PARLIAMENT OF AUSTRALIA

SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE

DELIVERY OF OUTCOMES UNDER THE NATIONAL DISABILITY STRATEGY 2010-2020 TO BUILD INCLUSIVE AND ACCESSIBLE COMMUNITIES

OCCUPATIONAL THERAPY AUSTRALIA (OTA) SUBMISSION

MAY 2017
Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a submission to the Senate Community Affairs References Committee’s inquiry into the delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities.

Occupational Therapy Australia is the professional association and peak representative body for occupational therapists in Australia. As of December 2016 there were more than 18,000 nationally registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities.

Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, assistive equipment prescription, home modifications and chronic disease management, as well as key disability supports and services.

The Terms of Reference of this inquiry are:

a. the planning, design, management, and regulation of:
   i. the built and natural environment, including commercial premises, housing, public spaces and amenities,
   ii. transport services and infrastructure, and
   iii. communication and information systems, including Australian electronic media and the emerging Internet of things;

b. potential barriers to progress or innovation and how these might be addressed;

c. the impact of restricted access for people with disability on inclusion and participation in economic, cultural, social, civil and political life; and

d. any other related matters.

This submission deals with each item in turn.

Context: The role of occupational therapists in the disability sector

Occupational therapists work with people to manage the functional, social and emotional limitations caused by disability, illness or injury so that they can best perform the activities that are important and meaningful to them (their occupations of daily life), and participate as active members of their community.

Occupational therapists have a variety of roles working with people with disability, their families and carers. Within an enablement framework, occupational therapists focus with each individual upon their strengths, goals and resources to enable them to participate in activities that are available and of interest to them in their community. Occupational therapists can also work with groups, communities and populations to facilitate participation in occupations.
Response to the Terms of Reference

a. The planning, design, management and regulation of:
   i. The built and natural environment, including commercial premises, housing, public spaces and amenities

Principles of universal design
OTA believes that the principles and language of universal design should be incorporated into the planning, design, management and regulation of the built and natural environment.

The National Disability Strategy 2010-2020, which provides a ten-year national policy framework for improving life for Australians with disability, their families and carers, discusses the importance of incorporating universal design into the design and build of public resources:

Taking a universal design approach to programs, services and facilities is an effective way to remove barriers that exclude people with disability. Universal design allows everyone, to the greatest extent possible, and regardless of age or disability, to use buildings, transport, products and services without the need for specialised or adapted features (p30).¹

The 7 Principles of Universal Design², developed in 1997 by a working group of architects, product designers, engineers and environmental design researchers, are intended to guide the design of environments, products and communications:

- Principle 1: Equitable Use
- Principle 2: Flexibility in Use
- Principle 3: Simple and Intuitive Use
- Principle 4: Perceptible Information
- Principle 5: Tolerance for Error
- Principle 6: Low Physical Effort
- Principle 7: Size and Space for Approach and Use

Universal design is taught at pre-registration level in Australia in occupational therapy, and occupational therapists play a pivotal role in services to plan the environmental modifications of home and community premises in order to adapt them to the needs of people with disability or illness. OTA encourages the use of universal design principles, which, if widely adopted, would reduce the need to modify premises following disability, illness or a change in functional status. The use of universal design principles means that homes and community premises are fit for an ageing population, but also for a wide range of needs within a community (families with pushchairs etc.).

Occupational therapists are uniquely skilled to assess the functional status of a person, group or community, the demand and possibilities of the environment, and the skills needed to undertake occupation/s within the environment.³ As we are the only health profession with this skill set, OTA would like to stress the importance of occupational therapy assessment and recommendations during the home and environmental modifications process, particularly as the roll out of the National Disability Insurance Scheme (NDIS) continues. We also stress the importance of involving occupational therapists in planning, and in reviews and development of state and national building standards and regulations.

² http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/
ii. transport services and infrastructure

Transport

Continued investment in emerging forms of transport for people with impaired mobility is critical. People with disability and age-related conditions often report that they are unable to use public transport because it is not designed with universal principles, or for people with particular needs, such as the ageing population. Some examples of this include:

- Buses and trams without low floor access
- No lifts or ramps to access train stations
- Timetables that are not accessible to people with sensory impairments
- No clear signage for people who are vision impaired

Article 9 of the UN Convention on the Rights of Persons with Disabilities outlines the legal obligations of states in relation to accessibility for people with disability. States are required to take appropriate measures to ensure that people with disability have equal access to transportation, as well as information and communications. Accessible public transport is not just about modifying the physical environment – it is also about ensuring that people with disability are able to access information about transport services (eg. timetables, travel routes, online journey planners etc.).

In order to address transport gaps for people with special needs, Australian governments need to consider and implement principles of universal design. Last year the South Australian Parliament passed an amendment to the Planning, Development and Infrastructure Bill, requiring developers to consider universal design. Despite claims that universal design is costly and will only benefit a select group of people, evidence suggests that it only accounts for a small percentage of infrastructure projects and can in fact lead to cost savings in other areas. For example, safer and more accessible buildings and transport services will reduce the risk of serious injury and the number of preventable hospitalisations.

Transport funding through the NDIS

Despite efforts to reduce public transport fares for certain groups in the community, regular travel remains unaffordable for many. This is especially true for people who are unemployed, and those who are receiving welfare payments as a result of their age, a medical condition or disability.

NDIS participants may be able to access transport funding through the scheme. According to the NDIS website, ‘a participant will generally be able to access funding through the NDIS for transport assistance if the participant cannot use public transport without substantial difficulty due to their disability’.

There are three levels of supports for transport assistance through the NDIS:

- **Level 1** – The NDIS will provide up to **$1,606 per year** for participants who are not working, studying or attending day programs but are seeking to enhance their community access.

- **Level 2** – The NDIS will provide up to **$2,472 per year** for participants who are currently working or studying part-time (up to 15 hours a week), participating in day programs and for other social, recreational or leisure activities.

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- **Level 3** – The NDIS will provide up to **$3,456 per year** for participants who are currently working, looking for work, or studying, at least 15 hours a week, and are unable to use public transport because of their disability.

While reasonable and necessary travel may be funded in a participant’s plan, there is a limit on the amount that can be claimed for therapeutic related travel. There remains a great deal of confusion across the country in terms of the extent to which NDIS participants can access travel allowances through their plan.

Despite the opportunities that the NDIS represents for people with disability, there remain a number of concerns. NDIS funding does not cover transport assistance for carers, which may impose a financial burden on those who need to accompany the care recipient to regular appointments.

It is important to remember that many people with disability will not be eligible for the NDIS, including those who are over 65. State and local governments therefore need to be aware of their obligations under priority area 1 of the National Disability Strategy:

*Inclusive and accessible communities—the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.*

The NDIS will fail to achieve its purpose if mainstream services do not evolve to become more inclusive. This is particularly relevant to Australia’s ageing population and those who are living in small rural and remote communities. The Information, Linkages and Capacity Building (ILC) component of the NDIS (formerly known as Tier 2) provides information, linkages and referrals to connect people with disability, their families and carers with mainstream supports. ILC is designed to assist all people with disability, regardless of whether they have an NDIS plan. The ILC Policy Framework identifies five streams of ILC:

1. Information, linkages and referrals
2. Capacity building for mainstream services
3. Community awareness and capacity building
4. Individual capacity building
5. Local area co-ordination (LAC)

There remains a lack of clarity around timelines and implementation of ILC. The list of organisations that will be funded through the ILC program in the ACT was recently announced, however information about the transition of other jurisdictions is yet to be released. While OTA is supportive of the ILC framework, it is clear that there remains significant work to articulate its role and implementation.

OTA believes that Australian state and territory governments should establish and maintain an active dialogue with the National Disability Insurance Agency around transport funding for people with disability, and the implementation of the Information, Linkages and Capacity Building component of the NDIS. Additionally, state and territory governments should implement enabling legislation that supports the intention of the ILC framework.
iii. communication and information systems, including Australian electronic media and the emerging Internet of things

Assistive technology
Assistive technology refers to a range of devices and equipment to facilitate independent living, and includes communication and information systems, and increasingly the emerging Internet of things.

For many people with disability the cost of appropriate assistive technology is a barrier to accessing the equipment they require to enable them to fully participate in society. Assistive technology, aids and equipment are important tools for enabling social inclusion for people with disability. Occupational therapists possess skills at the nexus between individual capability and need, available technology, and strategies to enable participation within daily opportunities and social inclusion. Correct equipment enables inclusion and saves money.

An example of social exclusion created by a lack of full government support is shown in a Victorian study by Bourke-Taylor\(^5\). It examined the cost barriers for assistive technology facing families with children who had cerebral palsy that led to challenges in social inclusion activities. Many people with a disability require specialised assistive technology to enable their inclusion and integration in day-to-day activities. The high costs associated with this assistive technology may prevent modifications to the home or purchase of necessary assistance to support full inclusion. Bourke-Taylor’s study shows the significant out-of-pocket expenses that many families have incurred due to inadequate funding supports for their assistive technology and the social exclusion this creates.

b. potential barriers to progress or innovation and how these might be addressed

The above section identifies potential barriers to progress or innovation, including a lack of inclusion of universal design principles in the planning, design, management and regulation of the built and natural environment.

Occupational therapists are well-placed to advise on these principles. Cost and access barriers exist currently for people with disability and illness, preventing them from being able to fully access transport and assistive technology.

Whilst OTA appreciates the finite nature of resources, it is important to recognise that progress and innovation does carry cost implications and may require specific, ring-fenced funding, particularly in the earlier stages of change.

c. the impact of restricted access for people with disability on inclusion and participation in economic, cultural, social, civil and political life

International disability law
There are a number of pieces of legislation in Australia, both at a Commonwealth and state level, which sit beneath the international benchmark offered by the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

On 17 July 2008, Australia became the thirtieth country to ratify the CRPD, which created an obligation on the part of the Australian government to deliver on its intent.

The Commonwealth Government explicitly states that the key aims of its National Disability Strategy will be aligned with the principles of the CRPD, envisioning that people with disability and their carers will have an enhanced quality of life and participate as valued members of society.

Australian legislation dealing with the rights of people living with impairment includes the *Disability Discrimination Act 1992* and the *Age Discrimination Act 2004*.

**Defining social inclusion**
The concept of social inclusion is about people being able to participate in all aspects of society. While OTA supports measures to facilitate and enhance social inclusion, we believe there is a subtle but important distinction between this objective and social integration. Social inclusion is essentially about ‘putting people in places’, while social integration is ensuring people with disability are able to fully participate in meaningful activity, such as enabling enhanced productivity.

OTA views productivity as having two elements. The first, “productivity for the community”, includes savings in public health and welfare costs as well as increased economic outputs and lower unemployment. The second, “productivity for the individual”, involves the enhanced self-value and purpose experienced by an individual who is included as a full member of the community in which he or she lives.

OTA’s view on social inclusion is congruent with The World Health Organisation (WHO) International Classification of Functioning, Disability and Health\(^6\) (ICF for short). The ICF outlines true inclusion for all humans as engaging in activity and participation across the following areas:

- Major life areas (includes educational and work-related life)
- Community, social and civic life. (includes recreational, political and spiritual life)
- Learning and applying knowledge
- General tasks and demands
- Communication
- Mobility
- Self-care
- Domestic life
- Interpersonal interactions & relationships.

**Applying the definition to social inclusion policy**
OTA believes a multi-dimensional focus is important when approaching social inclusion policy for people with disability. Dimensions are interdependent with the individual at the centre remaining reliant on support from concentric dimensions to experience social inclusion.

Figure 1 outlines this approach – which has the individual at the centre, supported by concentric circles of inclusion. They include:

- Carers and direct family support
- Environment: Community, social engagement, economic inclusion and service providers,
- Environment: The wider political and economic environment – its policies and structures
- Environment: International principles

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\(^6\) [http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf](http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf)
Figure 1 Multidimensional approach to social inclusion

**Occupational deprivation, health and wellbeing**
OTA has a current position paper on the concept of occupational deprivation, available at [http://www.otaus.com.au/sitebuilder/advocacy/knowledge/asset/files/21/positionpaper-occupationaldeprivation[april2016]-occupationaltherapyaustralia.pdf](http://www.otaus.com.au/sitebuilder/advocacy/knowledge/asset/files/21/positionpaper-occupationaldeprivation[april2016]-occupationaltherapyaustralia.pdf). The paper addresses the impact on the health and wellbeing of individuals, groups and communities when they are unable to participate in the occupations of daily life and be part of the fabric of their communities, and outlines a way to work towards the creation of a fairer and more socially inclusive Australia. The paper’s key recommendations include:

- Supporting practice innovation
- Working in partnerships with individuals, communities, organisations and governments to tackle occupational deprivation through a range of means, including (but not limited to) institutional and policy reform, environmental adaptation, program development, and targeted educational campaigns
- Centralising rights-based approaches in practice, irrespective of setting or practice context
- Enhancing understandings of the experience of occupation deprivation (as a complex phenomenon) through supporting applied research in this area.

**d. any other related matters**

OTA welcomes the Australian Government’s commitment to developing infrastructure that supports inclusive and accessible communities. A holistic approach to infrastructure development through community engagement will ensure that the Government is able to identify the different health needs of the population and develop appropriate policy responses.

All Australian governments should use Primary Health Network data to assess the social determinants of health and how these impact on our communities. PHNs are responsible for
identifying local population health needs and commissioning health services in response to the needs identified.