

# Polio Australia

Representing polio survivors throughout Australia

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National Patron: Dr John Tierney PhD OAM, Federal Senator for NSW 1991 – 2005

Minister Wyatt AM MP  
Minister for Ageing  
Minister for Indigenous Health  
Aged Care Sector Committee Diversity Sub-Group  
Department of Health

Dear Minister,

Polio Australia welcomes the opportunity to comment on the Aged Care Diversity Framework. The vision is a welcome initiative; however, we request urgent attention to the situation of people who are ageing with some degree of polio-caused paralysis for most of their lives.

Polio Australia recommends that a Fourth Action Plan be developed for this **new** cohort: older people who are now living with the Late Effects of Polio<sup>1</sup>. Polio survivors have lived with disability for many decades, but are now increasingly stressed by exclusion from the National Disability Insurance Scheme.

## About Polio Australia

Polio Australia [www.polioaustralia.org.au](http://www.polioaustralia.org.au) is the national peak body representing polio survivors throughout Australia. Its Board comprises two representatives from each of the six Australian State Polio Networks, plus two independent directors.

Polio Australia is committed to disseminating quality polio information and service provision across Australia to ensure that all polio survivors have adequate services to enable full social participation for those survivors with physical, orthopaedic, respiratory, fatigue, pain and mobility impairments. One estimate is that 400,000 survivors live in Australia today<sup>2</sup>. Those who have survived polio with some paralysis have had to endure life with disability. Every day the individual with full or partial paralysis has to use all her/his strength to get through all the ordinary tasks of life.

Polio Australia is linked with international organisations and associated health professionals.

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<sup>1</sup> <http://www.polioaustralia.org.au/wp-content/uploads/2010/09/The-Late-Effects-of-Polio-Introduction-Module-Online-Version.pdf>

<sup>2</sup> de Graaff, S. 2012.

[http://www.aph.gov.au/Parliamentary\\_Business/Committees/House\\_of\\_representatives/Committees?url=haa/leop%20pps/report/leop%20final%20report%2029%20june%202012.pdf](http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_representatives/Committees?url=haa/leop%20pps/report/leop%20final%20report%2029%20june%202012.pdf)

## **Survey Question 1: Is there any missing sector in current Action Plans?**

**Yes:** Polio Australia believes older polio survivors urgently need an Action Plan. It could be the model for further development for others with long-term disability.

By 2015, almost one in five Australians reported living with disability, 18.3% or 4.3 million people<sup>3</sup>. Life expectancy of people living with disabilities has increased<sup>4</sup>. Polio Australia uses the definition of disability defined by the United Nations Convention on the Rights of Persons with Disabilities:

*Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society.*

The needs of people ageing with long-term disabilities, such as the Late Effects of Polio, must be differentiated from those who acquire impairment as part of the ageing process. The reasons for this include:

1. Physically disabled people enter ageing without the physique and energy reserves of non-impaired people.
2. Impairment is not a static process. As well as dealing with ageing processes, polio survivors have to confront and develop adaptive strategies to cope with compromised musculoskeletal systems and negative neurological changes. Physical decline occurs as uneven use damages joints and associated health conditions develop.
3. Despite their physical problems, the social roles of polio survivors continue. As people go on being parents, homemakers, employees, carers of older relatives and maintain friendships and community involvement, this is done with increasing psychological stress. It is difficult to remain socially active while managing energy limitations.
4. Polio survivors have had less opportunity to build economic resources than non-impaired older people. While most older polio survivors have worked throughout their lifetime they faced discrimination in employment and superannuation. Many were only able to access provident funds so they have less ability to meet the expenses of ageing. Taxation changes mean that rebates have changed dramatically and negatively for individual and family health and disability expenditure.

## **Survey Question 2: Should specific, measurable goals be set out as part of the vision?**

**Yes:** Polio Australia has found people living with the consequences of paralytic polio as well as ageing, confront increased costs as they get older. They may need in-home support, highly skilled medical and health advice, home modifications, accessible taxi transport, remedial therapy and a national assistive technology strategy.

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<sup>3</sup> <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0main+features202015>

<sup>4</sup> <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129559117>

Polio Australia recommends the following:

1. Polio survivors have access to services funded by the National Disability Insurance Scheme or a similar program.
2. The current Continuity of Support Program has been designed to fill the gap between NDIS and My Aged Care. My Aged Care information indicates a dramatic drop in support funding.
3. There are several problems with the COSP implementation, viz:
  - 3.1 Despite increased disability, there is no increase in support funding.
  - 3.2 Financial stress may be caused by client contributions or fees. Individual Support Packages may not cover increased wages for support workers or service providers' costs. This means people requiring care on weekends, will have to pay the full amount of support.
  - 3.3 There is no assistive technology strategy. Survivors have to apply for limited state funding.
  - 3.4 Apparent delay in the introduction of national quality control protocols. We are all aware of published physical and financial abuses, which have occurred in both the disability and aged care systems.

We thank you for the opportunity to comment and are most interested in the possibility of further discussions

Margaret Cooper OAM, PhD

*for*

Polio Australia Inc.

30 June 2017