

# National Forum Report



# 2-3 November 2022

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# Executive Summary

The first National Forum on Australia’s Disability Strategy 2021-2031 was held on 2‑3 November 2022. National Forums provide the opportunity for people with disability to play an active role in shaping the implementation of the Strategy and will be hosted annually on a rotation between the Commonwealth and states and territories over the 10 years of the Strategy.

The Forum included 7 panel sessions aligned to each of the 7 Outcome Areas of the Strategy. Almost all facilitators and speakers at the National Forum identified as a person with disability.

The Hon Amanda Rishworth MP, Minister for Social Services, provided an in­‑person address to launch the first day of the National Forum, and provided a live video‑streamed address to launch the second day of the Forum.

## Overarching themes

Throughout the two-day event we heard 4 key recurring themes from participants, raised across multiple sessions:

**Proactive inclusion and accessibility –** discussions focused on how inclusion and accessibility for people with disability should be proactively embedded in planning from the start rather than as an afterthought, referencing the universal design approach. The application of universal design is essential across infrastructure and service delivery.

**Community attitudes –** this was touched on in discussions in every session, focusing on how stigma, ableism, negative attitudes and low expectations act as barriers in the lives of people with disability across multiple aspects of life.

**Recognising diversity and intersectionality** – discussions noted the importance of recognising people’s different identities and tailoring responses to consider these differences.

**COVID-19 –** discussions covered the challenges a number of people with disability have in navigating life where COVID-19 poses a real risk to their lives and health.

## Panel 1: Employment and Financial Security

This session focused on how employment rates for people with disability have barely improved for more than two decades, emphasising the need for a different approach.

Discussions noted the benefits of customised employment and the need to remove barriers at the employer level, in line with the social model of disability.

An improved transition from education to employment for young people with disability was also a key theme of this session.

### Top actions discussed:

* Set measurable targets for employment that hold decision‑makers accountable.
* Equip the education system to support the employment transition for young people with disability, including through training for teachers.

## Panel 2: Inclusive Homes and Communities

The primary focus of this session was having an accessible and affordable home.

Participants welcomed the addition of ‘silver’ accessibility requirements to the National Construction Code, but also highlighted the need to incentivise making existing homes more accessible and change attitudes towards universal design.

### Top actions discussed:

* Mandate all new social housing be built to a ‘gold’ accessibility standard.
* Introduce incentives to make existing dwellings more compliant with accessibility guidelines applying to new dwellings.

## Panel 3: Safety, Rights and Justice

This session focused on the high rates of violence towards women with disability, lack of adequate supports in mental health units, and issues with the criminal justice system.

In relation to the criminal justice system, participants discussed the over-representation of people with disability, further over-representation of First Nations people with disability, lack of supports for people with disability in prison, and the ‘criminalisation of disability.’

Participants observed that negative attitudes towards people with disabilities contribute to the high rates of violence and rights violations they may be subjected to.

### Top actions discussed:

* Develop a dedicated strategy, in collaboration with First Nations people, for First Nations people with disability who are over-represented in the criminal justice system.
* Work to prevent gender-based violence towards women with disability by implementing school education programs that address ableism and sexism together.

## Panel 4: Health and Wellbeing

This session focused on the challenges that people with disability face in the healthcare system, including the lack of accessibility and disability confidence in healthcare providers.

Discussions explored that negative attitudes towards people with disability can limit an individual’s access to healthcare, diagnosis, and decision-making about their own treatment.

The session also noted the ongoing impacts of COVID-19 for people with disability.

### Top actions discussed:

* Improve accessibility of health services and facilities.
* Increase funding for disability liaison officers in hospitals.
* Provide better support to people with disability or people who are immunocompromised during the COVID-19 response.

## Panel 5: Education and Learning

A key focus of this session was the need for the education system to be more inclusive for students with disability, including First Nations students with disability. It was noted that a change of community attitudes and better support and resources for teachers and schools is required.

Participants discussed the need to phase out segregated education, as per Article 24 of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), as it can increase the feeling of exclusion and separation of people with disability.

### Top actions discussed:

* Provide learning opportunities to teachers to increase their disability confidence and improve the experience and outcomes for students with disability.
* Support the mainstream education system to be more inclusive and better equipped to support the needs of students with disability.

## Panel 6: Personal and Community Support

This session discussed the importance of government initiatives, such as the NDIS and the Strategy, and the need to continue to work together to enhance personal and community supports for people with disability.

Discussions also highlighted that for personal and community supports to be truly effective, they must be inclusive of intersectionality and diversity.

### Top actions discussed:

* Increase the knowledge, understanding and use of universal design.
* Foster better community support at the local and individual level by working to shift community attitudes and increase understanding of disability inclusion.

## Panel 7: Community Attitudes

This session highlighted that positive shifts in attitudes will lead to greater inclusion and accessibility, enhancing participation in the community for people with disability.

Discussions identified increased representation of people with disability in media and leadership as key to shifting community attitudes and encouraging inclusion.

### Top actions discussed:

* Increase representation in government leadership by appointing people with disability into such positions, with particular focus on portfolios and services related to disability.
* Increase on-screen media representation of people with disability, and increase the engagement of people with disability in the development and production of media.

## Next steps, monitoring and timelines

The next National Forum is scheduled for the 2024-25 financial year. The program will include recapping key themes from the inaugural forum and reporting on how governments have implemented the many worthwhile ideas and suggestions provided by participants.

During 2023, Australia’s Disability Strategy Advisory Council will consider these key themes and suggested actions in more detail and make recommendations on policy priorities, implementation options and timelines to the Disability Reform Ministerial Council.

# Introduction

## Australia’s Disability Strategy 2021-2031 (the Strategy)

The Strategy, implemented over 10 years, will create inclusive communities where people with disability can participate as equal members in society. Consistent with the UN CRPD this strategy commits all Australians to realising the fundamental freedoms and human rights of people with disability.

The Strategy was developed in collaboration with people with disability, their families, carers and representatives and all levels of governments through more than 2 years of consultations and engagements. Further information on this is available on the [Disability Gateway](https://www.disabilitygateway.gov.au/sites/default/files/documents/2021-11/1786-australias-disability.pdf).

The Strategy’s vision is for an inclusive Australian society that ensures people with disability can fulfil their potential, as equal members of the community.

The 7 Outcome Areas in the Strategy set out where governments, working with people with disability, communities and business, will focus on driving improvements for people with disability. The Outcome Areas represent the areas people with disability have said need to improve to achieve an inclusive Australian society.

## The National Forum (the Forum)

Public forums will occur annually over the life of the Strategy with the Commonwealth hosting forums in alternate years with states and territories.

The first National Forum was held in Canberra on 2‑3 November 2022, enabling people with disability to come together on the implementation of the Strategy. It included people with disability, key stakeholders and community representatives, with 72 people attending in-person and just over 900 attending virtually across the two day event.

The Hon Amanda Rishworth MP, Minister for Social Services, provided addresses each day, and there were also pre-recorded messages from The Hon Minister Bill Shorten MP, Minister for the National Disability Insurance Scheme and Minister for Government Services, and The Hon Tony Burke MP, Minister for Employment and Workplace Relations. In addition, the President of the Australian Local Government Association and all state and territory ministers attended, with the exception of Victoria, as their Government was in the caretaker period.

There were 7 panel sessions that covered each of the 7 Outcome Areas of the Strategy. Almost all facilitators and speakers were people with disability.

## Purpose of this Report

This report summarises the discussions at the Forum across the 7 panel sessions on each of the Outcome Areas. This report includes a section for each session, aiming to provide readers with an understanding of the key topics discussed by the panel as well as online and in‑person participants. The report also provides key actions raised in each session, for governments to consider and focus their implementation efforts.

## Panel 1: Employment and Financial Security

This session focused on how employment rates for people with disability have barely shifted for more than 2 decades – calling for governments, employers and the community to do things differently, as continuing with same approach cannot be expected to raise employment rates.

Participants emphasised the need to improve employment outcomes by discussing various benefits of employment for people with disability, beyond the financial gain, including: independence, self-determination, feeling engaged in the community and the world around them, mental health benefits including self-confidence, and better quality of life.

The session also observed the broader value of employment of people with disability. The Hon Tony Burke MP, Minister for Employment and Workplace Relations, opened the session via video message and described this topic to be “within the national interest.” Employment of people with disability is not just beneficial to the individual, but to the larger community and economy, due to increased social inclusion and productivity.

### Stagnation of employment rate for people with disability: The case for change

Discussions noted that in the consultation process for the Strategy, people with disability expressed that a key issue was improving employment rates – which is now Policy Priority 1 of this Outcome Area.

Participants expressed their frustration across the session that this rate has barely shifted in decades despite the implementation of the Disability Employment Service (DES) program, the introduction of a second national disability strategy, and the ratification of the UN CRPD. This indicates that current approaches to increase employment for people with disability may not be effective and that significant barriers remain.

Participants also expressed that not all people with disability can work or want to work, however they should still have the opportunity choose to do so if they wish.

### The opportunity to increase employment rates

The panel discussed that employment rates for people with disability had remained low despite current staff shortages and the high demand for workers. This further strengthens the need for change, while demonstrating the current opportunity to increase the increase employment rates.

### The need for a different approach

The stagnation of the employment rate for people with disability has indicated the strong need for a different approach, with Dylan Alcott OAM, Australian of the Year 2022, asserting, “the time for lip service is over.”

He suggested that targets for employment would help make outcomes measurable and hold decision-makers accountable.

Discussions noted the benefits of a customised employment approach, acknowledging that no single strategy would work for every person with disability and that there should be an individualised approach to determining what people need to thrive in an employment setting.

Participants also discussed the need to remove barriers at the employer level, in line with the social model of disability. As expressed by Clare Gibellini, Board Secretary for People with Disability Australia:

“We have historically looked at employment from the ground up, placing emphasis on the person – what are the barriers to them entering employment? But we're missing asking how to remove barriers for employers and how processes should be redesigned.”

### The transition from education to employment: Empowering young people early

Policy Priority 2 for this Outcome Area is an improved transition from education to employment for young people with disability. This was also the key theme of this session, emphasising that this area needs targeted support.

Participants agreed that there are generally low expectations of people with disability with regard to employment and there needs to be a change in community attitudes. Clare Gibellini mentioned that young people with disability often do not have “the big dream conversations” where they are asked what they want to be when they grow up. Both families and schools should be instigating these conversations, much earlier than the last year of school, to introduce the concept of work early, foster a capability mindset, and increase their likelihood of seeking and maintaining employment.

In an education setting, strategies that could assist with this may include training in disability as core competencies for teachers, and introducing customised employment into school curriculums.

Liz Reid AM, member of the NDIA Independent Advisory Council, listed various initiatives that would be key in effective employment programs for young people, including: support to identify aspirations and develop goals, vocational guidance, plans with clear pathways, skill building support to access industry specific skills and qualifications, and work experience opportunities to increase skills and experience in practical settings.

### Actions discussed to focus on during Strategy implementation

#### General

* Change low expectations of people with disability, noting the importance of taking action in both schools and workplaces.
* Provide input into the Select Committee on Workforce Australia Employment Services about how the existing systems are working for people with disability.

#### Policy Priority 1: Increase employment of people with disability

* Set targets for employment to make outcomes measurable and hold decision‑makers accountable.
* Encourage a customised employment approach that recognises the skills, interest, strengths and support needs of people with disability.
* Increase opportunities for people with disability to take on leadership positions, as they have the ability to influence and further employment opportunities for other people with disability.
* Incentivise organisations to employ people with disability, with an example discussed being looking upon inclusive employers as preferred providers for procurement tenders.

#### Policy Priority 2: Improve the transition of young people with disability from education to employment

* Equip the education system to support the employment transition for young people with disability, including through training for teachers.
* Provide skill-building support and work experience opportunities in employment programs for young people.

## Panel 2: Inclusive Homes and Communities

This session discussed the potential for accessible homes, communities and transport to transform the lives of people with disability, with a focus on housing. It also reminded government that many people with disability remain at greater risk of death and serious disease from COVID-19.

Emma Davidson MLA, ACT Minister for Disability, opened the session via video message and mentioned the work underway in the ACT to implement a universal design standard in construction.

Participants welcomed the addition of ‘silver’ accessibility requirements to the National Construction Code and identified a range of new initiatives that are expected to increase the supply of affordable and accessible homes.

### Dire need to increase supply

Forum participants agreed there is a great need for substantial investment in social and affordable housing Australia-wide and noted the Commonwealth Budget 2022-23 introduced a housing accord where $350 million will be provided to deliver an additional 210,000 affordable dwellings on top of the 30,000 already committed through shared equity initiatives. Ensuring all these dwellings are accessible will be a big step forward, but the Forum also highlighted the need to adopt actions to incentivise making existing homes more accessible.

### Universal design

Noting Australia’s love for clever design, renovations and home improvement television, former Chair of the Victorian Disability Advisory Council Dr George Taleporos championed the opportunity to shift how architects and designers think about accessibility:

“Here is what I think about accessibility in particular. I think that we need to make accessibility sexy in housing. Let's make it sexy. Remember when step‑free showers were like an accessibility feature? That was oh, that's accessibility. Well no, no‑one wants a step into their shower because it doesn't look very sexy does it, and when you look at steps, we have this fascination with stairs and steps. We need to change attitudes. We need designers to be innovative and to really think about universal design and how sexy that can be because there's some very good looking and sexy ‑ I'll say it one more time ‑ designs that are accessible to everyone.”

Dr Taleporos’ idea was strongly supported by online Forum participants who suggested a need to ensure that quality training is provided to urban planners, architects and designers on universal design principles and accessibility.

### Costs and consequences of inaccessible housing and communities

One panel speaker focused on how young people with disability are impacted by the lack of accessible and affordable housing:

“They want to live somewhere that represents them and they want to live with their mates and the people that make them feel comfortable, yet because of the lack of affordable housing that is accessible that's often not possible. Often young people with disabilities are stuck living at home or somewhere where they don't want to be.”

The session discussed how this separation of young people with disability from their friends and peers adversely affects their opportunity to hang out together and build the lifelong friendships and professional networks that can help find employment and career opportunities later on.

The Forum also discussed how retrofitting existing dwellings for accessibility as people age is inefficient, wasteful and prohibitively expensive for many Australians.

### Safer air to breathe

Many speakers and participants described how many people with disability remain at greater risk of death or serious disease from COVID-19 and argued there is an ongoing need to adapt the built environment so that it provides better protection from infection.

“We need to educate people about the importance of not polluting the air. Whether that is with your COVID concerns or with your fragrances, keep them to yourselves, and also that buildings need to have clean air policies. So they need air purifiers and air cleaners so that it's safe to go out and live a life outside of your own home.”

Participants also discussed how the use of fragrances in public spaces can also make them unsafe and unwelcoming for many people with disability.

### Actions discussed to focus on during Strategy implementation

#### Policy Priority 1: Increase the availability of affordable housing

* Create new Specialist Disability Accommodation models that provide a genuine alternative to group homes.
* Provide targeted assistance to help women with disability aged over 55 ‘age in place’.
* Position new accessible social housing in places safe from natural disasters and with good access to accessible footpaths, public transport and roads.
* Use the National Disability Data Asset to collect better information about unmet need for affordable and accessible housing.

#### Policy Priority 2: Housing is accessible and people with disability have choice and control about where they live, who they live with, and who comes into their home

* Mandate all new social housing be built to a ‘gold’ accessibility standard.
* Support Western Australia and New South Wales to adopt recent changes to the National Construction Code.
* Leverage negative gearing and shared equity schemes to increase supply of accessible housing in the private market.
* Introduce incentives for making existing dwellings more compliant with accessibility guidelines applying to new dwellings.
* Request that vendors of rental property websites add functionality to enable people with disability to filter dwellings by ‘accessibility’.

#### Policy Priority 3: People with disability are able to fully participate in social, recreational, sporting, religious and cultural life

* Amend Special Disability Trusts so that prohibitions on employment are removed.
* Update the Strategy so that it includes actions to protect people with disability from the ongoing risks of COVID-19.
* Assist people with disability to prepare their personal evacuation plans in case of floods, bushfires or other emergencies; and ensure that evacuation places are as accessible as possible.

#### Policy Priority 4: The built and natural environment is accessible

* Provide training on universal design to urban planners, architects and other key decision-makers.
* Improve regulation of artificial fragrances in public places to ensure that they are safe and accessible to everyone.

#### Policy Priority 5: Information and communication systems are accessible, reliable and responsive

* Add requirements around augmented and alternative communications technology to accessibility instruments applying to housing, premises and access to premises.

## Panel 3: Safety, Rights and Justice

This session focused on this Outcome Area primarily in relation to women with disability, First Nations people with disability, and people living with mental illness.

The Hon Natasha Maclaren-Jones MLC, NSW Minister for Disability Services, and the Hon Ngaree Ah Kit, NT Minister for Disabilities, opened the session via video message and discussed their jurisdictions’ work in this area.

### Stigma and stereotypes

Discussions observed that stigma and negative stereotypes about people with disabilities may contribute to the high rates of violence and rights violations they may be subject to. Sandy Jeffs OAM, author and mental health advocate, emphasised the impact of this in relation to people with mental illnesses.

Jen Hargrave, policy officer at Women with Disabilities Victoria, also described how stigma and stereotypes can impact women with disabilities:

“There's a whole lot of stereotypes about particularly women with disabilities, that we're crazy and we can't be believed, that we're difficult to manage – and so high levels of restraint and control have to be used against us … So this can build up to lots and lots of frustration and make us angry, and then it can be kind of you're not putting your point forward in a nice polite way and that can lead to more and more stigma.”

### Safety and rights

Jen Hargrave discussed the high rate of gender-based violence towards people with disability and the importance of prevention. She provided several suggestions listed in the ‘Key actions’ section below, under Policy Priority 3.

Participants also talked about the right to adequate housing for people with disability, both as a rights issue and as an element of safety. Discussions noted the high rate of mental health conditions in people facing homelessness, and the need for supported accommodation for people with mental health conditions.

Discussions described mental health units as an environment that is not always safe and requires improved supports and trauma-informed care.

### Criminal justice systems

Participants mentioned several issues in relation to criminal justice systems including: the over-representation of people with disability, further over-representation of First Nations people with disability, lack of supports for people with disability in prison, and how the ‘criminalisation of disability’ further perpetuates stigma and negative stereotypes, which can then adversely impact safety and rights.

Seriako Stephen, board member of the First Nations Disability Network Australia, talked about the need for a dedicated strategy and action plan to address the over-representation of First Nations people with disability in the criminal justice system. He explained:

“The Australian Centre for Disability Law estimate[s] that 95 per cent of Indigenous people appearing in court charged with a criminal offence have an intellectual disability, cognitive impairment or mental illness. In the Northern Territory, 100 per cent of youth detainees are First Nations young people. Many of those detained have FSD or cognitive impairment and up to 90 per cent experience some level of hearing impairment. Many First Nations people with disability are detained indefinitely because they are deemed unfit to plead or … for relatively minor crimes.”

### Actions discussed to focus on during Strategy implementation

#### Policy Priority 1: People with disability are safe and feel safe from violence, abuse, neglect and exploitation

* Improve housing supports for people with disability, including supported accommodation.

#### Policy Priority 2: Policies, processes and programs provide better responses to people with disability who have experienced trauma

* Strengthen complaint and safeguarding mechanisms.
* Ensure that mental health units and criminal justice systems operate with a trauma-informed approach.

#### Policy Priority 3: Policies, processes and programs for people with disability promote gender equality and prevent violence against groups at heightened risk, including women and their children

* Ensure that the Strategy works together with the National Plan to End Violence Against Women and Children to achieve related outcomes.
* Work to prevent gender-based violence towards people with disability through school education programs that address ableism and sexism together. This should take a whole of school approach such as in the example of the Respectful Relationships program.
* Encourage community development activities where women and girls with disability can connect with each other and learn about their rights.
* Ensure that initiatives to address gender-based violence towards people with disability take a cross-sectoral approach – for example, bringing people together that understand men’s behaviour change, sexual assault trauma‑informed responses and family violence.

#### Policy Priority 6: The criminal justice system responds effectively to the complex needs and vulnerabilities of people with disability

* Develop a dedicated strategy, in collaboration with First Nations people, for First Nations people with disability who are over-represented in the criminal justice system.

## Panel 4: Health and Wellbeing

The Hon Don Punch MLA, WA Minister for Disability Services, opened this session via video message and emphasised the importance of health and wellbeing to ‘living well.’

This session noted that although Australia generally has a good healthcare system, this does not always translate into good outcomes for people with disability. Discussions focused on the risks and challenges that people with disability face in the healthcare system.

Leah Van Poppel, panel facilitator and board member of the NDIA, emphasised the urgency to address these challenges: “Health and wellbeing are matters of life or death for all of us, and for people with disability sometimes that reality is very, very stark.”

### The impacts of negative attitudes

Discussions explored the fact that negative attitudes towards people with disability limit their access to healthcare and diagnosis, and can exclude them from decision making about their own treatment.

Leah Van Poppel described how negative attitudes towards people with disability impact the way they are treated in the healthcare system:

“People with disabilities can go into GPs or hospitals and their lives might be valued that little bit less. We might worry that we're going to come out with unnecessary treatments or maybe not come out at all in some instances. We saw some very distressing testimonials at the Disability Royal Commission some months ago about the unnecessary deaths of people with disability in the healthcare system.”

Dr Dinesh Palipana OAM, doctor and disability advocate, also discussed the discrimination that people with disability can face in the healthcare system with their needs, care and rights being deprioritised over other patients. He noted examples in Europe and the US where people with disability were systemically deprioritised in the healthcare system during the outbreak of COVID-19 and alluded to similarities in the Australian approach. He explained that such discrimination is directly related to societal attitudes towards people with disability.

Participants highlighted the importance for workers in the healthcare system to recognise the “full personhood, humanity and individuality” of people with disability – and not just treat them as “an object of physical air, showered, propped up at a table and fed”, as described by Dr Christine Bryden AM PSM, adjunct lecturer at Charles Sturt University and dementia advocate.

### Decision-making in healthcare

Discussions emphasised the importance of supported decision-making in healthcare. Participants discussed that people with disability can often be pressured into making particular decisions related to their healthcare, which some participants described as “faux choice.” A participant raised the need for patient advocates in hospitals if people with disability who require support, particularly if they are non-verbal, do not have a support person.

### Disability confidence for healthcare providers

Discussions mentioned the need for healthcare providers to have greater education on disability in order to provide more inclusive and responsive care. This would be beneficial across the areas of communication, needs, equitable treatment and respect. Laura Naing, member of the Council for Intellectual Disability, talked about the difficulties of having to advocate for oneself in a healthcare setting, such as with a GP, when providers do not have the skills or knowledge to respond effectively to disability.

### Accessibility

The session highlighted that lack of accessibility can often be a barrier making it difficult for people with disability to access timely and adequate care.

Dr Dinesh Palipana OAM described some issues with accessibility in hospital settings:

“[A]re hospitals really designed to look after a person with a disability adequately? Our hospital, our emergency department in its busiest days see around 500 people, and if we think about the statistics where one in four or one in five Australians have a disability and if we make some assumption that is could be up to 100 people a day that turns out to our department potentially with a disability. There are so many different things that we need to think about and I can tell you from my own experiences with my own patients. Then these disparities are even more amplified when we bring intersections into it, culturally and linguistically diverse, rural Australians, their ability to access the healthcare system is even more difficult.”

Other accessibility issues that were discussed included: not having access to an Auslan interpreter at hospitals; difficulty finding facilities with physical access for people with physical disabilities who require admissions to mental health units; and health information not being accessible for people with intellectual disability and/or low literacy levels.

On a positive note, discussions mentioned the benefits of Telehealth making health services more accessible for many people with disability.

### COVID-19

Discussions mentioned the topic of COVID-19 throughout the session. It was noted that although much of Australian society may feel like “COVID-19 is over” with the easing of restrictions and return to relative normality, there are still ongoing impacts for people with disability, especially people who are immunocompromised. Many people have remained isolated at home for long stretches of time due to fearing catching COVID-19. This has been due to COVID-19 mitigation strategies – such as mandatory isolation and mask‑wearing – being dropped by governments, and communities decreasing their mask‑wearing and testing practices.

It was also noted that “long COVID” can lead to disability.

### Actions discussed to focus on during Strategy implementation

#### General

* Encourage more people with disability to pursue professions in the healthcare sector in order to increase representation.
* Improve supported decision-making in healthcare.

#### Policy Priority 1: All health service providers have the capabilities to meet the needs of people with disability

* Improve accessibility of health services and facilities.
* Provide more Easy English fact sheets to make health information more accessible.
* Provide training on disability to workers in the healthcare system to increase disability confidence, including on how to communicate with people with communication difficulties.
* Increase funding for disability liaison officers in hospitals.
* Increase provision of patient advocates in hospitals.

#### Policy Priority 4: Disaster preparedness, risk management plans and public emergency responses are inclusive of people with disability, and support their physical and mental health, and wellbeing

* Provide better support to people with disability or people who are immunocompromised during the COVID-19 response, as their health risks increase as government restrictions ease.
* Improve inclusion of the needs of people with disability and people who are immunocompromised in the consideration of COVID-19 mitigation strategies.
* Consider developing a registration system with councils so that agencies are aware of which residences have a person with disability living there in case of emergency or disaster.

## Panel 5: Education and Learning

Discussions in this session focused on the need to improve support and resources for teachers and in schools to provide a safe, fulfilling and inclusive learning experience. Participants noted that positive experiences in education can currently be too reliant on parental capacity to advocate or find supportive schools and teachers.

Improving schooling experiences and education outcomes for students with disability in the mainstream education system will require the system and broader attitudes to become more aligned with the social model of disability rather than the medical model.

The Hon Nat Cook MP, SA Minister for Human Services, opened the session via video message and discussed the state’s work in this area, focusing on the inclusion of autism by employing an autism inclusion teacher at each state primary school and implementing a specialist teaching network to support ongoing skills development.

### An inclusive and supportive mainstream education system

Participants highlighted Article 24 of the UN CRPD, which mandates the right of people with disabilities to an inclusive education and for them not to be excluded from the general education system on the basis of disability. General Comment No.4 to the UN CRPD, which provides an interpretation of Article 24, also sets out the need for state parties to commit to “ending segregation within educational settings by ensuring inclusive classroom teaching in accessible learning environments with appropriate supports.”

Drawing on this, participants discussed the need to phase out segregated education, which perpetuates exclusion and separation of people with disability. Catia Malaquias, co‑founder of All Means All – The Australian Alliance for Inclusive Education, observed:

“The current mainstream education system was never built to include people with disability from the get‑go, so a separate special education system was eventually established resulting in the current dual tract approach. In effect, parallel systems for students with disability were set up because mainstream systems were not inclusive of them.”

She emphasised the need for better inclusivity in the mainstream education system by explaining that the system can often be so difficult or unsafe for students with disability that parents see segregated schooling as the only option.

Catia also discussed that parental choice is sometimes used to argue for the continuation of segregated schooling, but that children’s internationally recognised human rights should take priority.

Dr Scott Avery, Senior Lecturer in Indigenous Disability at Western Sydney University, talked about how First Nations values could be applied to an inclusive education approach, with the belief that everyone should be respected on the basis of their inherent worth.

### Attitudinal change

Discussions explored that there must be attitudinal change in order for the education system to be more inclusive for students with disability. This should begin with teachers addressing their own unconscious biases and being provided with training and resources to increase their disability confidence. Dr Scott Avery noted that teachers with disability could help promote inclusion among their students by sharing that they have a disability themselves.

Catia Malaquias again highlighted the importance of the inclusion of students with disability in mainstream education systems, explaining how this would drive attitudinal change in students. She said, “It is only by including and supporting students with disability in regular classrooms rather than secluding them in special places that we learn as a community to be more inclusive and to embrace diversity.”

Dr Scott Avery talked about the intersection of ableism and racism that affects First Nations students with disability in particular. These combined negative attitudes perpetuate structural and institutional barriers and result in poorer education outcomes. He provided the example of punitive practices such as schools subjecting one in three Aboriginal children with disability to long-term suspensions.

### Actions discussed to focus on during Strategy implementation

#### Policy Priority 2: Build capability in the delivery of inclusive education to improve educational outcomes for school students with disability

* Provide training to teachers to increase their disability confidence, including in relation to First Nations students with disability, and improve the experience and outcomes for students with disability.
* Phase out segregated education systems.
* Support the mainstream education system to be more inclusive and better equipped to support the needs of students with disability.

## Panel 6: Personal and Community Support

This session noted the importance of effective supports in enhancing people’s independence, quality of life, and community participation across activities including education, work, recreation and social and cultural life. The Hon Bill Shorten, Minister for the NDIS, and the Hon Jo Palmer MLC, Tasmanian Minister for Disability Services, also highlighted this when they opened the session via video message.

Grace Edward, co-founder and chair of the Youth CALD Disability Collective, captured the essence of this session by sharing the Bantu proverb, "I am, because we are” – which is thebelief in a universal bond that connects all humanity. This philosophy underpins an inclusive society that provides quality personal and community supports for people with disability.

### The Strategy and the NDIS: Their importance and the need for them to work together

Much discussion centred on the government initiatives of the NDIS and the Strategy being crucial to enhancing personal and community support for people with disability. However, as only about 11% of people with disability in Australia are participants of the NDIS, the NDIS must be“one part of a larger ecosystem of supports for people with disability.”

The session then pointed to the Strategy as a significant part of this larger ecosystem. Participants emphasised need for it to successfully deliver its commitments due to its wide‑reaching capacity to support people with disability beyond those on the NDIS. An example of this would be improving accessibility for mainstream services. Participants also saw the NDIS and Strategy to be interrelated, with Dr Ben Gauntlett, Disability Discrimination Commissioner, describing the Strategy as the foundation upon which the NDIS is built.

Kerry Allan-Zinner, member of the Independent Advisory Council to the NDIS, noted that while the NDIS now enjoys widespread public recognition, there is less public awareness of the Strategy. There is a need for increased awareness for communities to understand its importance and drive change at the local and individual level.

### Informal support

Discussions touched on Policy Priority 3 for this Outcome Area, which highlights the importance of informal support from close relationships such as family and friends. However, it was also noted that the NDIS should not rely on informal supports as a reason not to fund other supports, and that the NDIS should recognise that people’s ability to provide informal support can be variable, especially as a number of carers are people with disability themselves.

### Inclusive supports

The session highlighted that, for personal and community supports to be truly effective, they must be inclusive of diversity. One aspect of this is considering the intersectional identities of people with disability, such as those from culturally and linguistically diverse (CALD) backgrounds. Another aspect is the multidimensionality of disability and the need to be inclusive of people with invisible disabilities, or disabilities that may be intermittent or fluctuating.

#### Culturally responsive supports

Grace Edward discussed the importance of culturally responsive supports and services for people with disability from CALD backgrounds. This is because they have different needs and may also face additional barriers to accessing supports and services. Some examples of the different needs of CALD communities include the need for translated information and taking a family-orientated approach in providing support, such as access to housing that can accommodate large families.

Grace also emphasised the importance of grassroots community groups, explaining:

“… [P]eople who are part of grassroots community groups have better outcomes when accessing NDIS or other disability support. This is because they're receiving holistic support from their trusted community networks and have people who understand the cultural barriers they may face in navigating systems. Therefore, they have a place to seek culturally responsive support when new barriers arise. Peer lived experience support where they are understood and are supported by people they trust in a culturally responsive way [is also important].”

#### Invisible disabilities

Discussions acknowledged that people with invisible disabilities may face additional barriers to being supported in the community due to other people being unable to observe their disability and there being a lack of community understanding. In addition, there needs to be more representation for invisible disabilities in health promotion, which has traditionally featured physical disabilities more as they are easier to advertise.

Professor Anne Kavanagh, Head of Disability and Health at University of Melbourne, discussed how people with invisible disabilities often feel pressure to mask their conditions in order to be socially accepted or get by, and therefore are even more likely to have their experiences dismissed and not receive the support they need. A change in community attitudes is required to make people with invisible disabilities feel more comfortable in disclosing their disabilities and seek support, as individual disclosures are often the only way of other people becoming aware of a person’s invisible disability.

Participants noted that mental health services don’t currently connect well with the NDIS, and there is also a need to ensure NDIS processes are fit for purpose for people with an intellectual disability.

#### Intermittent, recurring and fluctuating disabilities

Some people with disability may require more support at certain times than others due to their condition and individual capacity fluctuating. A participant highlighted that when planning supports for people with fluctuating or intermittent disabilities, supports should be planned with the worst-case scenario in mind. If services assess people for supports during a time when their symptoms are easier to manage, they may appear to not require the support, however their conditions may worsen quickly with little notice.

### Actions discussed to focus on during Strategy implementation

#### General

* Increase the uptake of universal design of products, environments, programmes and services to be usable to the greatest extent possible, without the need for specific adaptation for people with disability.
* Foster better community support at the local and individual level by:
  + Increasing community awareness of the Strategy.
  + Increasing inclusion of people with invisible disability in health promotion.
  + Providing training to shift community attitudes and increase understanding of inclusion of disability.

#### Policy Priority 1: People with disability are able to access supports that meet their needs

* Consider intersectional identities and the diversity of disability to ensure supports are inclusive and accessible to diverse communities, e.g.:
  + Improve people from CALD communities’ ability to access supports by increasing translation services and translating into languages not yet widely provided for.

#### Policy Priority 2: The NDIS provides eligible people with permanent and significant disability with access to reasonable and necessary disability supports

* Improve the integration of mental health services and the NDIS.

#### Policy Priority 3: The role of informal support is acknowledged and supported

* Provide sustainable and flexible funding to support grassroots community initiatives for CALD communities, which are often informal.
* Encourage the NDIS to better consider the varying nature and capacity of informal support so that other supports can be relied upon when necessary.

#### Policy Priority 4: People with disability are supported to access assistive technology

* Increase the development of well-designed assistive technology.

## Panel 7: Community Attitudes

Community attitudes – despite being the final session of the Forum – was a theme that was discussed in all other Forum sessions and relates to all 7 Outcome Areas of the Strategy.

The Hon Craig Crawford MP, Queensland Minister for Seniors and Disability Services, and Councillor Linda Scott, President of the Australian Local Government Association, opened the session via video message and discussed the importance of challenging unconscious bias and building positive community attitudes to reduce the barriers that people with disability face in their everyday lives.

Discussions in the session noted that although there has been incremental change in community attitudes, there is still much room for improvement, with a recent survey showing that 78% of Australians are unsure how to act towards people with disability.[[1]](#footnote-1) Negative attitudes, whether intended or unintended, can make the lives of people with disability harder and perpetuate barriers that exclude them from full community participation. Negative attitudes can also be internalised, leading to feelings of shame, or people feeling the need to downplay their disability in order to feel accepted or less burdensome. This session also acknowledged intersectionality and that people with multiple intersecting identities apart from having a disability would face additional disadvantages from negative community attitudes.

Conversely, the session also highlighted that positive community attitudes have a profound impact on their day-to-day lives of people with disability. It leads to greater inclusion, which informs greater accessibility and encourages universal design. Positive shifts in attitudes will underpin much of the change needed to enhance participation in the community for people with disability, with Angel Dixon OAM, board director of Attitude Foundation, also describing community attitudes as “the make or break part of policy and service provision.”

### Representation

Discussions identified increased representation of people with disability as key to shifting community attitudes and encouraging inclusion. The two main forms of representation discussed were in media and leadership, explored below.

#### Media

Discussions highlighted media as a powerful tool to influence attitudes towards people with disability. Nonetheless, while there has been some progress in representation of people with disability in the media, rates of representation remain low. In addition, when people with disability are represented, it can often be tokenistic, inauthentic, or not reflect the diversity of people with disability.

Nick Rushworth, former journalist and current executive officer at Brain Injury Australia, raised the issue of current media narratives often focusing on people “overcoming” their disability or achieving success despite their disability. These narratives perpetuate attitudes that the stories of people with disability only matter on the basis of their achievements, or that disability is something that must be fixed rather than a part of a person’s identity and part of the diversity of Australian society.

#### Leadership

Policy Priority 3 of the Community Attitudes Outcome Area is to increase representation of people with disability in leadership roles. Participants emphasised the importance of this, expressing that they very rarely, if at all, saw people with disability “that looked like them” in leadership positions. The consequence of this was summed up by a quote shared by Caro Llewellyn, CEO of the Wheeler Center for Books, Writing and Ideas – “You can’t be what you can’t see.” The lack of representation influences people with disability not being seen for their leadership potential, not only by the public but also by people with disability themselves.

Caro went on to mention:

“Of the 227 parliamentarians here in Canberra there is only one person who presents a visible disability and that's WA Greens Senator Jordan Steele‑John – and good on him, but that's just not enough people. How can we expect one person in government to be representative of all of us?”

A participant noted that people with disability are even left out of leadership positions related to disability services, with an example being the CEO of the NDIS not being a person with disability.

### Actions discussed to focus on during Strategy implementation

#### Policy Priority 3: Increase representation of people with disability in leadership roles

* Appoint people with disability into government leadership, with particular focus on portfolios and services related to disability.
* Provide supports such as training, mentoring and work experience to develop leaders and set people up for success.
* Identify and address systemic issues that are preventing people with disability with sufficient skills and experience from being appointed to leadership positions.
* Consider boosting affirmative action pathways to increase representation.

#### Policy Priority 4: Improving community attitudes to positively impact on Policy Priorities under the Strategy

* Increase on-screen media representation of people with disability.
* Increase the employment and engagement of people with disability in the development and production of media content, in roles such as cast, crew, creative teams and consultants.
* Address and change the NDIS narrative on cost burden and people with disability being “investments.”

# Appendix

## Speaker Biographies and Images

| **Name** | **Bio** | **Headshot** |
| --- | --- | --- |
| Uncle Paul House  Welcome to Country | Paul House is a Ngambri and Ngunnawal Custodian with multiple First Nation ancestries.  Paul provided the Welcome to Country for the 47th Opening of Federal Parliament in 2022. He currently works on country as a Senior Community Engagement Officer with the ANU First Nations Portfolio.  Paul completed a Bachelor of Community Management from Macquarie University. He also holds a Graduate Certificate in Wiradjuri Language, Culture and Heritage and Management from Charles Sturt University. | Image of Paul House |
| Anja Christoffersen(MC)  Director of Champion Health Agency | Anja Christoffersen is an award-winning disability advocate and business owner.  She uses her lived experience with a complex 'invisible' disability to help others.  Anja founded the Champion Health Agency, a world-first 'talent agency for lived experience'. She has spoken at international events and was the author of an autobiography - ‘Behind the Smile’.  Anja was a Member of Queensland Youth Parliament in 2021. She also received the QLD Young Achiever of the Year Leadership Award in 2020. | Image of Anja Christoffersen |

## Panel Session 1: Employment & Financial Security

| **Nam****e** | **Bio** | **Headshot** |
| --- | --- | --- |
| Liz Reid AM (facilitator - virtual)  Executive Officer, YouthWorX NT | Liz Reid is the CEO of YouthWorX NT. She has in-depth experience working in the disability, youth and social justice sectors. Her work involves enabling people being part of their communities.  Liz is a member of the National Disability Insurance Agency Independent Advisory Council. She is passionate about positive social and economic outcomes for people with disability. | Image of Liz Reid |
| Dylan Alcott AO (Virtual)  Australian of The Year | Dylan Alcott was awarded Australian of the Year 2022. He is one of the country's most successful and well-recognised Paralympians.  In 2021 he became the only male in any form of tennis to win the 'Golden Slam' – all four major titles together with a gold medal at the Tokyo Paralympic Games.  In 2017, he launched the Dylan Alcott Foundation. The foundation helps young Australians with disability achieve their goals.  Dylan was appointed an Officer of the Order of Australia (AO) in 2022 for distinguished service to paralympic sport and the community. | Image of Dylan Alcott |
| Clare Gibellini  Vice President, People with Disability Australia | Clare Gibellini is a disabled woman who is passionate about building employment opportunities for all.  Clare is the Board Secretary for People with Disability Australia. She works to support people who are not suited to working typical business hours.  Clare is a board member for the South West Autism Network. She is also a member of the Western Australian Disability Advisory Council. Clare volunteers for the Red Dust Heelers. | Image of Clare Gibellini |

## Panel Session 2: Inclusive Homes and Community

| **Name** | **Bio** | **Headshot** |
| --- | --- | --- |
| Jane Spring (facilitator)  Paraplegic Benefit Fund Director | Jane Spring has over 30 years’ experience of paraplegia, following a car accident in 1990. She is Chair of the University of Sydney Sports Foundation. Jane is also a director of the Paraplegic Benefit Fund.  Jane is passionate about sport. She enjoyed 6 years on the Sydney Organising Committee for the Olympic Games. Another highlight was her work as CEO of the NSW Institute of Sport.  Jane is a Fellow of the Governance Institute of Australia and the Australian Institute of Company Directors. | Image of Jane Spring |
| Renee Heaton  Chair of ACT Disability Reference Group | Renee Heaton is an active member of the Canberra community.  Renee has a strong sense of social justice and volunteers for a variety of events. She was recently on the Steering Committee for the ACT Workforce Impact Collective.  Renee is passionate about increasing access and employment outcomes for people with disability. | Image of Renee Heaton |
| Dr George Taleporos  NDIS Independent Advisory Council Member | Dr George Taleporos is an Independent Advisory Council Member for the NDIS. He has a PhD in psychology and an Honours degree in sociology.  George has over 20 years’ experience advocating for disability rights and self‑directed supports. He has served as Chair of the Victorian Disability Advisory Council. He has also managed a state‑wide advocacy service.  George is the senior analyst and communications producer at the Summer Foundation.  George hosts a podcast series about the NDIS called ‘Reasonable and Necessary.’ | Image of Dr George Taleporos |
| Amy Marks  Media creative, disability advocate and activist | Amy Marks lives with cerebral palsy, has experiences of ill-mental health and identifies as disabled.  She has a Bachelor of Screen Media and has won several scholarships and awards for her commitment to media diversity.  She is developing a comedic short film about assumptions around physical disability.  Amy has worked on leadership and inclusion projects at many national and local youth organisations.  She aims to increase inclusion, skills and opportunities for young people with disability in Australia. | Image of Amy Marks |

## Panel Session 3: Safety, Rights and Justice

| **Name** | **Bio** | **Headshot** |
| --- | --- | --- |
| Natalie Wade (facilitator)  Lawyer and Founder, Equality Lawyers | Natalie Wade is a disability rights lawyer in Australia. She is the Founder and Principal Lawyer of Equality Lawyers. Natalie gives legal advice to people with disabilities and their families.  Natalie works to advance the rights of people with disabilities. She has won awards for her work in disability rights law reform. Natalie was Australian Young Lawyer of the Year in 2016.  Natalie is the author of the law handbook, ‘Disability Rights in Real Life’. | Image of Natalie Wade |
| Seriako Stephen (Virtual)  First Peoples Disability Network Australia Board Member | Seriako Stephen sits on the board of the First Peoples Disability Network Australia (FPDN).  He was born in the Torres Strait and is a descendant of the Ugaram Le from the Magaran Tribe.  Seriako was born with Cerebral Palsy. He advocates for the inclusion of Indigenous persons with disability.  He was invited to speak at the United Nations as part of the Convention on the Rights of Persons with Disabilities 2019 conference. | Image of Seriako Stephen |
| Jen Hargrave  Women with Disabilities Victoria Policy Officer | Jen Hargrave is Senior Policy Officer at Women with Disabilities Victoria. She is also a Research Fellow with the University of Melbourne.  Her work focuses on safety for women in their families and in disability services. Jen is also a member of the Disability Advisory Council at the Victorian Government.  As a disabled woman Jen is always happy to have opportunities to promote disabled women's rights. | Image of Jen Hargrave |
| Sandy Jeffs OAM  Author and Mental Health Advocate | Sandy Jeffs was diagnosed with schizophrenia in 1976. She was one of the first people who started speaking out about living with a mental illness.  Sandy has published eight volumes of poetry. She has also written a memoir, ‘Flying with Paper Wings: Reflections on Living with Madness.’ Much of her writing has been about her experience with schizophrenia.  Sandy's most recent book, ‘The Poetics of a Plague: A Haiku Diary,’ is about the 2020-21 pandemic. | Image of Sandy Jeffs |

## Panel Session 4: Health & Wellbeing

| **Name** | **Bio** | **Headshot** |
| --- | --- | --- |
| Leah Van Poppel (facilitator)  National Disability Insurance Agency (NDIA) Board Member | Leah Van Poppel has spent more than 10 years’ working in the government and not for profit sector.  In the past she was the CEO of Women with Disabilities Victoria and the CEO of Blind Citizens Australia. Today, Leah works as a Board Member of the National Disability Insurance Agency (NDIA). She is also a key member of the council that provides advice to the National Disability Insurance Scheme (NDIS).  Leah’s work focuses on supporting gender and disability rights. As a woman with disability, she is passionate about advocating for better inclusion. | Image of Leah Van Poppel |
| Dr Dinesh Palipana OAM  Disability advocate | Dr Dinesh Palipana was in medical school when a car accident left him paralysed from the chest down.  He graduated as the first quadriplegic medical intern in Queensland. Dinesh is now a doctor in the emergency department of Gold Coast University Hospital.  He is also a lawyer, a research fellow and was Queensland Australian of the Year in 2021.  Dinesh is a prominent disability advocate and senior advisor to the Disability Royal Commission. | Image of Dr Dinesh Palipana |
| Dr Christine Bryden AM PSM  Public and contextual theology centre, Charles Sturt University, Australia | Dr Christine Bryden is an Adjunct Lecturer at the Australian Centre for Christianity and Culture of Charles Sturt University.  She was awarded the Public Service Medal in 1994. After diagnosis with dementia in 1995, she became a leading advocate for people with dementia.  In 2016 she was appointed a Member of the Order of Australia (AM) for her advocacy.  Christine has published five books. Her most recent 'Will I Still Be Me?' is based on her doctorate on the lived experience of dementia. | Image of Dr Christine Bryden |
| Laura Naing (pre-record)  Council for Intellectual Disability | Laura Naing is a young woman with intellectual disability. She is an advocate for disability rights.  Laura shares her experience to help others with intellectual disability. She wants them to have good health care so they can live longer, happier lives.  Laura works in the Health Team at the Council for Intellectual Disability. She is the NSW representative in Inclusion Australia’s Our Voice Committee. | Image of Laura Naing |

## Panel Session 5: Education & Learning

| **Name** | **Bio** | **Headshot** |
| --- | --- | --- |
| Kathy Hough (facilitator)  CEO, Far North Community Services | Kathy Hough is the CEO of Far North Community Services. She has over 30 years of experience working in regional parts of Western Australia to support people with disability.  Kathy currently chairs the Council for Regional Disability Services in WA. She believes the voices of people who live in rural and remote Australia are full of valuable insights that need to be heard.  Kathy has a Masters in Regional Development and a post-grad Certificate in Australia Rural Leadership. | Image of Kathy Hough |
| Scott Avery  Senior Lecturer, Western Sydney University | Dr Scott Avery is a Senior Lecturer in Indigenous Disability at Western Sydney University.  He is also the research partner of First Peoples Disability Network (Australia).  Dr Avery is a descendant of the Worimi people and is deaf.  His research looks at the intersection of Indigeneity and disability in rights and social policy.  He is the lead investigator in the ‘Living our ways’ research program. A community‑based disability research program from Australia's Indigenous people. | Image of Dr Scott Avery |
| Catia Malaquias  Founder, Starting with Julius | Catia Malaquias is an award-winning lawyer and human rights and inclusion advocate.  She is a board director and doctoral candidate at Curtin University.  Catia is the founder of the not-for-profit organisation 'Starting with Julius'. And co‑founder of All Means All – The Australian Alliance for Inclusive Education.  Her work stands for equal rights to inclusive education and representation for people with disability. | Image of Catia Malaquias |
| Jerusha Mather  PhD student, Victoria University | Jerusha Mather is a PhD candidate, motivational speaker, disability activist and poet.  Her PhD is on strength training and non‑invasive brain stimulation in adults with cerebral palsy.  She has received several major awards in leadership.  Jerusha recently published her poetry collection “Burnt Bones and Beautiful Butterflies".  She advocates for medical students with disability, inclusive immigration, and accessible packaging. | Image of Jerusha Mather |

## Panel Session 6: Personal & Community Support

| **Nam****e** | **Bio** | **Headshot** |
| --- | --- | --- |
| Dr Ben Gauntlett (facilitator)  Disability Discrimination Commissioner | Dr Ben Gauntlett is the Disability Discrimination Commissioner at the Australian Human Rights Commission.  He serves on many advisory committees. This includes the Health Emergency Response to COVID-19 for People with Disability.  He also leads the Australian Human Rights Commission’s engagement with the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.  Dr Gauntlett has a Master of Laws from New York University and a D.Phil in Law from the University of Oxford where he studied as a Rhodes Scholar. | Image of Dr Ben Gauntlett |
| Professor Anne Kavanagh (virtual)  Head of Disability and Health, University of Melbourne | Professor Anne Kavanagh is Head of Disability and Health in the Melbourne School of Population and Global Health at the University of Melbourne.  She is also the Director of the Centre of Research Excellence in Disability and Health (CRE-DH).  Anne is an expert in health inequalities focusing on disability and gender. Her research looks for solutions for people with disability. It is enriched by her lived experience. | Image of Professor Anne Kavanagh |
| Grace Edward  Youth CALD Disability Collective | Grace Edward is the Youth CALD Disability Collective (YCDC) co-founder and chair.  They are also the Partnerships and Community Engagement Coordinator with Refugee Health Network Queensland.  Grace is a Playwright, Director, and Creative Producer from Yei, South Sudan. They have Co-written, produced, and directed many theatre productions in Brisbane. They use storytelling to understand the world and call for change.  Grace has a Bachelor of Arts in Contemporary and Applied Theatre. | Image of Grace Edward |
| Kerry Allan-Zinner  NDIS Independent Advisory Council Member | Kerry Allan-Zinner is a leader and mentor within the West Australian disability sector. She promotes disability awareness and supports people’s human rights.  Kerry serves as a Member of the Independent Advisory Council (IAC) and works to see the improvement of the NDIS. Born with cerebral palsy, She has advocated for people living with disability throughout her whole career.  Kerry is currently reducing her roles as she transitions to retirement. She hopes for more time to smell the roses and enjoy her grandchildren. | Image of Kerry Allan-Zinner |

## Panel Session 7: Community Attitudes

| **Nam****e** | **Bio** | **Headshot** |
| --- | --- | --- |
| Cindy Liu (facilitator)  Multicultural Youth Advocacy Network  Founder | Cindy Liu is a youth advocate and University student. She works to platform the voices and concerns of young people with disabilities. She looks at how society, culture, identity and spaces affect young people.  Cindy has worked with CYDA’s Youth Council and the Youth Disability Advocacy Service Victoria. She advises organisations on the strengths and concerns around access.  She is the founder and co-chair of the Multicultural Youth Advocacy Network's Youth Disability CALD Collective. | Image of Cindy Liu |
| Angel Dixon OAM  Adjunct Fellow, Griffith University | Angel is an international Mercedes Benz Fashion Week model and the 2019 QLD Young Australian of the Year.  Angel is the former CEO and a current board member of the Attitude Foundation, which promotes and increases realistic portrayals of people with disability in Australian media.  Angel is an Adjunct Fellow of the Hopkins Centre at Griffith University and is currently conducting research into the area of dignity and disability in healthcare. | Image of Angel Dixon |
| Caro Llewellyn  CEO, Wheeler Centre | Caro is CEO of the Wheeler Centre. She is the author of four works of non-fiction.  Her memoir, Diving into Glass, was shortlisted for the 2020 Stella Prize. The memoir is about her father’s polio and her own MS diagnosis.  Caro is also the former artistic director of several large-scale literary festivals. She serves on the Board of the Summer Foundation and is Chair of the Suburban Review. | Image of Caro Llewellyn |
| Nick Rushworth  Brain Injury Australia | Nick is the Executive Officer of Brain Injury Australia.  In 1996, he sustained a severe traumatic brain injury as a result of a bicycle accident. He has spent years advocating for the needs of people living with brain injury.  Nick serves on a variety of government and research advisory committees. He is a Director of the Australian Federation of Disability Organisations.  He is also an Ambassador for the National Organisation for Fetal Alcohol Spectrum Disorders and for the Queensland Brain Institute’s concussion research.  Nick's journalism has won a number of awards. | Image of Nick Rushworth |

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1. Centre of Research Excellence in Disability and Health (2021), Attitudes Matter: Findings from a national survey of community attitudes toward people with disability in Australia [↑](#footnote-ref-1)