Public Health Association of Australia submission on a new National Disability Strategy – Stage 2 consultations

Contact for recipient:
National Disability Strategy Governance and Engagement Section
Department of Social Services
A: GPO Box 9820, Canberra ACT 2601
E: disabilityreform@dss.gov.au
T

Contact for PHAA:
Terry Slevin – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au **T:** (02) 6285 2373

31 October 2020

Contents

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 our Board, National Office, State and Territory Branches, Special Interest Groups and members.

We believe that health is a human right, a vital resource for everyday life, and a 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.

Our mission as the leading national organisation for public health representation, policy and advocacy, is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health. Members of the Association are committed to better health outcomes based on these principles.

Our vision is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health and wellbeing for all.

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

Introduction

PHAA welcomes the opportunity to provide further input into the development of the new National Disability Strategy. The Strategy provides governments of all levels with a framework of overarching policy action areas to improve outcomes of people with disability whilst seeking a more collaborative approach between governments, the non-government sector and people with disability.

In Australia, despite the introduction of the Strategy in 2011, people with disability continue to experience poorer health and more risk factors for chronic health conditions than people without disability.[1] The PHAA supports improving outcomes for people with disability by addressing the underlying social determinants of health - factors such as educational attainment, employment status, housing, social exclusion and economic security which have a causative effect to either strengthen or weaken the health of individuals.[2] The latest data from the ABS Survey of Disability, Aging and Caring provides a sobering snapshot of the complexity of the task to address these determinants and improve the health and wellbeing of people with disability. In 2018:[3]

- 4.4 million Australians had a disability (17.7% of the population), almost half (44.5%) of people with disability were aged 65 and over;
- One-third aged 15 and over had completed Year 12 or equivalent;
- 53.4% of people with disability aged 15-64 years were engaged in the labour force compared to 84.1% of people without disability;
- Median gross personal incomes of people with disability was half that of people without disability;
- One in 10 had experienced discrimination because of their disability; and
- People with disability using disability support services had mortality rates (before aged 65) 4.7 times higher than the general population including 3.6 times higher rates of avoidable deaths.[4]

PHAA Response to the position paper

1. Do you have any comments on the vision and outcome areas being proposed for the new National Disability Strategy?

PHAA supports the amendment to the wording of the National Disability Strategy vision statement to replace the wording of 'citizen' with 'members of the community'. This amendment represents a more inclusive vision for supporting people with disability in Australia regardless of their citizenship status and is a move towards more equitable support for all members of the Australian community with disability.

PHAA also believe that it is appropriate to retain the six outcome areas listed under the current strategy being:

1. Economic security
2. Inclusive and accessible communities
3. Rights protection, justice and legislation
4. Personal and community support
5. Learning and skills
6. Health and wellbeing

Continuing to include these policy areas under the Strategy acknowledges that these policy areas act as social determinants of health, intersecting and contributing to the complexity of experiences and outcomes of people with disability.[2] Improving outcomes for people with disability in these areas will lead to better health and wellbeing for people with disability.

2. What do you think about the guiding principles proposed here?

PHAA supports the inclusion of overarching guiding principles in the National Disability Strategy.

It is a positive step forward that the principles of universal design and importance of engaging broadly and with people with disability in early policy development processes (highlighted during a recent Senate Committee inquiry[5]) will be included in the Strategy. However, there needs to be clarity around how these principles will be established as standard practice.

The Commonwealth Government has consistently recognised that genuinely engaging and consulting stakeholders during policy development and implementation phases of government policy is a key marker of success for government initiatives.[6] Unfortunately, the approach to engagement and community consultation, particularly with knowledgeable stakeholders, is patchy and leaves the onus on stakeholders and affected individuals to know when and how to provide input to relevant policies.

PHAA believes an early mechanism for ensuring the needs of people with disability have been considered in policy development across all portfolios could be to improve cross-portfolio consultation during Cabinet Submission processes. By requiring every Cabinet Submission to detail how it supports the outcomes of the Strategy, this process will embed a holistic approach to addressing social determinants of health impacting people with disability via increased collaboration between departmental policy areas. Comprehensive consultation across government is a requirement prior to lodging a Cabinet Submission therefore strengthening this process should not be overly onerous for government.[7] This collaborative approach can also be replicated in state jurisdiction cabinet processes.

3. What is your view on the proposal for the new Strategy to have a stronger emphasis on improving community attitudes across all outcome areas?

It is extremely important to work with the community to improve community attitudes towards people with disability, this action should be in addition to ensuring governments improve services and policies to be more inclusive of the needs of people with disability.

Analysis of data surrounding sources of discrimination of people with disability and situations leading to avoidance shows that employers, family and friends, and strangers on the street were ranked as leading sources of discriminating attitudes towards people with disability.[8] Further, people with disability reported the highest rates of avoidance of situations related to public places and social activities as well as visiting family and friends.[8] The evidence in literature shows a link between discrimination (direct or indirect) and avoidance behaviours and therefore addressing discriminatory attitudes within the community would lead to greater social inclusion of people with disability.

Much of disability support services, such as NDIS, Disability Support pension, Carers pension, funded support for students with disability, operate within a biopsychosocial and medical model, where the focus is on what an individual is not able to do, rather than what they are able to do. It is suggested that in order to foster an environment of inclusivity and to reduce stigma for people with disability, that shifting the focus from negative to positive is key for an environment of inclusivity to flourish.[9]

4. How do you think that clearly outlining what each government is responsible for could make it easier for people with disability to access the supports and services they need?

It is important to recognise that the delivery of government services to support people with disability has changed considerably since the introduction of the National Disability Insurance Scheme (NDIS). A number of people previously supported by services under the National Disability Agreement (NDA) have transitioned to support packages delivered by the NDIS,[10] and as at 30 June 2020 there are 391,999 NDIS participants.[11]

With the introduction of the NDIS the Applied Principles and Tables of Support (APTOS) were provided to clearly define the responsibility of service provision by either the NDIS or mainstream services such as education, employment and transport.[12] The APTOS framework is important for informing the public and service users of the responsibilities of each system but also to outline the way in which systems intersect to improve access to mainstream services.

PHAA agrees that it is important to clearly define roles and responsibilities under the Strategy to outline the way systems work collaboratively and cohesively to meet the needs of people with disability. This analysis of roles/responsibilities will also identify the gaps that have emerged due to changing policy in recent years and those gaps that persist despite these changing policies.[10] PHAA agrees with the Productivity Commission's assessment that inclusion of roles and responsibilities will therefore strengthen the Strategy and increase public accountability for its implementation.

5. How do you think the Strategy should represent the role that the non-government sector plays in improving outcomes for people with disability?

PHAA agrees that it is important to represent the role of the non-government sector in improving outcomes for people with disability. PHAA feels consultation on how this is represented in the Strategy is best achieved with the non-government sector.

6. What kind of information on the Strategy's progress should governments make available to the public and how often should this information be made available?

PHAA favours a reporting mechanism that provides clear oversight with measurable progress towards achieving the outcomes of the Strategy, whether that occurs annually or biannually. PHAA supports the inclusion of clearly defined outcomes and reporting requirements to increase accountability of governments in implementing the policy actions under the Strategy and supports the information being made publicly available.

7. What do you think of the proposal to have Targeted Action Plans that focus on making improvements in specific areas within a defined period of time (for example within one, two or three years)?

PHAA would be supportive of including Targeted Action Plans under the National Disability Strategy with additional government funding provided for targeted, innovative programs and initiatives that seek to make improvements in areas under the Strategy.

Targeted Action areas have great potential to provide short to medium term improvements in outcome areas under the Strategy. As an example, the More Support for Students with Disabilities Initiative (MSSD) which ran 2012-14 provided $200 million in funding to help improve education outcomes of students with disability.[13] The initiative was designed as a short-term targeted injection of funding for states and territories as well as the non-government sector whilst major changes in policy were being designed and implemented (NCCD and Student loadings under Gonski funding reforms).[14] An evaluation of the program was conducted and determined the initiative succeeded in meeting its major objective to build the skills of teachers and increase school capacity to better meet the educational needs of students with disability.[15]

The evaluation also stated that much of the success of the initiative in meeting its objective was due to its targeted approach and that the basis for sustainability was built into the design of the initiative despite being short-term in nature.[15]

8. How could the proposed Engagement Plan ensure people with disability, and the disability community, are involved in delivering and monitoring the next Strategy?

PHAA agrees that it is important to effectively and genuinely engage and consult people with disability and the disability community during policy development, implementation and program evaluation activities. PHAA feels consultation on how this is undertaken and outlined in the Strategy is best achieved in consultation with the disability community and people with disability.

9. Is there anything else you would like to share about the ideas and proposals in the position paper?

PHAA would like to provide the following additional comments:

Collecting Data

The current trial of the National Disability Data Asset (NDDA) is a positive step forward in addressing the implementation of policy action under the National Disability Strategy as it seeks to provide a better understanding of how people with disability are supported through disparate services, payments and service systems.[16]

Historically, there has been a lack of robust data on the outcomes and experiences of people with disability to inform government policy initiatives. Challenges on gathering data have included differences in definition of disability across data sources and jurisdictions, as well as data collected from mainstream services lacking a mechanism to indicate if a participant has disability.[17]

The National Disability Strategy should look to commit to the data collection reforms to ensure measurable, quantifiable data is being collected and informs progress under the Strategy. In reviewing this aspect of the Strategy the Department should consider lessons learnt from the implementation of the Nationally Consistent Collection of Data on School Students with Disability (NCCD) as well as the challenges to date of the NDDA trial and work being done by AIHW to develop a disability flag mechanism to use in mainstream services.[17]

Evaluating Policy and Programs

With regard to evaluation of policy and programs, evaluations, where they contain relevant suggestions for future improvement to service provision for people with disability, program design, consultation with people with disability or accessibility issues, these findings should be made available to all levels of government. Establishing a mechanism to effectively exchange evaluation information will support the establishment of best practice in supporting people with disability across the whole of government policies and programs improving outcomes for people with disability.

Exclusion of people with disability from accessing visas and permanent residency

PHAA would like to take this submission as an opportunity to raise the Australian Government's application of stringent health assessment requirements under migration laws in Australia as being inconsistent with the Strategy which seeks full inclusion of people with disability.

Currently, health requirements deny applications for permanent residency or migration from people with disability who are likely to require health care or community services above a threshold amount ($49,000 over 10 years or duration of a temporary visa). This policy overlooks the valuable economic, social and cultural contributions that people with disability can and do make to society and makes no distinction between disability and the burden of disease.

Conclusion

PHAA supports the broad directions of the proposed amendments and inclusions to the new National Disability Strategy. However, we are keen to ensure the needs of people with disability and focus on improving outcomes for people with disability is included across whole of government policy and programs in line with this submission. We are particularly keen that the following points are highlighted:

- Addressing the social determinants of health that negatively impact the health and wellbeing of people with disability is imperative to improving the experiences and outcomes for people with disability.
- The importance of the National Disability Strategy across whole of government cannot be understated. Engagement with people with disability and analysis of the needs of people with disability in policy and program design and implementation must occur across all portfolio areas and all levels of government.
- The Strategy must include mechanisms to measure the impact of implementation and increase accountability of all governments to improve the experiences and outcomes of people with disability.

The PHAA appreciates the opportunity to make this submission and the opportunity to provide our views on how the National Disability Strategy can improve the health and wellbeing of people with disability.

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

Terry Slevin
Chief Executive Officer
Public Health Association of Australia

Dr Brahm Marjadi
Co-Convenor, PHAA Special Interest Group
Diversity, Equity and Inclusion

30 October 2020

References

1.   Australian Institute of Health and Welfare. People with disability in Australia 2020. AIHW Cat. no. DIS72. https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/health/health-status: AIHW; 2020.
2.   Wilkinson R, Marmot M, editors. Social Determinants of Health: The Solid Facts. 2nd ed. Denmark: World Health Organization; 2003.
3.   Australian Bureau of Statistics. Disability, Ageing and Carers Australia: Summary of findings, 2018 ABS Catalogue no. 4430.0. https://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0: ABS; 2019.
4.   Australian Institute of Health and Welfare. Mortality patterns among people using disability support services: 1 July 2013 to 30 June 2018 (Summary report). Cat. no. DIS 76. Canberra: AIHW; 2020.
5.   Senate Community Affairs References Committee. Delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AccessibleCommunities/Report: Parliament of Australia; 2017.
6.   Shergold P. Learning from failure: Why large government policy initiatives have gone so badly wrong in the past and how the chances of success in the future can be improved. An independent review of government processes for implementing large programs and projects. https://www.apsc.gov.au/learning-failure-why-large-government-policy-initiatives-have-gone-so-badly-wrong-past-and-how: Australian Public Service Commission; 2015.
7.   Department of Prime Minister and Cabinet. Cabinet Handbook, 13th edition. https://www.pmc.gov.au/sites/default/files/publications/cabinet-handbook-13th-edition_0.pdf: Australian Government; 2019.
8.   Temple JB, Kelaher M, Williams R. Discrimination and avoidance due to disability in Australia: evidence from a National Cross Sectional Survey. BMC Public Health. 2018;18(1):1347.
9.   Mitra S. The human development model of disability, health and wellbeing. In: Grech S, Groce N, Mitra S, editors. Palgrave studies in disability and international development. https://link.springer.com/chapter/10.1057/978-1-137-53638-9_2: Palgrave Macmillan; 2018. p. 9-32.
10.   Productivity Commission. Review of the National Disability Agreement. Productivity Commission Study Report. https://www.pc.gov.au/inquiries/completed/disability-agreement/report/disability-agreement.pdf: Australian Government; 2019.
11.   National Disability Insurance Scheme. Explore data https://data.ndis.gov.au/explore-data: Australian Government; [updated 27 October 2020; cited 2020 29 October].
12.   Council of Australian Governments. Principles to determine the responsibilities of the NDIS and other service systems. https://www.coag.gov.au/sites/default/files/communique/NDIS-Principles-to-Determine-Responsibilities-NDIS-and-Other-Service.pdf: COAG; 2015.
13.   Government boosts support for students with disabilities [press release]. https://ministers.dese.gov.au/pyne/government-boosts-support-students-disabilities: Ministers' Media Centre, Department of Education, Skills and Employment, 23 November 2013 2013.
14.   Senate Education and Employment References Committee. Access to real learning: the impact of policy, funding and culture on students with disability. https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/students_with_disability/Report: Parliament of Australia; 2016.
15.   PhillipsKPA. Evaluation of the More Support for Students with Disabilities Initiative 2012-2014. Final evaluation report. . https://docs.education.gov.au/system/files/doc/other/phillipskpa_mssd_final_report_2015.pdf: Department of Education and Training; 2015.
16.   Department of Social Services. Disability and carers: The National Disability Data Asset https://www.dss.gov.au/disability-and-carers-research-and-data/the-national-disability-data-asset: Australian Government; [updated 22 October 2020; cited 2020 29 October].
17.   Australian Institute of Health and Welfare. Disability: About https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/disability/about: Australian Government; [updated 1 October 2020; cited 2020 29 October].