

Issues and recommendations for disability and health reforms in Australia

These areas were identified in workshops attended by senior government policy makers and key organisations in health and disability that interact at the Commonwealth level.

This table is an excerpt from: Kavanagh, A. & Badji, S. (2024). *System changes to enable optimal health outcomes for people with disability*. Melbourne: Centre of Research Excellence in Disability and Health.

<https://doi.org/10.26188/24171750>

ISSUES	RECOMMENDATIONS
Whole-of-government reforms	
1. Lack of overarching disability and health strategy to inform government action at a national level.	1. Develop a National Disability and Health Strategy.
2. Exclusion of people with disability from policy and decision-making processes at national level.	2. Include people with disability in the design and implementation of policy across all sectors.
3. Lack of coordination across government services and sectors to ensure the needs of people with disability are met.	3. Consider the establishment of a National Agency for Disability to coordinate disability-related policy and programs across government including health, possibly within the Department of the Prime Minister and Cabinet.
4. Absence of quality national data to monitor and evaluate the impact of health and related policies, for example, education, employment and housing on the health of people with disability.	4. Improve the quality of national data through the development of disability identifiers and integration (linkage) of data across State and Territory service systems.
Health system reforms	
5. Policies and programs not being assessed prior to implementation in terms of the likely impacts on the health of people with disability.	5. Conduct Disability Impact Assessments to understand the potential impacts of policies on the health of people with disability.
6. Health services are often not accessible to people with disability and do not address their needs.	6. Health services should be high quality, person-centred, accessible and address the needs of all people with disability.
7. Particular groups of people with disability experience considerable barriers to access mainstream services and do not have their specific needs met in the health care system.	7. Tailored health care services where necessary and building the capacity of mainstream services for all people with disability.
8. Health care systems do not adequately incentivise the promotion of health.	8. Health care systems should incentivise the promotion of health and equity outcomes, including for people disability, rather than simply fund activity (i.e., delivery of a service).
9. While responsibilities for health are the responsibility of Commonwealth and State and Territory governments, actions are often uncoordinated and boundaries unclear.	9. Commonwealth, State and Territory governments work together to achieve optimal health outcomes for people with disability through a National Disability and Health Strategy and a specific action plan through the Australian Disability Strategy.
Cross-sectoral disability and health system reforms	
10. People with disability experience difficulties understanding and navigating complex and poorly connected disability and health service systems.	10. The health system should proactively collaborate with other organisations to guarantee accessible and timely availability of information and services catering to the broader health and wellbeing needs of people with disability.
11. Lack of incentives, structures and processes that enable sharing of knowledge and collaboration within government.	11. Provide funding and opportunities for Commonwealth departments and agencies to work together.
12. Lack of accountability within each system for the health of people with disability.	12. Build on current cross-sectoral forums and committees that include people with disability and other stakeholders to identify opportunities for reforms across the sectors.