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RACP Submission to National Disability Framework 2022-2025

July 2022

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of physicians and trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.

The RACP has strongly advocated for people with a disability over recent years:

- 2021-22: Ongoing meetings with the NDIA to discuss NDIS access criteria for prospective participants and health professionals
- 2020-22: Advocacy relating to the impact of COVID-19 on people with disability focused on the rollout of COVID-19 vaccines to people with disability, particularly the low numbers and proportion of people with disability and disability support workers who have been vaccinated.
- 2021: [RACP submission](#) to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- 2021: [Welcomed](#) Australia's Disability Strategy 2021-2031
- 2021: [Welcomed](#) the Roadmap for Improving the Health of People with Intellectual Disability
- 2021: Met with Senator the Hon Linda Reynolds to discuss intersection of the NDIS and the health sector
- 2021: Met with the NDIS Quality and Safeguards Commission to discuss the *Evidence Summaries - Medications used for behaviours of concern in people with Autism*
- 2019: [RACP submission](#) to the NDIS Act Review and Participant Service Guarantee (Tune Review)



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Executive Summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide feedback on the draft National Disability Advocacy Framework 2022-2025 produced by the Department of Social Services.

The RACP recognises the overwhelming evidence that people with disability have poor mental and physical health compared to others in the community.¹ We acknowledge that disability advocacy supports people living with disability by ensuring their rights are maintained, promoted and valued. We also recognise the important role that disability advocacy plays in safeguarding people's rights and overcoming barriers to their full and effective participation and inclusion in society.

The health sector, including medical colleges and individually as health professionals, has a responsibility to advocate for their patients and clients who are living with disability. Health care policies and programs should include specific consideration of how the needs of people with disability will be met.

The RACP strongly supports the Safety, Rights and Justice Outcome Area under *Australia's Disability Strategy 2021-2031*, which acknowledges disability advocacy as being an important way to enable and support people with disability to protect and uphold their rights. The Outcome Area aims to ensure 'the rights of people with disability are promoted, upheld and protected, and people with disability feel safe and enjoy equality before the law'. We welcome this outcome statement being the core principle that underpins the new draft Framework.

Question 1: Do you believe the Framework encompasses your vision of advocacy? If not, what changes are required?

The RACP is pleased that the Framework is informed and supported by the:

- United Nations Convention on the Rights of Persons with Disabilities
- Disability Discrimination Act 1992
- Australia's Disability Strategy 2021-2031
- Closing the Gap National Agreement.
- NDIS Quality and Safeguarding Framework
- Information Linkages and Capacity Building program.

However, the Framework should be strengthened through more explicitly including the following population groups and areas:

Family, children and young people: Evidence has shown that early intervention for children with a disability, when commenced before a specific diagnosis is made, leads to improved functioning later in their lives and better health outcomes.² A family centred approach to early intervention programs is critical to ensure that families are able to meet the needs of the child. The Framework should emphasise the importance of early intervention and ensuring that services are adequately funded and resourced to meet the needs of children with a disability.

As noted on page 3 of the Framework, children and young people with disability have the right to participate, in whatever capacity, in decisions that impact on their lives. This acknowledgement is particularly important because young people's input into the services which they access can help create meaningful change through the development of new processes and shifting of attitudes.³ Although the Framework supports people with a disability expressing their views, it would be

strengthened by explicitly mentioning the importance of institutions and policy makers having an open dialogue with young people with disability.

Intellectual Disability: The Framework does not distinguish between intellectual and physical disability. This is a key differentiation that can impact advocacy needed. Family members, consumer groups and individual advocates, where the person is unable to advocate for themselves, play significant roles in ensuring that the needs and experiences of people with intellectual disability are effectively included in decision making and planning processes in the health and social service sectors.

Health service harm: A report by the University of New South Wales showed that inadequate health care and poor practice from service providers is causing people with disability to die up to 36 years earlier than the general Australian population.⁴ Governments must commit to eliminating preventable deaths and ill health and establish systems to measure and publicly report on progress of these goals.

Health as a key stakeholder: Currently there are occasions of poor provision of care and people with intellectual disability in particular experience higher rates of preventable in hospital mortality and morbidity.⁵ Equitable, fair and timely access to the NDIS should be a key element of the Framework along with strengthened data collection to better understand the needs of people with a disability when it comes to accessing health care. Strong partnership with healthcare workers and health professionals is essential.

Question 2: Are the principles of the NDAF appropriate for guiding the delivery of advocacy for people with disability in a changing disability environment, including in the context of the NDIS? If not, what changes are required?

The RACP supports the overarching principles in the Framework to guide the provision of advocacy for people with disability. However, we would like to take this opportunity to offer some suggestions to further strengthen and build upon these existing principles.

Human rights

Disability advocacy is crucial in supporting people with disability to safeguard their rights, experience equitable outcomes and overcome access barriers that affect their ability to fully participate in society.

The RACP affirms that all governments, policy makers and health and disability services providers must aim to eliminate discrimination and ensure better access and inclusion of persons with disability. Health professionals specifically should have sound disability awareness and be able to advocate for the rights of people with disability. Human rights should be central to the planning and delivering of services for people with disability, and that all services should include reasonable adjustments, strategies to address health literacy and the inclusion of people with disability at all levels of decision-making.¹

The RACP recommends the addition of a 'human rights approach' to the list of Framework principles to help ensure that future policies and guidelines are built on maximising individual power and autonomy, and supporting the economic participation, social inclusion, safety and equality of people with disability.

Aboriginal and Torres Strait Islander people with disability

The RACP strongly supports the inclusion of Aboriginal and Torres Strait Islander people with disability in the Framework. Aboriginal and/or Torres Strait Islander peoples aged 35–54 years are 2.7 times as likely to have a disability as non-Indigenous people of the same age and are nearly four times as likely to have an intellectual disability as the general population.⁶

The RACP is in favour of tailored, culturally appropriate services which are First Nations community informed and community led where possible, to support the provision of services to Aboriginal and/or Torres Strait Islander people with disability. NDIS access is variable with anecdotal information highlighting the lengthy paperwork processes and lack of services in rural and remote areas.⁵

The Framework must account for the challenges faced by many First Nations people with disability when accessing services and receiving culturally appropriate care. Values and principles of trauma-informed services can include awareness of trauma impacts, person-centred safety, cultural competency, cultural safety, enabling an individual's control, enabling healing and providing integrated care.⁷

Respect for Intersectionality and Diversity

The RACP acknowledges that intersectional discrimination impacts how different population groups are viewed, understood and treated, but it also impacts on how they access, or are unable to access, resources, services and supports. Therefore, we would like to suggest the following:

- Include of variations of sex characteristics as a protected attribute against unlawful discrimination, to better align with the Commonwealth *Sex Discrimination Act 1984*
- Substitute sexual identity with sexual orientation, and gender to gender identity to better align with national anti-discrimination frameworks
- Reframe “other relevant factors” to “other attributes”, “characteristics”, or “identity markers”
- Reword the principle to read “Understanding of and respect for Intersectionality and Diversity.”

The RACP suggests the Framework should clearly acknowledge that these attributes/characteristics do not exist independently; rather, each informs the other and can have overlapping and compounding effects. These effects can also be felt by other diverse groups of people with disability – for example, those in rural or remote areas.

Question 3: Are the outcomes of the NDAF clear and achievable? Should different ones be included? If so, what should be included?

The RACP commends the Framework's recognition that all members of the community can experience discrimination based on gender, age, education, employment, sexuality, geographic location, socio-economic group, ethnicity and cultural background, and that the experience of disability often brings additional disadvantage and stigma.

The RACP strongly recommends that an overarching outcome should be to improve morbidity and mortality of people with a disability. Many of the health conditions that are experienced by people with disability across the life span are often unrecognised, misdiagnosed and poorly managed compared to the general population.

The RACP strongly supports the inclusion of Aboriginal and Torres Strait Islander people with disability and culturally and linguistically diverse communities with disability in the Framework's outcomes. However, we would like to take this opportunity to highlight the exclusion of LGBTIQ+ people with disabilities, who experience higher rates of discrimination and reduced service access.⁸

Question 4: Are the responsibilities, reform and policy directions of the NDAF relevant or should different ones be included?

The RACP supports the responsibilities, reform and policy directions outlined in the Framework. The Framework correctly acknowledges and recognises that responsibility in this area is shared between the Commonwealth, state and territory governments.

We would support the inclusion of a greater mention of improving data collection. Currently, inconsistencies between agencies who collect and publish data about the health and wellbeing of people with disability mean that no single comprehensive dataset is available in Australia.¹ Creating a national dataset which standardises and consolidates information about the health of people with disability will better enable Commonwealth, state and territory governments to commit to the collection, use and reporting of evidence-informed data for administration and planning of disability advocacy and overall improvement of service systems.

Question 5: Does the NDAF identify what is needed in the current and future disability environment? If not, what changes are required?

The Framework fails to recognise the impact COVID-19 has had on people with disability. The mental health impact has been significant⁹ and the Framework must address the ongoing risks of COVID-19 and future pandemics, as well as gaps in providing care to people with disability.

A 2019 survey by Children and Young People with Disability Australia found that students with disability are routinely excluded in their education.¹⁰ The impact of school closures and remote learning during the COVID-19 pandemic has exacerbated existing issues and created new challenges. It is essential that there is Commonwealth funding for evidence-based school supports for students with a disability and/or learning difficulties.

Thank you again for the opportunity to provide feedback on the draft National Disability Advocacy Framework 2022-2025. Should you require any further information about this submission, please contact Dr Rebecca Randall, Senior Policy & Advocacy Officer, on Policy@racp.edu.au

References

- ¹ [RACP submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#). 2021.
- ² [RACP Early Childhood: The Importance of the Early Years](#). 2019.
- ³ Collin P, Lala G, Fieldgrass L. 2018. Participation, Empowerment and Democracy: Engaging with Young People's Views. In: Alfred P, Cullen F, Edwards K Fusco D. The SAGE Handbook of Youth Work Practice [Internet]. United Kingdom: SAGE.
- ⁴ Salomon, C & Trollor, J. 2019. Scoping review of causes and contributors to deaths of people with disability in Australia.
- ⁵ [RACP submission to the NDIS Act Review and Participant Service Guarantee](#). 2019
- ⁶ Department of Social Services. 2017. Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability.
- ⁷ Atkinson J. 2013. Trauma-informed services and trauma-specific care for Indigenous Australian children. Resource sheet no.21. Produced for the Closing the Gap Clearinghouse. Canberra Australia: Australian Institute of Health and Welfare.
- ⁸ LGBTQI Health Australia [Response to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#).
- ⁹ Loh E, Ireland P, Symonds T. 2022. [Impact of COVID-19 on day to day lives of people with disability](#).
- ¹⁰ [Children and Young People with Disability Australia](#). 2019. Towards inclusive education: A necessary process of transformation. Report No.:1.