Council for
Intellectual Disability

Getting Around to Inclusion!

The Roundtable Report

How do we make mainstream services
more accessible and responsive to people with disability,
in particular people with intellectual disability?

2017

About NSW Council for Intellectual Disability

For 60 years, NSW Council for Intellectual Disability (NSW CID) has been the peak advocacy group in NSW for people with intellectual disability.

NSW CID has a diverse membership of people with intellectual disability, family members, advocates, professionals, and advocacy and service provider organisations.

NSW CID Board must have a majority of people with intellectual disability and people with an intellectual disability are actively involved in all aspects of our work.

NSW CID activities include policy advice, systemic advocacy, community education and information provision and dissemination.

NSW CID has an information service and resource centre providing information to people with intellectual disability, their families, carers, advocates and service providers.

NSW CID also undertakes a diverse range of projects, such as My Choice Matters, a cross disability capacity building initiative that supports people to develop their skills in choice, voice and control.

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SUMMARY

"I want to be part of the community, not just walk through it!"
Michael Sullivan, chairperson, NSW CID

All too often, mainstream services – those available to the general population, like health, education and legal services – are not accessible and responsive to the needs of people with intellectual disability.

So NSW CID brought together a roundtable of people with expertise and experience in systemic change to discuss key "drivers for inclusion" and how to make them work for people with intellectual disability.

The roundtable participants included people who have run government departments and rights protection agencies, researchers, advocates, and people with responsibility for current government initiatives.

In light of the discussion at the roundtable, NSW CID sees the following as key priorities if government agencies are to move steadily and robustly towards full inclusion for people with intellectual disability:

1. Governments moving from a siloed approach to a focus on whole of person needs and cost benefit across the person's lifespan and across government agencies. This requires a change in government practice linked to improved data collection, data linkage across service systems, and research identifying human, social and governmental cost-benefit of action or inaction on inclusive practices.

2. A senior minister in each government having specific responsibility for whole-of-government leadership on disability issues with support from central agencies – Premier/Prime Minister and Cabinet, and Treasury.

3. Agencies having measurable and accountable outcomes they have to meet on disability inclusion, but with encouragement of flexibility and local innovation in relation to how to achieve outcomes.

4. At both agency leader and local levels, agencies to have regular dialogues with people with intellectual disability and other representatives of the disability community, to identify experiences of inclusion and exclusion and strategies for inclusion. This can ensure periodic, participatory evaluation and continuous improvement.

5. Continued funding of robust disability advocacy including state-based systemic advocacy specifically representing people with intellectual disability. State based systemic advocacy is a key driver of inclusion in state mainstream agencies.

6. Use of discrimination complaints as a tool for systemic change in inclusion practices.

7. The NDIA taking a lead role in building strong collaborative relationships with mainstream agencies both at a systemic level and with individuals. This should include funding of innovative Information, Linkages and Capacity Building projects aimed at promoting inclusion within mainstream agencies.

8. Implementation of the NDIS Quality and Safeguarding Framework including a strong focus on areas of interplay between the roles of the NDIS and mainstream agencies, including:
    - The role of health services in relation to restrictive practices and preventable deaths
    - Working with Ombudsmen and other mainstream complaints and review bodies.

SETTING THE SCENE

Where this report comes from

NSW CID has always pursued two outcomes from government service systems, first for people with intellectual disability to have the disability support that they need, and second for mainstream services to be accessible and responsive to the needs of people with intellectual disability. All too often, mainstream services are not that.

Over time, advocates and governments have tried to make mainstream services more inclusive. However, progress has been frustratingly slow.

So, in 2016, NSW CID brought together a roundtable of people with expertise and experience in systemic change to discuss key “drivers for inclusion” and how to make them work for people with intellectual disability. The roundtable included people who have run government departments and rights protection agencies, researchers, advocates, and people with responsibility for current government initiatives. Roundtable participants are listed in the Appendix.

This report draws heavily from the discussion at the Roundtable but does not necessarily reflect the views of particular Roundtable participants. The views in this report are those of NSW CID.

The Goal

Easy access to mainstream services with those services being responsive to the needs of people with intellectual disability.

Mainstream services include, for example, health, justice, transportation and education services.

“I want to be part of the community, not just walk through it!”
Michael Sullivan, chairperson, NSW CID

Why? Inclusion benefits everybody!

Beyond the personal impact for individuals having an improved quality of life, the benefits of inclusion can be far-reaching.

Mainstream workers can benefit from the skills and satisfaction they gain from confidently working with people with disability. For example, teachers report that disability training has improved their overall skills in managing classrooms.

The community benefits from the economic and social participation of people with disability. All people's lives are enriched by sharing life with a diverse range of people.

Treasury benefits from inclusive services. For example, inclusive health services can reduce avoidable hospital admissions. Inclusive legal services can divert people into support services early and save large amounts of money for the legal and correctional systems.

What do responsive mainstream services look like?

Responsive mainstream services have the following features:

Access

Services being accessible, both physically and cognitively.

For example, adequate accessible information about the service and frontline staff having skills in communicating with people with intellectual disability.

"It should be very easy to find information"

Values

Mainstream service workers attach the same positive value to people with disability as to other members of society.

For example, doctors provide the same preventative health checks to people with disability as to other patients.

"The community should be more disability friendly"

Communication skills

To maximise communication with a person with intellectual disability, mainstream workers have ample time to engage with the person and have skills in plain and Easy Read, pictorial and other forms of communication appropriate to individual needs.

"Best to talk to someone face to face, easier that way"

Adjustment

Services are adjusted to the needs of people with disability.

For example, drug and alcohol services adjust their programs to meet the needs of people with varying levels of cognitive capacity.

“They need to take the time to help me, take it more slowly, then I get it”

Taking responsibility

The leadership of each mainstream agency takes responsibility for their agency meeting the needs of people with disability.

For example, mental health services are willing and able to assess whether behaviour of a person with intellectual disability is contributed to by a mental disorder.

“Support should come from the community, not just disability services”

Resourcing

Mainstream services have adequate budgets to provide equitable service to people with disability.

For example, sufficient budgets for legal aid lawyers, so they have manageable caseloads and can recognise the signs of an intellectual disability and spend the time needed to respond appropriately.

“There should be support to help with making decisions and choices”

Inclusive Practice

People with intellectual disability are involved in co-designing policies, practices and information for government agencies.

Disability advisory groups and inclusion of people with disability and their advocates on consumer advisory groups can contribute to more inclusive services. People with intellectual disability must be supported to be fully participating members of these groups.

For example, people with intellectual disability should be routinely represented on the consumer advisory groups of Primary Health Networks.

Existing disability advisory groups in NSW include the Disability Council of NSW and the Justice Disability Advisory Council.

Advocacy

People with intellectual disability (and their families) are easily able to advocate with service providers and have ready access to advocacy services. Systemically, people with disability are included and represented in policy development.

“It’s nice having people who can support me to sort out problems that are a bit too complicated for me or that I am having trouble trying to fix.”

What we know about people with intellectual disability

People with intellectual disability are always people first, with human rights, feelings, interests and choices.

They represent about 2 percent of the population, which is about 500,000 Australians.

Many people with intellectual disability have issues understanding and expressing information.

People with intellectual disability are vulnerable to neglect, abuse and exploitation.

People with intellectual disability experience inadequate access to and responsiveness by mainstream services.

For example, people with intellectual disability have very high rates of health problems and these problems are often not diagnosed or appropriately treated. Life expectancy is reduced by up to 20 years.

People with intellectual disability have very high rates of mental disorders, but poor access to mental health care.

Only 11 percent of people with an intellectual disability are in open employment.

There is an over representation in the criminal justice system of people with intellectual disability.

THE DRIVERS FOR INCLUSION – MAKING THEM WORK

Ministerial and bureaucratic leadership

Top down leadership can create frameworks and expectations for reform within agencies and drive budget bids.

For example, NSW Health's *Service framework to improve the health care of people with intellectual disability* and funding of three new pilot intellectual disability health teams and an intellectual disability network in the Agency for Clinical Innovation.

For further information see:

www.health.nsw.gov.au/disability/Publications/health-care-of-people-with-ID.pdf

www.aci.health.nsw.gov.au/networks/intellectual-disability/about

Top down leadership needs to be complemented by encouragement of local flexibility and innovation.

For a valuable analysis of how to make coordination of action across agencies work, see Carey and Crammond (2015), *What works in joined-up government? An evidence synthesis, International Journal of Public Administration*, DOI:10.1080/01900692.2014.982292

Key factors to effectiveness

- Whole-of-government commitment to change with central agency leadership
- Having a senior minister with specialist responsibility for driving disability change across government
- Pre-election promises
- Bureaucrats having support and leadership from their minister
- Agency and local leaders listening to the community and frontline workers about gaps and what works
- Having data in relation to personal outcomes and financial outcomes
- Focusing on outcomes rather than outputs
- Central policy direction on inclusion complemented by encouragement of local flexibility and innovation
- Focusing on what will work in particular agencies. For example, the public health system is very focused on measurable performance indicators. If something cannot be measured, it is harder to get action on it

Parliamentary Inquiries

Conducted by Parliamentary Committees, inquiries can put a spotlight on issues and inform policy and legislative decisions. Additionally, inquiries result in committee members being more informed on disability issues.

For example, Senate inquiry *The involuntary or coerced sterilisation of people with disabilities in Australia*

www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Involuntary_Sterilisation

However, Parliamentary committees have a weak history in leading to action on their recommendations.

Key factor to effectiveness - whether the government has set up the committee with the intention of acting on its recommendations.

The Information, Linkages and Capacity Building arm of the NDIS (ILC)

The ILC has two aims:

1. To provide information, referral and capacity building supports for people with disability, their families, and carers

2. To partner with local communities, mainstream and universal services to improve access and inclusion for people with disability

The ILC will have two arms, local area coordinators and funding grants for particular activities.

Local area coordinators (LACs) are to provide:

- Direct, innovative and flexible assistance for NDIS participants with less complex needs to help them connect to their local community and put their individually funded packages into action,
- Short-term assistance for people with disability who are not eligible for the NDIS to identify and help them to find community-based activities or resources relevant to their needs
- Strengths-based community development and mainstream service partnership activities that benefit all people with a disability.

In the 2016-2018 period of transition into the NDIS in NSW, LACs are heavily focused on supporting existing recipients of disability services to transition into the NDIS. In NSW, 72,000 people with disability are transitioning into the NDIS over these two years.

Funding grants will be available for a range of activities including for community groups to improve the capacity of mainstream services to be inclusive of people with disability. The "key outcome" for this activity will be that:

> People with disability use and benefit from the same mainstream services as everyone else.

To measure progress against this outcome the NDIA will be looking for evidence of:

- Increased understanding of rights, obligations and barriers surrounding disability within mainstream services
- Positive change in attitudes and culture within mainstream services
- Increased knowledge and capability within mainstream services
- More inclusive behaviour within mainstream services
- Active involvement and collaboration in mainstream services to drive inclusion for people with disability

For more information, see the ILC Commissioning Framework and Outcomes Framework. https://www.ndis.gov.au/communities/ilc-home.html

The ILC includes the Productivity Commission's recommended Tier 2 of the NDIS and some of the roles of the recommended Tier 1. Tier 1 was to include:

- Promoting opportunities for people with a disability
- Creating awareness by the general community of the issues that affect people with a disability and the advantages of inclusion
- Drawing on NDIS data and research capabilities to engage with other agencies to improve public health and safety

www.pc.gov.au/inquiries/completed/disability-support/report

Key factors to effectiveness

- Moving the job roles and culture of local area coordinators from their current overwhelming focus on transition of vast numbers of individuals to their intended role
- Increasing the budget for funding grants by the ILC. This is currently $132m a year which is clearly inadequate for the role of the ILC
- Some roundtable participants recommended particular focuses of the ILC: including changing attitudes through the media, supporting people with disability to be on the right side of the "digital divide," people with disability training people in the mainstream workforce, supporting people with disability and their families to participate in community engagement processes of mainstream agencies, and promoting employment of people with intellectual disability in mainstream agencies.

National Disability Strategy 2010-2020

This COAG document calls for action by all Australian governments across six outcome areas:

- Inclusive and accessible communities
- Rights protection, justice and legislation
- Economic security
- Personal and community support
- Learning and skills
- Health and well being

For more information, see the full strategy,

www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy

Unfortunately the National Disability Strategy has a low profile across mainstream agencies around Australia. It is basically led by the Disability Reform Council which comprises disability ministers and treasurers from around Australia. Disability departments do most of its developmental work. It does not have any budget for things like demonstration projects.

In late 2016, the Commonwealth Government appointed a new National Disability and Carers Advisory Council and gave it responsibility for driving action on the National Disability Strategy. www.dss.gov.au/disability-and-carers/overview/national-disability-and-carers-advisory-council

Much more needs to happen if the strategy is to be effective.

Key factors to effectiveness

- Demonstrating to government why action on the strategy is necessary both in terms of outcomes for individuals and budgetary outcomes for governments. This includes:
    - Looking at human and financial costs in a whole of life span and cross sector way, rather than just in the silos of individual agencies
    - Showing the current costs of not meeting people's needs. For example, failing to meet the mental health needs of people with intellectual disability may have major cost implications across not just the disability support and mental health systems, but also the justice, education, public housing and child protection systems
    - A major and rigorous study to examine these issues, logically by the Productivity Commission
- Whole-of-government leadership on actioning the strategy, rather than primary leadership by disability ministers and agencies:

  - Governance arrangements jointly driven by all relevant federal, state and local government agencies working in partnership with key non-government, community, and disability representatives
  - Robust and effective governance arrangements to drive an integrated approach, monitor and report on progress and outcomes, and target continuing barriers to implementation

Disability inclusion plans

For example, Disability Inclusion Plans NSW.

Tthe Disability Inclusion Act 2014 NSW provides for the Department of Family and Community Services to lead a State disability inclusion plan that sets out whole of government goals for inclusion in the community, and for improved access to mainstream services for people with disability. The Act aims to promote collaboration among government departments and other entities in the provision of supports and services.

Each public authority must have a disability inclusion action plan aimed at people with disability being able to access general supports and services and participate in the community.

The state plan and related information are at www.facs.nsw.gov.au/reforms/developing-the-nsw-disability-inclusion-plan

Some other states have similar initiatives.

Major limitations on this process include very low resources going into driving and monitoring the process and the degree of accountability in the legislation. See Disability Inclusion Act 2014 Part 2.

Key factors to effectiveness

- Plans being informed by people with disability and their supporters, for example led by disability advisory councils chaired by agency heads. This must include properly supported input by people with intellectual disability
- Scrutiny and refinement of plans being properly resourced
- Plans having specifically measurable outcomes including “proxies” that are likely to indicate broader action, for example employment of people with intellectual disability
- Initiatives in the plans being properly resourced internally in the relevant department
- Public reporting of performance against outcomes

Discrimination complaints

Commonwealth and NSW anti-discrimination laws forbid discrimination in provision of services, including government services and education. Providers may not refuse to provide services because of a person's disability, or provide them in an unfair way or on less favourable terms than to other people.

For example, public places, such as schools, hospitals and government service premises, must be accessible to people with disability.

However, a defence of "unjustifiable hardship" may apply. Discrimination law does not require the provision of access if this will cause major difficulties or excessive costs to a person or organisation.

For more information, see

www.humanrights.gov.au/our-work/disability-rights/guides/brief-guide-disability-discrimination-act

To date, people with physical and sensory disabilities have made greater gains through discrimination complaints than people with intellectual disability. Comparatively few complaints have been made by or on behalf of people with intellectual disability.

There is in fact great scope for people with intellectual disability to obtain personal redress and systemic change through discrimination complaints.

Key factors to effectiveness

- Increased awareness in the intellectual disability community of the kind of complaints that can be made, for example complaints about agency policies and practices that do not overtly discriminate, but which have the effect of making the agency's services inaccessible or inappropriate for people with intellectual disability
- Joint action by an individual who has experienced discrimination and a disability advocacy group
- Negotiated settlements of complaints that provide both individual redress and changes to discriminatory policies and practices

Disability commissioners and public advocates

These have capacity not just to respond to individual problems, but also to highlight systemic problems and make recommendations for action by governments.

For example, as part of the NSW Ombudsman, the Community and Disability Services Division has power to review the deaths of people dying in supported accommodation. They can make recommendations for action by both the health and disability arms of the NSW Government.

For more information, see:
www.ombo.nsw.gov.au/what-we-do/our-work/community-and-disability-services/reviewable-deaths

Governments from around Australia have now agreed on a Quality and Safeguarding Framework for the NDIS. This framework is focused on services funded through the NDIS and not on mainstream agencies. In NSW, roles currently performed by the Community and Disability Services Division of the Ombudsman will at least largely be taken over by the national framework. However there is a danger that the disability expertise in the NSW Ombudsman will go so that the Ombudsman's continuing role in relation to mainstream agencies may be less focused and informed. For example, the NSW Ombudsman has considerable focus and expertise in relation to the role of the police and health services with people with intellectual disability, and this expertise could be lost.

Key factors to effectiveness

- Ensuring that the NDIS quality and safeguarding framework includes a focus on mainstream services, including:
    - In the regulation of restrictive practices including "chemical restraint," having a focus on the role of doctors in prescribing psychotropic medication and collaborating with behaviour practitioners
    - In the NDIS Complaints Commissioner's role of oversighting deaths of people with disability, having a major focus on the adequacy of healthcare
    - Through strong relationships with the Commonwealth and State/Territory ombudsman and other mainstream complaints bodies
- The disability skills and focus of mainstream complaints bodies including Ombudsmen and health complaints commissioners.
- In recognition of the factors that inhibit people within intellectual disability from making complaints, mainstream complaints bodies having a focus on proactive reviews and own motion investigations.
- Public advocates having a strong focus on mainstream agencies as well as disability services.

Disability advocacy

Individual advocacy can improve individual access to services and supports. Systemic advocacy contributes to broader change.

For example, NSW CID's advocacy on health in NSW and nationally has had a central role in a range of improvements in the health care system including:

- Medicare items for annual health assessments of people with intellectual disability, and
- NSW Health's *Service framework to improve the health care of people with intellectual disability* and funding of three new pilot intellectual disability health teams.

The future of advocacy in NSW is currently in major doubt. The NSW government's NDIS agreement with the Commonwealth provides for the whole NSW disability budget, including the advocacy budget, to be handed over to the Commonwealth to be used exclusively for NDIS participant plans.

Every Australian Counts is a striking example of the power of united action by the disability community.

www.everyaustraliancounts.com.au

Key factors to effectiveness

- Forming positions based on evidence - the experience of people with intellectual disability and their families, data and research evidence
- Building a groundswell of active support in the intellectual disability community
- Forming alliances with disability and mainstream professionals, for example medical colleges and researchers
- Assertiveness, but also seeking to build constructive relationships with key decision makers
- Being strategic in relation to which issues to purse and how at particular times
- Persistence - A systemic advocacy campaign may take many years with small incremental gains building to more fundamental ones
- Continuing funding for advocacy in NSW, including state-based systemic advocacy

Media

Sustained media coverage can be a major contributor to action by governments. An example of an issue that has received sustained media in recent years is abuse and neglect in disability services.

It is often difficult to obtain media attention for disability issues especially in the mass media. This is partly because people with intellectual disability can be vulnerable in dealing with the media and they and their families tend to be reluctant to be publically identified. However, the ABC and SBS have aired some excellent informative and positive programs featuring people with disability.

Social media is easier to use and has increasing potential, especially for campaigning and mobilising community interest in an issue.

Media can also be a powerful tool in changing societal attitudes. For example, the Don't Dis My Ability awareness campaign in NSW has endeavoured to challenge perceptions about people with disability.

"People get an idea that because you have an intellectual disability you can't learn and be given responsibilities. You CAN do so much, don't let anyone say you can't do it!"

Key factors to effectiveness

- A focus on personal stories that starkly illustrate problems
- Maintaining media momentum
- Establish disability champions in mainstream media
- Codes of respect and inclusion in mainstream media

Education and training

Mainstream workforces need suitable training material and ongoing strategies to achieve uptake of that material.

For example, the Intellectual Disability Rights Service provides disability awareness training to NSW Police custody managers.

www.idrs.org.au

The Department of Developmental Neuropsychiatry UNSW has developed core competencies and online training modules for mental health staff, but uptake of the training has been limited.

3dn.unsw.edu.au

The Chair in Intellectual Disability and Behaviour Support UNSW has produced Massive Open Online Courses (MOOCs) with people with disability that have had wide take up nationally and internationally.

www.arts.unsw.edu.au/research/intellectual-disability-behaviour-support-program/education-and-training

Key factors to effectiveness

- People with intellectual disability and their families as trainers
- Training being available when people need it
- High level encouragement or requirement for staff to have disability training
- Using a variety of training approaches and platforms

"We should run training for all people and organisations who will work with us, including the Ombudsman."

Research

Research is essential to identifying the needs of people with intellectual disability. Areas in need of further research includewhether people with intellectual disability are receiving appropriate supports from mainstream services, what action is needed to rectify gaps, the cost benefit of action and evaluation of impact, areas of potential innovation, and best practice.

For example, the Indigenous Australians with Mental Health Disorders and Cognitive Disabilities in the Criminal Justice System Project at UNSW.

www.mhdcd.unsw.edu.au/

Key factors to effectiveness

- Research based on data and the lived experience of people with intellectual disability
- Translational research – that is research which can be used to improve real-world practice, and health and well-being for individuals
- Research findings and application information are provided in accessible ways to diverse audiences

Indigenous Australians with intellectual disability

Aboriginal people with intellectual disability are excluded at higher rates than non-Aboriginal people from both disability and mainstream services. There are many reasons for this, including colonial legacies, racism, higher rates of disadvantage and people living in poorly serviced areas. There are few Indigenous controlled and staffed services supporting Aboriginal people with disability.

First Peoples Disability Network is a national body dedicated to advocating for and improving staff skills and services for Indigenous people with disability.

http://fpdn.org.au

Key factors to effectiveness

All strategies for inclusion of people with intellectual disability need to specifically consider and include Indigenous Australians.

A case study - Primary Health Networks

These are the successors of Medicare Locals that were established by the last Commonwealth Labor government. There are 31 Primary Health Networks (PHNs) around Australia whose role is to increase the efficiency and effectiveness of medical services, particularly for people at risk of poor health outcomes. Their main focus is on GPs and other primary health care.

Despite the well-established physical and mental health disparities faced by people with intellectual disability, very few Medical Locals or PHNs have given significant attention to their needs.

When the current Commonwealth Government launched its mental health reforms in late 2015, the reforms were centred on the role of PHNs and the government said that the reforms needed to accommodate vulnerable groups and underserviced populations. However, NSW CID's advocacy with the Commonwealth Department of Health did not provide any encouragement about how people with intellectual disability would be included in the reforms. We then ran a campaign on the issue and gained some support from Health Minister Sussan Ley, which led to some material about intellectual disability being included in mental health guidelines for PHN's.

At the roundtable, participants discussed what drivers could encourage a much more robust response from PHNs to the needs of people with intellectual disability.

See also *Working collaboratively at the interface of disability and health services*, Centre for Applied Disability Research, National Disability Services. www.cadr.org.au

Key factors to effectiveness

- The Commonwealth government providing direction or strong guidance to PHNs to include people with intellectual disability and their families
    - In their needs assessment processes
    - On their community consultative groups
    - As a priority group
- Seeking inclusion of people with intellectual disability in local PHN initiatives, for example rollout of Ehealth records
- People with intellectual disability and their supporters forming relationships and lobbying with their local PHN
- Developing better data in relation to local health needs of people with intellectual disability
- Promoting positive actions of any PHNs
- The NDIS and local disability service providers and advocacy groups building strong relationships with PHNs
- Engaging with periodic meetings of chief executives of PHNs
- Use of discrimination complaints

KEY INGREDIENTS OF PROGRESS

NSW CID sees the following as key priorities if government agencies are to move steadily and robustly towards full inclusion for people with intellectual disability:

9. Governments moving from a siloed approach to a focus on whole of person needs and cost benefit across the person's lifespan and across government agencies. This requires a change in government practice linked to improved data collection, data linkage across service systems, and research identifying human, social and governmental cost-benefit of action or inaction on inclusive practices.

10. A senior minister in each government having specific responsibility for whole-of-government leadership on disability issues with support from central agencies – Premier/Prime Minister and Cabinet, and Treasury.

11. Agencies having measurable and accountable outcomes they have to meet on disability inclusion, but with encouragement of flexibility and local innovation in relation to how to achieve outcomes.

12. At both agency leader and local levels, agencies to have regular dialogues with people with intellectual disability and other representatives of the disability community, to identify experiences of inclusion and exclusion and strategies for inclusion. This can ensure periodic, participatory evaluation and continuous improvement.

13. Continued funding of robust disability advocacy including state-based systemic advocacy specifically representing people with intellectual disability. State based systemic advocacy is a key driver of inclusion in state mainstream agencies.

14. Use of discrimination complaints as a tool for systemic change in inclusion practices.

15. The NDIA taking a lead role in building strong collaborative relationships with mainstream agencies both at a systemic level and with individuals. This should include funding of innovative Information, Linkages and Capacity Building projects aimed at promoting inclusion within mainstream agencies.

16. Implementation of the NDIS Quality and Safeguarding Framework including a strong focus on areas of interplay between the roles of the NDIS and mainstream agencies, including:
    - The role of health services in relation to restrictive practices and preventable deaths
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APPENDIX

Getting Around to Inclusion!

Roundtable participants

Tracylee Arestides	CEO, Down Syndrome NSW
Eileen Baldry	Academic Chair, UNSW Equity, Diversity and Inclusion Board; Deputy Chair, Disability Council NSW
Sue Boyce	Former Senator for Queensland
Lynette Byrnes	Senior Investigation Officer, Social Service Team, Commonwealth Ombudsman
Janene Cootes	EO, Intellectual Disability Rights Service
Leanne Dowse	Chair in Intellectual Disability and Behaviour Support, UNSW
Gordon Duff	General Manager Policy and Research, National Disability Services
Laurie Glanfield AM	Former Director General of NSW Departments of Attorney General and Justice, and Finance and Services
Dominic Grenot	Community and Housing Practitioner
Stephanie Gunn	General Manager Community Linkages, NDIA
Graeme Innes AM	Former Disability Discrimination Commissioner, Australian Human Rights Commission
Aine Healy	Director Advocacy NSWCID
Steve Kinmond	Deputy Ombudsman and Community and Disability Services Commissioner NSW
Robyn Kruk	Former head of agencies including NSW Health and Premier’s Department, and National Mental Health Commission
Richard Matthews AM	Former Deputy Director General of Health NSW; Chair, General Practice Education and Training Ltd

Kathryn McKenzie	Director Disability, NSW Ombudsman
Colleen Pearce	Public Advocate Victoria
Kate Rea	ACT Disability, Aged and Carer Advocacy Service
Helen Rogers	Executive Director Participation and Inclusion, Department of Family and Community Services NSW
Jim Simpson	Senior Advocate, NSWCID
Sharon Stuart	Branch Manager Disability and Carer Policy, Department of Social Services
Michael Sullivan	Chairperson, NSWCID