



FIRST PEOPLES DISABILITY NETWORK (Australia)

Submission into 'Closing the Gap Refresh'

April 2018

Summary of proposals to refresh 'Closing the Gap'

In opening this submission, the First Peoples Disability Network (FPDN) states its continued support for an inter-generational focus on improving the health and wellbeing of Aboriginal and Torres Strait Islander people. The health and social inequities that are experienced by Aboriginal and Torres Strait Islander people, particularly those with disability, is a travesty for a nation with Australia's resources. Policy are structural reform which enables Aboriginal and Torres Strait Islander people to enjoy the same quality of life that is readily enjoyed by other Australians requires sustained commitment, to urgently implement what is an immediate priority, and to strategically work through the more entrenched and complex issues.

FPDN's submission highlights six proposals to refresh strategies for the Closing the Gap. The proposals are in two parts. The first two proposals are aimed at incorporating the health and wellbeing of Aboriginal and Torres Strait Islander people with disability within Closing the Gap strategies. Data and research shows that the impact of disability has a material limiting effect on the attainment of health and social outcomes for the Aboriginal and Torres Strait population yet disability is still not adequately accommodated in Closing the Gap strategies. This is a critical oversight. These proposals are informed by FPDN's community-driven research expertise and our cultural obligations to the First Peoples disability community.

Although disability is outside the current purview of the Closing the Gap Framework, FPDN and its Executive maintain a consistently high level of activity promoting the health and wellbeing of Aboriginal and Torres Strait Islander people with disability: as advisors to Government through various policy forums; as active participants in community-driven advocacy including the 'Close the Gap Campaign' and 'Change the Record' campaign; and our daily interactions with our First Peoples disability community. Based on our experience, FPDN makes an additional four proposals about the approach to Closing the Gap:

SUMMARY OF PROPOSALS:

PROPOSAL 1: Establish a stand-alone target for the equitable access to the National Disability Insurance Scheme by Aboriginal and Torres Strait Islander people.

PROPOSAL 2: Disaggregate reporting within each other target area by disability status and other known factors that inhibit achieving health and wellbeing outcomes for the Aboriginal and Torres Strait Islander population as a whole.

PROPOSAL 3: Establish stand-alone targets to reduce the over-representation of Aboriginal and Torres Strait Islander people in prison and their exposure to violence.

PROPOSAL 4: Reserve a place for emerging knowledge areas such as trauma, mental health and culture in wellbeing.

PROPOSAL 5: Set up Aboriginal and Torres Strait Islander led reference groups under each of the target areas to incorporate community knowledge and expertise into a systemic analysis and response to each performance target.

PROPOSAL 6: 'Keep it real' with fact-based discourse.

Self-evident principles underpinning Closing the Gap

The principles that underpin this submission:

- Closing the Gap is a human rights based response to a serious social injustice in Australia.
- Closing the Gap is a partnership between Aboriginal and Torres Strait Islander people, governments and service providers
- Aboriginal and Torres Strait Islander people, through their community controlled organisations and representative groups, have an instrumental role in designing and implementing policy, service responses, and mechanisms of accountability.

Policy airtime continues to be used debating these principles, when at least on public record, they appear uncontested by Aboriginal and Torres Strait Islander organisations and people, and Governments alike. The outcomes of these discussions are usually statements around 'better communication' and 'pilot programs', rendered weak and meaningless because what is required is a well thought through policy response to deliver short, medium and long term strategic outcomes.

Therefore, the three statements of principle above should be deemed self-evident to allow the discussion to move to the most critical strategic policy question of why there is still a gap, and what should be done about it.

What does the data and research tell us about marginalised subgroups within the Aboriginal and Torres Strait Islander population: A study of Aboriginal and Torres Strait Islander people with disability

At the moment Closing the Gap takes a 'whole of population' approach to its strategies and outcomes. The weight of evidence that shows there are marginalised subgroups whose social, health and wellbeing outcomes are significantly lower than the outcomes for other Aboriginal and Torres Strait Islander people, is growing.

There are many groups within the Aboriginal and Torres Strait Islander population that face layers of disempowerment and vulnerability, which are detrimental to their social health and wellbeing outcomes. Such intersections with the Aboriginal and Torres Strait Islander population include, but due to a lack of research are not necessarily limited to:

- people with disability;

Submission into 'Closing the Gap Refresh'

- and/or women;
- and/or people in prisons and other forms of detention;
- and/or members of the Stolen Generation;
- and/or people living homeless;
- and/or people living in poverty;
- and/or members of the LGBTIQI community.

FPDN's field of research is Aboriginal and Torres Strait Islander people with disability. FPDN's research¹, conducted in partnership the Australian Bureau of Statistics²(ABS), found that in every category bar one exception (refer section on 'Culture' below), Aboriginal and Torres Strait Islander people with disability experience acute and pervasive social health and wellbeing inequality compared to other Aboriginal and Torres Strait Islander people³.

The current Closing the Gap approach does not address intersections of marginalised groups within the Aboriginal and Torres Strait Islander population. With targeted strategies, the static inequalities experience by marginalised groups within the Aboriginal and Torres Strait Islander population will continue to inhibit the attainment of outcomes for the population as a whole. This observation does not rely on a human rights argument to hold, although it does have human rights implications. It is a logical application of maths and economics.

PROPOSAL 1: Establish a stand-alone target for the equitable access to the National Disability Insurance Scheme by Aboriginal and Torres Strait Islander people.

The current Closing the Gap Framework does not acknowledge disability as a factor in the disadvantage experienced, other than as a 'headline indicator', which allows for rudimentary reporting but no considered policy focus.

¹ The research report of FPDN's 'Living our ways' research project is scheduled for publication by July 2018.

² 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*. (Included as Attachment B).

³ Comparisons of social, health and wellbeing inequalities experienced by Aboriginal and Torres Strait Islander people with severe and profound disability compared to other Aboriginal and Torres Strait Islander people is included as Attachment A.

Submission into 'Closing the Gap Refresh'

Parallel to Closing the Gap and related strategies is the implementation of the National Disability Insurance Scheme (NDIS), another Australian Government strategy aimed at improving the social, health and wellbeing outcomes for a different marginalised group within Australian society. As Closing the Gap does not acknowledge the intersection with the population of people with disability, the NDIS does not acknowledge the intersection of the population of people with disability with those who are also Aboriginal or Torres Strait Islander.

**Table 1: Estimates on the prevalence of disability amongst the Aboriginal and Torres Strait Islander population,
Source data: National Aboriginal and Torres Strait Islander Social Survey (ABS, 2017).**

Percent of Aboriginal and Torres Strait Islander population reporting some disability (rate)	45%
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
Number of Aboriginal and Torres Strait Islander people aged 15 and over with severe and profound disability	34,300
Estimated number of Aboriginal and Torres Strait Islander people with severe and profound disability (using 2018 Aboriginal and Torres Strait Islander population estimate)	60,100

There has been no sophisticated discussion to date on how the interaction of these systemic barriers creates a unique inaccessibility to the NDIS for the people who are most in need of support. Data showing the prevalence of disability among the Aboriginal and Torres Strait Islander population (refer Table A above), coupled with the research on the social, health and wellbeing inequality they experience (refer Attachment A), provides sufficient evidence to justify a policy focus on disability within Closing the Gap, supported by mandatory reporting against a target for equitable access to the NDIS. Failing to acknowledge the health and wellbeing of Aboriginal and Torres Strait Islander people with disability within this iteration of the Closing the Gap refresh will only result in the known gap in inequality to access widening.

PROPOSAL 2: Disaggregate reporting within each other target area by disability status and other factors that inhibit achieving health and wellbeing outcomes for the Aboriginal and Torres Strait Islander population as a whole.

In addition to data on prevalence, across every social and economic indicator, Aboriginal and Torres Strait Islander people with disability experience poorer health and wellbeing across all indicators, such as health status, educational attainment, personal safety and 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 for 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 risk of and exposure to disadvantage.

Understanding the intersecting population groups within the Aboriginal and Torres Strait Islander population with marginalised subgroups is the next frontier in Closing the Gap. The initial step in understanding this is increased access to and analysis of what is happening within the population, and understanding what the demographic variables causing the current gap in equality to be sustained. This strategy can be implemented by reporting on the impact of disability within all the targets under the Closing the Gap Framework.

PROPOSAL 3: Establish stand-alone targets to reduce the over-representation of Aboriginal and Torres Strait Islander people in prison and their exposure to violence.

There is sufficient data and evidence to warrant a policy focus on the over-representation of Aboriginal and Torres Strait Islander people in prison and other forms of detention and institutional placement (e.g. juvenile detention and out of home care); as well as the over representation of our people in their exposure to violence and traumatic episodes.

Submission into 'Closing the Gap Refresh'

FPDN is a member of the *Change the Record* campaign, which has submitted a companion submission focused on the over representation of Aboriginal and Torres Strait Islander people in prison and in being exposed to family violence. Our colleagues from the National Aboriginal and Torres Strait Islander Legal Services (NATSILS) should also be deferred to for their expertise on issues of justice inequality affecting Aboriginal and Torres Strait Islander people.

For Aboriginal and Torres Strait Islander people with disability justice outcomes can be devastating and the intersectional impact described previously is particularly profound. There is a lack of acknowledgment of this in the legal frameworks and justice policy across Australia. FPDN endorses the recommendations in the *Change the Record* and NATSILS submissions in full.

PROPOSAL 4: Reserve a place for emerging knowledge areas such as culture in wellbeing, trauma, mental health and healing.

A critical finding in FPDN's 'Living our ways' research relates to the affirming qualities of culture on the health and wellbeing of Aboriginal and Torres Strait Islander people with disability. The sole exception to the social inequality that Aboriginal and Torres Strait Islander people experience in their lives is in their participation in community and cultural events. In other words, at odds with all other experiences of inequality, the social participation of people with disability within their Aboriginal and Torres Strait Islander community is equal with other Aboriginal and Torres Strait Islander people.

Whilst the affirming qualities of culture upon health and wellbeing have been observed in both the data and the narrative testimony of Aboriginal and Torres Strait Islander people with disability, its translation into practice is not fully researched and explained. So, the capacity for it to be incorporated into a structured framework might be premature, but it should be recorded and acknowledged at this stage to allow conceptualisation and translation of the impact of cultural knowledge on health in the future. There is also an additional caution: Governments can demonstrate cultural competence by not taking steps which might appear to be cultural appropriation through a bureaucratic exercise.

Submission into 'Closing the Gap Refresh'

Similar observations have been made on the nature of trauma and mental health in Aboriginal and Torres Strait Islander communities. The work of the highly respected Aboriginal and Torres Strait Islander Healing Foundation has a positive impact, yet the knowledge of healing practices held by community goes well beyond what is in the research and evidence base upon which policy is based. Given the nature and sensitivity of the issues, it is recommended that a place is hypothecated within the Closing the Gap framework to allow the knowledge of these issues to develop respectfully, within the timeframe and on the terms of those people who are directly impacted.

PROPOSAL 5: Set up Aboriginal and Torres Strait Islander led reference groups under each of the target areas to incorporate community knowledge and expertise into a systemic analysis and response to each performance target.

The Prime Minister has made and repeated a public commitment that the Closing the Gap framework will be undertaken in partnership with Aboriginal and Torres Strait Islander people, doing things with us, not to us. If this commitment is accepted on faith, the question is how do we operationalise this commitment?

One of the observations of the reporting of outcomes under the Closing the Gap strategies is that it is both retrospective and static. Once a year the Prime Minister deliver his report on outcomes to Parliament, but after the report is delivered, there is no systematic process that involves Aboriginal and Torres Strait Islander expertise on how to respond to the outcomes and issues.

The process needs to be transformed from a retrospective, static and non-participatory process into a dynamic and responsive process. One proposal to do this is to establish an Aboriginal and Torres Strait Islander led review groups under each thematic area within the Closing the Gap strategy. The broad function of the review groups is to periodically analyse the evidence as it is presented, fill gaps in the evidence with what can come from community knowledge, and mobilise the Aboriginal and Torres Strait Islander sector and Government to deliver a coherent way forward under each strategic area.

PROPOSAL 6: 'Keep it real' with fact-based discourse.

There is an emerging appetite for 'strength-based discourse' within Aboriginal and Torres Strait Islander policy. Whilst there is merit in moving away from an exclusively deficit based discourse, there is peril in jumping straight into a communication strategy which risks glossing over the very real, daily confrontations of people who have been dispossessed of their resources and socially excluded.

In that regard, a 'prosperity' agenda bears no reflection to the life experiences of our community, and it risks being cynically disregarded. The experience of the First People disability community is that their attempts to attain prosperity are continually frustrated by people who already have prosperity but are unwilling to share it. The most potent example of this is employment and economic security, where Aboriginal and Torres Strait Islander people with disability are employed at half the rate of Aboriginal and Torres Strait Islander people (Refer Attachment A). This is not a question of motivation or aspirations because both are robust. It is because of discrimination. Qualitative data reveals that people with disability experience discrimination because they turn up to interviews for jobs they are qualified for, only to be told that they can't have the job, because they have an impairment, or that they "don't fit the brand"⁴.

Aboriginal and Torres Strait Islander people know where our strengths lie –it is in our culture, kinship and community bonds. There is no need for us to be reminded of that by our Government. The First Peoples disability community has been exposed to too much needless heartbreak in life to be inspired by catchy slogan or vacuous sentiments about listening to the voices of Aboriginal and Torres Strait Islander people. Where our people find inspiration is in leadership that shows a resolute will to break through the barriers and bigotry, both in the system and in the attitudes of those who run it. That is what stands between our community and a life of prosperity and fulfillment.

Attachments:

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

⁴ These citations are drawn directly from the testimony of Aboriginal and Torres Strait Islander people with disability who participated in FPDN's 'Living our ways' research project. Publication pending.

About First Peoples Disability Network

FPDN is a national organisation established by, for and on behalf of Aboriginal and Torres Strait Islander people with disability, families and communities. 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. The research findings are due for publication mid-2018.

Contacts:

██████████	██████████
██████████████████	██████████████████████████████
██████████████████████████	██████████████████████████
██	
██████████████████████████	
██████████████████████████████	
██████████████	

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 Disability	Rate (x times likely)
HEALTH			
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
SOCIAL INCLUSION / EXCLUSION			
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
PHYSIOLOGICAL STRESSORS			
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
EDUCATIONAL ATTAINMENT			
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.

[REDACTED]



Australian Bureau of Statistics

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

Latest ISSUE Released at 11:30 AM (CANBERRA TIME) 27/03/2017

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

Total	34.3	7.7	66.9	15.1	98.8	22.3	199.8	45.1	243.8	55.0	443.4	100.0
--------------	-------------	------------	-------------	-------------	-------------	-------------	--------------	-------------	--------------	-------------	--------------	--------------

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)	34.3	17.2	66.9	33.5	98.8	49.4	199.8	100.0

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).

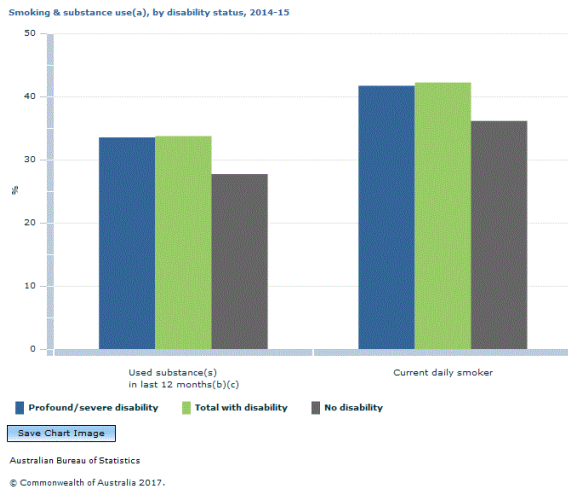
In 2014-15, Aboriginal and Torres Strait Islander people with profound/severe disability were less likely than people with no disability to be living in couple families (40% compared with 46%); and were instead more likely to live alone (14% compared 8%). Those with profound/severe disability were also 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^[3] 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).

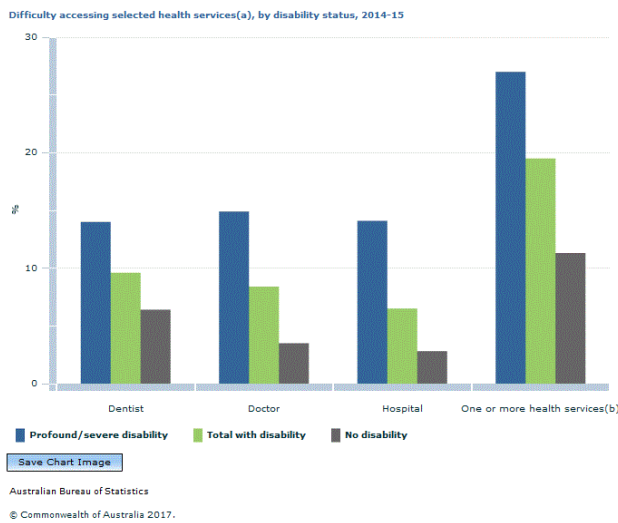
Most of the more commonly reported stressors were more prevalent among Aboriginal and Torres Strait Islander people with profound/severe disability than among those with no disability, including:

- 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

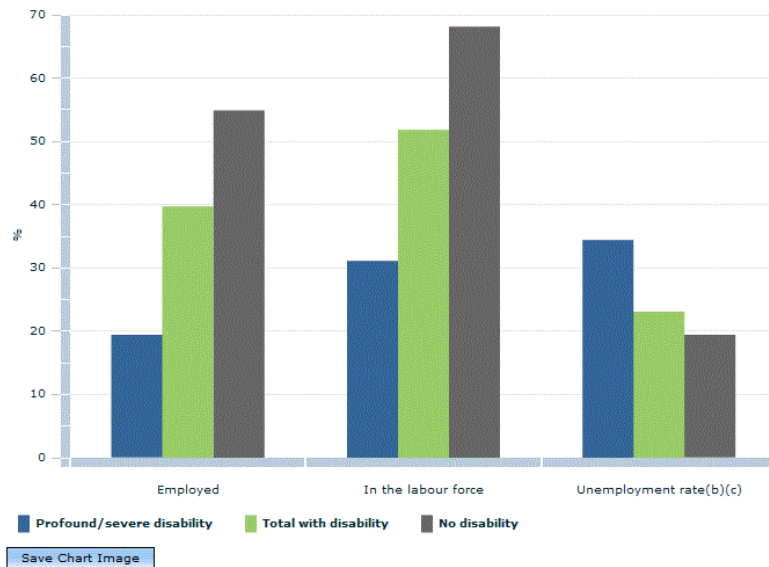
In 2014-15, Aboriginal and Torres Strait Islander people with profound/severe disability were less likely than those with no disability to be studying (14% compared with 25%). In addition, smaller proportions of those with profound/severe disability had attained a Certificate III or higher qualification (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

Selected labour force characteristics(a), by disability status, 2014-15



Australian Bureau of Statistics

© Commonwealth of Australia 2017.

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).

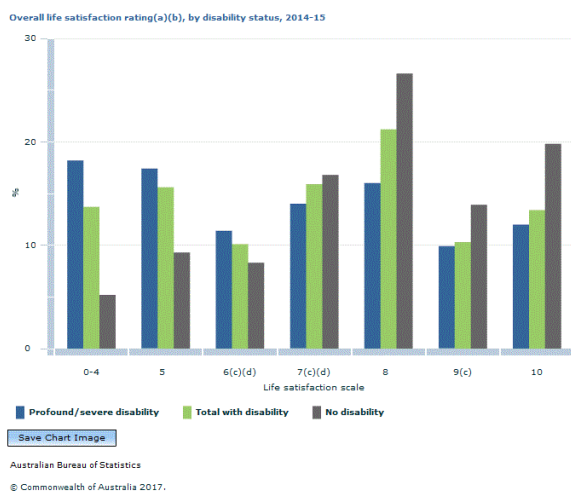
In addition, Aboriginal and Torres Strait Islander people with profound/severe disability were almost twice as likely as those with no disability to have ever experienced homelessness (41% compared with 22%) (Table 27). For more information about how homelessness is defined in the NATSISS, see the Glossary.

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>; last accessed 19/04/2016

This page last updated 24 March 2017

© Commonwealth of Australia

All data and other material produced by the Australian Bureau of Statistics (ABS) constitutes Commonwealth copyright administered by the ABS. The ABS reserves the right to set out the terms and conditions for the use of such material. Unless otherwise noted, all material on this website – except the ABS logo, the Commonwealth Coat of Arms, and any material protected by a trade mark – is licensed under a Creative Commons Attribution 2.5 Australia licence