Barriers to the inclusion of people with disability

Position Statement

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An inclusive society is essential if people with disability are to enjoy their human rights and fundamental freedoms. Inclusion is about accessing the things that people without disability take for granted, such as having a home to live in, a job, access to healthcare, access to education and a chance to enjoy the company of friends and family and participate in recreational activities. It is more than merely being present in the community. It is about having autonomy, being respected, being valued, having opportunities to contribute to society in meaningful ways and having a sense of belonging.[1] It is grounded in the notion that impairment is a normal part of human diversity.[2] And its realisation requires the dismantling of structural barriers that create inaccessible environments and discriminate against people with disability.

The right to inclusion is enshrined in Article 19 of the Convention on the Rights of Persons with Disabilities (CRPD) which recognises the equal right of all persons with disabilities to live in the community, with choices equal to others.[3] This includes choosing a place of residence and having access to a range of support services that are responsive to a person's needs. This can be achieved through 'universal design, the elimination of obstacles to accessibility, the provision of reasonable accommodation and assistive technology, the elimination of discrimination and equal recognition before the law.'[4] It also requires the inclusion of people with disability at the policy-making level, requiring their active participation in public life and their contributions to the development and implementation of domestic policies.

Whilst progress has undeniably been made over many decades, with deinstitutionalisation and Australia's ratification of the CRPD both constituting significant milestones, many social, attitudinal, and environmental barriers that exclude people with disability remain. QAI adopts a Social Role Valorisation (SRV) framework to conceptualise the devaluation and ongoing marginalisation of people with disability. According to SRV, people with disability are excluded and denied access to a 'good, ordinary life' (a life full of richness and meaning) because they hold a devalued status. In other words, they have characteristics linked to their impairment that are not typically valued by the wider community, such as being dependent on others or looking different, and are consequently perceived negatively. These negative perceptions influence how people with disability are treated, with stereotypes leading to their rejection and segregation from the wider community. These perceptions are then reinforced through language and imagery and by people with disability internalising the messages around them and adopting the roles they are given.[5] These harmful experiences have a greater impact on people with a devalued status due to the likely absence of protective factors that can mitigate against the impact of negative life experiences.

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[1] Parliament of Victoria, Family and Community Development Committee, *Inquiry into Social Inclusion and Victorians with Disability*, Final Report (September 2014) p vi

[2] Kayess, R. & Sands, T. (2020) *Convention on the Rights of Persons with Disabilities: Shining a light on Social Transformation*. Sydney: UNSW Social Policy Research Centre

[3] Convention on the Rights of Persons with Disabilities; Article 19

[4] Promoting inclusive environments for the full implementation of the Convention on the Rights of Persons with Disabilities – Note by the Secretariat, United Nations (2020) CRPD/CSP/2020/4 - E - CRPD/CSP/2020/4 -Desktop (undocs.org) p 2

[5] Sherwin, J (2021) *Submission in response to the rights and attitudes paper, Royal Commission into violence, abuse, neglect and exploitation of people with disability*; https://disability.royalcommission.gov.au/system/files/submission/ISS.001.00211.PDF

People with disability can acquire a devalued status from a very young age. **Education** is the first formal introduction a child has to a society that either embraces difference and welcomes people with disability through models of inclusion, or differentiates people based upon diagnoses. Education settings that segregate students with disability perpetuate negative stereotypes, lead to poorer educational outcomes, condition students with disability for a lifetime of exclusion and leave people with disability ill-equipped for adult life. They deny students with disability the opportunity to interact with peers who live without disability, removing the chance to learn skills from them, develop social connections, form friendships and achieve the sense of belonging that is the very essence of inclusion.

The exclusion of people with disability continues after they leave school and begin searching for work. Specifically, Australian Disability Enterprises (ADEs) and productivity-based wage assessment tools constitute considerable barriers to the full inclusion and participation of people with disability in the **open workforce**. These archaic institutional approaches perpetuate low expectations of and for people with disability and ignore their capacity to positively contribute to the workplace. Rather than incentivising the employment of people with disability, ADEs and the supported wage system demean the contribution of employees with disability through grossly insufficient remuneration and the confinement of workers to a small and undervalued sector of the labour market.

Despite formal policies of deinstitutionalisation, many people with disability continue to live in segregated settings and remain excluded from mainstream housing.[6] **Group homes** accommodate around 17,000 people in Australia. They include large residential facilities, boarding houses, hostels, long-stay health facilities, small group homes or Supported Independent Living (SIL) arrangements under the NDIS. People living in these settings are required to share much of their lives, including living space, communal bathrooms, communal living areas and/or their personal supports. New terminology aimed at increasing the appeal of group homes, such as 'Supported Independent Living', has not altered the reality of group homes nor instigated a new approach to shared living arrangements, in which practices of abuse, neglect and exploitation perpetuate.

A person with disability can also experience exclusion within the **health setting**. Whilst optimising health and wellbeing is important, paternalistic practices of healthcare professionals that view disability as deviating from the norm, and which problematise 'differences' that need to be 'cured', remain prevalent.[7]
For example, forced and coerced sterilisation, the use of chemical restraint and the prescribing of anti-libidinal medication, all continue to occur and typically take place without the informed consent of the person with disability.

Barriers to exercising autonomy in decision-making and **legal capacity** are experienced by people with disability in multiple settings. Under Article 12 of the CRPD, people with disability have a right to equal recognition before the law through supported decision-making, a right that is fundamental to the realisation of inclusive communities.[8] However, legislation such as the *Guardianship and Administration*

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[6] Weisel, I & Bigby, C (2015) *Movement on Shifting Sands: Deinstitutionalisation and People with Intellectual Disability in Australia, 1974–2014*, Urban Policy and Research, 33:2, 178-194

[7] Kayess, R. & Sands, T. (2020) *Convention on the Rights of Persons with Disabilities: Shining a light on Social Transformation*. Sydney: UNSW Social Policy Research Centre, p1

[8] Promoting inclusive environments for the full implementation of the Convention on the Rights of Persons with Disabilities – Note by the Secretariat, United Nations (2020) CRPD/CSP/2020/4 - E - CRPD/CSP/2020/4 -Desktop (undocs.org)

Act 2000 (Qld) does not compel supported decision-making and continues to facilitate a substitute decision-making model. A lack of adherence to a supported decision-making framework is similarly evident with the continued use of **Restrictive Practices.** They are often used as a form of behaviour control for individuals who are considered to exhibit 'behaviours of concern', when efforts to understand the individual and the message behind their behaviour are inadequate. This means that a person's autonomy is denied in circumstances where Restrictive Practices are *not* a measure of last resort, rendering them illegal, immoral and constituting behaviour that if applied to a person without disability, would be viewed as criminal conduct.

Barriers are also evident in the physical and technological environments, such as inaccessible buildings that do not have ramps or communication methods that do not accommodate diverse accessibility needs. The principles of **universal design** must become a mandatory, minimum standard rather than an ideal outcome. This includes ensuring that people with disability have access to affordable **transport** that will adequately accommodate their mobility requirements and support needs, without which the capacity of people with disability to access the community and engage in social, educational, employment and recreational opportunities, is limited.

There are additional barriers experienced by Aboriginal and Torres Strait Islander Australians with disability as well as other marginalised populations, such as culturally and linguistically diverse Australians living with disability and members of the LGBTIQA+ community living with disability. The **intersectional disadvantage** experienced by these groups has a significant impact on their inclusion within the wider community. Measures designed to mitigate their exclusion must therefore address the causes and consequences of ableism, as well as racism, xenophobia and homophobia.

Behind all these barriers lie paternalistic, degrading and patronising attitudes towards people with disability that must be eradicated if they are to be viewed as citizens, peers, colleagues, consumers and friends.[9] Critical to changing attitudes is ensuring greater visibility of people with disability in our community and viewing disability as a normal and valuable part of humanity. SRV proposes that to support the acquisition of a 'good, ordinary' life, and to change the negative perceptions that influence how people are treated, people with disability must be supported to acquire socially valued roles. That is, acquire the identity, expectations, status and respect that accompanies socially valued roles, by enhancing the competency and imagery of the person through 'role communicators'.[10] For example, the role of 'typical school student' can be acquired by attending mainstream education where students with disability mix with students without disability, form friendships and learn valuable skills. This leads to greater societal participation, the acquisition of valued relationships and ultimately the inclusion of people with disability within our society.

We are still to experience the social transformation that is the promise of the CRPD, yet its contents provide the blueprint we need. If disability is to be normalised as part of the human condition, we must dismantle remaining policies of segregation in order to achieve a society that is not just physically but ideologically inclusive of people of all abilities.

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[9] Denise Thompson et al. (2012) '*Community attitudes to people with disability: scoping project'* (Occasional Paper No. 39, Social Policy Research Centre, Disability Studies and Research Centre, University of New South Wales)
[10] Osburn, J (2006) *An Overview of Social Role Valorization Theory*. The SRV Journal, 1(1), 4-13