



Queensland State Election Platform 2015

Queenslanders with Disability Network (QDN) is a state wide network of, for, and by people with disability. The Network regularly brings members together to discuss relevant social policy issues that impact upon their lives. For more information about QDN and our work visit our website at www.qdn.org.au or find us on Facebook.

QDN and its members have developed the following platform towards achieving social and economic participation of people with disability as full and active citizens within their communities.

The platform has been aligned with the goals of the Queensland Disability Plan 2014-19 and the goals and targets of the Queensland Plan. **T** denotes target and **G** denotes the goal aligned to particular commitments.

QDN is asking all parties and candidates to commit to undertake the following actions for Queenslanders with disability.

1. Commit to improving housing options for people with disability

[Priority 6 and 7 of the Queensland Disability Plan 2014-19]
[Queensland Plan T5 T7 T16 T18 T20 G5 G6 G17 G23 G26 G34]

a. Legislate Universal Housing Design standards for all new homes by 2020

That all parties commit to legislate to changing the Queensland appendices of the Building Code of Australia to include mandatory requirements for universal design in all Class 1a and Class 2 dwellings that meet the National Disability Strategy's commitment that all new homes will be of an agreed Universal Housing Design standard by 2020 with interim targets to be set within that 10-year period.

The Convention on the Rights of Persons with Disabilities, to which Australia is a signatory, clearly states that access to suitable housing is a universal human right. QDN calls on all candidates to honour the CRPWD by changing the Queensland appendices of the Building Code of Australia. The convention can be viewed at www.un-documents.net/crpwd.htm.

The Liveable Housing Australia Platinum Level should be made mandatory inline with commitments already made in principal by Queensland and Australian Governments and the building industry. These standards can be viewed at <http://www.livablehousingaustralia.org.au>.

The Report on the Progress of the National Dialogue on Universal Housing Design 2010-2014 found that the housing industry, as a whole, has failed to show signs of voluntary systemic transformation on universal housing design. The report found that a generous estimation of the current voluntary approach would achieve less than 5% of this 2020 target.

All parties must commit to legislate to make universal housing design a reality in Queensland.

The lack of affordable, accessible housing in the private market effectively excludes and marginalises many people with disability and their families and puts additional pressure on social (public and community) housing stock as the only option.

Universal housing design is the key to providing people with disability and their families opportunities for inclusion, employment and participation with the broader community. It also assists people to age-in-place, and leave hospital in a timely manner.

By legislating for universal housing design, the supply of accessible, affordable housing will increase consistently and reliably over time at a reasonable cost to everyone.

More information on Universal Housing Design can be found at <http://www.anuhd.org>.

b. Commitment to increasing Social Housing

Due to the chronic poverty amongst people with disability (approximately 50 per cent of people with disability do not have regular paying work) and the lack of affordable accessible housing options in the private market, many people with disability and their families rely on social housing as their only option. There is currently a severe crisis in social housing with more than 21,000 households on the waiting list. To remedy these issues all parties must commit to;

- i. People with disability having the same right to social housing regardless of their support needs,
- ii. Social housing stock meeting the community demand, particularly demand for accessible housing for people with disability.
- iii. The social housing *gross weekly assessable income test* not including allowances and subsidies designed to support people social inclusion and meaningful work such as the Mobility Allowance.

2. An ongoing commitment to the NDIS and a commitment to ongoing State Government disability and community care services

**[Priority 1 to 5 of the Queensland Disability Plan 2014-19]
[Queensland Plan T4 T5 T6 T9 T13 T16 G11 G14 G16 G19 G24 G26 G34]**

The Queensland Disability Plan 2014-19 has identified that there are approximately 830,000 Queenslanders identified as having a disability.

Of these approximately 97,000 are estimated to be eligible to receive specialist disability assistance through tier 3 of the NDIS.

All political parties need to commit to Queensland's full NDIS rollout of by 2019 as well as ensuring services are provided where needed for the other 733,000 not expected to be eligible for specialist disability support under NDIS.

All parties need to commit to the funding of ongoing disability and community care services for over 700,000 Queenslanders not expected to be supported through Tier Three of the NDIS.

These issues can be addressed by all parties committing to following:

- a. A co-ordinated transition process to the NDIS** agreed upon by the commonwealth and state governments. Particularly for our most vulnerable Queenslanders. That the plan includes timelines for the phasing in of the scheme in areas across Queensland from 1 July 16 to

2019. That the plan also includes a commitment to the phasing into the system of people with high unmet needs as a priority for the NDIS from 1 July 2016. That implementation is coordinated with key bodies representing people with disability, their families and services. That the plan is publicly released to give certainty to people with disability, their families and support networks and to provide public transparency to the process.

- b. Investing and growing Queensland's necessary infrastructure.** State departments such as transport, health, education and housing to commit to increased capacity in a coordinated way that mirrors the requirements for the NDIS rollout in Queensland. This process needs to focus on integration between the NDIS and existing services and infrastructure.
- b. Committing to **continued state funding for disability and community care** services needed by people with disability ineligible for the NDIS whom still require services and support to have a quality of life.

3. A comprehensive Public transport plan

**[Priority 6 to 7 of the Queensland Disability Plan 2014-19]
[Queensland Plan T5 T6 T7 T9T13 T16 T18 T19 G5 G6 G10 G11 G17 G24 G26
G28 G29 G30 G32 G34 G35]**

- a. Full adoption of the Disability Standards for Accessible Public Transport 2002 (DSAPT) across the state as the minimum standard.**

A good public transport service goes well beyond minimum compliance. While DSAPT is the minimum required a good public transport system needs to go beyond this to ensure modern, accessible and effective public transport options for all Queenslanders.

- b. Full implementation of Next Stop Announcements for bus services**

Next stop announcement systems have been successfully trailed in South East Queensland and implemented in some areas. This proven GPS system should be rolled out across all bus routes and services across Queensland to assist public transport users, particularly users who are vision impaired, to access the public transport network.

- c. Adoption of a Disability Travel Pass modelled on the Victorian Government's scheme**

QDN calls for the implementation of a properly means tested and implemented travel pass to provide people with disability free or discounted travel across Queensland. The pass also acknowledges and responds to dependence by many people with disability on public transport.

The prohibitive cost of public transport for people on fixed incomes isolates and disadvantages many Queenslanders with disability from full participation in the economic and social life of their community.

This marginalisation not only disadvantages people with disability financially, but also has negative impacts upon their health and wellbeing. The flow on effects of these impacts is greater cost to the Queensland Government from increased reliance on state funded services.

The Victorian State Government's Scooter and Wheelchair Travel Pass and Access Travel Pass, provide an effective and tested model from which a similar Queensland scheme could be developed.

The Victorian State Government has introduced these passes as part it's implementation of the *Disability Discrimination Act 1992* and the DSAPT 2002, QDN calls for the Queensland Government to do the same.

d. An effective regional and rural transport strategy to tackle transport disadvantage for people with disability.

That all political parties commit to an effective regional and rural transport strategy integrating multiple transport options, including community transport options, to combat transport disadvantage suffered by people with disability in rural and regional Queensland.

Queensland is the most regionalised state in Australia. People living outside of the South East Corner generally have limited or no access to regular, affordable and accessible public transport or alternative such as taxis.

A regional transport strategy integrating existing community infrastructure, such as buses operated by local community groups and clubs, would provide people with disability viable transport options.

A scheme where a subsidy was provided to these operators on proof of use would leverage existing community infrastructure in a cost efficient and purposeful network to people with disability.

4. Employment and training

**[Priority 4, 6 and 7 of the Queensland Disability Plan 2014-19]
[Queensland Plan T2 T3 T5 T9 T16 G2 G4 G5 G6 G11 G12 G14 G17 G19 G26
G33 G34]**

Currently people with disability are grossly over-represented among those who live in poverty. A major factor is Queensland's current underemployment rate of 6.1 per cent is amongst the highest in Australia.

People with disability are more severely impacted with unemployment at extremely high rates over 50%.

This has strongly contributed to people with disability being primarily reliant on state and federal government funded support services for every aspect of their lives.

People with disability face economic, social and political barriers to employment, education and training, financial security or finding fulfilling alternatives to work.

The Queensland Government has a significant role to play in order to address this issue by providing pathways to sustainable employment for people with a disability.

The economic benefits of greater employment for people with disability have been extensively researched and are estimated to be in the order of \$9 Billion for Australia, the flow on effect is obvious for Queensland with 17.5 of the populations identified as having a disability.

Previous programs have clearly demonstrated that investment can be returned to the economy within 12 months. In addition the cost to government of services such as health and social services can be significantly reduced.

To overcome these challenges all parties must commit to improving employment opportunities for people with disability by:

- a. Implementing policies and honouring commitments made under Equal Employment Opportunity and Anti-Discrimination legislation.
- b. Implement policies and programs that support and facilitate full economic participation of all people.
- c. Implementing employment targets for people with disability in local and state government to lead the way for business and the community.
- d. Funding education and training to skill people with disability for work.
- e. Reform of the Queensland Guardianship system to ensure practical systems exist that ensure adults can make their own decisions whenever possible.

5. Delivering an integrated, accessible and timely health system

**[Priority 1 to 5 of the Queensland Disability Plan 2014-19]
[Queensland Plan T4 T5 T6 T9 T13 T16 G11 G14 G16 G19 G24 G26 G34]**

People with disability experience much poorer outcomes across the spectrum of health and wellbeing than the general population. The social determinants of health show significant links for people with disability in the poorer health outcomes experienced, and need to be an important consideration in the goal to achieve better health outcomes for people with disability.

QDN's members have identified that access to quality, timely health care is a significant issue across metropolitan, regional and rural communities. People with disability experience a fragmented health, disability, aged and community care system which poses significant barriers to accessing basic health care specifically around issues of;

- Affordability
- Accessibility of physical built environment, information and resources and access to specialists
- Timely care
- Quality care delivered in patient centred way
- Integrated and seamless transition across systems and services.
- Appropriate integrated mental health services.

A health system that delivers integrated care across acute, sub-acute and primary health care and greater integration and connected care across disability services is essential in delivering quality health care for people with disability.

It is essential that people with disability are included in the design, implementation and evaluation of integrated health services.

QDN seeks commitment from all parties to;

Implement Integrated and connected care across

- a. NDIS integration.
- b. Connected models of care and pathways for people and seamless transition across primary and acute health care.
- c. Coordinated models of care that are centred around the person, but driven and coordinated by team of health practitioners working with individuals.
- d. Innovative models of care to deliver healthcare that people need within the environment and setting that suits them best, right care, right time, right place.

Deliver affordable and timely healthcare through;

- e. Improved accessibility.
- f. Built environment across primary and acute health systems.
- g. Accessible information and resources for people.
- h. Improved mental health services and an integrated approach to delivering these services.

End