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**FIRST PEOPLES DISABILITY NETWORK (Australia)**

**Response to the Productivity Commission Position Paper on National Disability Insurance Scheme (NDIS) Costs**

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**July 2017**

## About First Peoples Disability Network

The First Peoples Disability Network (FPDN) is a national organisation established by, for and on behalf of Aboriginal and Torres Strait Islander people, families and communities with lived experience of disability. All of the Directors on the Board are First Peoples with disability. We are guided by the lived experience of disability in determining our priorities and our way of doing business. FPDN can trace its origins to a gathering of Aboriginal and Torres Strait Islander people with disability held in Alice Springs in 1999.

FPDN is committed to research and policy development that captures the knowledge, expertise and experience of disability in our communities. FPDN aims to be the interface between the First Peoples disability community, policy makers and researchers in generating practical measures that secure the human rights of First Peoples within a social model of disability. We have a long-standing and ongoing role advocating for the rights of First Peoples with disability through high-level policy advice to Australian Governments and in international human rights forums.

FPDN is undertaking a community-directed research program, called 'Living our ways' which is supported through the National Disability Research and Development Scheme, which is contributing to the research and evidence base on the unique circumstances and needs of Aboriginal and Torres Strait Islander people with disability.

## Scope

This submission specifically addresses the request for information 6.1 (sub-point 4) regarding the implementation of the NDIS in Aboriginal and Torres Strait Islander communities as requested by the Productivity Commission in its position paper on NDIS costs (June 2017).

## FPDN's observations on NDIS Cost Drivers with reference to issues relating to the Aboriginal and Torres Strait Islander disability market

- The unique circumstances of Aboriginal and Torres Strait Islander people, its communities, and hence the attributes of the Aboriginal and Torres Strait Islander disability market, are not sufficiently understood within the NDIA and other government agencies.**

In March 2017, the Australian Bureau of Statistics produced an occasional paper 'Social and Economic Wellbeing of Aboriginal and Torres Strait Islander People with Disability' (ABS, March 2017, Rel. 4174.0). Using data from the National Aboriginal Torres Strait Islander Social Survey, which surveys Aboriginal and Torres Strait Islander people aged 15 and over living in private households, the occasional paper was produced as a consequence of an historic partnership with FPDN. The purpose of the partnership is to produce consistent data on prevalence and comparative health and wellbeing outcomes for Aboriginal and Torres Strait people with disability compared to the Aboriginal and Torres Strait Islander population as a whole. The complete ABS paper and FPDN's data synopsis are attached as Appendices to this position paper, with key statistics highlighted below:

### *Prevalence of disability:*

Percent of Aboriginal and Torres Strait Islander population reporting some disability (rate)	45%
No. of Aboriginal and Torres Strait Islander people aged 15 and over with severe and profound disability	34,300
Percent of Aboriginal and Torres Strait Islander with severe and profound disability (rate)	7.7%
Comparator: Other Australians - No people with severe and profound disability	4.6%
Age adjusted ratio	2.1 times higher amongst Aboriginal and Torres Strait Islander people

In addition to data on prevalence, across every social and economic indicator, Aboriginal and Torres Strait Islander people with disability experienced poorer health and wellbeing across all indicators (such as health status, educational attainment, personal safety, employment) compared to the Aboriginal and Torres Strait Islander population as a whole. The rate of participation in community and cultural activities is the one notable exception as outcomes are on par.

This data quantitatively demonstrates the intersectional impact on health, wellbeing and social outcomes on a person who is Aboriginal or Torres Strait Islander *and* has disability. It demonstrates how the systemic barriers that affect Aboriginal and Torres Strait Islander people have interacted with the systemic barriers that affect people with disability to create a unique exposure of disadvantage. There has been no sophisticated discussion to date on how the interaction of these systemic barriers create a unique inaccessibility to the NDIS for people who are most in need of support.

It further demonstrates the inadequacies of past policy approaches which are sectional (ie. addressed through disability policy *or* Indigenous policy) rather than intersectional (ie. considers the unique experiences of Aboriginal and Torres Strait Islander people as a discrete vulnerable population). The sectional approach to policies sees Aboriginal and Torres Strait Islander people as incidental within disability policy; and reciprocally people with disability are seen as incidental within Indigenous policy.

The data shows that sectional policy approaches have failed Aboriginal and Torres Strait Islander people with disability and therefore, to close the emerging gap in equitable access to the NDIS, Aboriginal and Torres Strait Islander people are a discrete market segment within the NDIS. If this is not acknowledged and supported with specific mechanisms in the NDIS, it can be reasonably expected that, through free market operation of the scheme, the present inequities experienced by Aboriginal and Torres Strait Islander people will be compounded.

**2. The Aboriginal and Torres Strait Islander disability market is *fragmented* (not 'thin')**

The position paper has bundled the Aboriginal and Torres Strait Islander disability market with other market segment in the category of a 'thin market', which is understood to mean there are few purchasers and providers and few transactions within the marketplace. The data does not support this assessment, and is instead a reflection of how much of the Aboriginal and Torres Strait Islander disability market is hidden from an orthodox outsider analysis.

A reasonable assessment of the demand can be made by extrapolating the ABS generated prevalence data for Aboriginal people aged 15 and over and equating it to the entire Aboriginal population. The ABS data indicates there are a minimum 60,000 Aboriginal and Torres Strait Islander people with severe and profound disability who are potentially eligible for the NDIS.

Based on the budget commitments to the NDIS, this cohort represents a \$1.6 billion share of the market at full implementation if the NDIS is equitably distributed based on population and the 'burden' of disability. This is therefore not a 'thin market'.

It is more apt to describe the Aboriginal and Torres Strait Islander disability market as a *fragmented* market, in which there is high demand for a customisable product; a large number of small, niche providers, many of whom provide informal care without support and therefore not reflected in the data; and small number of medium-scale service providers providing a generic product which may or may not meet the demand.

This is a vital distinction to make because the policy response will be informed by the market assessment and data. The emerging research and data highlights the fact that the Aboriginal and Torres Strait Islander disability market is larger than is generally accepted, and warrants significant investment in building a comprehensive larger scale market infrastructure. While understanding that the Aboriginal and Torres Strait Islander disability market is fragmented it must also be acknowledged that there is unmet demand for support to Aboriginal and Torres Strait Islander people with disability and an undersupply of adequately qualified providers.

- 3. There is an increasing concern that the NDIA is not adhering to best practice protocols in the cultural engagement of Aboriginal and Torres Strait Islander people and their communities, which will undermine the long-term viability of the NDIS in these communities.**

In addition to having sound economic principles, successful implementation of the NDIS in Aboriginal communities will require a competent understanding of and respect for the cultural practices and ways of doing business.

In mid-2015, FPDN and other non-government organisations worked with the NDIA to develop its 'Aboriginal and Torres Strait Islander Engagement Strategy'. It outlined the core principles of respect and two-way learning as the basis for which the NDIA and Aboriginal people and organisations would work in the implementation of the Scheme. At the time, this was considered a platform for future co-design of the implementation strategy, which would include workforce development, building a research and evidence base to support decision-making, and quality assurance.

The Aboriginal and Torres Strait Islander Engagement Plan was not launched by the NDIA until March 2017. There is increasing concern that the involvement in decision-making by Aboriginal people and their communities has not continued in a way that reflects the original intent.

Whilst there has been considerable energy in the communications and marketing promotions of the NDIS, we are concerned that this has come at the expense of longer-term strategies for sustainability, particularly in the 'hard to reach' areas of access and policy.

- 4. The linkages between the NDIS, the National Disability Strategy and strategies to address Aboriginal and Torres Strait Islander disadvantage (eg. Closing the Gap Framework, Indigenous Advancement Strategy) are not evident.**

The current fragmented market structure is a legacy of the pre-NDIS era of government supported disability programs. At its core, Aboriginal and Torres Strait Islander disability straddles government agencies with responsibility for disability policy and programs and those government agencies with responsibility for Indigenous policy and programs. However, agencies responsible for education, justice, transport, housing, employment, and various dimensions of health have an interest or obligation in providing programs which support Aboriginal and Torres Strait Islander people with disability.

There are nine governments at the Federal, State and Territory level, so more than fifty government agencies have a stake in disability programs to Aboriginal and Torres Strait Islander people. There are infinitely more teams and units within departments, as well as those that operate at the local government level.

The links between the various policy approaches are tenuous at best. A coherent strategy is required which connects all related policy in a coordinated and complementary way. Bringing Aboriginal and Torres Strait Islander disability under the Closing the Gap Framework would be the most logical locations. Without some overarching strategy however, future cost management of the NDIS will suffer.

- 5. Greater attention needs to be given to the impact of the avoidable burden of disability, which if unmanaged will adversely affect future costs.**

Through the 'Living our ways' research programs and other community consultations, FPDN is gathering evidence of practices and policies which risk increasing the burden of disability.

Examples include:

- An absence of timely diagnosis and intervention: There are opportunities to diagnose and provide support to manage disability, which are routinely foregone. Much of this oversight can be attributable to stigma and stereotyping. If disability is not accurately diagnosed and supported at the earliest opportunity, it places a person on a trajectory of disadvantage that accumulates over the rest of their life.
- There are inadequate supports in the early years of a child's life. Children who are removed from their families and communities are particularly at risk of slipping through the cracks in the system.
- Institutional racism and unconscious bias can lead to sub-standard healthcare afforded to Aboriginal people, and can turn acute conditions or diseases into disabilities requiring long-term support. In effect, short cuts in health care is a cost shift into the NDIS down the track.
- The unnecessary incarceration of Aboriginal and Torres Strait Islander people, particularly those with cognitive and/or hearing impairment, adds trauma to any pre-existing disability. Every Aboriginal and Torres Strait Islander person leaving the justice system is a person requiring complex case management.



## Recommendations

- 1. There needs to be a deliberate strategic approach to support the unmet need of Aboriginal and Torres Strait Islander people within the NDIS and other priorities within the National Disability Strategy, with Aboriginal and Torres Strait Islander people with disability taking a lead role.**

In May 2017 FPDN developed a new *10 Point Plan for meeting the needs of Aboriginal and Torres Strait Islander people with disability*. The plan was developed in consultation with other national Aboriginal peak organisations and based upon more than a decade's direct consultation with Aboriginal and Torres Strait Islander people with disability and their families. The plan has been developed to create a clear and prescriptive way of bringing life to both the National Disability Strategy and the National Disability Insurance Scheme and to facilitate a meaningful way of addressing the unmet needs of Aboriginal and Torres Strait Islander people with disability and their families. The new *10 Point Plan* will be formally launched in August 2017. The first plan was launched at Australian Parliament House in May 2013.

- 2. The NDIS and other policy approaches affecting Aboriginal and Torres Strait Islander people with disability needs to be responsive to the unique cultural attributes of Aboriginal and Torres Strait Islander communities and their market characteristics.**

FPDN has long advocated for what it refers to as the *Whole of Community Response* to disability. This program, which has not yet been funded, is based on a long established program of supporting people with disability in income poor settings know as *Community Based Rehabilitation* provides the opportunity to address the infrastructure problems that face many Aboriginal and Torres Strait Islander communities which the NDIS will not be able to address because it takes an individualised approach to meeting needs. For example, the NDIS will not build accessible footpaths in remote Australia because it is a person-centred scheme. Yet such infrastructure is critical to being able to participate in community life. As one

Elder in a remote community put it recently 'you can have the best wheelchair in the world but it doesn't mean anything if I can't get out of my house and down the road'. In some of our communities meeting the needs of our people with disability is a community development endeavour and not an individualised endeavour that assumes that there is already infrastructure in place.

The NDIS does not have responsibility to fund outside its mandate of funding of disability support. The responsibility for community infrastructure, such as accessible housing, footpaths and the built environment are the joint responsibilities of Commonwealth, State and Territory and local governments. There needs to be mechanisms through which the NDIA and COAG cooperate with the relevant agencies and Aboriginal and Torres Strait Islander community organisations to fulfil their responsibilities. These coordination activities include formalised partnership agreements and through Disability Inclusion Plans which are designed, resourced and implemented with community input to complement and support the roll out of NDIS in specific areas.

A specific focus upon the housing needs of Aboriginal and Torres Strait Islander people under the Specialist Disability Accommodation component of the NDIS is critical to addressing the fundamental human rights violation that many Aboriginal and Torres Strait Islander people with disability experience around the country because they do not have access to shelter. FPDN has well developed partnerships with Indigenous architects and builders that if resourced will mean that the creation of universally accessible and cost effective housing can become a reality for Aboriginal and Torres Strait Islander people with disability, in many cases for the very first time. This program could also generate employment in many communities.

### **3. There needs to be a performance framework for Aboriginal and Torres Strait Islander disability**

The Aboriginal and Torres Strait Islander disability market is of sufficient size and complexity to warrant an equivalent level of decision support and analysis. It represents a market equivalent to over \$1.6 bn of the NDIS but is underserved in relation to data, research and evidence which must be available to inform decisions, both at the local provider level and at the national policy level particularly in

comparison to other sectors such as health, where the *Aboriginal and Torres Health Performance Framework* has been monitoring progress and health outcomes since 2006 and is now in its sixth iteration.

**4. There is a greater role for the independent monitoring in the protection of the economic and human rights of Aboriginal and Torres Strait Islander people with disability**

Aboriginal and Torres Strait Islander people with disability remain some of Australia's most marginalised citizens. They have an economic right to participate in markets both as consumers and providers. This right is currently being denied to them by the interaction of systemic barriers which impede access to the market.

Independent mechanisms act as a moderator to the excesses of a completely free market economy, which will not work in Aboriginal and Torres Strait Islander communities. This includes a specific voice for Aboriginal and Torres Strait Islander people into independent Quality Assurance structures which monitor the operation of the NDIS.

FPDN also recommends that the Aboriginal and Torres Strait Islander people with disability's access to and participation in the NDIS must be a top priority issues for the new Indigenous Productivity Commissioner when that position starts.

## Attachments

First Peoples Disability Network (May, 2017) Snapshot of Aboriginal and Torres Strait Islander disability data and research.

Australian Bureau of Statistics (2017) National Aboriginal and Torres Strait Islander Social Survey (Re. 4714.0) *Social and Economic Wellbeing of Aboriginal and Torres Strait Islander People with Disability*.

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## EXECUTIVE SUMMARY

### Disability in Aboriginal and Torres Strait Islander communities: Snapshot of research and Data



#### From National Aboriginal and Torres Strait Islander Social Survey 2014-15: Private Households, aged 15 and over (1).

#### Prevalence of disability:

Aboriginal and Torres Strait Islander People with some disability – rate	45%
Aboriginal and Torres Strait Islander – severe and profound disability – rate	7.7%
Aboriginal and Torres Strait Islander – No. people with severe and profound disability	34,300
Comparator: Other Australians - No people with Severe and Profound disability	4.6%
Age adjusted ratio (2)	2.1 times
Estimated equitable entitlement of the NDIS (min) (3)	\$1.6 billion

- (1) Excludes childhood disability, people in institutions (eg. prisons); homelessness; under-reporting / non-identification of disability.
- (2) Age adjustment required to reflect that burden of disability is compressed within a shorter life expectancy compared to other Australians. This does not adjust for higher rates of complexity.
- (3) Best available estimate based on allocation to NDIS in budget estimates and relative ratios of disability burden using above rates as minimum costing benchmarks.

#### Health and social indicators:

INDICATOR	Aboriginal and Torres Strait Islander people		
	With S&P Disability	Without S&P Disability	Rate (x times likely)
<b>HEALTH</b>			
Self- assessed as excellent or very good	14%	53%	0.3
Experienced high to very high psychological distress	57%	23%	2.5
Difficulty in accessing health services	27%	11%	2.5
Trust in own doctor	76%	82%	0.9
Trust in hospital	54%	70%	0.8
<b>SOCIAL INCLUSION / EXCLUSION</b>			
Removed and/or family member removed from family	50%	37%	1.4
Live alone	14%	8%	1.8
Daily face to face contact with family or friend	35%	45%	0.8
Homelessness	41%	22%	1.9
Access the internet at home	58%	78%	0.7
<b>PHYSIOLOGICAL STRESSORS</b>			
Death of family member or close friend	37%	25%	1.5
Serious illness	26%	8%	3.3
Mental illness	26%	5%	5.2
Drug related problems	9%	3%	3.0
Alcohol related problems	8%	5%	1.6
Being badly discriminated against	9%	3%	3.0
<b>EDUCATIONAL ATTAINMENT</b>			
Currently studying	14%	25%	0.6
Certificate III qualification or higher	19%	34%	0.6
Educational attainment below Yr 10	42%	18%	2.3

EMPLOYMENT PARTICIPATION			
Participation rate	31%	68%	0.5
Employment rate	19%	55%	0.3
Unemployment rate	34%	19%	1.8
PERSONAL SAFETY			
Experienced threatened violence in past year	25%	14%	1.8
Experienced physical violence in past year	19%	11%	1.7
Felt safe at home	71%	87%	0.8
CULTURAL PARTICIPATION (Table 28.3)			
Participated in cultural activities	62%	65%	1.0
Involved in ceremony	67%	62%	1.1
Identifies with clan, tribal or language group	67%	61%	1.1
Speaks an Indigenous language	20%	19%	1.1

### Emerging themes from FPDN's 'Living our ways' narrative research program:

- Aboriginal and Torres Strait Islander people rarely speak about their own disability diagnosis as a front of mind issue.
- Instead, they are more likely speak about trauma and psychosocial disability.
- Trauma is expressed as a community-wide psychosocial phenomena (as distinct from an personal mental health diagnosis such as 'depression' or anxiety)
- Aboriginal and Torres Strait Islander people experience intersectional discrimination ie. a unique combination of racism *and* ableism.
- Institutional forms of discrimination are particularly prevalent barriers to accessing health, attaining education, and participating in employment.
- Aboriginal and Torres Strait Islander people with disability have been conditioned into holding low expectations of their future during their interactions with education and other social support systems.
- Despite these barriers Aboriginal and Torres Strait Islander people with disability hold unfulfilled aspirations for educational attainment and contributing to society.
- Cultural participation is seen as a protective force – it is when people leave the protection of their community and culture that serious problems emerge.

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# Australian Bureau of Statistics

## 4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15

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### SOCIAL AND ECONOMIC WELLBEING OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE WITH DISABILITY

#### ACKNOWLEDGEMENT

The Australian Bureau of Statistics (ABS) acknowledges and thanks the First Peoples Disability Network Australia (FPDN) for their review of this feature article.

This paper is an outcome of ongoing discussions with FPDN over several years and its release coincides with a joint presentation given recently at the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) National Indigenous Research Conference 2017. Using the rich stream of data from the National Aboriginal and Torres Strait Islander Social Survey (NATSISS), the paper helps fill a gap in information about the extent and nature of disability experienced by Aboriginal and Torres Strait Islander Australians. While the NATSISS can be investigated to provide the statistics, the ABS has partnered with FPDN to help bring these stories to life. FPDN's research program takes a narrative research approach to investigate the intersection between the cultural inclusion of Aboriginal and Torres Strait Islander people and the social inclusion of a person with disability. The ABS agrees that the context and narratives provided by FPDN enhances understanding of the lived experience of Aboriginal and Torres Strait Islander people with disability.

*"The lived experience of Australia's First Peoples with disability has historically been neglected in research and policy due to a number of factors, including limited data that genuinely reflects the prevalence and nature of disability among Aboriginal and Torres Strait Islander People. Disaggregated information on Aboriginal and Torres Strait Islander disability has not been available in this space and we welcome its publication. The opportunity to enhance the data available by connecting quantitative data generated through the NATSISS and other ABS instruments, with the narrative data on the lived experiences of disability gathered through FPDN's 'Living our ways' research program, enables a new level of understanding of the scope and prevalence of disability in Aboriginal and Torres Strait Islander communities and its impact across a person's life trajectory."*

*Scott Avery, First Peoples Disability Network*

#### INTRODUCTION

The lived experiences of each Aboriginal and/or Torres Strait Islander person with disability are unique. In a society that seeks to be fair and inclusive, their contributions to contemporary life should be respected and valued. This includes recognising their individual and collective histories and connection to culture, and more broadly, their human rights. A social model of disability recognises that for people with impairments, barriers to equality and full participation in society are a root cause of disability. [1]

The 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) provides a range of information about the social and economic circumstances of Aboriginal and Torres Strait Islander people aged 15 years and over living with disability or a restrictive long-term health condition. Results presented in this article are for Aboriginal and Torres Strait Islander people aged

15 years and over unless stated otherwise.

*"Social justice is what faces you in the morning. It is awakening in a house with adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and understanding of their cultural inheritance. It is the prospect of genuine employment and good health: a life of choices and opportunity, free from discrimination."*

*Mick Dodson, Annual Report of the Aboriginal and Torres Strait Islander Social Justice Commissioner, 1993. [2]*

Aboriginal and Torres Strait Islander people are more likely than other Australians to experience various forms of disadvantage, including higher unemployment rates, poverty, isolation, trauma, discrimination, exposure to violence, trouble with the law and alcohol and substance abuse. For some people, this disadvantage is coupled with impairments that result in disability.

In this article, people with disability or a restrictive long-term health condition are collectively referred to as 'people with disability', and those with a profound or severe core activity limitation are referred to as 'people with profound/severe disability'. It should be noted that survey information used to determine disability, and levels of disability, is self-reported and not independently verified. For more information on how disability is determined and defined in the NATSISS, see the Disability module in the Questionnaire and Disability Status entry in the Glossary.

## Living with disability

Almost half (45%) of Aboriginal and Torres Strait Islander people aged 15 years and over were living with disability or a restrictive long-term health condition in 2014-15. Disability was more prevalent among females than males (47% compared with 43%) however overall rates were similar in non-remote and remote areas (45% and 44%, respectively). Reflecting general population trends, the likelihood of disability increased with age. For example, the proportion of Aboriginal and Torres Strait Islander 15-24 year olds with disability was 32%, around half the rate for those aged 55 years and over (66%) (Table 11.1).

## Profound or severe disability

People with a profound or severe core activity limitation are at the high needs end of the disability spectrum; always or sometimes needing assistance with self care, mobility and/or communication. In 2014-15, one in thirteen (8%) Aboriginal and Torres Strait Islander people aged 15 years and over experienced profound or severe disability. Rates were similar for males and females and for people in non-remote and remote areas. Nationally, people with profound/severe disability accounted for one in six (17%) of all Aboriginal and Torres Strait Islander people with disability (Table 11.1).

**Table 11.1. Disability status by sex, age and remoteness(a)**

	Has disability or restrictive long-term health condition											
	Profound/severe disability(b)		Moderate/mild disability(b)		Other disability		Total with disability		No disability		Total	
	('000)	(%)	('000)	(%)	('000)	(%)	('000)	(%)	('000)	(%)	('000)	(%)
Males	15.0	7.1	28.4	13.4	47.7	22.5	91.2	42.9	121.3	57.1	212.6	100.0
Females	19.3	8.4	38.2	16.5	50.9	22.0	108.6	47.0	122.5	53.0	231.1	100.0
15-24	6.6	4.8	7.4	5.4	30.0	21.8	44.3	32.2	93.4	67.9	137.7	100.0
25-34	4.9	5.1	9.7	10.0	21.3	22.2	36.0	37.5	59.9	62.4	96.1	100.0
35-44	6.3	8.3	11.7	15.4	19.4	25.5	37.3	49.1	38.7	51.0	76.0	100.0
45-54	6.2	9.4	15.7	23.9	15.2	23.2	37.1	56.5	28.5	43.4	65.7	100.0
55 and over	9.7	14.2	22.5	33.0	12.8	18.8	44.8	65.8	23.1	33.9	68.1	100.0
Non-remote	27.0	7.8	56.8	16.4	73.4	21.2	157.3	45.4	189.9	54.8	346.8	100.0
Remote	7.3	7.5	9.9	10.3	25.2	26.0	42.5	44.0	54.4	56.2	96.7	100.0



<b>Total</b>	<b>34.3</b>	<b>7.7</b>	<b>66.9</b>	<b>15.1</b>	<b>98.8</b>	<b>22.3</b>	<b>199.8</b>	<b>45.1</b>	<b>243.8</b>	<b>55.0</b>	<b>443.4</b>	<b>100.0</b>
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Cells in this table have been randomly adjusted to avoid the release of confidential data. Data discrepancies may occur between sums of the component items and totals.

(a) Aboriginal and Torres Strait Islander people aged 15 years and over.

(b) Core activity restrictions involving a limitation in the performance of one or more core activities such as self-care (eating, washing, dressing, toileting), mobility or communication.

Source(s): ABS 2014–15, National Aboriginal and Torres Strait Islander Social Survey, cat.no. 4714.0.

## Disability type

In 2014-15, the majority (81%) Aboriginal and Torres Strait Islander people with profound or severe disability had a physical disability, almost half (47%) a sensory disability (problems with sight, hearing and/or speech), one-third an intellectual or psychological disability (33% for each) and 10% had suffered a head injury, stroke or brain damage. Almost three-quarters (73%) of those with profound/severe disability had two or more types of disability (Table 27). Most commonly these were a combination that included physical disability with: a sensory disability (37%); psychological disability (26%); or intellectual disability (22%).

More than half (60%) of Aboriginal and Torres Strait Islander people who had suffered a head injury, stroke or brain damage had profound/severe disability, followed by 31% of those with intellectual disability and 29% of those with psychological disability (Table 11.2).

**Table 11.2. Disability status(a), by disability type**

	Has disability or restrictive long-term health condition							
	Profound/severe disability(c)		Moderate/mild disability(c)		Other disability		Total with disability	
	('000)	(%)	('000)	(%)	('000)	(%)	('000)	(%)
Sight, hearing, speech	16.1	17.1	29.9	31.7	48.6	51.5	94.4	100.0
Physical	27.8	21.9	50.0	39.4	49.2	38.7	127.1	100.0
Intellectual	11.2	30.7	9.9	27.1	15.3	42.1	36.4	100.0
Psychological	11.3	29.1	13.8	35.6	13.9	35.7	38.9	100.0
Head injury, stroke or brain damage	3.4	60.1	1.8	32.5	0.6	10.4	5.6	100.0
Disability type not specified	16.2	28.7	25.3	44.7	15.1	26.6	56.6	100.0
Total with disability(b)	<b>34.3</b>	<b>17.2</b>	<b>66.9</b>	<b>33.5</b>	<b>98.8</b>	<b>49.4</b>	<b>199.8</b>	<b>100.0</b>

Cells in this table have been randomly adjusted to avoid the release of confidential data. Data discrepancies may occur between sums of the component items and totals.

(a) Aboriginal and Torres Strait Islander people aged 15 years and over.

(b) Sum of components will exceed total as some people have reported more than one type of disability.

(c) Core activity restrictions involving a limitation in the performance of one or more core activities such as self-care (eating, washing, dressing, toileting), mobility or communication.

Source(s): ABS 2014–15, National Aboriginal and Torres Strait Islander Social Survey, cat.no. 4714.0.

Factors which can enable the full participation of Aboriginal and Torres Strait Islander people with disability include paid employment, and access to education, social networks, affordable and secure housing, and culturally safe services and support. However, in some instances, people with disability may be less able than others to participate in the labour force, effectively interact in the community or access appropriate services due to the nature of their disability and/or lack of adequate support. The remainder of this article focuses on outcomes for Aboriginal and Torres Strait Islander people with profound/severe disability, compared with those who had no disability. However, it is worth noting that the poorer outcomes experienced by Aboriginal and Torres Strait Islander

people with profound/severe disability are generally consistent with results for all those with disability (including lower levels of disability).

## **Cultural identity**

Connection to country, family and community can be significant factors for Aboriginal and Torres Strait Islander people. In 2014–15, similar proportions of Aboriginal and Torres Strait Islander people, with and without disability, recognised an area as homelands/traditional country, identified with a clan, tribal or language group and/or spoke an Indigenous language. Participation rates for cultural events, ceremonies or organisations in the last 12 months — such as NAIDOC week activities and art, craft, music or sporting festivals — were also similar (Table 28).

## **Family and community connections**

Relationships and engagement with the community are important for wellbeing as they can lessen feelings of isolation and provide people with supportive networks. In 2014-15, the majority of Aboriginal and Torres Strait Islander people had participated in sporting, social or community activities in the last 12 months, irrespective of disability. Similarly, the experience of living with a disability (including profound/severe disability) did not lessen the likelihood of people providing support to relatives outside their household, caring for others with disability, or feeling they were able to have a say within the community on important issues (Table 27).

At least 90% of Aboriginal and Torres Strait Islander people received support in times of crisis from people living outside their household, however those with profound/severe disability were less likely to have received support from a family member (78%) or friend (55%), than were people with no disability (85% and 64%, respectively). They were instead, almost twice as likely to have received crisis support from more formal sources such as a community, charity or religious organisation (20% compared with 12%) and/or health, legal or financial professional (15% compared with 8%) (Table 28).

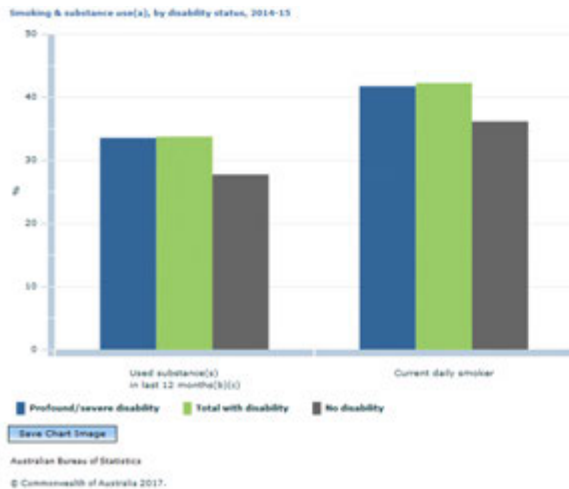
In 2014-15, Aboriginal and Torres Strait Islander people with profound/severe disability were less likely than people with no disability to be living in couple families (40% compared with 46%); and were instead more likely to live alone (14% compared 8%). Those with profound/severe disability were also less likely to have had daily face-to-face contact with family or friends outside their household (35%) than were people with no disability (45%) or to have accessed the internet at home (58% compared with 78%) (Table 27 and 28).

## **Health status and risk factors**

In 2014–15, only one in seven (14%) Aboriginal and Torres Strait Islander people with profound/severe disability reported excellent or very good self-assessed health, around one-quarter of the rate reported by those with no disability (53%). They were also more likely than those with no disability to have been removed and/or had relatives removed from their natural family (50% compared with 37%) and to have experienced high or very high levels of psychological distress (57% compared with 23%) (Table 28).

Smaller proportions of Aboriginal and Torres Strait Islander people with profound/severe disability had exceeded the 2009 NHMRC alcohol consumption guidelines<sup>[3]</sup> for lifetime risk (11% and 14%) and single occasion risk (18% compared with 32%) in 2014–15, compared to those with no disability. However, the difference between rates for lifetime risk was not statistically significant (Table 28).

Aboriginal and Torres Strait Islander people with profound/severe disability were more likely than those with no disability to be a daily smoker (42% compared with 36%), but were less likely to report both smoking and exceeding the alcohol guidelines for single occasion risk (12% compared with 17%). Aboriginal and Torres Strait Islander people with profound/severe disability reported higher rates of illicit substance use (33%) than those with no disability (28%), however the difference in rates was not statistically significant (Figure 11.1 and Table 28).

**Figure 11.1. Smoking and substance use(a), by disability status — 2014–15**

**Footnote(s):** (a) Aboriginal and Torres Strait Islander people aged 15 years and over. (b) Proportions are calculated on persons who completed the substance use module. (c) Differences between rates for profound/severe disability and no disability are not statistically significant.

**Source(s):** 2014–15 National Aboriginal and Torres Strait Islander Social Survey

**Footnote(s):** (a) Aboriginal and Torres Strait Islander people aged 15 years and over. (b) Proportions are calculated on persons who completed the substance use module. (c) Differences between rates for profound/severe disability and no disability are not statistically significant.

**Source(s):** 2014–15 National Aboriginal and Torres Strait Islander Social Survey

In 2014–15, most (83%) Aboriginal and Torres Strait Islander people with profound/severe disability had experienced one or more stressors in the last 12 months, compared with 63% of those with no disability. People with disability were significantly more likely than those without disability to have experienced multiple stressors. For example, one in eight (12%) of those with disability (and 19% of people with profound/severe disability) reported four or more stressors, compared with one in twenty (5%) people with no disability (Table 28).

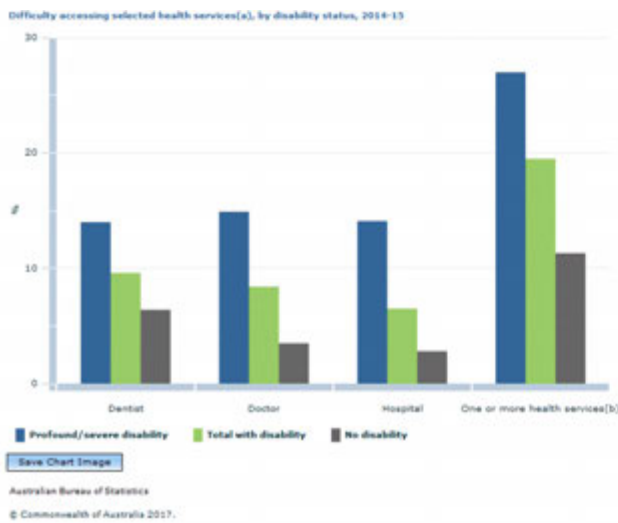
Most of the more commonly reported stressors were more prevalent among Aboriginal and Torres Strait Islander people with profound/severe disability than among those with no disability, including:

- death of a family member or close friend — 37% compared with 25%;
- serious illness — 26% compared with 8%;
- mental illness — 26% compared with 5%;
- drug-related problems — 9% compared with 3%;
- being treated badly/discrimination — 9% compared with 3%; and
- alcohol-related problems — 8% compared with 5% (Table 28).

## Access to health services

In 2014–15, Aboriginal and Torres Strait Islander people with profound/severe disability were more likely to have experienced problems accessing one or more health services (27%) than were people with no disability (11%) however, people with profound/severe disability were also more likely to have sought access to health services. The relative disparity in access was apparent across the majority of health services, including doctors, dentists and hospitals (Figure 11.2 and Table 28).

**Figure 11.2. Difficulty accessing selected health services(a), by disability status — 2014–15**



**Footnote(s):** (a) Aboriginal and Torres Strait Islander people aged 15 years and over. (b) Also includes Medicare, Aboriginal and Torres Strait Islander health workers, disability, mental health and alcohol/drug services.

**Source(s):** 2014-15 National Aboriginal and Torres Strait Islander Social Survey

**Footnote(s):** (a) Aboriginal and Torres Strait Islander people aged 15 years and over. (b) Also includes Medicare, Aboriginal and Torres Strait Islander health workers, disability, mental health and alcohol/drug services.

**Source(s):** 2014-15 National Aboriginal and Torres Strait Islander Social Survey

Trust in own doctor was lower for Aboriginal and Torres Strait Islander people with profound/severe disability (76%) than for people with no disability (82%), with a more pronounced difference for trust in hospitals (54% compared with 70%) (Table 28).

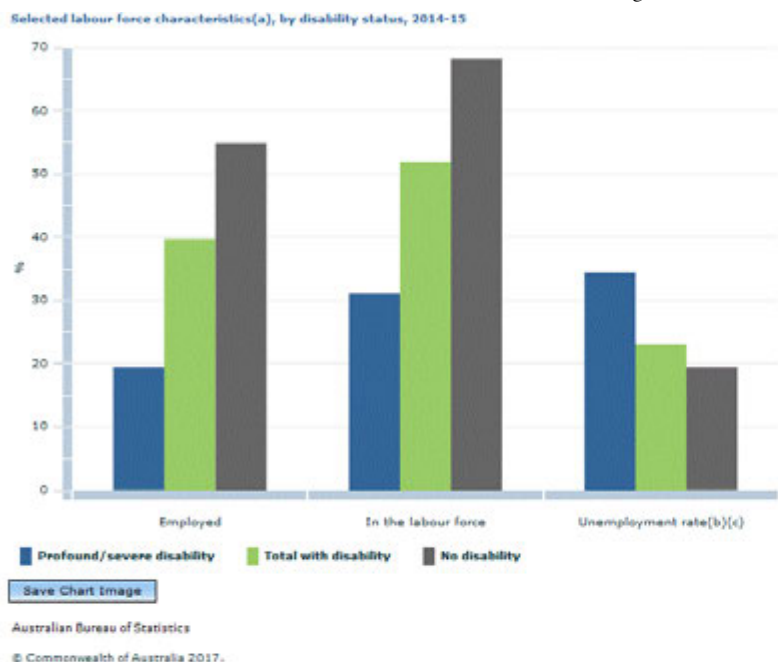
## Educational attainment

In 2014-15, Aboriginal and Torres Strait Islander people with profound/severe disability were less likely than those with no disability to be studying (14% compared with 25%). In addition, smaller proportions of those with profound/severe disability had attained a Certificate III or higher qualification (19% compared with 34%), Year 12 (11% and 15%) or Year 11 (7% compared with 12%). However, the difference between Year 12 attainment rates was not statistically significant. Conversely, Aboriginal and Torres Strait Islander people with profound/severe disability were more than twice as likely as those with no disability to have reported educational attainment below Year 10 (42% compared with 18%). As well as showing the effect that disability can have on educational outcomes, these results also reflect differences in the age profile of the two groups being compared and normative changes in minimum levels of educational attainment over time (Table 27).

## Employment

Paid employment provides income and is an important source of self-esteem and economic security. It can provide opportunities for social engagement and can improve access to a range of health goods and services. In 2014-15, Aboriginal and Torres Strait Islander people aged 15-64 years with profound/severe disability were significantly less likely than people with no disability to be participating in the labour force (31% compared with 68%), primarily due to much lower employment rates (19% compared with 55%). In addition, the unemployment rate (the unemployed as a proportion of labour force participants) was almost twice as high for those with profound/severe disability as it was for people with no disability (34% compared with 19%) (Figure 11.3 and Table 27).

### Figure 11.3. Selected labour force characteristics(a), by disability status — 2014-15



**Footnote(s):** (a) Aboriginal and Torres Strait Islander people aged 15–64 years. (b) Unemployed persons as a proportion of all persons in the labour force. (c) Differences between rates for disability and no disability are not statistically significant.

**Source(s):** 2014–15 National Aboriginal and Torres Strait Islander Social Survey

**Footnote(s):** (a) Aboriginal and Torres Strait Islander people aged 15–64 years. (b) Unemployed persons as a proportion of all persons in the labour force. (c) Differences between rates for disability and no disability are not statistically significant.

**Source(s):** 2014–15 National Aboriginal and Torres Strait Islander Social Survey

## Household and personal income

Equivalised gross household income provides an indication of how much money is likely to be available to each person in a given household, assuming that income is shared, and taking into account the combined income, size and composition of the household in which they live. In 2014–15, Aboriginal and Torres Strait Islander people with profound/severe disability were more likely than those with no disability to be living in households in the lowest income quintile (47% compared with 32%), and were twice as likely to be reliant on government pensions or allowances as their main source of personal income (73% compared with 37%) (Table 27).

## Crime and safety

In 2014–15, Aboriginal and Torres Strait Islander people with profound/severe disability were more likely than those with no disability to have experienced threatened physical violence (25% compared with 14%) and/or physical violence in the last 12 months (19% compared with 11%). For more than half of those who had experienced physical violence, alcohol and/or other substances were contributing factors in the most recent incident, reported by 12% of people with profound/severe disability and 8% of people with no disability (Table 28).

Consistent with a greater likelihood of having experienced physical violence, a smaller proportion of people with profound/severe disability said they felt safe at home alone after dark (71%) or safe walking alone in their local area after dark (38%) than was the case for people with no disability (87% and 59%, respectively) (Table 28).

## Housing mobility and impermanence

In 2014–15, Aboriginal and Torres Strait Islander people with profound/severe disability were less likely than those with no disability to have moved house in the last five years (53% compared with 62%), however this may be partly due to the older age profile of those with profound/severe disability (Table 27).

A higher proportion of people with profound/severe disability had experienced a lack of somewhere permanent to live at some time in their life (50%) than was the case for people with no disability (35%). Reasons for housing impermanence more commonly reported by Aboriginal and Torres Strait Islander people with profound/severe disability than those with no disability included:

- family/friend/relationship problems — 23% compared with 13%;
- violence/abuse/neglect — 12% compared with 4%;
- a tight housing/rental market/not enough housing — 11% compared with 5%; and
- financial problems — 9% compared with 5% (Table 27).

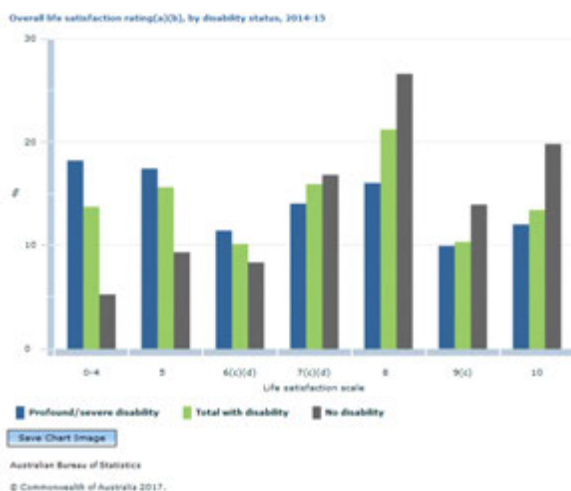
In addition, Aboriginal and Torres Strait Islander people with profound/severe disability were almost twice as likely as those with no disability to have ever experienced homelessness (41% compared with 22%) (Table 27). For more information about how homelessness is defined in the NATSISS, see the Glossary.

## Overall life satisfaction

Overall life satisfaction is a summary measure of wellbeing, based on self-reported ratings on a scale from 0 'not at all satisfied' to 10 'completely satisfied'.

In 2014–15, around one in five (18%) Aboriginal and Torres Strait Islander people with profound/severe disability reported an overall life satisfaction rating at the lower end of the scale (0–4), compared with 5% of people with no disability. Conversely, those with no disability were significantly more likely to have said they were completely satisfied with their life (20% compared with 12%) (Figure 11.4 and Table 27).

**Figure 11.4. Overall life satisfaction rating(a)(b), by disability status — 2014–15**



**Footnote(s):** (a) From zero 'not at all satisfied' to 10 'completely satisfied'. (b) Aboriginal and Torres Strait Islander people aged 15 years and over. (c) Differences between rates for profound/severe disability and no disability are not statistically significant. (d) Differences between rates for disability and no disability are not statistically significant.

**Source(s):** 2014–15 National Aboriginal and Torres Strait Islander Social Survey

**Footnote(s):** (a) From zero 'not at all satisfied' to 10 'completely satisfied'. (b) Aboriginal and Torres Strait Islander people aged 15 years and over. (c) Differences between rates for profound/severe disability and no disability are not statistically significant. (d) Differences between rates for disability and no disability are not statistically significant.

**Source(s):** 2014–15 National Aboriginal and Torres Strait Islander Social Survey

## Summary

There are significant differences between the experiences of persons with and without disability across many areas as indicated in this article. The lower rates of educational attainment, coupled with poor employment outcomes contribute to lower life satisfaction. These factors along with a lack

of adequate support impact on Aboriginal and Torres Strait Islander people with profound/severe disability and curtail their capacity to effectively interact in the community or access appropriate services.

On the other hand, an Aboriginal and Torres Strait Islander person's cultural connections cannot be underestimated and appears to provide a levelling factor in one's lived experiences where very little difference exists between peoples' experiences regardless of their level of disability or activity restriction. These connections to culture, family and the community alongside active participation in cultural activities can help lessen feelings of isolation and provide people with supportive networks. Understanding the benefits of connection to culture and giving it due consideration can only assist in improving the services provided to Aboriginal and Torres Strait Islander peoples with disability and their access to and trust in such services.

## ENDNOTES

1 First Peoples Disability Network, <<http://fpdn.org.au/>>, accessed 08/02/2017

2 <http://nationalcongress.com.au/wp-content/uploads/2016/10/The-Redfern-Statement-9-June-2016.pdf>; last accessed 08/02/2017; <<http://fpdn.org.au/>>

3 National Health and Medical Research Council (NHMRC), 2009. Australian guidelines to reduce health risks from drinking alcohol, Canberra: NHMRC.  
<[http://www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/ds10-alcohol.pdf](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf)>; last accessed 19/04/2016

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