



RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

**RACP Submission to the Department of
Social Services regarding the Disability
Royal Commission Final Report**

February 2024

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,500 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand, representing a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies that bring vital improvements to the wellbeing of patients, the medical profession and the community.



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

Executive Summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide advice to the Department of Social Services to address the Australian Government's response to the *Royal Commission into the Violence, Abuse, Neglect and Exploitation of People with Disability Final Report*.

Equitable health care is crucial for people living with disabilities, their families, and carers.¹ The RACP was pleased to see that the Royal Commission's [final report](#) supported many of the RACP's recommendations in its [submission](#) to the Royal Commission (made in 2021). The RACP [recognises](#) the importance of this work and the RACP and our members look forward to working with governments and stakeholders to support positive outcomes for people with disability.

An additional number of the RACP recommendations to the Royal Commission were not addressed, however. These unaddressed recommendations, detailed below, are key components in ensuring people with disability receive the same level of health care as those without disability. In particular, the RACP recommendations focusing on access to health care and services need to be addressed. This will ensure that healthcare receives the same level of holistic attention as the Royal Commission's recommendations provide across other sectors such as education, employment, and housing.

Recommendations

The RACP calls on the Government's response to the Royal Commission's final report to revisit the breadth of health-related challenges faced by individuals with disabilities, their families, and caregivers. This includes consideration of the outstanding 18 health-related recommendations made by RACP but not addressed in its final report:

Ensure a human rights-centered approach

1. *All health services should provide patient and service information in Easy Read format and have in place other strategies to address health literacy, such as providing appropriate information about medicines and how they are administered.*
2. *The Independent Hospital Pricing Authority (IHPA) should specifically address the needs of people with disability in their pricing framework to ensure systemic barriers to health care are addressed.*

Reduce Levels of violence, abuse, neglect, and exploitation of people with disability

3. *The Commonwealth Government should ensure that the specific needs of people with disability such as providing information about safeguarding, advocacy services, helplines, and other community-based support services, in a format accessible to service users and carers are addressed in the National Standards for Disability Services.*

Provide person-centred, integrated care

4. *The Commonwealth Government should address the barriers to electronic communication between healthcare providers to improve the accuracy of healthcare information transfer for people with disability.*
5. *Communities of practice should be established to support and enhance collaboration and reduce challenges at the interface between the health and disability sectors.*

Improve the National Disability Insurance Scheme (NDIS)

6. *The Commonwealth Government should implement the recommendations of the Tune review in a genuinely person-centred way, guided by the participant that ensures that the advice of treating medical professionals is considered in all assessments.*

¹ Australian Institute of Health and Welfare (2022) [Health of people with disability](#), AIHW, Australian Government, accessed 11 December 2023.

7. *The National Disability Insurance Agency (NDIA) should improve communication channels on how to use Early Childhood Early Intervention (ECEI) to make it easier for families of children with disability or developmental delays to access.*
8. *The Commonwealth Government should further strengthen and continue to fully implement the National Framework for Quality and Safeguarding to protect NDIS participants from potential abuse by service providers.*
9. *The NDIA should ensure that planners have sufficient expertise to provide adequate support for participants with high or complex needs, particularly those with developmental or intellectual disability or children with challenging behaviours.*

Enhance the systems that support the health and disability sectors

10. *The NDIA should develop a strategy for regularly monitoring rates of application, acceptance, plan activation, timeframes, plan contents and outcomes for NDIS participants to develop short and long-term intervention strategies as issues arise. The focus should be on priority populations, for example, children in out-of-home care and individuals with complex or unstable medical support needs.*

Children and young people

11. *Health services should improve the quality and accessibility of services that help young people with disability transition between paediatric and adult health services, including ensuring that there are identified healthcare providers who take responsibility for managing the transition.*
12. *Commonwealth, State and Territory Governments should consult with groups that have expertise in community-led justice reinvestment with a focus on strengthening communities, improving health outcomes, and reducing contact with the criminal justice system.*

Adults and older people

13. *Health services should support clinicians to provide education, support, and referral to specialised services as required so that people with disability are provided with opportunities to have the same sexual education and relationships as those without disability.*
14. *The Commonwealth Government should review and improve, and State Governments should fund, more appropriate accommodation options for people with disability. This should include options for young people who require a similar level of personal care as that provided to older persons in residential aged care facilities.*
15. *The Commonwealth Government should build linkages and reciprocal collaborations and a legal framework between all relevant sectors to develop best-practice approaches to palliative care service delivery for people with disability.*
16. *The NDIA should fund enhanced clinical support for people with complex medical or palliative care needs within their existing accommodation or support access to medical model-supported accommodation options.*

People in rural and remote areas

17. *State and Territory Governments should consider increasing funding for medical, pharmacy and allied health outreach services for people with disability, including supporting healthcare providers working in rural and regional areas to expand their capacity to care for people with disability within their area of expertise.*

People who care for people with disability

18. *Commonwealth and State and Territory Governments should recognise the critical importance of the health and well-being of carers and family members and ensure they are supported socially, economically, and medically.*

A final recommendation to consider is that guardianship is still necessary for young individuals with cognitive difficulties. While independence is crucial, we must also ensure their safety and accept our responsibility to protect those who may not be capable of making decisions for themselves and acting in their best interest. Many families and caregivers continue to play a significant role in the care of

young people beyond the age of 18 years, and it is necessary to have a better understanding of the individual's functional level, rather than considering age alone.

Conclusion

The RACP and our members would welcome the opportunity to engage further with the Department of Social Services about these issues and look forward to continuing to contribute to the ongoing improvement of health care provided to people with disability.

For any queries on this submission or to engage with the RACP and members please contact the RACP Policy and Advocacy team via policy@racp.edu.au. We look forward to hearing from you.