



## **Polio Australia's response to Issues Paper: Promoting Inclusion**

Polio Australia thanks the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability for the opportunity to contribute to the conversation around what constitutes inclusion for people with disability.

### **About Polio Australia**

Polio Australia is a peak body organisation representing thousands of Australians with physical disability related to polio and its late effects.

There are two main disability groups in the polio community. The first group is those who acquired polio in the twentieth century in Australia and are now ageing with their disability, many also experiencing significant progression of their condition due to Post-Polio Syndrome/Late Effects of Polio.

The second group is people who acquired polio internationally before migrating to Australia and now live with some level of disability. These people may be of any age, as there are many parts of the world where polio either still exists or was eliminated only recently. Many of those who are younger now will also experience a progression of their disability later in life.

### **Polio Australia's Vision, Values and Purpose**

**Vision:** Polio Australia's vision is that all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed life choices.

**Values:** Polio Australia represents the needs of the post-polio community and works with passion and professionalism to educate, advocate and achieve recognition for polio survivors.

#### **Purpose:**

- Educate and inform polio survivors, their families and carers, and the community at large about the late effects of polio.
- Provide information, education and training to General Practitioners and a range of medical specialists and other health professionals to improve the diagnosis and management of the late effects of polio.
- Facilitate the provision of appropriate and consistent health, disability and aged care support services across all states and territories to improve the treatment and management of the late effects of polio.
- Provide outreach to culturally and linguistically diverse and Aboriginal and Torres Strait Islander polio survivors to ensure their diverse needs are being met in a culturally appropriate way.

- Advise governments on policy development and programs in relation to the late effects of polio.
- Stimulate research into the late effects of polio.
- Assist the state Networks to support polio survivors and their families, friends and carers at the local level.
- Facilitate and encourage the co-ordination and further development of activities within and between the state Networks.
- Support and promote polio immunisation at a national level, and provide assistance to the state Networks to do so at the local level.

## **Responses to Issues Paper Questions**

Polio Australia will focus its responses on Questions 1, 6, 7 and 8. Additionally, please note that our responses relate to the barriers faced by people with disability from polio and its late effects, which is a physical disability stemming from a neuromuscular condition. We support access and inclusion for all people with disability, and recognise that individuals and organisations representing any other disability groups will have different responses relating to other barriers to inclusion.

### **Question 1: What does inclusion mean to you?**

Polio Australia supports the social model of disability, recognising that people are disabled by physical, attitudinal or systemic barriers, and the removal of these barriers contributes to inclusion. An inclusive society is one where all people are given choice and independence, and are able to fully participate in and contribute to their community.

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

**Physical access to public buildings:** All people have the right to access public buildings, such as retail stores, hospitality venues, service centres and entertainment venues. While legislation exists to ensure new buildings are compliant with accessibility standards under the Disability (Access to Premises — Buildings) Standards 2010, we would like to see more transparency around the oversight and monitoring of these standards. This can be achieved through regular and readily-available reporting.

Additionally, there is no denying that there are many existing facilities that are inaccessible to people who use mobility aids or have difficulty accessing steps, or other physical features such as bathrooms without supports. Local, state and federal governments can do more to ensure compliance with accessibility requirements,

including the provision of financial support where the costs of retrofit make it unfeasible.

**Physical access to private dwellings:** All people have a right to reasonable access to housing that suits their needs. Many people with polio-related disability use wheelchairs or other mobility aids, and many others will require such aids as their disability progresses. Inaccessible housing will provide difficulties for people in this situation, often requiring increased care, expensive retrofitting that could have been eliminated with more appropriate design, or premature relocation to residential care.

In April 2021, Building Ministers agreed to mandate Livable Housing Design's Silver Level for all new housing. In Polio Australia's submission to the National Construction Code Consultation Regulatory Impact Statement in October 2020, we recommended the Gold Level for all Class 1a and Class 2 buildings, with the consideration of a subsidy program to encourage additional availability of accessible rental properties. While we are pleased to see a minimum standard mandated, we continue to support the recommendation for the Gold Level.

To facilitate compliance, the Australian Government can support state and local governments to make good on their commitment to ensure all new private dwellings meet minimum standards of accessibility. There must also be open channels for the questions and complaints as this new standard is rolled out.

**Physical access to public transport:** We acknowledge the requirements for accessibility of public transport under Disability Standards for Accessible Public Transport 2002. We recognise the consultation that has recently occurred regarding ongoing issues with compliance, which has led to the development of new guidelines for implementation. We would like to see transparency on compliance through regular, publicly-available reporting. All people have the right to access public transport without discrimination, and to know how to direct issues or complaints.

**Access to communications in a range of languages:** We recommend that the Australian Government continue to liaise with local and state governments to ensure that all information is available in a range of languages.

**Equitable access to assistive technology for those outside the NDIS:** Polio Australia recommends the removal of the amendment to the Age Discrimination Act (2004), which allows for the exclusion of people with disability over the age of 65 from the National Disability Insurance Scheme (NDIS). Many people with polio have lived with disability for decades, but were over the cut-off age when the NDIS rolled

out in their area. Many, due to Late Effects of Polio, develop disability after they turn 65, but as a direct result of their childhood infection with polio. Their discrimination from accessing the NDIS should be removed, along with other people with disability over the age of 65.

Until this occurs, Polio Australia recommends the establishment of a national assistive technology program, in line with the recommendations from the Assistive Technology for All (ATFA) campaign. As a member of the ATFA Alliance, Polio Australia supports their request for equitable access to assistive technology for all people with disability who fall outside of the NDIS.

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

**Education for medical and allied health professionals:** Polio Australia acknowledges the current Department of Health funding to allow opportunities for education of medical and allied health professionals about Late Effects of Polio and effective treatment and management. Further, we recommend that educational institutions include education about polio and its late effects at university level in all medical and allied health programs. Polio Australia can provide consultation on the content of such education.

**Building accessibility:** Privately-owned buildings with public access can ensure compliance with all requirements for accessibility. Further, such buildings can go above the minimum accessibility requirements, to ensure for freedom of access for all. This can be achieved through consultation with local advocates, individuals and Disabled Persons Organisations (DPOs).

**Cultural sensitivity:** Providers of services can ensure that they are culturally-sensitive and that interpretation is provided wherever needed. This can be achieved through consultation with migrant resource centres, cultural groups and individuals regarding their needs and priorities.

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

**Intersectionality:** As mentioned above, people with polio disability in Australia are comprised of two main cohorts – those who contracted the virus in Australia and are now ageing with their disability, and those who acquired the virus overseas and may be of any age. There is a risk of intersectional discrimination for both of these groups.

**Physical access:** As referred to above, many people with polio disability face access barriers due to the physical layout of buildings, footpaths, public transport and other facilities.

**Lack of knowledge of polio and its late effects:** Many healthcare and service providers have little to no awareness of polio and its late effects. This can lead to inappropriate or even harmful treatment, misunderstandings of needs and the requirement for people to move from one service provider to another in search of knowledgeable care.

**Lack of financial support for assistive technology:** Many people with polio disability require complex assistive technology. Outside of the NDIS, financial assistance is confusing, inconsistent and grossly inadequate. Many people have to wait long periods for financial assistance, and even then are significantly out of pocket. Others may choose to forego equipment that would make a significant difference to their independence and community participation due to the difficulty in accessing financial support.

**Inadequate support for older people with disability:** As well as lack of funding for assistive technology, many older people with disability have limited access to appropriate care. This is due to the one-size-fits-all approach to aged care services, which are often inadequate for the complex needs of people with a physical disability.

Once again, we thank the Disability Royal Commission for the opportunity to contribute. We look forward to the day when all people are able to live free from barriers and discrimination.

Polio Australia  
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