

## Improving the health outcomes and experiences of people living with disability

**People living with disability are twice as likely to die from avoidable and preventable illnesses compared to people without disability.**<sup>1</sup> They are seven times more likely to experience poor health outcomes and physical illness compared to the general population and are four times more likely to report significant psychological distress compared to the general population.<sup>2</sup>

It is vital that we invest in a proactive approach to addressing the needs of people living with disability in healthcare settings with a **focus on strategies which tackle systemic unconscious ableism and reduce trauma and harm**. We must **move beyond a 'complaints' based individual approach** to resolving issues and implement systemic improvements to healthcare systems which will improve the safety and health outcomes of people living with disability. JFA Purple Orange's report 'Experiences of people living with disability in healthcare systems'<sup>3</sup> highlighted just some of the barriers facing people living with disability accessing vital healthcare services:

- Attitudes and knowledge of healthcare professionals lead to misunderstandings, lack of support, unintentional neglect and physical harm, some of which can lead to significant injury and trauma.
- Healthcare settings can be inaccessible not only in terms of physical accessibility, but also in terms of environments designed in ways which do not adequately consider the needs of Autistic and Neurodivergent people. There is also a lack of healthcare services available to people who are not able to easily leave their home or their bed.
- Negative experiences in health settings led people living with disability to feel unsafe, meaning some avoid and fear healthcare services and do not seek help until in crisis.

JFA Purple Orange is an independent social-profit organisation that undertakes systemic policy analysis and advocacy across a range of issues affecting people living with disability and their families.

<sup>&</sup>lt;sup>1</sup> Salomon, C & Trollier, J (2019) A scoping review of causes and contributors of deaths of people with disability in Australia. Department of Developmental Disability Neuropsychiatry UNSW. URL <u>Findings Review deaths of people with disability Australia Final (ndiscommission.gov.au)</u>

<sup>&</sup>lt;sup>2</sup> Australian Institute of Health (2020), Snapshot of health of People with Disability, <u>Health of people with</u> <u>disability - Australian Institute of Health and Welfare (aihw.gov.au)</u>

<sup>&</sup>lt;sup>3</sup> Purple Orange (February 2022) 'Experiences of South Australians Living with Disability in Healthcare Settings: Stories of hidden disadvantage exclusion and trauma' (research report)

At the time of writing, we are aware of a recent investigation of the failures of a state-run government facility to adequately provide care to a man living with an intellectual disability. The man was rushed to hospital from the Transition to Home (T2H) care service run by the Department of Human Services at Hampstead Rehabilitation Centre where it was reported by paramedics at the time that the man had "an infected pressure wound, appeared to be malnourished and was left to sit in faeces and urine for long periods." This situation highlights the need for the SA Government to strengthen its practice around people living with disability in step down care programs such as the T2H care service and ensure that all needs are adequately and appropriately met.

JFA Purple Orange therefore calls on all parties and candidates to signal a commitment to formulate health policy that upholds patient safety and improves the experiences and health outcomes of people living with disability in South Australia's healthcare system by:

- Co-designing and implementing a professional development training program to be rolled out across all hospitals, local health networks, and community and mental health services. The training must focus on addressing ableism (violence, discrimination and marginalization based on disability), teaching disability culture and pride and improving knowledge and practice around the best strategies for supporting the access needs of people living with disability, not only at an individual level, but also at an administration and service systems level.
- Funding teams of Disability Liaison Officers in each Local Health Network. Disability Liaison
  Officers would work alongside nurses, doctors and/or social workers in Disability Liaison
  Teams who identify individual accessibility and communication needs and support patients
  to work with their health teams while they are receiving healthcare this can alleviate and
  avoid potential trauma and harm. While we welcome the introduction of the NDIS Health
  Liaison Officers and their partnership with local health networks, their remit only addresses
  transitioning and discharge from hospital and does not adequately address the current
  demand and need for liaison to assist people living with disability to negotiate inaccessibility
  or exclusion in healthcare systems.
- Further funding to build on the work of My Home Hospital (an initiative enabling hospital care for patients at home, initiated in January 2021) to ensure that people living with disability are able to access health services such as dentists, OB/GYN, ophthalmology and a wide range of services most no- disabled adults are able to access in the community. These services are currently very difficult to access where people living with disability are unable to leave their home and therefore unable to attend community healthcare services or hospital.

Healthcare services that are safe, accessible, inclusive, and responsive to the diverse needs of patients living with disability is imperative in addressing these unacceptable health outcomes.

For further information, please contact Robbi Williams, CEO of JFA Purple Orange, on (08) 8373 8333 or <u>robbiw@purpleorange.org.au</u>.

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