

Submission

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
Issues Paper: Promoting Inclusion

1 June 2021

***In this document, unless quoting directly, the term Aboriginal is used in preference to the term Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. For the purpose of this document, the term Aboriginal is also respectfully inclusive of Torres Strait Islander peoples.*

The Aboriginal Health Council of Western Australia (AHCWA) welcomes the opportunity to provide feedback on the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability- Issues Paper: Promoting inclusion.

AHCWA is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHS) providing primary health services across diverse regional, rural and remote locations in Western Australia. AHCWA exists to support and act on behalf of our Member ACCHS, and our principal vision is for Aboriginal people in Western Australia to enjoy the same level of health and wellbeing as all Western Australians.

This submission will firstly address the barriers and challenges to inclusion that Aboriginal people with disability face, which corresponds with Question 8 of the Issues Paper. Subsequently, this submission will discuss the role of government (Question 6 of the Issues Paper), as well as the role that non-government institutions, the private sector and communities (Question 7 of the Issues Paper) play in regard to the promotion of a more inclusive society for Aboriginal people with disability.

Question 8: What are the barriers and challenges to inclusion for First Nations people with disability?

Double discrimination

The rate of disability amongst Aboriginal Australians is significantly higher than the rate of non-Aboriginal Australians. In 2019, 7.3 per cent of all Aboriginal and Torres Strait Islander people had a profound or severe core activity limitation, which constitutes a 1.5 times higher rate than for non-Aboriginal people.¹

High levels of disability occur in Aboriginal communities for a variety of complex, often interlinked, reasons including poverty, poor health care, poor nutrition, and exposure to violence and substance abuse.

¹ ABS (2019). Disability, Ageing and Carers Australia: Summary of Findings 2018, Cat.no.4430.0, Canberra.

In addition to this, factors such as living in rural and remote areas, culturally inappropriate services, and socioeconomic disadvantage can present barriers to Aboriginal people in accessing disability support services, and hence having access to social inclusion.

People with disability, and Aboriginal people, are at greater risk of experiencing social exclusion than the general population. An Aboriginal person with disability is a member of at least two communities – one pertaining to their identity as an Aboriginal person, and the other one pertaining to their disability.²

Addressing one part of a persons' identity in isolation from other aspects of their identity can leave them excluded from a community where identity is crucial to inclusion. Aboriginal people who *also* have a disability can experience double discrimination and social exclusion *because of* their Aboriginality and disability.³

The compound effect of this double discrimination can further marginalise Aboriginal people with disability and place them at increased risk of abuse and neglect at both individual and systemic levels.

Aboriginal people with disability face discrimination and social exclusion in all areas of life, preventing realisation of their rights and resulting in extreme inequalities. Exclusion may further be compounded by multiple dimensions of discrimination, for instance where education or other services are neither culturally appropriate nor accessible. Circumstances such as sex, age and location can further aggravate such forms of exclusion.

Aboriginal concept of disability

Another significant barrier to inclusion for Aboriginal people with disability relates to different conceptions of disability. There is no word for disability in Aboriginal languages, and diversity across Aboriginal communities mean that there is no singular Aboriginal conceptualisation of disability.⁴

According to research, it has been highlighted that in order to engage with mainstream disability services and communities, Aboriginal people have had to compromise their own cultural understandings and accept existing conceptualisation and practices in relation to disability.⁵

Lack of support for Aboriginal children with a disability

The lack of support and services for families with Aboriginal children with disabilities can lead to the displacement of families from their communities, and sometimes to the separation of children from their families and communities. Removal of Aboriginal children from their families and culture only exacerbates intergenerational trauma.⁶

² First Peoples Disability Network Australia. (2016). Intersectional Dimensions of the Right to Health for Indigenous Peoples- A Disability Perspective.

³ First Peoples Disability Justice Consortium, April 2016 Submission 39 to Inquiry into Indefinite detention of people with cognitive and psychiatric impairment, 16.

⁴ Sotiri, M. and Simpson, J. (2006). Indigenous people and cognitive disability: An introduction to issues in police stations. *Current Issues in Criminal Justice*, 17 (3), pp. 431-443.

⁵ Gilroy, J. et al (2016). Need for an Australian Indigenous disability workforce strategy: Review of the literature. *Disability and Rehabilitation*, 39 (16), pp.1-10.

⁶ Townsend, C. et al. (2018). Inclusion of marginalised Aboriginal and Torres Strait Islander Peoples with neurocognitive disability in the National Disability Insurance Scheme (NDIS). *Disability and the Global South*, 5 (20), pp. 1531-1552.

An ongoing issue for Aboriginal children with disability and their inclusion in the education system is the insufficient provision of educational assistance in schools, either due to funding or staffing levels in the respective school. AHCWA is aware of situations where recommendations are made by health professionals as to the levels of 1:1 support a child requires, but this usually results in the school providing an aide which is shared between multiple students, therefore not actually providing the 1:1 support the child requires.

Lack of services

Existing services for Aboriginal people with disability may lack adequately trained workers, and may be located at great distances from those living in regional and remote areas.

Lack of appropriate services can also contribute to higher rates of institutionalisation of Aboriginal people with disability, removing them from family, culture, traditions, community and society.

Infrastructure and services can be inadequate and unable to respond to the unique needs of Aboriginal people with disability for a number of reasons, such as funding, resources and staff selection and retainment.

Access to the National Disability Insurance Scheme

Given the high incidence of disability amongst Aboriginal people, the National Disability Insurance Scheme (NDIS) is particularly important for this group, however only 6.4 per cent of participants in the NDIS identify as Aboriginal and Torres Strait Islander people.⁷

The current disability system is not accessible to Aboriginal people with disability. The needs, situation and culture of Aboriginal people were not taken into account sufficiently when developing the NDIS, creating accessibility issues and service gaps for Aboriginal people with disability.

This points to significant unequal access to and exclusion from the NDIS and disability support services for Aboriginal people with disability. Aboriginal people have issues with the NDIS across all points of the spectrum. The limited participation of Aboriginal people with disability in the NDIS originates at the pre-access stage to the Scheme and continues through all points of NDIS service delivery whether this be delivered through mainstream services or ACCHS.

The application of community-centred approaches, cultural training for all workers, as well as the development of an Aboriginal NDIS workforce are crucial for ensuring that Aboriginal people with disability are included in the NDIS.

In addition to this, there must be a high level of understanding of the impact of historical and contemporary discrimination. Inclusion strategies by the National Disability Insurance Agency (NDIA) for Aboriginal people with disability require the recognition and understanding of the effect of long-term trauma and marginalisation, and evidence-based models of engagement and service provision, which address these complexities in a culturally safe and informed manner.

⁷ NDIA (2020). Quarterly Report to COAG Disability Reform Council, 30 June 2020.

Question 6: What practical and sustainable steps can governments take to promote a more inclusive society for people with disability?

Understanding of trauma

Impacts of dispossession, the removal of children, social exclusion, as well as other discriminatory government policies and non-inclusive practices mean that many Aboriginal people mistrust government and organisations. This in turn can lead to Aboriginal people with a disability being excluded from services and support.

Demonstrating a genuine commitment to learning about the historical, social and cultural context of Aboriginal communities is fundamental to understanding what factors will contribute positively to the developmental and wellbeing outcomes of Aboriginal people with a disability.

Trauma-informed approach

Following on from this, it is imperative that governments apply a trauma-informed approach built on connection and relationship in the development and implementation of policies, programs and services to promote a more inclusive society for Aboriginal people with disability.

This should encompass a recognition of the significance and pervasiveness of intergenerational violence and trauma, and the introduction of approaches that avoid re-traumatisation, building a sense of control and empowerment, as well as respect for cultural difference and diversity.

Self-determination and self-directed approaches

The capacity for self-determination is a human right for Aboriginal people and includes rights to autonomy or self-government and also to participate and be actively involved in decision-making processes which impact them.⁸ This right to self-determination also extends to Aboriginal people with disability and should be respected by all stakeholders, including governments at all levels.

Supporting self-determination should include support for self-directed capacity building of Aboriginal people with disability and their communities.

Building up the Aboriginal Community-Controlled Sector

Aboriginal Community-Controlled Organisations (ACCOS) recognise the strength, expertise and right to self-determination of Aboriginal communities. There is a clear preference, for Aboriginal people to access community controlled services in disability, health or otherwise and will bypass mainstream providers to access a service where they feel confident that their cultural safety is guaranteed. In fact, research demonstrates that Aboriginal people will not access a service, if they perceive that, or have an experience where their cultural safety is compromised.⁹

Hence, ACCOS, including ACCHS, are best placed to overcome the social and cultural determinants of health which can hinder Aboriginal people accessing the health care they need; and are critical to the successful inclusion of Aboriginal people with disability in the community. In this regard,

⁸ Article 3 of the Declaration on the Rights of Indigenous Peoples; Article 1 of the International Covenant on Civil and Political Rights (ICCPR) and in article 1 of the International Covenant on Economic, Social and Cultural Rights.

⁹ Aspin, C. et al. (2012). Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait Islander people with chronic illness: a qualitative study. BMC Health Service Research, 12 (143).

government should support the development and capacity of ACCOS to promote the inclusion of Aboriginal people with disability. This should be reinforced by allocating new funding initiatives, specifically to existing ACCOS, as well as addressing the demands of Aboriginal people with disability.

A positive step towards strengthening the ACCO sector lies in the National Agreement on Closing the Gap. Under Priority Reform 2, all governments have committed to prioritising the Disability ACCOs for sector strengthening activities.¹⁰

Inclusive policy, planning, service delivery and consultation

It needs to be ensured, that policy, planning and service delivery is inclusive of Aboriginal people with a disability and is based on best practice and evidence. This needs to be based on:

- Use of current Aboriginal demographic data and research.
- Consistent service data collection and analysis.
- Engagement and support for research and consultations led by Aboriginal people with a disability and ACCOs.
- Promotion of the inclusion of people with a disability as a key population group on the broader Aboriginal health and social determinants research agenda.
- Collection, analysis, documentation and dissemination of 'best practice'.

Consultation processes taking place in Aboriginal communities should include the participation of Aboriginal people with a disability. Aboriginal people with a disability and their families need information and support that enables them not only access to services, but also opportunities to actively participate in self-directed planning and support.

Focus on early intervention

Aboriginal people with a disability and their families are under-represented in the uptake of primary and early intervention services, including disability services. However, Aboriginal people with a disability and their families are over-represented in the child-protection and criminal justice system, as well as acute health services.

AHCWA believes that early intervention and a focus of disability services support on Aboriginal early years and young people with a disability is necessary in order to improve immediate and long-term outcomes.

Joint approach

No single agency or program has the capacity to address Aboriginal disadvantage or outcomes for Aboriginal people with a disability in isolation. Government departments, service providers, non-government organisations (ACCOS, disability and mainstream), as well as private providers need to work together in a timely and coordinated way to share and deliver effective programs.

¹⁰ Australian Government. National Agreement on Closing the Gap. Retrieved from:
<https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap>.

Question 7: What practical and sustainable steps can non-government institutions, the private sector and communities take to promote a more inclusive society for people with disabilities?

Involvement and representation at all levels

Self-determination for many Aboriginal people is about community empowerment; hence, mainstream disability service providers should consider processes that involve Aboriginal people with disabilities and their communities in planning and decision-making stages.

In addition to this, governance and advisory processes should ensure that Aboriginal people with a disability and their families and communities have opportunities to be represented and to contribute to service planning and development.

Genuine engagement

Services need to engage with Aboriginal people with a disability through active outreach and participation in Aboriginal community networks, groups, activities as well as events to build trust and develop genuine relationships.

Building, and potentially re-building, trust is crucial for engaging with Aboriginal people with disability and ultimately promoting inclusion. However, relationship building takes patience and time, focused on personal relationships, consistency and commitment over time from the disability services sector.

Cultural responsiveness

AHCWA believes that in order to promote the inclusion of Aboriginal people with a disability, it is essential to build culturally responsive services that work in partnership with Aboriginal organisations and communities to not only deliver adequate services and supports, but also to improve outcomes for Aboriginal people with a disability.

In this respect, it is also important to build a diverse workforce with recruitment, retention, management, and support processes in place that facilitate participation by Aboriginal staff with and without a disability.

Finally, shared learning and development opportunities should be facilitated for management, staff, service users as well as community leaders in mainstream services to better understand and respond to Aboriginal people with a disability.

Partnerships

Government, non-government institutions, the private sector and communities need to develop meaningful and lasting partnerships, first and foremost, with the Aboriginal community at national, regional and local levels.

In order to enable a more inclusive society for Aboriginal people with disability, stakeholders need to work in partnership with Aboriginal people with a disability, their families, ACCOS and communities.

Successful partnerships that lead to improved outcomes for Aboriginal people with a disability are built on genuine respect and support for Aboriginal knowledge, heritage and culture.

The need for the development of partnerships and shared decision-making processes is also highlighted in Priority Reform 1 of the National Agreement on Closing the Gap.¹¹ According to Priority Reform 1, strong partnerships with Aboriginal people should be accountable, representative, and transparent.

In addition to this, a wide variety of groups of Aboriginal people, including Aboriginal people with disability, should be included when developing strong partnerships to ensure the promotion of self-determination and to support an understanding and respect for lived experience.¹²

¹¹ Australian Government. National Agreement on Closing the Gap. Retrieved from:
<https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap>.

¹² Ibid.