



# **Submission to the Public Consultation on the Draft State Disability Inclusion Plan**

**Direct Advocacy**

**Public consultation on the draft State Disability Inclusion Plan  
Submission prepared by the South Australian People's Health  
Voice**

**May 2025**



## About SACOSS

The South Australian Council of Social Service (SACOSS) is the peak non-government representative body for health and community services in South Australia, and has a vision of justice, opportunity and shared wealth for all South Australians.

Our mission is to be a powerful and representative voice that leads and supports our community to take actions that achieve our vision, and to hold to account governments, businesses, and communities for actions that disadvantage vulnerable South Australians.

SACOSS aims to influence public policy in a way that promotes fair and just access to the goods and services required to live a decent life. We undertake research to help inform community service practice, advocacy and campaigning. We have over 75 years' experience of social and economic policy and advocacy work that addresses issues impacting people experiencing poverty and disadvantage.

## About the People's Health Voice

The People's Health (PHV) is an inclusive mechanism through which South Australians experiencing inequitable health outcomes can have their voices heard by the health system, and participate actively in guiding responsive healthcare service and policy improvements. The PHV is governed by a Steering Committee exclusively comprising community members and a Strategic Advisory Committee including representatives of SACOSS, other health-related peaks, and experts in community engagement alongside members of the Steering Group.

This submission is made by the PHV Steering Committee on behalf of all South Australians represented by the People's Health Voice.

*People's Health Voice Submission to the Public Consultation on the draft State Disability Inclusion Plan, May 2025*

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## Executive Summary

The South Australian Council of Social Service (SACOSS) and The People’s Health Voice (PHV) welcome the release of the Draft State Disability Inclusion Plan (SDIP) and its commitment to advancing access, equity, and inclusion for South Australians living with disability. As a lived experience-led health participation mechanism, the PHV recognises the significance of this Plan in driving inclusion in SA—and the opportunity it presents to ground policy and service reform in community insight and lived expertise.

In this submission, the People’s Health Voice provides a response to the Draft Plan on the basis of extensive engagement with members of the disability community. Informed by these insights, our submission presents a series of recommendations offered to strengthen the Plan in its final form, ensuring that it delivers meaningful, sustained improvements in disability access, participation, and wellbeing across all areas of public life.

These recommendations include:

- Recognising and addressing the complexity of disability, particularly for people living with multiple or intersecting disabilities
- Embedding trauma-informed principles across services and systems
- Improving data practices to include experiential insights alongside service metrics
- Strengthening cross-sector system navigation, especially across health, housing, education, child protection and community supports
- Embedding accessible communication standards across health and other sectors
- Reviewing and updating transport assistance schemes to reflect current needs
- Developing targeted inclusion strategies for communities facing specific access and inclusion barriers, including Aboriginal communities, children and young people, regional South Australians, LGBTIQ+ communities, and people experiencing poverty or housing insecurity
- Increasing inclusive employment opportunities in the health system and addressing structural workforce barriers
- Establishing mechanisms to ensure that people with disability remain central to implementation and oversight of the Plan.

## Introduction

The People’s Health Voice (PHV) is an independent health participation mechanism established as a community co-design partnership by the South Australian Council of Social Service (SACOSS) with funding from the SA government. This submission has been prepared by the PHV and is made jointly on behalf of SACOSS and the PHV.

The PHV provides an inclusive platform for South Australians – particularly members of groups and communities experiencing inequitable health outcomes – to:

- communicate their experience of healthcare access and inclusion barriers to the health system, and
- participate actively and effectively in guiding service and policy responses to these concerns.

While grounded in the health sector, the scope of the PHV reflects a broad understanding of wellbeing—one that recognises the critical influence of housing, education, transport, and social inclusion on health outcomes. Our work engages directly with people whose experiences span these interconnected systems, particularly those navigating multiple, compounding forms of marginalisation and exclusion.

This submission responds to the Draft State Disability Inclusion Plan 2024–2028 and draws on the PHV’s extensive engagement with people with disability and their carers across both metropolitan and regional South Australia. Throughout these conversations, the PHV has heard first-hand about the systemic barriers, service gaps, and policy shortcomings that constrain the full and equitable participation of people living with disability across our State.

In making this submission, the People’s Health Voice seeks to ensure that the final State Disability Inclusion Plan is grounded in the lived expertise of those most affected by access and inclusion gaps. Our contribution offers practical, community-informed recommendations aimed at improving the Plan’s ambition and accountability—particularly in relation to health and wellbeing. It also highlights the critical importance of cross-sector coordination, responsive systems, and inclusive governance. We offer these insights in support of a Plan that is not only inclusive in principle, but also impactful and accountable in practice.

## Intersectionality

South Australians living with disability often experience compounding forms of discrimination based on factors such as race, gender, sexuality, age, geographic location, and socioeconomic status. These intersecting identities shape individuals’ access to services, inclusion in community and working life, and the supports they require to achieve and sustain wellbeing.

**We welcome the draft State Disability Inclusion Plan’s recognition of intersectionality and the need to consider how disability interacts with other vantage points on access and inclusion.**

However, in addition to the impact of layered identities, we urge a stronger focus on the diversity and complexity *within* disability experiences – particularly for individuals and caregivers affected by multiple disabilities.

The PHV’s engagement with disability advocates has surfaced concern that government services and systems tend to interact with individuals through the lens of a single, ‘primary’ disability—

frequently overlooking the realities of combined or complex disability. This lack of nuance can result in one disability category ‘overshadowing’ others, resulting in fragmented supports, the misdirection of crucial funds and inaccessibility of services *individuals themselves* define as support priorities.

**We recommend that the Plan explicitly recognise combined disability as a core dimension of diversity within the disability community.** This recognition is essential to ensure that the Plan’s ambition translates into operational responses (including data collection, system design and service delivery) that accommodate individuals living with more than one disability.

## Data collection

**We welcome the draft Plan’s focus on strengthening disability data collection processes within and across State agencies.** This is an essential foundation from which to:

- identify disability access and inclusion gaps
- monitor service outcomes, and
- drive responsive system improvements.

We note, however, the Plan’s proposed data measures focus primarily on the *amount* of collection activity, rather than the *quality and usefulness* of data collected or the *interpretation and translation of data insights* into improved outcomes for community.

As it stands, there is limited transparency in the Draft Plan as to the nature of relevant data (*what* should be counted, *by whom* and *to what end*), and the criteria for evaluating data collection and reporting on system ‘enhancements’. In the absence of this clarity, it is difficult to assess whether the proposed data mechanisms will meaningfully support accountability, quality improvement, or person-centred reform.

While the PHV acknowledges that building systemic capacity for inclusive data practice is complex and incremental—and that data processes will necessarily vary across agencies—we believe the Plan should establish two high-level directives to guide and anchor agency-specific implementation.

**Firstly, the Plan should articulate a clear commitment to collecting qualitative and experiential data alongside quantitative indicators of progress.** We urge the inclusion of explicit measures that go beyond simply counting accessible or inclusive policies, processes, or service touchpoints, to capturing how these are *experienced in practice*—specifically, whether people with lived experience find them accessible and effective.

**Secondly, the Plan must commit to embedding lived experience expertise within all data processes—from the design of collection tools and audit frameworks to the interpretation of insights and outcomes.** People with disability must be involved in shaping the questions asked, the meaning drawn, and the measures by which progress is assessed.

## A Trauma-Informed Approach

We recognise that the SDIP Consultation Report 2024 identified strong community calls for trauma-informed approaches to disability access and inclusion, but note that these are not reflected within the Draft Plan. This is a particularly critical omission in relation to the Wellbeing

Domain, given many people with disability report healthcare experiences of stigma and discrimination – and of disability ‘overshadowing’ their need for a range of other connected supports.

**We strongly recommend that trauma-informed practice be explicitly embedded in the Plan,** particularly in relation to Domain 4 Wellbeing, Priority Area 2: Targeted knowledge, understanding and support. Appropriate inclusions would comprise additional measures ensuring that healthcare workers understand and apply trauma-informed practice principles, and that support services and programs are not only culturally responsive but also trauma-informed by design.

Embedding trauma-informed principles at a foundational level is essential to building systems that are safe and responsive. As such, explicit reference to this orientation at the level of a State-wide Plan is an important signal of commitment—one that can shape policy direction, guide investment, and set consistent expectations across agencies and service systems.

## Training

We understand that public sector training, upskilling, and capacity building initiatives are key strategies to improve disability inclusion in South Australia. However, the Draft Plan lacks high-level direction in this regard, for example around how disability inclusion training should be designed, by whom it should be delivered, and how its impact should be assessed.

Lived experience participation in training design helps to challenge unconscious bias, shift attitudes, and build empathy and understanding across the workforce. It also ensures that training content reflects the diverse needs, identities, and priorities of people with disability, rather than a generic or one-size-fits-all approach. As such, **we recommend the inclusion of measures in the State Plan committing to agency-specific training initiatives informed, designed, delivered, and evaluated in partnership with people with lived experience of disability.** Such an approach is critical to ensuring that training is not only accurate and relevant, but also grounded in the real-world experiences of those most affected by systemic participation and access barriers.

In particular, we highlight the absence of gold-standard disability inclusion training within the South Australian healthcare sector. **The Plan should explicitly commit to the development of tailored, co-designed training programs for health contexts, including hospitals, community health settings, and allied health services.** These programs would most usefully be context-specific, evidence-informed, and embedded into ongoing professional development frameworks to ensure lasting cultural and practice change.

## System Navigation and Connection to Related Supports

Members of the PHV community consistently report that the burden of coordinating disability supports and interventions leads to avoidable stress and has a detrimental impact on individuals’ and carers’ wellbeing. **We therefore welcome the Draft Plan’s stated intention to strengthen integration and connection across support systems in SA.**

We note, however, that current draft measures under the Wellbeing Domain—specifically those linked to a “coordinated approach to the provision of health supports” (e.g. Measures 3.1 and 3.4)—are focused primarily on coordination *within the health system* and *between mental health and disability services*. In their current form, these measures fall short of addressing the broader

system navigation challenges affecting the wellbeing of people with disability, who are routinely required to engage with fragmented, siloed services across multiple sectors.

To address this gap, **we recommend the inclusion of additional measures that commit to disability-specific coordination and navigation supports extending beyond the health system—particularly in relation to Housing, Education and Early Childhood, Child Protection and Family Services, Aboriginal Affairs and Aged Care.** These cross-sector supports are essential to ensuring that access is not contingent on a person’s capacity to navigate service complexity, and to advancing equity by reducing the burden placed on those with the least resources to coordinate care on their own.

## Transport

Across South Australia, people with disability continue to face persistent barriers to accessible transport, limiting their ability to participate fully in community life. From the perspective of the People’s Health Voice, these barriers are particularly concerning when they constrain access to in-person medical appointments and essential wellbeing supports.

In line with issues outlined in the SDIP Consultation Report, PHV community members consistently raise concerns about the accessibility of both public transport infrastructure (such as bus stops and train stations lacking essential accessibility features, and unreliable or disconnected services that disproportionately affect those reliant on accessible options) and commercial passenger transport options (including access taxis that are expensive, frequently unavailable, arrive late or not at all, and require booking via complex systems that offer little support for assistive technologies).

In addition, we echo a particular concern raised during SDIP consultation but not reflected in the Draft Plan: that people with disability living in regional and remote areas experience additional disadvantage where both public and private transport options are unreliable, unaffordable, or entirely unavailable.

To address these concerns, **we urge the inclusion of a comprehensive review and reform of the Patient Assistance Transport Scheme (PATS) and the South Australian Transport Subsidy Scheme (SATSS) within the Transportation Priority Area of the State Plan’s Access Domain.**

These schemes are critical enablers of equitable transport access to healthcare, yet they remain outdated and poorly aligned with contemporary models of disability inclusion and support. We recommend that the Plan commit to a co-designed review of PATS and SATSS, engaging people with lived experience from both metropolitan and regional contexts. This review should focus on:

- improving the flexibility, accessibility and cultural safety of these schemes
- ensuring subsidies reflect the current reality of transport options and associated costs, and
- identifying opportunities to integrate these schemes with NDIS transport supports to reduce duplication, confusion, and the administrative burden of arranging accessible travel.

## Information Accessibility

Accessible, accurate, and timely information is a cornerstone of inclusion. We are concerned that the Draft Plan does not sufficiently address the systemic barriers people with disability face in

accessing health and related information in formats they can understand and utilise. This includes people who require Auslan, AAC, Easy Read or plain English options, as well as those from culturally and linguistically diverse backgrounds who require translation or interpreter support.

Information accessibility must be embedded as a standard, not an afterthought, across all government communication and service touchpoints. In the healthcare context, this includes treatment and payment information, consent materials, appointment systems, and mechanisms for providing feedback and raising complaints. **We recommend that the State Plan include explicit standards and accountability mechanisms for information accessibility, developed in collaboration with people with disability and specialist communication support providers.** In turn, training for staff on how to communicate in accessible ways should be a core component of all workforce development initiatives.

## Employment Inclusion in Health

While the draft Plan references employment inclusion in general terms, it overlooks the health system as a key setting in which disability workforce inclusion should be both prioritised and modelled. Health is one of South Australia's largest and most influential employment sectors, yet people with disability remain significantly underrepresented across its workforce—particularly in clinical, leadership, and policy roles.

**We recommend that the Plan commit to targeted strategies to increase meaningful opportunities for people with disability at all levels of health system employment.** This includes removing recruitment barriers, providing appropriate workplace adjustments, supporting inclusive leadership development, and strengthening retention and career progression pathways. As a publicly funded system, the health sector has a responsibility to lead by example—not only in the care it delivers, but in the diversity and lived experience of its workforce.

A more inclusive health workforce is also a more responsive one: the presence of staff with lived experience of disability strengthens empathy, improves communication, and enhances the quality and safety of care for all patients.

## Inclusion Needs of Focus Communities

**We welcome the draft Plan's recognition of the need for targeted disability inclusion strategies for Aboriginal and CALD communities.** However, other groups with distinct disability access, inclusion and wellbeing needs remain underrepresented in the document. In particular, we note that the needs of communities identified as priority populations within DIP consultation activity – including children and young people, LGBTIQ+ communities and regional South Australians – are not specifically addressed within the Draft. The particular and compounding disability support needs of South Australians living in poverty, and those experiencing insecure housing or homelessness, also remain unrecognised.

**To address these longstanding inequities, the Plan should explicitly recognise these groups as priority communities and commit to the development of tailored, co-designed strategies to meet their specific needs.** Direction from the Plan at this level is required to drive dedicated investment at agency level, and to mandate operational mechanisms for ongoing community engagement and accountability in these areas.

## Future-Proofing Inclusive Systems

As government and service systems increasingly integrate digital technologies and AI-driven tools, the State Disability Inclusion Plan must play a proactive role in future-proofing accessibility and inclusion. Emerging technologies carry significant potential to improve access for people with disability—for example, through AI-assisted communication, adaptive interfaces, and personalised supports. However, without careful design and oversight, these same technologies risk deepening existing inequalities, automating exclusion, or embedding ableist assumptions within decision-making systems.

**We urge that the Plan explicitly acknowledge both the opportunities and risks associated with the use of AI and other emerging technologies in public services, and commit to ensuring that all such systems are designed, implemented and evaluated in collaboration with disability rights advocates and lived experience experts.**

## Meaningful, Accountable Community Consultation

**We commend the commitment to consultation evident throughout the development of the draft Plan.** We also acknowledge and value the critical role played by advisory structures such as the Disability Ministers Advisory Committee (DMAC) and other lived experience-led bodies in shaping the Government’s approach to disability inclusion across South Australia.

To support, scale, and implement the guidance provided by these advisory groups and the disability community more broadly, we urge the inclusion of stronger, clearer commitments within the priority area of *Collaboration and Consultation*. In particular, the Plan must move beyond counting the number of consultations held or individuals appointed to advisory roles. Meaningful engagement must be measured not only in quantity, but in terms of quality, diversity, accountability, and impact.

We recommend the following key elements be reflected in the Plan’s commitments to collaboration and consultation:

**Quality of engagement:** Measures should assess whether consultation processes are inclusive, trauma-informed, culturally safe, appropriately remunerated, and mutually beneficial for both systems and participants.

**Diversity of engagement:** Advisory and consultation processes must reflect the broad range of experiences within the disability community, including people with multiple or complex disabilities, invisible or episodic conditions, and psychosocial disabilities. They must also include those whose experience of disability is shaped by other aspects of identity, such as culture, gender, age, geographic location, and sexual orientation.

**Accountability of engagement:** Processes must ensure that participants are supported to shape agendas, contribute in ways that reflect their expertise, and see their input taken seriously. This includes transparency around how lived experience insights are considered, used, or adapted in final decisions.

**Impact of engagement:** Crucially, the Plan must include mechanisms for tracking and reporting the extent to which lived experience engagement informs policy and practice improvements. This

would include feedback loops, implementation audits, and publicly available summaries of how community contributions have resulted in tangible system change.

## **Conclusion**

SACOSS and the People's Health Voice look forward to the publication of the South Australian Disability Inclusion Plan in its final form. We commit to supporting and amplifying the work of the Disability Minister's Advisory Committee – and other agency-specific disability advisory groups – as they work to inform the implementation and evaluation of outcomes arising from the Plan.