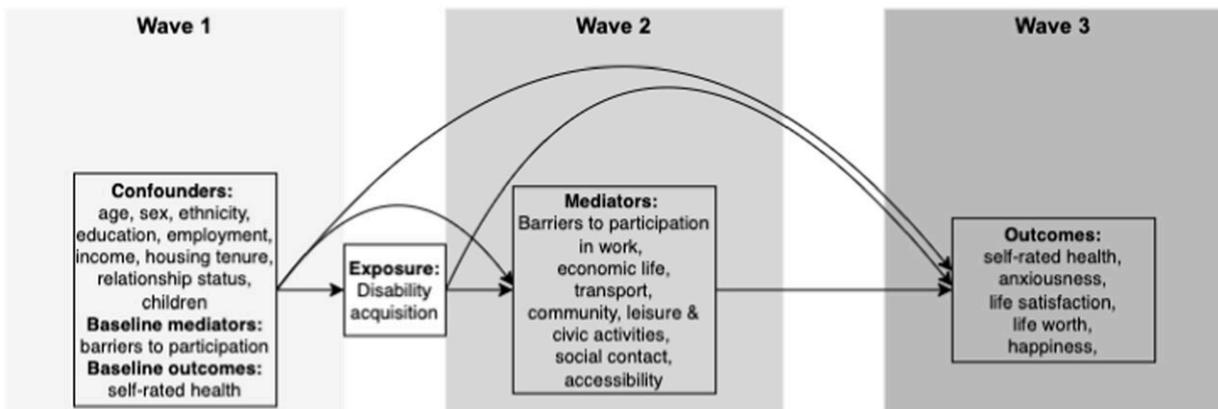


Removing barriers to participation for people with disability

December 1 2022, by Dr Zoe Aitken, Dr Glenda Bishop and Alex Sully



Causal diagram illustrating relationships between variables in the analysis.

Credit: *Social Science & Medicine* (2022). DOI:

10.1016/j.socscimed.2022.115500

For many people, being able to engage in everyday life is something they take for granted. Gaining employment, finding a place to live and pursuing travel, leisure and social activities become more about "which" movie to see rather than "if" they can access a cinema at all.

But for people with a disability—which is one in five Australians—participating in daily life can be blocked by factors like discrimination and poorly designed environments.

Our new research has found that social barriers experienced by people with disability that limit participation in everyday activities lead to inequalities in health and well-being like increased anxiousness and decreased life satisfaction.

However, these barriers could be avoided if [government policies](#) and services were changed to provide the supports and services that would allow people with disability to be equal members of an accessible society.

People with disability face significant health inequalities

International Day of People with Disabilities, on December 3, serves as a timely reminder that people with disability experience large inequalities in health and well-being compared with people who do not have a disability.

Considering 4.4 million Australians have a disability, these health inequalities impact a very large proportion of our community.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) states that "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability."

The CRPD came into force in 2008 and has been ratified by the Australian Government, along with 184 other States internationally. Australia therefore has obligations to protect the rights of people with disability.

Disability results from the interaction between [health conditions](#) and the

environments that people live in. People living with impairments experience a range of barriers, which then impact their functioning and participation in everyday activities.

Social barriers can present as stereotypes or stigmatizing attitudes, information given in inadequate formats, inaccessible buildings, or discriminatory policies. When social barriers prevent people accessing services, activities or spaces, they have flow on effects to health and well-being.

For example, an event charging full ticket prices for accompanying caregivers or not listing accessibility information might act as barriers to attending for a person with a disability.

This inability to participate prevents that person from having an active and equal role in society, impacting their health and well-being.

Measuring inequalities

The impact of social barriers on health and well-being has traditionally been difficult to investigate.

This is because large surveys and administrative datasets tend to focus on macro-level social determinants of health like employment, housing and income, but do not collect data on wider social barriers.

Our recently published paper in *Social Science & Medicine* investigates this key gap using a unique longitudinal survey of disability conducted in Great Britain, the Life Opportunities Survey, to quantify how much of the inequalities in health and well-being experienced by people with recently acquired disability are explained by socially produced barriers to participation.

Our study used data from British people with disability because detailed data from Australia does not currently exist, however the results are likely to be applicable to Australians with disability.

We compared five health and well-being outcomes (self-rated levels of health, anxiousness, life satisfaction, life worth, happiness) between adults who acquired an impairment and those who remained disability-free.

Next, we quantified how much of the difference in these outcomes could be explained by barriers to participation in employment, economic life, transport, community, leisure and civic activities, social contact, and accessibility.

This allowed us to tease out the effects that these social barriers had on outcomes, separate from the direct effects caused by acquiring a disability.

Social participation can prevent poorer health and well-being

Our results show that people with disability had poorer self-rated health and well-being compared to people without disability.

Barriers to participation contributed to the differences in health and well-being between people with and without acquired disability, explaining 15% of inequalities in self-rated health, 28% for anxiousness, 32% for life satisfaction, 37% for life worth, and 70% for happiness.

Overall, this demonstrates that a substantial proportion of the inequalities in health and well-being experienced by people with recently acquired disability were produced by socially-driven barriers to

participation in different life domains.

We compared individuals who acquired a disability during the study to those who remained disability-free because it allowed us to isolate the effects of disability on health and well-being separate from baseline socio-economic factors such as age, sex, poverty, employment and living arrangements.

The finding that some of the inequalities in health and well-being faced by people with disability are socially produced has important policy implications.

Social barriers to participation are avoidable and are amenable to [public health interventions](#). Implementing policies that focus on removing modifiable barriers to participation could substantially improve health and well-being for people with disability.

For instance, making employment opportunities more accessible could lead to increased income and larger social networks, both of which can be positive for well-being. Such action would help to close the gap in [health inequalities](#).

To help focus public health interventions, further research is needed to explore the impact of [social barriers](#) to participation in specific life domains.

Nonetheless, interventions that remove any barriers to participation will uphold the rights of people with disability and improve their health and well-being. Such interventions are essential to ensure Australia meets its commitment to the CRPD.

What can be done to reduce inequalities

Australia's Disability Strategy 2021–2031 details the Australian Government's disability policy framework and vision for an inclusive society that "ensures people with disability can fulfill their potential, as equal members of the community."

The Strategy is designed to meet Australia's commitment to the CRPD and lists 31 Policy Priorities across seven Outcome Areas, which align closely with the range of barriers to participation examined in our study.

A clear roadmap for implementation of the Strategy is needed as well as regular reporting to measure progress against the stated priority areas.

A key part of the strategy resides with the National Disability Insurance Scheme (NDIS), which funds supports and services for Australians with permanent disability. Yet the NDIS only supports around 13% of the 4.4 million Australians with disability.

The remainder are served by a variety of programs and services provided by Federal and State governments.

The NDIS was originally intended to help connect all Australians with disability to services outside of the scheme, however flawed policy design and underfunding has prevented the fulfillment of this intention.

Broader shifts are now needed to create inclusive communities and remove barriers to participation for the wider disability community.

An example of this is the Disability Services Act 1986, which is currently undergoing major review to ensure Australia meets its obligations to all Australians with disability under the CRPD, regardless of whether they are eligible for the NDIS.

This important piece of legislation governs the services and supports

available and affects how people with disability can participate in community and economic life.

A public consultation is currently underway. You can add your voice by making a submission to help ensure that disability services are designed to allow people with disability to fully participate as equals in our society.

But the only way we can know if these policy changes effectively remove the barriers experienced by people with disability is through ongoing monitoring and collection of data.

We need better Australian data to track the progress of policy changes and understand whether the experiences of people with disability are in fact improving, and if they are not, how best to target approaches to ensure a more equitable society for all Australians.

More information: Zoe Aitken et al, Disability-related inequalities in health and well-being are mediated by barriers to participation faced by people with disability. A causal mediation analysis, *Social Science & Medicine* (2022). [DOI: 10.1016/j.socscimed.2022.115500](https://doi.org/10.1016/j.socscimed.2022.115500)

Provided by University of Melbourne

Citation: Removing barriers to participation for people with disability (2022, December 1) retrieved 7 May 2024 from <https://medicalxpress.com/news/2022-12-barriers-people-disability.html>

| |
|--|
| <p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p> |
|--|