13 September 2019

Ronald Sackville, AO

Chair

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

People with Disability Australia (PWDA) welcomes the opportunity to respond to the Draft Accessibility Strategy (the Strategy) for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission). We note that the Strategy was released on 19 August, giving people with disability and our representative organisations less than a month to respond.

We believe first and foremost that the Strategy should reflect the experiences, expectations and needs of people with disability. Accessibility is core to the Royal Commission. Without full accessibility, many of us will not be able to contribute our knowledge, experiences and expertise.

The Strategy and the Royal Commission must be an example of full accessibility, while also recognising that accessibility is an evolving practice and concept, and requires an adaptable approach. This Royal Commission belongs to people with disability first and foremost, and thus should frame accessibility as core business and essential to the success of the Royal Commission. To the greatest extent possible in an ableist context, we should be able to rely on the accessibility of our Royal Commission, and on a flexible approach from the Royal Commission staff. Therefore we call for the Strategy to be written in plain English and for it be made available in a variety of formats and languages, and that the same takes place for all Royal Commission documents.

Further, supports mentioned in the Strategy, including legal, therapeutic and advocacy supports, should be made available before the Royal Commission progresses further. Peer and representative organisations of all groups mentioned in the Strategy, as well as women with disability, should be funded for outreach, inreach and consultation as a priority.

It is essential that the Royal Commission articulate a trauma informed approach that is premised on the social model of disability and doing no further harm to survivors, and that this is articulated in the Strategy.

## Women with disability

PWDA is concerned that women with disability are not mentioned or covered in the Strategy. Women with disability are disproportionately subject to domestic and family violence, sexual violence, and other forms of abuse, neglect and exploitation. Specific consultation with women with disability and our representative organisations is essential, and Disabled People’s Organisations (DPOs) must be funded to undertake outreach and inreach with our peers.

## First Nations People with Disability

The Royal Commission should recognise the disabling impacts that colonisation, attempted genocide and assimilation have had on many First Nations people, and acknowledge colonisation as a form of violence. The phrase ‘as much as possible’ should be removed from this section. The Royal Commission should name the following steps in the Accessibility Strategy:

* Traveling to rural and remote Indigenous communities for hearings and private sessions
* Funding Indigenous DPOs to support First Nations people with disability
* Adapting structures and communications to be culturally safe for Indigenous people with disability
* Providing necessary supports and/ or funding for participation and recognising that these may look different to what is typically understood as disability supports.

## Multicultural services for people with disability

The Strategy should have a separate section on accessibility for Deaf communities that includes Auslan availability for private sessions, captions for webcasts and all videos, and commitment to work with Deaf-led organisations to provide information about the Royal Commission.

The Strategy should also include:

* A commitment to providing information in community languages all through the Royal Commission process, rather than just for translation services.
* A commitment to outreach and inreach to and through culturally and linguistically diverse (CALD) communities through their representative organisations and DPOs, to talk about the Royal Commission and seek evidence from CALD people with disability.

## LGBTQIA+ inclusive

The Strategy should include specific outreach to lesbian, gay, bisexual, transgender, queer, intersex and asexual + (LGBTQIA+) communities and organisations to discuss how the Royal Commission will make sure it welcomes people with disability from these communities.

The Strategy should include a specific commitment to removing barriers that prevent LGBTQIA+ people from engaging with organisations and systems. Examples of positive interventions for LGBTQIA+ inclusivity that should be included in the Strategy are:

* removing use of gendered titles except where they are requested
* removing compulsory revelation of gender, marital status, or gender assignment at birth
* providing for people to express preferred pronouns if they wish, and affirming people’s preferred pronouns and titles if they express them
* provision of gender neutral accessible bathrooms for hearings and private sessions.

## Trauma informed process

The social and human rights model of disability must be adopted in the Royal Commission’s approach to trauma. The social model of disability sees disability, including symptoms of trauma, as a response to environment, locating the ‘problem’ in the environment rather than being inherent to a person. For people with disability, we are at even greater risk of having our expressions and responses to trauma policed, ignored, or seen as coming from our impairments, rather than as a response to our environment. Similarly, ableist or medicalised responses to trauma may pathologise us as inherently damaged and requiring restraint, behaviour modification, or other medical responses that ignore our environment and may inflict further violence and trauma.

Whilst stating that the Royal Commission will adopt “the principles of trauma informed engagement”, there is no articulation in the Strategy of what this means. At a minimum it is necessary for the Royal Commission to articulate a commitment to doing no further harm to those of us who have been subject to violence, neglect, abuse and exploitation, and experience trauma as a result. Once this is articulated, principles and a plan for implementation must be developed. While literature on trauma and trauma-informed practices abounds, PWDA includes a number of references we consider useful below, and would be happy to provide further resources and information upon request.[[1]](#footnote-1)

Key to this commitment to doing no harm is provision of support for victim-survivors of violence at all stages of the Royal Commission process, even if they do not decide to proceed in giving evidence or having a private session. The supports that victim-survivors can expect related to the Royal Commission must be clearly articulated. Further hearings and private sessions should not be opened without therapeutic, legal and advocacy supports in place, as well as all disability supports being available.

Terminology is important in this section, as in others. The term “isolated cohorts” should be replaced by “people with disability with multiple barriers to engagement with the Royal Commission”. Whilst we use the language of ‘survivor’, in keeping with the principle of self-determination, people should be able to use the language they prefer regarding their own experiences.

## Psychosocial disability

People with psychosocial disability should not only be informed, but consulted about the Royal Commission at every step, via their peer and representative organisations. People with psychosocial disability are often also part of hard to reach communities. The Royal Commission should commit to assertive outreach, funded through peer and representative organisations, which will be essential to reach these communities.

## Workplace accessibility and inclusion

People with Disability Australia discourages the use of the term “people with lived experience of disability” as used in this section for a number of reasons:

* It is a general term and conflates the experience of people without disability with that of people with disability
* It is often used to refer to family members or partners of people with disability, in which case it is better to be specific that this is what is meant
* In a policy context it has the potential to override the primacy of the experiences of people with disability in favour of a much broader group of people who have ‘lived experience’ (such as workers, carers, family members, friends etc.). In creating this broad category the power dynamics between people with disability and people in other roles are easily erased. The social practice of erasing the experiences of people with disability in favour of having others speak for us is thus perpetuated.
* Our interests and rights may conflict with others included in the category of ‘lived experience’, such as parents, carers or service providers. An example is in the use of restrictive practices. Again, the terminology of ‘lived experience’ has the potential to render this conflict of interest invisible.
* Similarly, the experiences of people in these categories will be different in important ways. Parents of a person with disability are not the direct targets of ableism, but rather will experience the impact of ableism on their child, for example if a child is excluded from the mainstream school system and this impacts the parents’ capacity to work, causing them to come into conflict with education workers and systems, and affecting them emotionally. The child’s right to an education is denied or violated, and this violation also impacts their family. Distinguishing the experiences in terms of direct and indirect impact helps us to properly prioritise and address the impacts of violations.

## Staff education

PWDA supports the provision of disability awareness training for all staff. The Strategy should state that this training will be developed and provided by DPOs, and focus on disability rights, as well as awareness, and the Convention on the Rights of Persons with Disabilities. Training should be refreshed every year.

## Ensuring accessible communication

It is essential that people with disability can contribute to the Royal Commission in any mode of communication that works for them. The principle adopted by the Strategy and the Royal Commission must be that there is no one correct accessible solution. Many available formats, an adaptable and flexible approach, and an engaged, creative and willing staff and leadership will be essential to making sure everyone can access the Royal Commission.

Thus the Strategy should include the sentence: “In addition, the RC will accept submissions from people with disability in any format, including creative and expressive forms. No submission will be turned away because it is in an incorrect format.” Making this commitment is essential to building trust with people with disability and setting a standard for staff of the Royal Commission.

Other accessible communication principles to include in the Strategy are as follows:

* Providing webcast captions for all public broadcast sessions
* Documents:
	+ We are pleased to see the Royal Commission doing PDF, Word documents and building in accessibility requirements in guidelines
	+ PDFs must have a standard requirement for in-built accessible PDF features and all PDF Documents should pass Adobe’s accessibility check as a minimum
	+ Provision of accessible PDF, Word and HTML standard is ideal, even for forms
	+ While a scan of the Royal Commission’s current documents has been positive, some have come up with some minor problems around tagged content link descriptions such as [Fact sheets](https://disability.royalcommission.gov.au/Documents/fact-sheet.pdf). The [Letters Patent](https://disability.royalcommission.gov.au/Documents/disability-royal-commission-letters-patent-scanned-copy.pdf) is a scan and thus inaccessible.
* Web:
	+ The Royal Commission should meet the WCAG 2.1 AAA requirements. While it is above the Digital Transformation Agency’s requirement under the [Digital Service Standard](https://www.dta.gov.au/help-and-advice/digital-service-standard/digital-service-standard-criteria), it is essential that the Royal Commission aim for best practice.
	+ The website’s accessibility statement should detail exactly what “universal guidelines” it is adhering to and to what level
	+ Web design should also take psychosocial disability and trauma into account, and avoid creating unnecessary pressure or ‘dark patterns’ (see for example: [Considering psychosocial disability in web design](https://developer.paciellogroup.com/blog/2018/08/a-web-of-anxiety-accessibility-for-people-with-anxiety-and-panic-disorders-part-1/)).

## Accessible engagement for people with disability

### Enabling people to engage with us in the way they choose

PWDA reiterates that there must be no wrong way to make a submission to the Royal Commission, and that a flexible and willing approach is essential to true, consistent access and inclusion.

We commend the statement that a flexible approach will be taken to time and length of sessions, and recommend that the Strategy acknowledge that people will be provided with additional time where needed.

It must be assumed that people have will and preference (choice and control) and supports should be provided to ensure this. We recommend that the term “where they are able to do so” be removed from this section to avoid questions of capacity clouding the obligation to provide supports.

### Supported decision making

It is important that the Strategy and the Royal Commission recognise and promote self-advocacy and self-determination as the first step in supporting our decision making. While independent advocacy is essential and must be available, a default position of encouraging people to think through and express their will and preference, is the first step.

This should be clearly communicated in the Royal Commission’s various information formats. Tools to support people to self-advocate should be commissioned and made available by the Royal Commission and also through representative and peer-led bodies. PWDA proposes a self-advocacy toolkit specific to the Royal Commission be developed in a range of languages and formats.

### Overcoming barriers to participation

As the Strategy document recognises, gatekeeping by families and services is a significant barrier to participation for many people. Overcoming these barriers requires persistence and recognition that the rights of people with disability to express their will and preference, and communicate separately from their service providers and carers if they wish to, must be upheld.

In recent peer work with women with intellectual disability, for example, PWDA has encountered significant opposition from carers and families to discussing healthy relationships, consent and sexual assault. This included service providers registering themselves for training, rather than their client with disability, and insisting that they were the only person who could communicate with the person with disability.

### Provision of additional supports

The term ‘additional supports’ is confusing in that it suggests these are additional to what may be expected. Transport, for example, is mentioned both here and under ‘enabling people to engage with us’.

We recommend removing the conditional language from this section such as ‘seek to provide’ and ‘may include’, or at a minimum, noting that the Royal Commission will make every effort to provide these needed supports.

We suggest creating a standalone section in the Strategy on supports that outlines what people are entitled to and can expect in terms of support to access the Royal Commission, including legal, advocacy and therapeutic support.

## Facilities and information technology

The Royal Commission must commit that all venues it uses, rather than just its own offices, will be physically accessible and provide for other access needs.

## Monitoring and evaluation

We are pleased to see that the Royal Commission is highlighting monitoring and evaluation in the initial phases. We would like to see more detail about this in the Strategy, including that the Strategy itself will be reviewed within 6 and 12 months to take into account the experiences and feedback of people with disability.

PWDA would welcome the opportunity to discuss or provide further information on any of the matters outlined above. We look forward to working with the Royal Commission staff and Commissioners to ensure the full accessibility of our Royal Commission for all people with disability.

Best regards,



**Dr Meg Clement-Couzner**

**Senior Policy Officer: violence prevention & access to justice**

megc@pwd.org.au

0431 961 689

1. Quadara, A. and Hunter, C. 2016, *Principles of Trauma-informed approaches to child sexual abuse: A discussion paper*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

Quadara, A. 2015, *Implementing trauma-informed systems of care in health settings: The WITH study. State of knowledge paper*, ANROWS: Sydney. [↑](#footnote-ref-1)