the RACP recommendations for culturally responsive services in an RACP submission on the NDIS Act Review (Tune Review).

Improving Training in Mainstream Health Services

RACP members recommend a focus building skills and integrating support within mainstream health services, which is supported by studies showing that training staff in hospitals and healthcare services helps them better support people with intellectual disabilities[1] and makes disability services more compassionate and reliable[2]. This recommendation is in line with the RACP submission on the NDIS Act Review, which encourages better coordination between healthcare and disability services.

Improved Accessibility for Vulnerable Groups

A key priority highlighted by RACP members is improving access for vulnerable groups.

> *"I would add that this information, advice and support needs to be easily accessible for vulnerable populations such as those with intellectual disability, mental health impairment and language and cultural barriers."* RACP member.

Effective disability inclusion strategies lead to better health outcomes, as they aim to eliminate social and structural barriers that have historically marginalised people with disabilities. This aligns with the RACP focus on creating a disability system that meets a variety of needs, as detailed in our RACP submission on early support for children with disabilities.

Peer Support Networks

Peer support networks are another important area RACP members raised and they highlighted that these networks foster community connections and provide ongoing care across health, disability, education, and community services. This view is echoed in the RACP submission on the Australian Disability Strategy 2021-2031, which sees peer networks as essential for continuous support.

Inclusive and Funded Environments

Research supports our RACP members' suggestions for changing funding and adapting environments to make schools and communities more inclusive.[3]

> *"The current NDIS system is costing a lot of money, and in the early childhood and school-aged areas where I work, the focus seems to be on "fixing" the child. We need to make their environment more user-friendly. Funding must be channelled to put experienced allied health clinicians into schools and community programs. The education system is sorely lacking, and teachers are asked to act as therapists. Currently, allied health clinicians come into schools to tell teachers what to do. Kids leave schools for homeschooling as the system cannot manage differences. More resources must be put into creating inclusive environments so these kids can participate and feel included. The information, advice and capacity building statements sound good, but there needs to be fundamental shift in how funding is allocated."* RACP member.

These suggestions support the RACP submission to the NDIS inquiry, which advocates for funding to support inclusive environments beyond individual therapy, creating more supportive, accessible spaces.

[1] Cox A, Dubé C, Temple B. The influence of staff training on challenging behaviour in individuals with intellectual disability: A review. J Intellect Disabil. 2014;19(1) doi:10.1177/1744629514558075.
[2] McEwen J, Bigby C, Douglas J. What is good service quality? Day service staff's perspectives about what it looks like and how it should be monitored. J Appl Res Intellect Disabil. 2021 Jul;34(4):1118-26. doi: 10.1111/jar.12871.
[3] Stafford L, Novacevski M, Pretorius R, Rogers P. The makings of disability-inclusive sustainable communities: Perspectives from Australia. *Urban Governance*. 2024;4(2):113-21. doi.org/10.1016/j.ugj.2024.03.004

> *Are the intended outcomes the right ones? Are there any gaps? How would you measure them or like to see progress and improvements measured?*

Rapid Access to Information

While increasingly rapid digital technologies and remote services were widely adopted in response to the COVID-19 pandemic, this shift also revealed significant accessibility challenges.[4] RACP members highlight the need for rapid access to tailored information for people with disability, their families and carers, emphasising that merely having services is insufficient without timely, user-friendly access.

Elevating the Value of Inclusivity

RACP members recognise that raising societal awareness about disability requires comprehensive disability education, which is needed to emphasise the importance of inclusivity and help everyone recognise its value.

> *"Awareness does not mean people will understand how to integrate people with disabilities into the various facets of life. The main message is beyond understanding and having the services. People with disabilities deserve seamless integration into societal activities without stigmata. The only way to do this is for them to become part of the normal "without too much fuss" but be aware of their needs at a peer level. Education about disability is paramount at all levels of society."* RACP member.

This can be achieved by implementing long-term, well-resourced interventions that raise societal awareness of disability, thus encouraging broader recognition and acceptance.[5]

Empowerment to Provide Leadership

RACP members emphasise that foundational supports should empower parents, carers, families, and communities to help people with disability access their individual rights. The need for inclusive foundational supports, developed and led by people with disability[6], was recognised before it was highlighted in recent final reports from the Disability Royal Commission and the NDIS Review. Our RACP members believe that organisations and non-profits providing foundational supports should seek the inclusion of people with disability in the design and management of services to address gaps in leadership and promote services that reflect lived experience and expertise.

A Shift to a Rights-Based Approach

RACP members support advocacy for moving beyond "independence" as the primary focus, aiming instead to fulfil the human rights of people with disability, as defined by the UNCRPD. This approach prioritises support systems and relationships that enable people to engage fully in society on their terms. For example, a person with disability might focus on meaningful work or community activities while relying on supports for tasks like cooking, cleaning, or transportation. It is vital to ensure that people with disability have a voice in making choices about the support they receive and how they live. This is reinforced in the RACP submission to the Disability Royal Commission, where systemic reform is called for to uphold disabled people's human rights and to mandate accountability measures.

Incentives, Audits and Public Reporting

RACP members support advocacy for incentives for service providers to adhere to UNCRPD standards, with transparency ensured through audits and public reporting on KPIs, echoing

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[4] Meltzer A, Barnes E, Wehbe A. Providing accessible health information for people with disability in a public health crisis: A qualitative study of the experiences of Australian accessible information provider organisations during the COVID-19 pandemic. *Disability and Health Journal.* 2024 [In Press, Corrected Proof] doi.org/10.1016/j.dhjo.2024.101720
[5] Purcal C, Idle J, Fisher KR, Robinson S, Giuntoli G, Newman CE. Five factors for effective policy to improve attitudes towards people with disability. Soc Policy Soc. Published online 2024:1-14. Doi:10.1017/S1474746424000198
[6] Australian Civil Society CRPD Shadow Report Working Group. Disability Rights Now 2019, Shadow Report to the United Nations Committee on the Rights of Persons with Disabilities: UN CRPD Review 2019. Available online: Disability Rights 2019 - Australian Civil Society Shadow Report to the United Nations Committee on the Rights of Persons with Disabilities: UN CRPD Review 2019

recommendations from the Disability Royal Commission Final Report.[7] Our RACP members propose linking funding to proven success in promoting the rights of people with disability and enforcing penalties for breaches. Additionally, they recommend outcome measures, as suggested by the National Disability Services' report,[8] requiring organisations to demonstrate human rights commitment and implement positive duty laws to reduce employment gaps for people with disability.

Improving the Quality and Safety of Care for Adults with Intellectual Disability

RACP members note that there has been no noticeable improvement in preventing deaths or adverse events in adults with intellectual disability since the NDIS Quality and Safeguards Commission commissioned a project to explore preventable deaths among people with disabilities[9].

> *"Health professionals, managers and systems still don't insist, don't blink an eyelid, don't apply all the usual quality and safety systems for adult patients with intellectual disability in the hospital setting. We need to insist on the application of usual quality and safety processes, death reviews, incident reviews for patients with intellectual disability and act on gaps with the same level of vigilance as for patients without disability."* RACP member.

Our RACP members want the 'gold standard' quality and safety processes to be applied equally to people with and without disability.

Greater Community and Employment Engagement

Meaningful engagement in activities, like volunteering or supported employment, is crucial for social, mental, and emotional wellbeing. RACP members suggest providing more support and education for organisations about the value of these activities. Members especially highlight the need for greater emphasis on providing the disability community with employment opportunities, as it fosters autonomy, dignity, and social connections. Our members would like to see stronger community awareness to protect people with disability, particularly those with cognitive challenges, from exploitation.

Integration Between Healthcare and Disability Services

RACP members want better integration between healthcare and disability services. A coordinated approach is essential for supporting people with disability and their families. The RACP has previously emphasised the importance of integrating health and disability services, as seen in our RACP submission to the NDIS Act Review and our RACP submission to the NDIS Consultation on Supporting Young Children, advocating for coordinated care and inclusive community services. This includes support for families, promoting clear and fair pathways to services, and addressing barriers to employment for people with disability, especially those with cognitive challenges.

In relation to information, advice and referral supports, what could help support innovation, quality and best practice in the delivery of these General Supports?

Enhancing Accessible, Transparent, and User-Centric Support Information

All people living in Australia should be able to access, understand, and make informed health decisions. RACP members stress the importance of quick and clear access to information tailored to different comprehension levels, health literacy, and technical skills. Members agree with the

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[7] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. *Final Report.* Canberra: Australian Government; 2023. Available from: Final Report | Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

[8] National Disability Services. State of the Disability Sector Report 2023. National Disability Services; 2023. Available from: NDS State of the Disability Sector Report

[9] Department of Developmental Disability Neuropsychiatry. Preventing Avoidable Deaths of Australians with Disability: The Need for a Nationally Consistent Approach to Mortality Data Collection, Analysis and Reporting. Sydney: University of New South Wales; 2022. Available from: https://www.3dn.unsw.edu.au/projects/preventing-avoidable-deaths-australians-disability

National Statement on Health Literacy, which recognises the specific challenges that marginalised populations face and emphasises co-design with communities to meet diverse literacy needs.[10] Additionally, members emphasise the need for transparency in service availability and the ability for individuals to provide feedback on those services, ensuring people can easily find and use the right supports. This aligns with a report from the Australian Institute of Health and Welfare (AIHW) that stresses transparency and accountability in service delivery is key to ensuring people can easily access the support they need.[11]

Universal Design Standards

RACP members suggest that universal standards should be implemented in service design. Members would like to see facilities incorporate a Universal Design Australia approach[12] to create flexible, simple, and adaptable environments that enhance accessibility for individuals with varying physical, sensory, and cognitive needs. Members also suggest integrating universal design standards with broader disability rights frameworks, such as those outlined in the UNCRPD, to promote the physical and emotional wellbeing of people with disabilities.

Connecting with Primary Health Care

RACP members highlight the importance of connecting information and supports with primary health care, particularly for families with young children. Recognising that family and community environments influence children's health, and that there is a need for integrated support systems that bridge health services with other community supports.[13]

Navigators that are Trained to Co-ordinate Effectively

RACP members see a strong need for case managers or coordinators to help individuals navigate the complex disability system and interlinked sectors and systems, and recommend that support staff receive training to effectively communicate with individuals with diverse needs. These member comments echo our RACP submission to the Disability Royal Commission that calls for informed centralised coordination to prevent misuse of the system.

Stronger Oversight and Accountability

RACP members advocate for more stringent monitoring mechanisms within the NDIS and other disability services to ensure that resources are used efficiently and effectively, as emphasised in our RACP submission to the NDIS Act Review.

> ***What would need to be considered to avoid market gaps in the availability of these types of general supports, including in lower population and regional and remote areas?***

Stakeholder Consultation and Balanced Distribution

RACP members highlight the importance of ensuring access to necessary services and equipment, as regional and rural areas often struggle with availability of these. Our members stress that equal distribution and accessibility are essential, even if challenging.

> *"Ensuring availability of services, equipment, etc. Country areas are notorious for being less fortunate in terms of the availability of these services; equality in distribution and accessibility will be very important, though it might be impractical. Consultation with stakeholders (people on the ground) will be very important to determine specific area*

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[10] Commonwealth of Australia, Department of Health. National Preventive Health Strategy 2021–2030. Canberra (AU): Commonwealth of Australia; 2021. Available from: National Preventive Health Strategy 2021-2030

[11] Australian Institute of Health and Welfare. People with disability in Australia: The disability policy environment. Canberra: Australian Institute of Health and Welfare; 2022. Available from: https://www.aihw.gov.au/getmedia/725731a5-5296-4b8d-8e49-40fa64937fb2/aihw-dis-72-people-with-disability-in-australia-2024.pdf?v=20240403105922&inline=true

[12] Universal Design Australia. *Universal design principles and their application in Australia.* Available from: https://www.universaldesignaustralia.net.au

[13] Australian Institute of Health and Welfare. Health of Australia's children [Internet]. Canberra: Australian Institute of Health and Welfare; 2020 [cited 2024 Nov 7]. Available from: Australia's children, The health of Australia's children - Australian Institute of Health and Welfare

needs. More than gaps, there will need to be a watch for overservice in some areas as this is not cost-effective." RACP member.

To tackle these issues, RACP members agree with the *Australian Institute of Family Studies* and recommend consultation with local disability stakeholders, including families, allied health professionals, and community organisations, to ensure that service models meet each region's unique needs.[14] Additionally, members caution that care must be taken to prevent overservice in some regions, which can lead to inefficiencies and increased costs.[15]

Innovation Grants to Address Market Gaps

To drive innovation and expand foundational support services, RACP members recommend establishing small grants to fund research and innovation projects that target gaps in service markets, particularly in thin markets in regional and remote areas. These grants should prioritise initiatives led by people with disabilities and their representative organisations, ensuring that projects address real, community-identified needs and promote inclusive, community-driven solutions. This approach aligns with RACP Integrated Care policy for adaptable services that account for diverse regional requirements and encourage the integration of technology and workforce initiatives to bridge healthcare gaps in underserved areas.

Regulation and Accountability Mechanisms

RACP members want improved regulation and accountability mechanisms, as they feel relying solely on local champions is not enough; these initiatives must be integrated into core business practices. The RACP submission to the Disability Royal Commission further underlines the necessity for regulatory oversight to prevent exploitation and ensure services meet the needs of individuals with disabilities.

Supporting Effective, Inclusive Communication for Diverse and Marginalised Communities

RACP members recommend collaboration with local community organisations, healthcare services, and primary care practices to overcome literacy and written communication barriers.

> *"Marginalised populations with a disability can be easily overlooked. Ensuring easily accessible information is culturally appropriate and accessible through community cultural connections is also important."* RACP member.

Members stress the importance of word-of-mouth communication in these instances. Members also call for plain language resources for individuals with hearing and vision impairments and emphasise the need for culturally appropriate, accessible information for marginalised populations. Supporting families from diverse backgrounds, especially those who speak English as a second language, is also a priority. These recommendations align with the RACP submission to the Australian Disability Strategy 2021-32 review regarding culturally responsive communication in disability services.

Tailored Care for Out-of-Home and Transitioning Youth

RACP members recommend specialised support for children in out-of-home care, recognising their distinct needs. This aligns with previous RACP submissions, such as our RACP submission to the NDIS consultation Supporting Young Children: Early to Reach Their Full Potential, advocating for tailored support for vulnerable groups. Additionally, consideration for adolescents and young people was noted, with the RACP advocating for age-appropriate supports that help them connect with peers and transition into adulthood.

Tailored support for children in out-of-home care may include individualised health, education, and emotional care services, such as therapy, trauma-informed care, and educational support. For

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[14] Australian Institute of Family Studies. Victims of circumstance? Disability services in rural and remote areas. [Internet]. 2023 [cited 2024 Nov 7]. Available from: https://aifs.gov.au/resources/short-articles/victims-circumstance-disability-services-rural-and-remote-areas
[15] NDIS Review. Improving access to supports for remote and First Nations communities: 1. Market challenges. National Disability Insurance Scheme Review. Available from: https://www.ndisreview.gov.au/resources/paper/improving-access-supports-remote-and-first-nations-communities/1-market-challenges

adolescents, it focuses on skills development, peer support, mental health services, and transition assistance into adulthood, ensuring both immediate and long-term well-being. These efforts highlight the RACP commitment to supporting both children and young adults through their developmental stages.

> ### *What does success look like and what resources or support do you think service providers need to better communicate achievements and needs?*

Timely Access, Social Reintegration, and Empowerment

RACP members suggest success is primarily characterised by timely access to information, within one week, and in formats that suit the individual. Furthermore, true success would involve individuals seamlessly integrated in society, where they are treated as equals by peers and friends. RACP members suggest success is individuals finding it easy to navigate their environments and communicate their needs effectively. Reintegration depends on social acceptance, peer relationships, navigating environments, and communicating effectively. Research shows that individuals need to be accepted by peers for a sense of belonging, and supportive communities help reduce social isolation and promote engagement.[16]

Enhancing Accountability and Transparency in Disability Service Provision

Regarding resources and support, RACP members emphasised the importance of service providers having the tools and guidance to develop effective audit procedures. They recommended linking audit outcomes and performance to accreditation and funding, especially for foundational supports. They also suggest that audits need to demonstrate that services are designed, led, and monitored by people with disability, ensuring alignment with universal design and accessibility standards. Members proposed using online data dashboards, registries, and public reporting of KPIs to improve transparency and accountability. Additionally, service providers should demonstrate continuous improvement in meeting the standards set by the UNCRPD and delivering outcomes aligned with its principles.[17]

The NDIS Quality and Safeguarding Commission has emphasised that the audit process should focus on how people receiving supports and services experience these services. This shift aims to ensure that organisations translate their principles, policies, and procedures into tangible practices that improve the lives of people with disability.[18]

RACP members stressed the importance of incentivising service providers to provide quality services for clients and their families.

> *"Measuring success is complex and multi-faceted and will depend on who's perspective is being assessed. Service providers need to be given incentives to achieve quality benchmarks so that they can strive to better meet the needs of their client/family rather than have a sole business focus."* RACP member.

Enhancing Community Support and Engagement

RACP members suggest including the importance of mapping community supports and updating information. Members stressed the value of engaging communities to understand local needs and having platforms to receive and share updates among peers. This sentiment is shared by the Australian Institute of Health and Welfare, which notes community-driven mapping initiatives as critical tools for engaging communities in these efforts and producing better-coordinated services.[19]

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[16] Presnell J, Keesler J. Community inclusion for people with intellectual and developmental disabilities: a call to action for social work. *Adv Soc Work*. 2021;21(4). Available from: https://doi.org/10.18060/25512

[17] Office of the High Commissioner for Human Rights. About human rights and persons with disabilities. United Nations. [Internet]. Available from: https://www.ohchr.org/en/disabilities/about-human-rights-persons-disabilities

[18] National Disability Services. *Quality Practice Guide*. National Standards Toolkit. National Disability Services; 2019. Available from: https://www.nds.org.au/images/resources/national-standards-toolkit/2019/Quality_Practice_Guide_.pdf

[19] Australian Institute of Health and Welfare. *Australia's Disability Strategy: Outcomes - Personal and community support*. Canberra: Australian Institute of Health and Welfare; 2023. Available from: https://www.aihw.gov.au/australias-disability-strategy/outcomes/personal-and-community-support

Access and Satisfaction for Parents and Caregivers

For the population of parents and caregivers, success was seen in terms of satisfaction and access to services by RACP members. Members reflected on whether parents and caregivers feel they know what services are available, how to access them and whether local services are both family-friendly and tailored to the population they serve. A concern raised was that the current service model often places undue stress on parents by focusing on a cycle of therapy, which may not address fully the parent's primary concerns.[20] Parents want their children to be able to make friends and succeed at school and services should also focus on these outcomes, rather than just therapeutic interventions.

> *Are there critical or immediate sector capacity challenges or opportunities that should be considered as part of initial reforms? How would you propose these challenges or opportunities be addressed?*

Enhancing Public Health Services for Long-Term Disabilities

RACP members highlighted a need for better public health services for people with long-term disabilities. They noted that different communities have unique infrastructure and service delivery systems, which can affect access to health care. To address this, they suggested tailoring solutions through community consultations and working with local disability providers. Testing programs in smaller, well-defined areas could help refine and improve them before scaling up for broader implementation.

These recommendations build on previous RACP submissions, including the RACP submission to the review of the Australian Disability Strategy 2021-2031, which calls for services to align with the UNCRPD and expand community-based supports. The RACP Submission to the Disability Royal Commission Final Report also emphasises the need for systemic reforms to address disparities affecting the health, social, and economic outcomes for people with disability.

Gold Standards for Universal Design and Foundational Supports

RACP members suggested creating foundational support services that employ universal standards for design, accessibility, and cultural safety that align with the UNCRPD. Members state services should be required to meet these standards, backed by proper funding and resources, and be prepared to lead the way in promoting disability inclusion. Additionally, funding for large-scale support services should be tied to how well they align with the UNCRPD, especially in inclusive education, housing, and employment. Prioritising services that reduce restrictive practices and address the health, economic, and social gaps faced by disabled people is crucial as demonstrated by our RACP submission to the review of the Australian Disability Strategy 2021-2013.

Barriers to Capacity-Building and Possible Solutions

RACP members suggested that greater attention be paid to the social and emotional wellbeing of people with disability, with some members proposing the exploration of social prescribing as a possible avenue to improve holistic care.[21]

Members also emphasised exploring ways of meeting the needs of individuals within peer groups or support networks.

> *"Need to focus on how the needs of individuals might be met within peer groups, peer support networks, and for children how this is found in schools and other community supports. At present, much care is delivered individually to participants who may benefit from being part of a group environment or network."* RACP member.

Care is usually delivered on an individual basis, but many participants could potentially benefit from being part of a group environment or network, particularly for children and people with intellectual

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[20] Australian Institute of Family Studies. Service use and health outcomes among parents of children or partners with disability. Australian Institute of Family Studies. [cited 2024 Nov 7]. Available from: https://aifs.gov.au/resources/short-articles/service-use-and-health-outcomes-among-parents-children-or-partner
[21] Tierney, S., Wong, G., Roberts, N. et al. Supporting social prescribing in primary care by linking people to local assets: a realist review. BMC Med 18, 49 (2020). https://doi.org/10.1186/s12916-020-1510-7

disabilities.[22] This shift could enhance the social connections and support structures available to disabled people, further strengthening their participation in inclusive societal activities.

> *Are there things that have worked well, or you have seen work well, to find suitable workers and develop the skills of the workforce to deliver services like the ones outlined in this consultation?*

Addressing Workforce Variability for Consistent Service Delivery
RACP members noted differences in the disability workforce's experience, skill level, and communication abilities lead to inconsistencies in service delivery.

> *"Workforce is the biggest challenge due to variability of factors like experience, skill base, communication skills etc. There needs to be a degree of homogeneity to provide a consistent service. I would propose a course to outline the program and ensure the right people are looking after the right client. Oversight is paramount."* RACP member.

Members recommend more uniformity in the workforce to ensure high-quality care and propose standardised training that reinforces essential skills, cultural competence, and inclusive practices in disability services.

Using Lived Experience to Build a Stronger Disability Workforce
To strengthen support for lived experience in the workforce, our members recommend expanding training and job opportunities for people with disabilities, whether as peer support workers, advocates, or volunteers. Many noted successful programs that illustrate the potential of such initiatives.[23, 24] Members also support advocacy for hiring people with disability within disability services to foster a more inclusive and culturally aware environment.

> *"Including people with lived disability experience as employees and trainers enriches the cultural acceptance and inclusiveness of the workplace/program."* RACP member.

This aligns with prior RACP submissions, including the [RACP submission](#) to the Disability Royal Commission, where the RACP championed inclusive hiring practices to reduce stigma and build an accepting culture. Members urge the sector to prioritise hiring and promoting of staff with lived experience to ensure workforce diversity.

RACP members suggest that organisations representing people with disability receive support, including government grants, to help lead this workforce development.[25] Additionally, members recognised the high intrinsic motivation in people with disability and recommended equipping them with skills and knowledge to enable them to provide services in paid roles.

Balancing Mainstream and Specialised Support in Disability Services
RACP members emphasised the importance of specialised services, particularly in education, noting that special schools or classes should remain available for children with significant disability needs. These settings can provide the skills and expertise necessary to support these children effectively. The importance of specialised educational services, particularly in the context of supporting children with significant disabilities, is well-documented in recent Australian reports. The 2019 *Time for Change: The State of Play for Inclusion of Students with Disability* by Children and

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[22] Araten-Bergman, T., & Bigby, C. (2021). Forming and supporting circles of support for people with intellectual disabilities – a comparative case analysis. *Journal of Intellectual & Developmental Disability*, *47*(2), 177–189. https://doi.org/10.3109/13668250.2021.1961049

[23] Byrne L, Wang L, Roennfeldt H, Chapman M. Queensland Framework for the Development of the Mental Health Lived Experience Workforce. Brisbane: Queensland Health; 2019. Available from: Lived Experience Workforce Framework | Queensland Mental Health Commission

[24] Disability Rights Advocacy Service Inc. Individual capacity building [Internet]. Adelaide (Australia): Disability Rights Advocacy Service Inc.; [cited 2024 Nov 8]. Available from: https://www.dras.com.au/individual-capacity-building

[25] Department of Social Services. Individual capacity building [Internet]. Canberra (Australia): Australian Government; 2023 [cited 2024 Nov 8]. Available from: https://www.dss.gov.au/disability-and-carers-programs-services-for-people-with-disability/individual-capacity-building

Young People with Disability Australia (CYDA)[26] highlights ongoing gaps in educational inclusion, stressing that specialised schools and classes continue to play a crucial role for children with complex needs. While integration into mainstream services is important, members agree that specialised options should be accessible for those who require them.

This aligns with the RACP submission to the consultation on Supporting Young Children: Early to Reach Their Full Potential, which advocates for flexible disability services that adapt to individual needs. RACP members recommend a balanced approach, ensuring access to both mainstream and specialised supports to provide tailored options that meet diverse needs.

> *What could help support innovation, quality and best practice in the delivery of these supports?*

Strong Governance in Disability Services

RACP members stress that effective governance is crucial for reliable services. Recent Australian reports highlight the need for strong governance to ensure disability services meet individual needs. The NDIS Review (2023)[27] calls for better federal, state, and territory collaboration to improve the NDIS, aiming for more effective and sustainable services. Similarly, Australia's Disability Strategy 2021-2031[28] advocates for a unified governance framework to address service fragmentation.

Involving People with Disability and Providers in Service Design

RACP members emphasise empowering people with disability and providers to innovate and design services that address the real needs of people with disability. People with disability bring valuable insights and a strong commitment to roles that demand creativity and innovation. Despite these strengths, they often encounter substantial employment barriers, making them an underutilised resource. As advocated in our RACP submission to the Disability Royal Commission, incorporating lived experience in service design aligns with the RACP commitment to a system shaped by the experiences of those it serves. Members recommend actively involving people with disability and service providers in the policymaking and program design processes, ensuring that their expertise and experiences drive service improvements.

Funding for Quality Improvement in Disability Services

The RACP considers support for innovation and quality improvement as critical. Members suggest establishing grant schemes to fund public sector projects focused on human rights and aligned with the UNCRPD. This builds on advocacy in our RACP submission regarding the Disability Royal Commission Final Report, where the RACP recommended sustained funding to support innovative, effective service delivery. Members support funding projects that reduce restrictive practices, address disparities, and uphold the rights of people with disability, advancing disability services grounded in human rights principles.

Prioritising Quality-of-Life Measures in Disability Service

Our members highlight the need for quality-of-life measures and attention to health and mental health disparities to achieve equitable health outcomes. RACP has consistently advocated for reducing health inequities and eliminating restrictive practices, as outlined in our RACP submission to the Disability Royal Commission. Members propose a continued focus on quality-of-life measures to embed best practices and improve overall wellbeing within disability services.

Building an Integrated Service Model

RACP members emphasise the importance of integrated service models that are built on collaboration across service domains, such as health, education, and research. Members

[26] Children and Young People with Disability Australia. Time for change: The state of play for inclusion of students with disability: Results from the 2019 CYDA National Education Survey. Melbourne: Children and Young People with Disability Australia; October 2019. Available from: Time for change: The state of play for inclusion of students with disability - CYDA
[27] Independent Review into the National Disability Insurance Scheme. Working together to deliver the NDIS: Final report. Canberra (AU): Commonwealth of Australia; 2023.Available from: Working together to deliver the NDIS | NDIS Review
[28] Department of Social Services, Australian Government. Disability and Australia's Disability Strategy 2021–2031 [Internet]. Canberra (AU): Department of Social Services; 2021 [cited 2024 Nov 11]. Available from: Disability and Australia's Disability Strategy 2021–2031 | Department of Social Services, Australian Government

recommend engaging universities and research institutions for evidence-based innovation, allowing for action research responsive to community needs and backed by the latest findings and innovative companies.

> *"Integrating technology pillars into the program through university research grants and market companies that can look at new strategies and devices which could help move the disability area into the future".* RACP member.

Building Communities of Practice in Disability Support

RACP members highlight the potential of communities of practice to support knowledge-sharing, peer learning, and continuous improvement across the disability sector. This approach aligns with our RACP submission to the NDIS Act Review, where support was given to initiatives that encourage collaboration and specialised expertise while promoting best practices.

The 2022 Australian Community Sector Survey by the Australian Council of Social Service (ACOSS) also touched on communities of practice, discussing how peer connections and shared expertise help address systemic challenges like funding, workforce stability, and burnout in the community sector[29]. RACP members suggest fostering these communities to drive sector-wide improvements and enhance the quality and effectiveness of disability support services.

What would need to be considered to avoid market gaps in the availability of supports [as part of a reformed capacity building program], including in lower population and regional and remote areas?

Addressing Gaps in Regional Disability Services

Members highlight the need for diverse service approaches and regular reviews to assess capacity and gaps in local services. This aligns with the RACP submission to the review of the Australian Disability Strategy 2021-2031, which called for strong data collection to monitor service equity and identify regional disparities. RACP members support establishing systems that track and address gaps in regional support services and acknowledge the work of the Australian Institute of Health and Welfare in highlighting the importance of data collection in identifying regional disparities and monitoring equity in services[30], particularly with health outcomes for Aboriginal and Torres Strait Islander people.

Strengthening Local Solutions through Targeted Grants

RACP members call for grant schemes that promote local solutions in areas with fewer services and support smaller providers, community groups, and Aboriginal and Torres Strait Islander organisations. This is consistent with past RACP recommendations in its submission to the review of the Australian Disability Strategy 2021-2031 for investment in community-led initiatives to strengthen support across diverse regions, including Aboriginal and Torres Strait Islander organisations, to help sustain essential services in under-served areas.

Strengthening Community Engagement and Culturally Responsive Policy

RACP members emphasise the importance of community involvement, recommending that programs be designed with input from local leaders and organisations. This reflects RACP support for inclusive, community-driven policy. Engaging communities directly in planning and delivering services ensures they meet local needs and are culturally appropriate, and echoes RACP support for culturally responsive approaches that bring community voices into policymaking.

> *"Culturally appropriate delivery of information- e.g. via Aboriginal elders will increase acceptance of information. Include representation from Indigenous and non-English speaking background groups in advisory groups".* RACP member.

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[29] Australian Council of Social Service. The 2022 Australian Community Sector Survey. 2022. Available from: https://www.acoss.org.au/australian-community-sector-survey/
[30] Australian Institute of Health and Welfare. Health gaps 2017–2019. Canberra: Australian Institute of Health and Welfare; 2019 [cited 2024 Nov 8]. Available from: https://www.aihw.gov.au/reports/australias-health/health-gap-2017-2019

Expanding Telehealth to Enhance Access to Disability Services

RACP members suggest expanding telehealth and digital tools to overcome geographic barriers. A recent review of digital health services in Australia highlights telehealth as a critical tool for overcoming healthcare access barriers, especially for those in regional and remote areas.

The *Australian Infrastructure Plan* (2021)[31] emphasised the importance of expanding digital health capabilities to address inequalities in healthcare access. The plan argues that scaling up digital health services, including telehealth, virtual care, and home-based health services, can significantly reduce travel burdens, lower healthcare delivery costs, and improve health outcomes. Furthermore, the plan suggests that enhanced telehealth access could minimise unnecessary hospital visits by enabling continuous care for people with disabilities and other complex needs from their homes.

RACP members recommend prioritising telehealth as an accessible and flexible option for continuous care, allowing people to receive quality services without additional barriers, such as the need to travel long distances.

Enhancing Rural Healthcare Access through Incentives and Workforce Development

To attract and retain skilled workers in rural and regional areas, members recommend offering financial incentives, such as stable funding, a predictable way of providing financial support that enables long-term planning and reliable delivery of services.

A 2022 report by the *Regional Australia Institute* highlights the importance of stable funding, emphasising how such incentives and relocation support can help overcome barriers to healthcare access in rural regions[32]. These findings align with the RACP recommendations to the Australian Disability Strategy 2021-31 review, which called for stable funding and structural incentives to maintain a skilled healthcare workforce in underserved communities. By supporting consistent access to care, such incentives play a key role in improving health equity across Australia

Closing Comment

The RACP looks forward to seeing how the Australian Government incorporates this feedback to enable people with disability, as well as their families and carers, to engage fully, make informed choices, and advocate effectively for their needs, while also developing impactful new supports to create a more inclusive, accessible system for all Australians with disabilities.

If you require further information or would like to engage further with us, please contact Debra Moss, Policy and Advocacy Officer, via the RACP Policy and Advocacy unit at policy@racp.edu.au.

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[31] Infrastructure Australia. *Australian Infrastructure Plan 2021*. Canberra: Infrastructure Australia; 2021. Available from: 2021 Australian Infrastructure Plan | Infrastructure Australia

[32] National Rural Health Alliance. Health Workforce [Internet]. Deakin, ACT: National Rural Health Alliance; 2023 [cited 2024 Nov 8]. Available from: https://www.ruralhealth.org.au/advocacy/current-focus-areas/health-workforce