Public Health Association of Australia submission on Shaping the Future of Disability Policy for 2020 and Beyond

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.
Introduction

PHAA welcomes the opportunity to provide input to shaping the future of disability policy for 2020 and beyond.

Over 4 million people in Australia live with disability; this equates in 1 in 5 people. As the population age increases, so does the incidence of disability, with 2 in 5 people with disability being aged >65 years.\(^1\)

Despite preconceptions of what disability looks like, only 4.4% of people with disability are wheelchair users. Mental illness is the most common disability and people with hearing or visual impairment also outnumber people with impaired mobility. Many individuals live with more than one disability.\(^2\) In Australia people with disabilities continue to experience poorer health and more risk factors for chronic health conditions than people without disabilities.\(^3\)

People with disability experience a number of significant challenges within Australian society. A 2009 report “Shut Out: the Experience of People with Disabilities and their Families in Australia” highlights many of the challenges, from social isolation and exclusion, to barriers to employment and feelings of a “wasted” education.\(^4\) In light of these negative experiences, the PHAA supports a strategy to improve inclusion and accessibility for people with disability.

The NDIS has been positive for many but there remain issues with inconsistency and advantages for people better able to “play the system” which disadvantages the most marginalised members of our society.

PHAA Response to the consultation paper

What has been getting better for people with disability over the last 5 years?

Over the last five years, there have been many improvements in disability inclusion and accessibility across Australia. However, some areas have seen limited improvements or even disimprovements, for example the proportion of children and young people aged 5-20 years with disability who were unable to complete schooling because of their disability was 10% in 2003 and increased to 17% in 2015.\(^5\) School attendance of children and young people with disability aged 5-20 year has remained high in 2003 (80%) and 2015 (81%).\(^5\)

Initiatives to improve access and inclusion in the workplace such as the Access and Inclusion Index assist organisations in assessment and improvement of the confidence of people with disability.\(^6\) Since the commencement of the Index in 2017-18, the participating organisations have shown increased commitment and improvement to access and inclusion.\(^7\) Currently however, there are only 23 member organisations and awareness of the initiative should be increased. Indeed the 2017 Disability Confidence Survey demonstrated that many employers continue to hold onto outdated stereotypes regarding the ability and capacity of employees with disability.\(^8\)

The NDIS has changed the experience of health and community services for many people with disabilities as well as for many health professionals. This appears to have been positive in many ways but there is a need for ongoing monitoring to ensure that money is not wasted and that people with disabilities are not exploited by dishonest service providers. There is also a risk that health and community services will become unaffordable for people without NDIS funding due to extensive price rises in some areas.\(^9\)
What can make life better for people with disability?

**Children and young people (up to age 25)**
Fewer children and young people with disability complete year 12 of schooling compared with children without disability or impairment. Whilst there has been a shift towards children with disability attending special schools, and thus obtaining appropriate support, more must be done to ensure as many children with disability as possible are completing education and attaining their full potential.

Children and young people are particularly vulnerable to feelings of social rejection, isolation and loneliness. It is important that activities, communities and social groups are accessible, welcoming and inclusive to them.

**Adults aged 26-64**
Adults of working age are an often-forgotten group when considering people with disabilities; however, given limited access to employment and community participation, they are one of the most vulnerable groups. Agencies such as Disability Employment Australia can assist disabled adults in seeking appropriate employment. It is vital that such agencies continue their work and the PHAA supports a strategy that strengthens initiatives to engage with adults of working-age with disability.

Adults with disability who are unable to work are also a frequently overlooked group. The PHAA supports a strategy to engage with adults with disability who are unable to work, to ensure social inclusion and decrease isolation.

Adults with disability who are younger than 64 years often have difficulty accessing healthcare services. Healthcare costs have caused 1 in 5 adults with disability delay seeing a doctor and 1 in 4 decline to attend specialist services. People with the most severe disability were more likely to report cost of health care as being a limiting factor for access. The PHAA supports increased financial support for people with disabilities.

One in 6 people with disability report experiencing discrimination in the healthcare system. The PHAA supports endeavours to improve disability inclusivity in all forms of health services. Health services and health promotion strategies need to better cater for Australians of all ages with both physical and mental disabilities.

**Elderly people (aged 65 and above)**
Elderly people with disability are another group vulnerable to loneliness and subsequent mental ill-health. Additionally, they are more likely to require access to health care services. As with younger people, it is important that activities, communities, social groups and aged care services are accessible, welcoming and inclusive.

There are also significant issues with the exclusion of older adults from the NDIS, which assumes that suitable services are available through the aged care systems which may not be the case. The PHAA supports the actions stated to increase access to healthcare and wellbeing services.

**Lesbian, gay, bisexual, transgender, intersex, questioning and plus communities**
It is worth considering the extra stigma and challenges faced by the disabled LGBTQI* community. There are noted higher rates of discrimination and reduced access to services among LGBTQI* people with disability compared with LGBTQI* people and people with disability. There are also greater restrictions on freedom of sexual expression and fewer connections with either the LGBTQI* or disabled communities. Additionally, many disability services and workers seem unwilling to address the sexual/gender identity rights of LGBTQI* people with disability.
Dual discrimination against LGBTQI* and disability are mutually reinforcing processes that can result in reduced wellbeing. This is unique to LGBTQI* people with disability. Discrimination can result in ill-health; LGBTQI* people with disability have double the rates of anxiety than LGBTQI people without disability. Studies have also noted higher rates of violence and abuse against LGBTQI* people with disability compared with LGBTQI* people without disability.\(^{11}\)

The PHAA supports a strategy that outlines and addresses the specific challenges faced by LGBTQI* people with disabilities. Such strategy needs to ensure there is no discrimination in supporting people with disability from sexuality and gender diverse backgrounds.

**Aboriginal and Torres Strait Islander peoples**

Aboriginal and Torres Strait Islander people collectively have experienced poorer health outcomes for reasons which are complex and include a range of historical, political and social factors.\(^{14,15}\) Added to this, Aboriginal and Torres Strait Islander people face enormous challenges in accessing appropriate care.\(^{16}\)

Aboriginal and Torres Strait Islander children have higher rates of disability than non-Indigenous children, and are considered to be doubly disadvantaged. However, there is little data regarding prevalence and service access.\(^{17}\) There is a noted lack of a solid evidence base informed by culturally safe research methods and assessment tools to inform the level of need under the National Disability Insurance Service.\(^{18}\)

There are few examples of culturally appropriate services for Aboriginal and Torres Strait Islander people with disability.\(^{19}\) Services should be culturally appropriate and safe, delivered by culturally competent service providers, and built on the strengths of Aboriginal and Torres Strait Islander people and communities.

**Rural and remote**

PHAA supports strategies to improve equitable access of high quality services for people with disability living in rural and remote areas, including but not limited to: recruitment and retention of rural and remote service providers, improved referral systems, reduced waiting times for services, development of local user-led services, choice of providers and continuing professional development and support for rural and remote service providers. PHAA supports programmes that allow flexibility of service provision for Aboriginal or Torres Strait Islander people and to address additional challenges faced by people with disabilities living in rural or remote areas which may include low levels of literacy, complex communication needs, intellectual disability, poor internet/mobile telephone access or little previous experience of accessing individualised disability services.

**Making communities more accessible and inclusive**

The PHAA believes that the strategy should prioritise accessibility in the design of infrastructure including but not limited to public transport services. Accessibility should not be limited to mobility access, but to access for people with visual and hearing impairments and neurodiversity. With accessibility, there should be increased understanding of disability to ensure social acceptance and reduced stigma in the general population.

The PHAA supports the policy actions outlined in the strategy to make communities increasingly accessible to people with disabilities. The PHAA takes this opportunity to advocate for more inclusivity and adaptation for people with autism and other neurodiversity, particularly in social and recreational areas.

The PHAA notes the strategy currently operates within a biopsychosocial and medical model. It is suggested that in order to foster an environment of inclusivity and reduce stigma for people with disabilities, that healthcare in Australia move towards a wellness model, where focus is on what an individual is able to do,
rather than what they are not able to do. By shifting the focus from negative to positive, an environment of acceptance and inclusivity is likely to flourish.\textsuperscript{20}

**Government actions to improve the Strategy**

The PHAA propose that the government support the Disability Strategy, particularly providing funding for inclusivity services, support to initiatives to engage people with disability and assist employment and pay particular focus to welfare, ensuring that disabled people are not limited by finances in their access to healthcare services.

The Strategy must recognise that the complexity of living with disability is multiplied when it intersects with other social, cultural, economic, ecological, commercial and political determinants of health – the causes of the causes.\textsuperscript{21} These include social exclusion, employment, poverty, housing, food, transport, and social support.

**Conclusion**

PHAA supports the broad directions of the strategy, including: inclusive and accessible communities; protection of rights, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing. We are keen to ensure that minority groups with disabilities and those with specific, less common disabilities are given due consideration and care, in line with this submission. We are particularly keen to ensure:

- Due consideration of the variety of disability and the unique challenges faced by people with different and multiple disabilities
- Acknowledgement of those with disabilities who are members of other minority groups, such as Aboriginal and Torres Strait Islanders and LGBTQI* people.

The PHAA appreciates the opportunity to make this submission and the opportunity to highlight specific issues raised by the Diversity, Equality and Inclusion Special Interest Group, alongside the Aboriginal and Torres Strait Islander Health Special Interest Group.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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