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Joint Submission

Shared investment priorities for the ACT Government Budget 2026-27

Issued by: Advocacy for Inclusion, ACT Down Syndrome & Intellectual Disability, and Women with Disabilities ACT

About us

This is a joint submission from three organisations representing Canberrans with disabilities.

Advocacy for Inclusion (AFI) is an independent organisation delivering reputable national systemic advocacy informed by our experience in individual advocacy and community and government consultation. We provide dedicated individual and self-advocacy services, training, information and resources in the ACT. As a Disabled People's Organisation, the majority of our organisation, including our Board of Management, staff and members, are people with disabilities. AFI speaks with lived experience and is committed to advancing opportunities for the insights of people with disability to be heard and acknowledged. AFI convenes the ACT Disability Directed Advocacy Caucus and acts as a peak body.

Women with Disabilities ACT (WWDACT) is a systemic advocacy and peer support organisation dedicated to advancing the rights, safety, and inclusion of women, girls, and nonbinary individuals with disabilities in the ACT region. Established in 1995, WWDACT's work is underpinned by a human rights philosophy, aligning closely with the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). WWDACT is unique in its intersectional approach to gender and disability advocacy, utilising co-design principles and lived experiences of members to influence policy and drive systemic change. We are proudly owned and operated by women* with disabilities, which gives an authentic voice resonating with the community we serve.

ACT Down Syndrome & Intellectual Disability (DSID) is committed to promoting and supporting inclusivity across the ACT and surrounding regions by ensuring the authentic voice of people with intellectual disability is heard and understood. We work actively within the community to assist in the removal of barriers for people with disability to access mainstream services and we aim to improve the quality of life for people with intellectual disability by providing support and information to families, carers, schools, employers and organisations.

AFI, WWDACT and DSID come together to create the **ACT Disability Directed Consumer Advocacy Caucus**. We also caucus on some issues, such as the recent ACT election, with the Mental Health Community Coalition of the ACT (MHCC ACT). While we retain organisational distinctions, the caucus formalises our commitment to shared advocacy and representative work to the ACT Government on some key issues and matters of practice.

Introduction

The ACT Disability Caucus is pleased to provide this submission to the ACT Government's 2026–27 Budget consultation. Our priorities are grounded in the lived experience of people with disability, the insights of families and carers, and the deep systemic knowledge of disability-directed organisations.

A year on, the pressures outlined in our 2025–26 submission have intensified. Demand for advocacy, inclusive education capacity, health access, services and interventions, foundational supports and accessible infrastructure continue to outstrip supply. Rapid and extensive changes to the NDIS are putting pressure on advocacy, information and support requirements including at the health-disability interface. At the same time, significant reform work is underway across health, education, housing, transport, planning and regulatory systems, and further work is being contemplated in areas like employment. Yet the disability community is not adequately resourced to participate in these reforms.

There is a clear need for enhanced policy capability within government, alongside appropriate support for the co-design processes required to deliver reforms effectively. While there has been some limited funding for community engagement in specific reform areas—such as the now-ceased Voluntary Assisted Dying (VAD) funding—support has been patchy, one-off and inconsistent. Occasional, ad hoc funding to participate in consultations has been insufficient, unpredictable and not available across the breadth of reform priorities. As a result, disability-directed organisations are increasingly having to reconsider the level of participation they can sustain in these processes.

How to read this submission: This submission outlines **five shared investment priorities** to address critical gaps, support the delivery of election commitments and ensure that disability reforms in the ACT are effective, inclusive and sustainable.

In each area we provide: some background on the priority, including outlining why it is important; narrative on where it fits in with reform agenda's and then outline some necessary policy development, program implementation or service improvement work followed by a list of specific measures where we would like to see Budget investment.

While we are unable to undertake costing work relating to government policy and service delivery, we do provide costings where funding is sought for community engagement proposals. A full list of funding asks is attached.

Our priorities

Priority 1: Education funding reform for an inclusive system

The ACT's Inclusive Education Strategy can only succeed if the system receives the investment required to deliver meaningful change and genuine inclusion. Families, teachers and students continue to report a system in crisis—with mainstream schools struggling to meet individual needs, inconsistent access to adjustments, and increasing reports of students with disability not attending, withdrawing or being encouraged not to attend. The ACT continues to over-rely on specialist schools, segregated units and segregating practices which do not represent genuine inclusion within the meaning of the UN CPRD.

Key problems include:

- inadequate staffing and specialist support,
- increased 're-set' days (informal suspensions) due to teaching staff not being able to manage children with co-occurring disability and behavioural concerns,
- inaccessible environments and learning materials,

- administrative and structural barriers that discourage attendance,
- inconsistent access to adjustments including integration into mainstream classes for students in small group programs, and
- an increasing drift toward segregated educational settings.

Across the Caucus, member organisations are reporting increased demand pressures and unmet need including:

- A rise in children being withdrawn or encouraged not to attend mainstream schools due to inadequate adjustments or support.
- Increased reliance on specialist schools and segregated small group programs, contrary to inclusive education goals.
- Significant administrative burdens on teachers, limiting time for individualised support.
- Delays or failures in accessing allied health, behaviour support and other adjustments, contributing to disengagement.

Schools are increasingly expected to coordinate access to external supports, evidence for adjustments, behaviour responses, and multidisciplinary collaboration. When these tasks fall to teachers or families without dedicated administrative resources, outcomes suffer leading to exclusion practices and segregation. Below are two of many examples we are hearing across the ACT, illustrating how insufficient resourcing translates into exclusion in practice.

Example: Rachel (Primary School) *

Rachel, who has intellectual disability and is neurodivergent, was moved into a Small Group Program on the promise of regular integration into mainstream classes, enabling her to receive more appropriate education and still participate in subjects such as drama, music and PE. In reality, staffing shortages mean she now spends every day in the segregated setting. Due to bullying, Rachel has been told she can no longer play on the main playground. She is excluded from excursions and assemblies because there is no support available to accompany her, and restricted to a separate area where boredom and isolation often lead to behaviours that are punished rather than understood. Rachel's teacher would like her to be reintegrated into mainstream classes but does not have the support staff to make this possible. Her parents feel misled; the school simply does not have the resources to deliver what was promised.

Example: Taylor and Susan (Early Primary School) *

Taylor and Susan have ASD and ADHD, and Susan also has an intellectual disability. Their parents provide a loving, stable home environment and ensure both siblings access a range of therapies outside school. Taylor is in a mainstream class, where teachers report he is often very disruptive. He is frequently sent home on informal "reset days" when the classroom becomes unmanageable—often just before excursions—effectively suspending him without documentation. The classroom environment is often messy and chaotic, and his teacher, despite best efforts, has no additional support. Susan spends most days in a Small Group Program with no integration into mainstream classes and no visible learning plan. Their parents report that both siblings' learning, wellbeing and social development are suffering, not because teachers don't care, but because schools lack adequate staffing, specialist input and time.

* Note: Names and some details changed for privacy reasons.

We call for targeted work and investment to:

- Deliver the Inclusive Education Strategy in full, including strengthened student support, revised loadings, reduced class sizes, and sustained investment in school improvement.
- Resource curriculum adaptation, behaviour support, and specialist capability across mainstream schools.
- Ensure Learning Support Assistants (LSAs) are available across all settings and trained in inclusive practice and positive behaviour support, so that every student requiring assistance receives consistent, skilled support.
- Improve accessible and inclusive physical and digital infrastructure in mainstream settings, addressing barriers in classrooms, toilets, pathways, playgrounds, digital materials, and sensory environments.
- Funding for administrative positions in schools to manage the significant administrative burden associated with coordinating supports and services for students with disability, freeing teachers to focus on teaching.
- Strengthen cross-system coordination between Education system, the NDIS and other support services to address gaps and poor alignment, and better direct resources to students with intersecting needs.
- Embed a transparent reporting mechanism within the Strategy to track progress, resourcing, and areas of unmet need, including disaggregated data on enrolment, part-time attendance and exclusion patterns, LSA and specialist workforce capacity, and progress in delivering accessible infrastructure and adjustments.

This action is necessary in a system now unable to meet expectations and reform commitments without urgent reform.

Shared funding asks

Increased funding to deliver the Inclusive Education Strategy in full – including:

1.1 A substantial increase to the loading for students with disability to fund curriculum adaptation, specialist capability, and meaningful adjustments.
1.2 Additional resourcing to ensure enough Learning Support Assistants (LSAs) and training for LSAs.
1.3 Additional funding for improvements to accessible and inclusive physical and digital infrastructure in mainstream settings.
1.4 Funding for administrative positions in all schools to coordinate adjustments, multidisciplinary collaboration, paperwork and evidence requirements, and communication with families.
1.5 Additional resourcing to address labour market supply issues in the ACT to ensure access to occupational therapists, speech pathologists, and other allied health professionals.

Priority 2: Health – responding to complex needs and systemic gaps

Consistent with concerns raised in the previous submission regarding patient-facing gaps in the ACT's Disability Health Strategy, substantial work remains to ensure people with disability can access timely, coordinated, and safe healthcare. There are serious pressure points particularly on services and infrastructure in acute settings at our main hospitals (The Canberra Hospital, TCH and North Canberra Hospital, NCH). Improvements to accessible parking and buildings, treatment rooms, patient and visitor toilets, equipment and other infrastructure, particularly at NCH, cannot wait until new campuses are unveiled in a few years.

At the same time, in sub-acute settings, such as the University of Canberra Rehabilitation Hospital, patients with disability are unable to receive a range of necessary supports to maintain quality of life in these settings and provide patients a pathway back into the community.

Over the past two years, we have consistently raised these issues, which have been acknowledged by a wide range of disability and community organisations and continue to be raised by patients, families and carers. We have also continued to advocate for change through a range of health reform processes.

However, health is a key area in which the disability community is absorbing significant volumes of unfunded work. With the exception of a now-ceased package of Voluntary Assisted Dying (VAD) engagement funding, there has been no dedicated resourcing to support disability-directed engagement in the multiple, complex health reform processes currently underway. For example, AFI has this year participated in at least six health-related advisory committees and associated processes, including:

- CHS DAIP Implementation Steering Group
- Collaborative Dental Consumer Group
- CHS Consumer and Carer Advisory Committee
- VAD Community and Consumer Consultation Committee
- ACT Disability Health Strategy Reference Group

In addition, we participate in the Disability Reference Group, which undertakes oversight work on health policy reform, and anticipate being called upon to contribute to the proposed Disability Advisory Council. We have also been involved in discrete consultations relating to health services and new hospital campus developments, as well as ongoing work through the TCCS Accessibility Reference Committee, including advice on accessibility and parking in health settings.

Dedicated resourcing is required to support effective representation across these multiple committees, maintain safe and sustainable workloads, and enable genuine co-design grounded in lived experience. Without such resourcing, the ACT Disability Caucus will be forced to reduce its participation and systemic advocacy in health reform processes.

In the Health priority area, we seek targeted work and investment to:

- Address gaps in long-stay patient support, including at the UC Rehabilitation Hospital (UCH) and across acute settings including includes access to a range of ancillary and allied health services including psychology, social work, dental care, occupational and speech therapy.

- Strengthen the second Action Plan of the ACT Disability Health Strategy with targeted resourcing for acute infrastructure, hospital discharge pathways, and disability liaison capacity.
- Resource Caucus organisations to engage in other aspects of health reform in the same way as we have been resourced to assist with implementation of the VAD scheme.

Without investment, people with disability will not be able to access the health care they need and continue to suffer in troubling circumstances in the sub-acute system, while policy and reform work will rely on unresourced policy and advocacy capability.

Shared funding asks

2.1 Fund additional occupation therapy support, social activity and wellbeing staff and programs at the University of Canberra Rehabilitation Hospital (UCH), alongside dedicated resources to support access to allied, primary and dental care plus wellbeing services.
2.2 Fund an urgent program of rectification work at the North Canberra Hospital (NCH) to address accessibility, safety and functionality issues.
2.3 Prioritise the roll-out of training in the social model of disability including dedicated modules on diagnostic overshadowing with health workers in acute and emergency care settings.
2.4 Establish dedicated disability liaison roles and clear contact points for inpatients in the Territory's main hospitals.
2.5 Provide $74,000 in funding to resource health policy and advocacy capacity within Caucus organisations through a dedicated three-days-per-week position, based at AFI, to represent people with disability and support participation in health reform processes.
2.6 Fund grants to allied health to ensure there is at least one fully accessible non hospital screening option in the ACT able to offer MRI's, X rays and CT scans with height adjustable beds, hoists, sliding boards and staff capacity to offer assistance.

Priority 3: Housing and planning reforms

Safe, accessible and affordable housing remains out of reach for many Canberrans with disability.

Advocacy for Inclusion's White Paper on Housing (October 2022) identified many of the structural challenges. The paper documented the shortage of accessible and affordable housing in the ACT and highlighted how people with disability are disproportionately reliant on public and community housing that often fails to meet accessibility or long-term tenancy needs. It called for stronger alignment between ACT housing policy and the NDIS framework, including the use of targeted capital investment to increase accessible stock.

In addressing these issues, it is critical that actions recognise the diverse housing needs of people with different types of disability and of those experiencing intersecting forms of disadvantage. For example, people with intellectual disability experience a quite different set of barriers centring around affordability and the limited availability of appropriate housing through the ACT Government. Many are left with few real choices beyond living with family, attempting to navigate an often-inaccessible private rental market, or entering group homes that can reduce choice, control, and autonomy. Research is urgently needed to better understand the needs of this population.

To deliver on the intent of the ACT Disability Strategy and commitments made during the last ACT election, we support the development and funding of a Disability Housing Strategy under the Disability Inclusion Act, which we understand is already under consideration by Government. In our view a Disability Housing Strategy has priority and should provide a coherent, whole-of-government framework to address unmet demand, market failure and poor cross-system accountability across social housing, the private rental market, SDA and planning, and would support the following initiatives:

- Establish mechanisms to facilitate access to Specialist Disability Accommodation (SDA) funding, enabling community housing and service providers—supported by appropriate oversight from disability-directed organisations—to unlock SDA-eligible new builds and refurbishments.
- Accelerate public housing modifications, including through the establishment of a dedicated capital improvement fund and agreed fast-track pathways for people with complex needs.
- Fund a public housing advocacy function, based at AFI and building on existing unfunded advocacy work, alongside a customer-facing Disability Housing Liaison Officer role.
- Strengthen cross-directorate collaboration on accessible planning, social inclusion and universal design in the built environment.
- Fund research into the housing needs of people with intellectual disability, led by DSID, including modelling for a range of supported and independent living options.

Shared funding asks

3.1 Establish a capital improvement fund to facilitate fast-tracked housing modifications.
3.2 Fund a dedicated housing advocate position to sit within AFI, at an annual cost of $80,000, to support people with disability to navigate housing systems and address systemic barriers.
3.3 A community-led housing research project led by DSID, focused on the housing needs and preferences of people with intellectual disability in the ACT, including modelling of inclusive, supported and independent housing arrangements.

Priority 4: Infrastructure, access and transport

Recent reviews and community feedback have highlighted persistent barriers in transport, public infrastructure, digital access and regulatory systems. People with disability continue to struggle with basic social, economic and civic participation due to inaccessible spaces, places and modes of transport.

We recommend a range of targeted work and investment including:

- Capability uplift across government to embed inclusive design and accessible digital transformation across policy, service design and delivery.
- Dedicated resourcing to address known accessibility deficiencies, including in MyWay+, Access Canberra reforms, and other critical service rollouts.

- Improvements to public transport accessibility, including real-time information and strengthened demand-responsive transport options for people with intellectual disability and mobility limitations.
- Enhanced capability and resourcing for community councils to identify, prioritise and resolve local accessibility issues.
- A dedicated, ongoing rectification and rolling stock-take program to address priority access barriers in public infrastructure, supported by dedicated staff and recurrent funding.
- Targeted improvements to wheelchair-accessible taxi services in Canberra, focusing on reducing peak-period waiting times, improving comfort and safety, and diversifying the wheelchair-accessible taxi fleet.

These investments would strengthen inclusion, safety and equity across government services and support the full participation of people with disability in community life.

Shared funding asks

4.1 Provide $100,000 to community councils ($50,000) and Caucus DPOs ($50,000) to enable improved engagement between neighbourhood voice organisations and people with disability and to undertake a structured program to identify and prioritise access issues across Canberra regions.

4.2 Increase resourcing for consultation and engagement on new transport digital platforms and physical infrastructure rollouts, ensuring accessibility is embedded from design through to implementation.

4.3 Fund the continuation and expansion of work to improve the customer experience for people with disability using mass and on-demand transport in Canberra, including accessibility, reliability and user confidence.

Priority 5: Delivering election and disability strategy commitments

As we did in our previous Budget submission, we emphasise the importance of funding government commitments in full. Insufficient investment risks foundational supports and disability reforms failing to deliver, with predictable downstream impacts across housing, justice, family services and health systems. The disability community is seeking transparency, timely delivery and clear lines of accountability across the full disability reform agenda.

In the 2024 ACT election, ACT Labor made commitments across various priority areas highlighted in this submission and reflected in the subsequent ACT Disability Strategy. They include investment in foundational supports in partnership with the Commonwealth; the development of a neurodiversity strategy; and measures to improve access to inclusive education through curriculum reform, universal design, and upgraded school infrastructure. Other key areas of focus included improved health access and coordination for people with disability, accessibility improvements through disability modifications in public housing, better transport and pedestrian infrastructure, and expanded disability advocacy supports.

Further action and investment is required to deliver on this agenda and realise the improvements envisaged in the ACT Government's overarching Disability Strategy and its

Inclusive Education, Disability Health and Justice Strategies. In particular, a number of actions under the First Action Plan of the Disability Strategy are either stalled or not adequately funded:

- Action 1.5 – Development of the ACT Neurodiversity Strategy has not commenced and remains unfunded, despite being an election commitment and requiring dedicated resourcing to support genuine co-design with neurodivergent Canberrans and Disabled People's Organisations.

- Action 2.2 – Disability inclusion across frontline crisis services has seen little progress in the absence of funding for implementation and for disability-directed organisations to support consultation and design.

- Action 4.4 – Establishment of a Disability Liaison Officer within Access Canberra has not progressed due to the absence of a funded position, despite ongoing accessibility barriers for people with disability.

A number of other actions are in progress but at risk due to insufficient or uncertain funding:

- Action 1.2 – Advocacy for people with intellectual and cognitive disability is currently supported through a pilot arrangement only, with further funding required to implement the action at scale.

- Action 2.1 – Disability-inclusive workforce training within the domestic and family, sexual violence sector is being delivered in a context of high staff turnover and without ongoing funding, placing continuity and impact at risk.

- Action 3.1 – Support for Aboriginal Community-Controlled Organisations to deliver culturally safe disability services remains under-resourced.

- Action 4.2 – Development of Easy English information and resources continues to be delivered by the community sector without dedicated funding, creating sustainability risks.

Without targeted investment and action in the 2026–27 ACT Budget, these actions will not be delivered as intended, reducing the effectiveness of the ACT Disability Strategy and placing additional pressure on people with disability, families, carers and community organisations.

The ACT disability community calls for:

- Full implementation of the ACT Disability Strategy, the Inclusive Education Strategy, the ACT Disability Health Strategy, and whole-of-government implementation of the Justice Strategy.

- Dedicated resourcing to deliver the promised Neurodiversity Centre.

- Adequate policy, project and implementation capability to deliver foundational supports, Disability Strategy reforms, the Violence Prevention Strategy, and cross-directorate inclusion and reform work.

In addition, across all of this work, we call for a strengthened social compact that ensures respectful, accessible and adequately resourced engagement with disability-directed organisations. This compact must recognise that genuine co-design depends on lived-experience leadership and requires appropriate resourcing of the community sector as well as of public servants managing the government side of implementation.

Where the ACT Government invites the ACT Disability Caucus or its member organisations to participate in meaningful co-design and consultation, consideration should be given to funding that enables effective, timely and sustainable input.

We also note funding asks in individual Budget submissions from members including to support the Policy Advisory Group at Women with Disabilities ACT and at ACT Down Syndrome and Intellectual Disability.

Shared funding asks

5.1 Increased funding to deliver all disability related ACT election and Disability Strategy commitments — including the ACT Disability Strategy, the Inclusive Education Strategy, Disability Health Strategy and Justice Strategy — in full to ensure timely delivery and effective implementation.

5.2 Provide $74,000 to resource the ACT Disability Caucus through a dedicated three-days-per-week position, based at AFI, to support ongoing coordination and provide an efficient, consistent point of engagement with government.

5.3 Provide:
$32,000 over 2 years ($16,000 per annum) to WWDACT to continue operating their Policy Advisory Group (see WWDACT submission for more detail); and
$150,000 to ACT Down Syndrome and Intellectual Disability to support their Advocacy Reference Group and their systemic advocacy capability

Conclusion

The 2026–27 ACT Budget represents a critical opportunity to stabilise key systems, honour existing commitments, and invest in inclusive and sustainable reforms at a time of increasing pressure on mainstream services operated by the ACT Government, including the flow-on impacts of NDIS changes scheduled to escalate in the coming financial year.

Disability-directed community organisations stand ready to partner with government to deliver these reforms but require adequate capacity and resourcing to do so effectively. The Government will also need enhanced policy capability and investment to implement reforms successfully.

We look forward to working closely with the ACT Government to realise this opportunity and achieve meaningful, lasting change.

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Endorsements: This submission is endorsed by the Mental Health Community Coalition, Carers ACT and the ACT Council of Social Service.

Contacts: To discuss this submission in the first instance please contact Craig Wallace, Head of Policy Advocacy for Inclusion via Craig@advocacyforinclusion.org.

ACT Disability Caucus 2026-27 Budget Submission – Funding Asks

Priority 1: Education funding reform for an inclusive system

Increased funding to deliver the Inclusive Education Strategy in full – including:

1.1 A substantial increase to the loading for students with disability to fund curriculum adaptation, specialist capability, and meaningful adjustments.
1.2 Additional resourcing to ensure sufficient numbers of Learning Support Assistants (LSAs) and training for LSAs.
1.3 Additional funding for improvements to accessible and inclusive physical and digital infrastructure in mainstream settings.
1.4 Funding for administrative positions in all schools to coordinate adjustments, multidisciplinary collaboration, paperwork and evidence requirements, and communication with families.
1.5 Additional resourcing to address labour market supply issues in the ACT to ensure access to occupational therapists, speech pathologists, and other allied health professionals.

Priority 2: Health – responding to complex needs and systemic gaps

2.1 Fund additional occupation therapy support, social activity and wellbeing staff and programs at UCH, alongside dedicated resources to support access to allied, primary and dental care plus wellbeing services.
2.2 Fund an urgent program of rectification work at the North Canberra Hospital (NCH) to address accessibility, safety and functionality issues.
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2.6 Fund grants to allied health to ensure there is at least one fully accessible non hospital screening option to offer MRI's, X rays and CT scans with height adjustable beds, hoists, sliding boards and staff capacity to offer assistance.

Priority 3: Housing and planning reforms

3.1 Establish a capital improvement fund to facilitate fast-tracked housing modifications.
3.2 Fund a dedicated housing advocate position to sit within AFI, at an annual cost of $80,000, to support people with disability to navigate housing systems and address systemic barriers.
3.3 A community-led housing research project led by DSID, focused on the housing needs and preferences of people with intellectual disability in the ACT, including modelling of inclusive, supported and independent housing arrangements.

Priority 4: Infrastructure, access and transport

4.1 Provide $100,000 to community councils ($50,000) and Caucus DPOs ($50,000) to enable improved engagement with people with disability and to undertake a structured program to identify and prioritise access issues across Canberra regions.
4.2 Increase resourcing for consultation and engagement on new transport digital platforms and physical infrastructure rollouts, ensuring accessibility is embedded from design through to implementation.
4.3 Fund the continuation and expansion of work to improve the customer experience for people with disability using mass and on-demand transport in Canberra, including accessibility, reliability and user confidence.

Priority 5: Delivering election and disability strategy commitments

5.1 Increased funding to deliver all Disability election and Strategy commitments — including the Inclusive Education Strategy, Disability Health Strategy and Justice Strategy — in full to ensure timely delivery and effective implementation.

5.2 Provide $74,000 to resource the ACT Disability Caucus through a dedicated three-days-per-week position, based at AFI, to support ongoing coordination and provide an efficient, consistent point of engagement with government.

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