

**2<sup>nd</sup> October 2024**

Ms Alison Buskens – Committee Manager  
Public Accounts Committee  
NSW Government  
NSW Parliament  
Macquarie Street

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Dear Alison

Thank you for the opportunity to respond to the below supplementary questions.

**How would your organisation improve the performance indicators included in [NSW Treasury's Consultation Paper](#), including to ensure:**

**The right number of indicators are included to capture a holistic, integrated set of outcomes?**

**Both lead and lag indicators are included, and that there is an appropriate balance between the two?**

Firstly we would recommend amending outcomes in the [NSW Treasury's Consultation Paper](#) p 14 from:

“Quality housing solutions are sufficient and affordable” to “Quality housing solutions are sufficient, affordable and accessible by design”

“Places are well-designed and sustainable” to “Places are well-designed, sustainable and fully accessible”

P 15 under Connected:

Add the point 'Government services are designed to be accessible and inclusive'

P15 under Communities are safe:

Add the point 'The human rights of all people are protected'

In order to derive appropriate indicators, there needs to be better measurement of people with disability, and we have recommended a co-design process to develop measures, together with leading experts and the Australian Institute of Health and Welfare. The number of indicators, outcome sets, lead and lag indicators must have regard to the needs, concerns and rights of people with disability.

It may be possible to increase the uptake of a government service and identify this as improved wellbeing, but if groups are excluded from access the measurement fundamentally fails. For example, increasing the number of available houses without mandating accessibility standards in line with the National Construction Code, means that many people with disability will be unable to access these homes. Providing housing, especially if it is to people previously un-housed, improves wellbeing. However, given the historic levels of housing inaccessibility, if this new housing is also inaccessible, it will fail to improve wellbeing for people with disability. Measurement must be well designed to place a value on 'edge-cases' – people whose needs differ from the statistical majority.

Lead and lag indicators must also encompass the proportion of people from disadvantaged groups who access services. For example, if:

- 21% of people in NSW have a disability, but
- no public transport journeys are taken by disability concession card holders in a town that only provides inaccessible coach-style busses, then
- increasing the number of services provided by those busses may improve wellbeing for non-disabled people, but

it will continue to exclude people with disability. This fails to maximise wellbeing, an early indicator that there may be a problem can be found in the lack of patronage of this public transport service by disability concession card holders.

Current efforts to reform the National Disability Transport Standards only seek to make the public transport that exists more accessible. This ignores large areas of NSW where no public transport exists. A proactive mapping exercise by government would easily identify the places with no available public transport, and thereafter work could be undertaken with communities to develop transport plans that are functional and inclusive. These could then be resources, measured for usage and the wellbeing outcomes they will deliver.

Many services and measures do not currently consider who is unable to access them. People without digital access (whether due to signal connectivity issues, lack of device, lack of training, low income, inability to adapt it to their needs, or psychosocial disability) are often unable to fill out housing forms, enrol at a GP, apply for the Aged Pension, open a bank account in communities with no branch access. Indicators must be developed that seek to consider those currently denied access.

The health measures example starting at Page 23 will only work to increase wellbeing if people means *all people*, entails specific measurement of people with disability, and includes structured listening. Seeing a reduction in acute re-admission within 28 days as a wellbeing improvement fails to account for hospitals and healthcare providers refusing to admit people with disability, elders, indigenous and homeless people, or refusing to admit a person who is experiencing a complication of surgery. We are aware of instances of these examples, but there is currently no structured way to ensure the needs and complaints of patients are heard, measured and addressed. Tacit to this measure is that people can actually access a hospital, but communities across NSW have no access, or hospitals are so overcrowded, or ambulances so busy people cannot be readmitted.

The current health measures do not refer to dental health, its impact on health and wellbeing, and the inaccessibility of timely dental healthcare to many people on low incomes. They also make no mention of serious mental health conditions, for which there is no effective and timely treatment or support in much of NSW. Without measuring these crucial contributors, health measurement falls short.

The indicator “People are supported to make the best decisions for their health” only refers to vaping, but not to supported decision making for people with disability using the healthcare system. Indicators need to be enhanced to reflect the need people have for this foundational support within healthcare.

Rather than replicate this depth of analysis for each of the areas within this correspondence, we call on the NSW Government to convene a wellbeing advisory group similar to Transport for NSW Accessible Transport Advisory Council.

In spite of our best endeavours, PWDA does not have all the answers to every aspect of wellbeing measurement applicable to people with disability. However, working with peer organisations and individuals with a wide range of experiences and disabilities has proven an invaluable approach to improving transport accessibility. We call on Government to ensure wellbeing indicators are designed inclusively from the outset by using co-design and consultation with people with disability from the beginning.

### **How would your organisation structure the indicators and/or metrics in a hierarchy to effectively measure wellbeing in NSW?**

In correspondence dated 24<sup>th</sup> September 2024 PWDA recommended drawing on the approach taken in the Universal Declaration of Human Rights, the Convention on the Rights of Persons with Disabilities and the measurement approach taken in the Sustainable Development Goals.

### **What should the NSW Government do to ensure that there is appropriate consultation and continuous feedback on the themes, indicators and outcomes in the Consultation Paper?**

In addition to consultative groups with people with disability and indigenous people, PWDA recommends structuring in listening and feedback from the community. We are aware that many in Local Government and the Public Service in NSW undertake **iap2 training** from the International Association for Public Participation. Government regularly consults on major infrastructure projects. Unfortunately, the substantial investment in this training and these consultations, focuses on people 'feeling like they have been heard', instead of on government actually listening to what people have said, and acting accordingly.

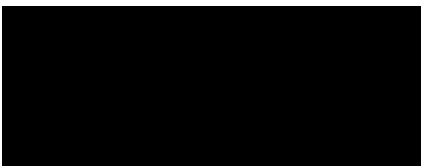
The multibillion-dollar disaster of Westconnex congestion, budget blow-outs, damage to homes and induced demand for polluting transport, could have been avoided if the NSW government had listened to the feedback and needs of its citizens. People have begged their governments to listen and act on disability inclusion, housing unaffordability, stagnant wages, childcare, 'robodebt', domestic and family violence, healthcare inequity, poverty and abuses in aged care. Individuals, non-profits, disability peaks, advocates and

researchers have tried to get government to listen and act, and failure to do so has cost billions of dollars and countless lives.

This wellbeing framework offers the opportunity to achieve fundamental, generational change for the people of NSW. We applaud the efforts to consult with people with disability and a wide range of stakeholders. A process of co-design, genuine listening that leads to action, and service measurement designed to include everyone, will provide the best chance of maximise the wellbeing of people in NSW.

Please do not hesitate to contact me if you have any further questions.

Yours sincerely



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