Written submission to provide comment to
The Victorian Parliament’s Family and Community Development Committee

Inquiry into Social Inclusion and Victorians with a Disability

Submitted to
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About Women with Disabilities Victoria

Women with Disabilities Victoria is an organisation run by women with disabilities for women with disabilities. Our members, board and staff have a range of disabilities, backgrounds, lifestyles and ages. We are united in working towards our vision of a world where all women are respected and can fully experience life.

Our gender perspective allows us to focus on areas of inequity of particular concern to women with disabilities, including women's access to health services, gendered NDIS services, and safety from gender-based violence. We have a secondary focus on access to mainstream services. We undertake research, advocacy and professional education and provide information, leadership and empowerment programs for women with disabilities. We have dedicated particular attention to the issue of men's violence against women with disabilities, due to its gravity and high rate of occurrence in our lives.

Introduction: about this submission

Women with Disabilities Victoria (WDV) developed this submission based on key principles and a range of sources. These included learnings from our primary research, secondary research and experiences as women with disabilities.

Representing women

To learn from women's experiences, we held a members consultation forum (with 7 attendees) and held an online survey (and received 35 responses).

Research and programs

In addition, this submission is informed by our research, projects and programs. These include *Voices Against Violence Research Project*, the *Gender and Disability Workforce Development Program* and the *Your Say, Your Rights Research Project*.

Voices Against Violence is a cross-sectoral research project conducted WDV, Office of the Public Advocate and Domestic Violence Resource Centre Victoria. The project investigated the circumstances of women with any kind of disability who have experienced violence. This research is funded by The Legal Services Board and Gandel Philanthropy, and will be published in 2014.

The Gender and Disability Workforce Development Program is an organisational change program funded by the Victorian Government. WDV developed, and will deliver a training package aimed at improving the quality of gender sensitive practice amongst disability workers in two disability service sites. This is a strategy for violence prevention and improving women's well-being and status.

Your Say, Your Rights Research Project examined the use of communications technologies by women with disabilities to access social support and information. The project focused on women who are particularly isolated, involving a series of roundtables addressing different communication barriers. WDV ran this project in collaboration with the Self Advocacy Resource Unit, with funding from the Victorian Women's Benevolent Trust.

Key principles underpinning this submission

The social model of disability provides a conceptual framework for social inclusion
Having an impairment is not in itself a barrier to social inclusion. A social model of disability views disability as the result of the interaction between living with impairments and an environment filled with physical, attitudinal, communication and social barriers. The social model of disability is a recognised way to view and address barriers to social inclusion.

The Intersection of disadvantages must be considered to address social exclusion. There are barriers to social inclusion for people with a disability. There are barriers to social inclusion for women. People with disabilities who are women experience compounded barriers. Barriers are further compounded for women with disabilities due to other characteristics, such as being elderly, being in a cultural minority, one's sexual preference or living in a rural location.

According to the *Commission on Social Determinants of Health Final Report,* social inequity is reinforced by intersecting characteristics, such as gender, disability, ethnicity, education, class, age and geography. The report states that social inequity "…reflects deep inequities in the wealth, power, and prestige of different people and communities. People who are already disenfranchised are further disadvantaged….".[1]

Citizenship and participation is a human right. WDV recognises people with disabilities are Victorian citizens and as such have the same rights as other citizens to opportunities for economic and social participation. Governments have a responsibility to ensure the conditions for the participation of all citizens are in place.

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[1] World Health Organisation (2008), *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health Final Report. p18.*

Recommendations

Women with Disabilities Victoria make the following recommendations with a focus on our priority areas.

Key recommendation
Recognising the social and economic costs of the exclusion of people with disabilities from community life, the Victorian government take the lead in policy and practice to address the physical environment and social attitudes that exclude people with disabilities from participation. This includes the following initiatives:

Instigate support for structural reform and changing societal attitudes

- Support and reinforce inclusive attitudes that challenge traditional beliefs and values about disability and gender**.** This might include social marketing based on what we know about stereo types, gender roles, the social model of disability and discrimination.
- Improve mechanisms for engaging planners, architects and builders in universal design and improve enforcement of building regulations in line with the Disability Discrimination Act
- Adopt universal technology design principles for public service IT systems to allow employment of people with disabilities and access to information.

Recognise gender
Recognise the diverse roles and needs of women with disabilities. Ensure that:

- Gender- and disability –based needs are explicitly considered in government policies and plans and that women with disabilities participate in government advisory structures.
- Women with disabilities have access to mainstream services and supports. This necessitates service agreements and standards requiring all services to be accessible to women with disabilities.

Representation and inclusion of people with disabilities

- Promote the Social Model of Disability concept in all government policy and across services.
- Ensure that advocacy for people with disabilities including systemic advocacy, is objective and independent from service delivery.
- Ensure mechanisms for engaging people with disabilities in community life such as the Rural, Metro and Deaf Access Program is maintained and resourced.
- Ensure that data collection in all services is disaggregated by gender and disability.

Resource workforce development

- Require training for staff in both disability-related and mainstream services in gender- and disability-awareness. Training should cover:
    - preventing, recognising and responding to violence against women.
    - recognising the caring responsibilities for women with disabilities, so that their requirements can be more accurately assessed and addressed.
    - how to involve women with disabilities in decision making.

Prevent violence against women with disabilities

- Government give consideration to funding best practice models of service (such as those documented in this submission) that show evidence of preventing violence against women with disability.
- Ensure existing and future primary prevention initiatives have the capacity and resources to include women with disabilities in their governance, design delivery and review.

Improve responses to violence against women with disabilities

- Resource violence response services that show evidence of providing an effective response to women with disabilities who experience violence.
- Improve court support for women with disabilities attending court.
- Introduce a witness intermediary scheme as recommended by the Parliamentary Law Commission.

Increase employment opportunities

- Resource leadership programs that include or target women with disabilities.
- Introduce employment strategies, such as disability targets in the Victorian Public Service, to address employment discrimination against women with disabilities.

Address the digital divide

- Develop a digital inclusion strategy, to address technology barriers, in consultation with women with disabilities and private enterprise.
- Resource educational opportunities for women with disabilities to learn about safe use of the internet (in mainstreamed and specialised environments).

Improve access to health services and health information

Health services should be required to meet minimum standards including:

- Provision of accessible health information utilising multiple formats.
- Provision of physical access, clear signage and accessible facilities.
- Adequate time and resources, such as longer and multiple appointments, to meet the health needs of all women, particularly those with intellectual and communication disabilities.
- A holistic approach to health care for women with disabilities recognising women's total health needs and right to live full sexual and reproductive lives.

Q 3.4 What does social inclusion for Victorians with a disability look like now?: breaking down the indicators to see gender differences

Women with disabilities require the same opportunities for social inclusion as other women. Like women in the general population, members of WDV are diverse in their roles, attitudes, values and motivations. We are every woman (all women): rural women, environmentalists, mothers, volunteers, professionals, newly arrived immigrants, lesbians, pensioners and politicians. We desire the same opportunities as any other citizen. We recognise that we don't have these opportunities because we are excluded from adequate educational resources, employment, the built environment, access to health and other mainstream services. We are excluded because of our disability and this exclusion to opportunities is exacerbated by our gender.

To understand how Victorian women with disabilities feel about social inclusion, we asked them in an online survey which received 35 responses. Just over half of the women who responded described how they felt socially included, while for the participants, the question inspired them to describe how they feel excluded.

> Q. "In which ways do you feel socially included?"
>
> "I experience social inclusion through being employed, enjoying relationships with family and friends, utilising public transport, access to health services, freedom of movement through built environment, access to electronic information, access to education."[2] Survey response from a woman with a disability.
>
> "To me, Social Inclusion is being part of things. I feel like I belong at Women with Disabilities Victoria. I'm involved in local community groups like Whitehorse Disabilities Advisory Group and the Alfred Community Advisory Group. I volunteer, talking to people in hospital who may be about to or who have just undergone limb amputation, and serve in medical research Committees."[3] Survey response from a woman with a disability.
>
> "Even on a very basic level I still can't get a wheelchair into 50% of shops in the local shopping strip... 'Advanced' accessibility for housebound folk is way off the radar."[4] Survey response from a woman with a disability.
>
> "I feel like many spaces are dominated by men. Either they take up all the air space and don't let women have a say, or they try and hit on you which makes me uncomfortable, or they are creepy and I don't feel safe. This includes spaces for people with disabilities, this includes men with disabilities. There are barriers to accessible, affordable housing accessible, affordable transport, to employment… I think there are probably more barriers to social inclusion than I can know. They are like the unknown unknowns - because if I absolutely don't have access to them, I don't even know about them."[5] Survey response from a woman with a disability.
>
> "My social life used to be visiting friends and family. Now (with a disability) I'm isolated and alone. Homes aren't universally designed. If I want to see people they have to come to me. Public buildings are a bit more accessible. But homes are where a lot of socialising happens." Shaunagh, WDV member[6]

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[2] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

[3] Ibid.

[4] Ibid.

[5] ibid.

[6] Shaunagh (2014), WDV members' consultation forum.

Q 4.5 How can social inclusion and the participation of people in the community be effectively measured?: the value of disaggregated data

To understand social inclusion for Victorians with a disability looks like, as well as listening to women with disabilities, we also need to look at key indicators measured through the ABS and other research. As clearly identified by the Committee in this *Inquiry's Submission Guide*, indicators of economic, social and civil inclusion show the disadvantageous impact that disability has on these indicators.

It is important to highlight that gender has an additional impact on these indicators, further reducing social inclusion. The following table (Table 1) sets out participation indicators for people with disabilities, largely drawn from the *Submission Guide*, and compares them with available indicators for women with disabilities.

Table 1: Comparing indicators of social inclusion, highlighting available data on gender differences

People with Disabilities	**Women with disabilities**
Population	
Victorians with a disability represent around 18% of Victoria's population. Of Victoria's population of 5.4 million people in 2009, an estimated 1 million were people with a disability.[7]	The estimated number of females with a disability is higher across all age ranges over 14 years. The prevalence of disability rises significantly after the age of 50 years, for example, from 20% in the 45–54 age group to more than 80% among people aged 85 years or over.[8]
Diversity	
Rates of disability are slightly higher among Aboriginal and CALD people, and people in remote and rural areas.[9]	In 2009, 8.9% of Aboriginal and Torres Strait Islander girls aged 0-14 had a disability (compared with 4.8% in the general population). In the 35–44 years age group, 29.0% of ATSI women had a disability (compared with 12.5% in the general population). [10]
Employment	
In 2009, an estimated 48% of Victorians aged 15 to 64 with a disability were employed, compared with 78% of people without a disability.[11]	Recent data showed that 44% of women with disabilities were in employment, compared 53% of men with disabilities.[12]

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[7] ABS (2011) *Disability, ageing and carers, Australia: state tables for Victoria: All persons, disability.*

[8] Victorian Government (2012), *Victorian State Disability Plan 2013–2016*, pp. 6–34, based on ABS 2009 data: *Disability, Ageing and Carers, Victoria*, the *Census of Population and Housing 2006*, the *General Social Survey 2010* and *Disability Australia 2009.*

[9] ABS (2010), Disability, Ageing and Carers, Australia: Summary of Findings.

[10] Australian Human Rights Commission (2014), Equality Before the Law. p13 – citing ABS (2009).

[11] ABS (2010), 'Persons aged 15–64 years, selected characteristics, by level of highest educational attainment', table 8, Survey of education, training and experience.

[12] *Victorian State Disability Plan 2013–2016*, op. cit. pp. 26–27.

Education	
Victorians with a disability are likely to leave school earlier than their peers without a disability.[13]	WDV has not identified any sources for rates of school leaving for women with disability.
Income and poverty	
In Australia more than half of people with disabilities live near or below the poverty line.[14] In 2009 the average income of Victorians with a disability was substantially lower than the income of people without a disability ($305 gross per week, compared with $593 gross per week).[15]	Women with disabilities are more likely than men with disabilities to be affected by poverty.[16]
Homelessness	
There is no reliable data for the rate of homelessness among Victorians with a disability because of the narrow criteria used to identify disabilities. *The National Homelessness Research Agenda*, however, found that the prevalence for homelessness is greater for Australians with a disability than the general population.[17]	WDV has not identified any sources for the rate of homelessness among Victorian women with a disability.
Housing	
National home ownership data indicates that an estimated 36% of people with a disability own homes with a mortgage, compared to 45% of people without a disability.[18]	WDV has not identified any sources for housing data available that disaggregates by gender and disability.[19]
Incarceration	
There is an over-representation of people with disabilities in the justice system. For example, it has been estimated that between 1.3 per cent and 2.5 per cent of Victoria's prison population have an intellectual disability.[20]	Up to 33% of female prisoners have cognitive impairments, such as an acquired brain injury.[21]

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[13] ABS (2010), 'Persons aged 15–64 years, selected characteristics, by level of highest educational attainment', table 8, Survey of education, training and experience.

[14] S. Young (2013), *Destroying the Joint: Why women have to change the world*,' edited by J. Caro, University of Queensland Press.

[15] ABS (2011), 'Persons aged 15 and over, living in households, household income quintiles and median gross personal income by age, carer status and disability status 2009'

[16] S. Young (2013), op. cit..

[17] Homelessness Australia cited in State of Victoria, 2011 cited in Inquiry Guidelines.

[18] *Victorian State Disability Plan 2013–2016* (State of Victoria, 2012, pp. 6–34), which in turn are based on ABS data, specifically: *Disability, Ageing and Carers, Australia: State Tables for Victoria 2009*, the *Census of Population and Housing 2006*, the *General Social Survey 2010* and *Disability Australia 2009.*

[19] *Victorian State Disability Plan 2013–2016* (State of Victoria, 2012, pp. 6–34), which in turn are based on ABS data: *Disability, Ageing and Carers, Australia: State Tables for Victoria 2009*, the *Census of Population and Housing 2006*, the *General Social Survey 2010* and *Disability Australia 2009.*

[20] State of Victoria, 2012, p. 24 cited in Inquiry Guidelines.

[21] State of Victoria, 2012, p. 24

Safety	
The Australian 2012 Personal Safety Survey (PSS) can give us a picture of population trends. The ABS state, “It is also likely that the PSS will under represent those with a profound or severe communication disability.”[22] The survey was conducted in private dwellings (not including accommodation types like institutions). Communication assistance was not provided.[23]	The Australian 2012 Personal Safety Survey found that women were more likely than men to have experienced; an episode of stalking, physical assault by a male in their home, violence by a partner, sexual assault, emotional abuse by a partner, and experience anxiety or fear due to emotional abuse.[24] A recent Victorian study shows that almost 50% of female patients were sexually assaulted while in mental health units and more than 80 per cent lived in fear of being abused.[25]

There are gaps in available data to measure key indicators of social inclusion for women with disabilities, as we can see in Table 1. Through research across our priority areas (violence, health, parenting and employment) we have found this is due to two main factors. Firstly, there is a lack of gender and disability disaggregated data. Secondly, there is an inconsistency of data collection terms and definitions used across services and jurisdictions. For example the acute health sector collects no data on disability whilst the Survey of Disability, Aging and Carers publishes no comprehensive data on gender.

The definition of ‘disability’ used in the ABS varies from that used in the Victorian Disability Act, Centrelink, and the national SHIP homelessness database. This not only creates barriers to research, it also creates barriers to service access, and consequently social inclusion, as the case study below illustrates.

CASE STUDY: Police attended a family violence incident where Gary had assaulted Miriam. At the scene the officer completed a form about the incident, but skipped the part of the form where he could ask Miriam if she had any special needs. He referred Miriam to a family violence service.

During intake, the family violence worker went through the questions required for the SHIP database. Whereby Miriam explained that she was on a Disability Support Pension due to her mental illness.

The family violence worker could see the significance of Miriam’s disability, and sought to connect her with Disability Support Services and the *Disability Family Violence Crisis Response Initiative.* This initiative provides practical assistance to women with disabilities escaping violence. The family violence worker found that these services are covered by the Disability Act, and mental illness is not included in this definition. Despite Miriam’s disabling mental health condition, she was not eligible for disability supports.

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[22] ABS, Personal Safety Survey Australia (2012), Summary.

[23] Ibid.

[24] Ibid. Explanatory notes.

[25] Victorian Mental Illness Awareness Council (2013), Zero Tolerance for Sexual Assault: A safe admission for women, VMIAC.

4.1 What are the barriers to meaningful social inclusion for Victorians with a disability?: identifying the barriers for women

> “Women with disabilities are largely invisible in Australian society, but it's not because there just aren't that many of us. People with disabilities make up roughly 20% of the Australian population, and disability is slightly more prevalent among women. So why is it that when asked to think of a high-profile disabled woman, we struggle?”[26] Stella Young

Negative attitudes

Social stereotypes and biases about women with disabilities can have the effect of dehumanising, infantilising, excluding or isolating. These stereotypes also reinforce behaviour that targets women with disabilities for sexual and other forms of violence. These attitudes and beliefs also put women with disabilities at greater risk of institutionalised violence.[27]

In 2013, Scope conducted an analysis of the *‘First National 1 in 4 Poll’* a poll of people with disabilities across Australia. It was found that women with disabilities experienced negative attitudes towards them and high rates of exclusion. Victorian women reported experiencing greater difficulty while receiving services from banks, financial institutions and insurers than women in the rest of Australia. Australian women reported experiencing greater difficulty with negative attitudes in the media than men. [28]

The settings within which the negative attitudes caused the most difficulty to women were while:

- Using public transport
- Receiving health services
- In the workplace.

Women experienced more difficulty than men with the following negative attitudes:

- People didn’t believe the extent of my disability
- People bullied me.[29]

A commonly held attitude about women with disabilities is that we are “vulnerable”. This implies that we carry disadvantage as an individual characteristic, effectively blaming the victim. Research shows that men with attitudes of dominance and rigid sex role stereotypes in fact target women with disabilities because they perceive them to be more compliant and submissive. The risk arises from characteristics of the perpetrators who target them.[30]

Saying women with disabilities are vulnerable to disadvantages such as poverty, again, suggests this is an intrinsic trait. When women are actually at higher risk of poverty because of systemic factors such as lower incomes, higher rates of family violence, and being more likely to be a primary carer.

> “We are seen as welfare bludgers and less than important to other people who don't have disabilities.”[31] Survey response from a woman with a disability.

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[26] S. Young (2013), op. cit..

[27] L. Dowse, K. Soldatic, A. Didi, and G. van Toorn, (2013), *Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia*, Women with Disabilities Australia.

[28] 1 in 4 Poll (2013), *The 1 in 4 Poll*, Scope and Deakin University (unpublished).

[29] ibid.

[30] L. Healey, (2014 forthcoming), Voices against Violence: Current Issues in Understanding and Responding to Violence against Women with Disabilities. Women with Disabilities Victoria, Office of the Public Advocate, and Domestic Violence Resource Centre Victoria.

[31] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

Violence against women with disabilities

To put violence against women with disabilities in a national context, Violence is the leading contributor to death, disability and illness of Australian women aged 15 to 44 years.[32] Men are the main perpetrators of violence against women, and predominantly men known to them.[33] Violence against women can take many forms, including sexual assault, sexual harassment, sexual exploitation, family violence, economic abuse and abuse of children.[34] Many international agreements recognise the fundamental human right for women to live free from violence, the most significantly, the United Nations *Declaration on the Elimination of Violence against Women* (DEVAW) and the *Convention on the Rights of Persons with a disability* (CRPD).

Evidence supports that women with disabilities are at higher risk of violence. Causes for this increased risk include negative attitudes (described above) and social exclusion. Further, perpetrators can choose to exert additional types of control over women with disabilities, for example, withholding aids, withdrawing supports, restricting movement, or mis-administration of medicines. In comparison to women without disabilities, women with disabilities experience violence at a higher rate, for longer periods, from more perpetrators, and in more severe episodes.[35]

As mentioned above, family violence is a form of violence used by men against women. *The Victorian Family Violence Protection Act* describes behaviour which is used in family and family-like relationships to exert power and control against another person. “Family violence includes physical, sexual, emotional and psychological abuse and threatening or coercive behaviour, including towards or witnessed by children.[36]

The Family Violence Protection Act recognises that women with disabilities can experience family violence in the home and they can also have family-like relationships with non-family members. Women with disabilities can experience violence in the diversity of places they reside, such as private homes, group homes and hospitals.[37]

The extent of controlling behaviour that defines family violence is often described as being like terrorism in the home. Lack of control one’s place of residence can have powerful effects on social inclusion due to ongoing anxiety, insecurity, low self-esteem and social isolation. Long periods of anxiety and insecurity and the lack of supportive relationships are damaging in many ways. WHO reported, “The lower people are in the social hierarchy of industrialised countries, the more common these problems become.”[38]

Violence against women is preventable. There is significant scope for stopping violence before it occurs. Prevention of violence against women is a developing field of work in Victoria, most prevention programs are not delivered in ways and places that are accessible for people with disabilities and the workforces around them.

> “Inaccessible homes become another factor that stops women from leaving violence because there's nowhere to go.” Jacqui, WDV member[39]

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[32] VicHealth (2004), The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence. VicHealth,

[33] ABS (2005), Personal Safety Survey Australia.

[34] *Victoria’s Action Plan to Address Violence against Women and Children*, op. cit. Appendix 1.

[35] L. Healey, (2014 forthcoming), op cit.

[36] *Victoria’s Action Plan to Address Violence against Women and Children, op. cit.* Appendix 1.

[37] *Family Violence Protection Act* (2008), Section 4.

[38] R. Wilkinson and M. Marmot (2003), *Social Determinants of Health: The Solid Facts, 2nd edition*, World Health Organisation. p12.

[39] Jacqui (2014), WDV members’ consultation forum.

Barriers to safety and the justice system

The Australian Human Rights Commission reported this year that, "Many people with disabilities are left without protection and at risk of ongoing violence."[40] Understandably, the high rates of violence against women, and particularly women with disabilities, have a negative impact on not just safety, but also feelings of safety. From street harassment and workplace harassment to sexual assault in the home or mental health facility, women can fear and experience barriers to safety and social inclusion.

> "If the assailant is not a patient but a nurse or doctor who can you trust or turn to for help?"[41]
> VMIAC report.

Legislative reforms have been implemented to address some inequities in the Victorian justice system. For example, evaluation of the outcomes of the Victorian Law Reform Commission's *Sexual Offences: Law and Procedure – Final Report*, found that overall legislative reforms have begun to impact on outcomes for victims of sexual assault, particularly with people with a cognitive impairment. However, it has been found there are gaps in the system which require non legislative reforms.[42] Victoria's Parliamentary Committee inquiry into access to justice for people with disabilities presented recommendations to address these gaps.[43]

Women wishing to report crime can be ignored and disbelieved. This can be due to factors such as:

- discriminatory attitudes about their disability
- sexist attitudes which blame the victim
- and a reluctance and / or inability to take evidence from witnesses seen as 'not credible.'

In situations where the justice system has failed to uphold their safety, women with disabilities develop a mistrust in the system, which further discourages the reporting of crime.

In situations across Victoria there are numerous instances where court infrastructure and services don't comply with the Disability Discrimination Act. Low awareness of disability within the policy and court workforce compounds this situation.

> CASE STUDY: Alia arrived at court to take out an intervention order because her partner was abusive. The Registrar's counter was above the height of her scooter. The Registrar got frustrated listening to Alia's stroke affected voice and referred her to the Applicant Support Worker (ASW). Alia explained to the ASW how her partner would hide her scooter battery, push her out of her scooter and put important things out of her reach.
>
> The Court's lift was too small to fit Alia's scooter. Alia returned to court with a smaller, borrowed manual wheelchair which required her to hire a disability support worker for the trip.
>
> In the courtroom, the only wheelchair accessible space was where the door swung back and forward into her and people stepped over her. The witness box was not accessible, so Alia spoke from the floor.
>
> Various factors served to undermine Alia's communication with the court. The community lawyer had no training or experience working with clients with communication difficulties. No communication assistant was called for by the court. Sunshine Magistrates Court, 2013.

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[40] Australian Human Rights Commission (2014) *Equality Before the Law*, p5.

[41] Victorian Mental Illness Awareness Council (2013), *Zero Tolerance for Sexual Assault: A safe admission for women*, VMIAC, p53.

[42] P. Frawley (2013), *Making Rights Reality – a project for sexual assault survivors with a cognitive impairment: Evaluation Report 1*, La Trobe University, p2.

[43] Victorian Law Reform Committee (2013), *Inquiry into Access to and Interaction with the Justice System by People with an Intellectual Disability and Their Families and Carers*.

Women with disabilities' responsibilities as carers

> "Discussions on 'social inclusion' always focus on employment. It is important not to forget all the unpaid work of women, volunteering, parenting and caring." Shaunagh, WDV member.

Access to child and family support services is critical for parents with a disability. Through our consultations, women with disabilities told us that their experiences as mothers can support their social inclusion. However, women with disabilities can also have negative experiences as mothers. As Women with Disabilities Australia and Women with Disabilities Victoria submitted to the Productivity Commission:

> Mothers with disabilities have often reported that their "disability support" (such as attendant carer, home help) does not extend to provide any assistance with a baby/child. Women with disabilities who have children are not currently served well by parenting-related services, including maternity/obstetric services such as mother/baby unit for a newborn and family support services. There is a lack of enabling equipment that supports mothers with disabilities, for example, visual alerts for a child's cry for the mother who is deaf; or a modified cot which assists a mother with poor balance to lift and cuddle her child.[44]

Prejudicial societal attitudes towards women with disabilities (discussed above) are upheld by justice and child protection systems, where women with disabilities receive unfair treatment. Parents with a disability are up to 10 times more likely to have a child removed from their care in the child protection system.[45]

> CASE STUDY: "Rebecca did not lose her child because she was an incompetent or abusive mother. Indeed, the reports from the paediatrician, the psychologist and the family support worker presented in court all acknowledged her love, dedication and capability.
>
> Rebecca has a mild intellectual disability and she lost her child because it was determined that the elderly relatives of her estranged partner - who had challenged for custody of her daughter - would make better parents.
>
> Now Rebecca has access to her daughter only on alternate weekends and for part of school holidays - a decision which she cannot appeal and about which she must remain publicly silent.
>
> Rebecca's advisers believed they could not resist a decision in favour of her former partner's family and accepted a consent order - there can be no legal challenge to that order. Their decision was based on potential legal liability and restrictions on the role of a litigation guardian, an appointee whose job is to ''stand in the shoes'' of a disabled person during court proceedings." [46]

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[44] Women with Disabilities Australia and Women with Disabilities Victoria (2011), *Submission in Response to the Productivity Commission's Disability Care and Support Draft Report*.

[45] C. Pearce (15 December 2012), *Disability no bar to good parenting*, The Age, Fairfax Media, Opinion.

[46] M. Baker (15 December 2012), A child taken, a mother grieves, The Age, Fairfax Media, Editorial.

Public Advocate, Colleen Pearce discussed her concern about the injustice faced by mothers with disabilities with *The Age*, basing her opinions on the work of her office.

> "I am increasingly concerned that children are being removed from parents with a disability principally due to that disability and not because the cases meet the relevant tests… Very often their child is removed, not because the parent has harmed or neglected them, but because the child is seen as being at risk of neglect. The appropriate response to this is to provide support, encouragement, help and education."[47]

Negative attitudes towards mothers with disabilities are so pervasive that women are even deprived of the opportunity to be mothers. The forced sterilisation of women and girls with disabilities is not a rare practice, and is a breach of Australia's commitment to international treaties.[48]

Barriers to accessing health information and services

From our members, WDV repeatedly hears about experiences of inadequate and non-responsive health services: not feeling respected; not being involved in the decisions that affect their health care and treatment; not being able to get onto the examination table; or the recurrent focus on their disability, rather than their health concerns.[49]

To learn more about this, WDV commissioned a literature review undertaken by the Centre for Women's Health, Gender and Society at The University of Melbourne. The review found that Women with disabilities are not able to access the health services they need to optimise the health and well-being and their capacity to participate in community life. The following outlines key socio-economic, policy and practice barriers to achieving this basic human right:

- Significant practical, attitudinal and organisational barriers to inclusive services for women with disabilities exist.
- Services do not involve women in decision-making about their own health.
- Primary carers and health care providers exclude women with disabilities.
- Women with disabilities remain poorly served by health services in relation to their sexual and reproductive health needs.
- Health promotion initiatives, such as those for mammography and Pap screening, are not currently meeting their service obligations to reach women with disabilities.
- Health information is not provided in a range of accessible formats.
- Higher rates of poverty and housing stress and lower levels of education impact on PWD accessing health services.
- Lower levels of health knowledge among some women with disabilities may contribute to delays in obtaining treatment and lower participation in health promotion and prevention services.
- Higher rates of mental health problems co-exist with having a disability.
- There is a stark absence of research evidence on the health experiences of women with disabilities in Australia. In itself, this lack of research is an indicator of the depth of discrimination and the invisibility of women with disabilities within health research, policy and priorities.[50]

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[47] C. Pearce (15 December 2012), *Disability no bar to good parenting*, The Age, Fairfax Media, Opinion.

[48] C. Frohmander (2013), *Dehumanised: the forced sterilisation of women and girls with disabilities in Australia - WWDA Submission to the Senate Inquiry into the involuntary or coerced sterilisation of people with disabilities in Australia*. Women with Disabilities Australia.

[49] S. Petrony; P. Horsley and A. Kavanagh (2010), *Access to Health Services for Women with Disabilities: A Review of the Literature,* WDV and the Centre for Women's Health, Gender and Society at The University of Melbourne.

[50] ibid.

Access to health information is limited for people with disabilities by a general lack of accessible formats. Women with disabilities experience additional barriers to health information due to the attitudes of information providers. For example, women are ‘protected’ from information about healthy relationships and healthy sexual practices in the belief that this will keep them safe. In reality evidence suggests that women who are informed and empowered to understand their bodies, sexual health and healthy respectful relationships are safer from exploitation and unsafe sex.[51]

Unemployment

In the 2013 book, “*Destroying the Joint*” Stella Young noted that labour force participation rates amongst women with disabilities are lower than those of men. In 2003, 46.9% of women with disabilities were employed, compared to 59.3% of men with disabilities. She wrote, “When they are employed, women with disabilities experience the same kinds of gender discrimination as nondisabled women; they earn less, they spend more on health care, and they are more likely to live in poverty.”[52] In addition, women are more likely to be in parenting roles and face difficulty securing affordable childcare and parenting supports.

Women told us about the lack of individual experience of disability amongst those employed in the disability workforce and were particularly concerned that this be addressed with the introduction of the NDIS.

> “I don't feel there are enough people that have a disability working in supporting others with a disability and this would help so many and provide a higher quality of service.”[53] Survey response from a woman with a disability.
>
> “Ensuring the implementation of the State Disability Plan is real and not just tokenistic. They should ensure that they consult Victorians with disabilities in all areas where there is policy development and research. They should ensure that they increase employment of Victorians with disabilities across the public sector.”[54] Survey response from a woman with a disability.

The digital divide

The ability to access and use Information and Communications Technologies (ICT), including the internet are a critical part of contemporary society. Australian Bureau of Statistics figures on the current spread of internet usage would suggest that we are fast approaching a time when it is no longer an issue of personal choice, those without access to the internet will be seriously disadvantaged by society’s increasing use and dependence on it.[55] The right to digital inclusion is founded in both international treaty obligations and state legislation.

Through a research project conducted by WDV, the Self Advocacy Resource Unit (SARU) and women with disabilities, we learned that many women with disabilities experience a “digital divide.” We learnt that the divide is formed by following components:

- Cyber-safety concerns are more likely to be held by women than men
- stereotyped perceptions about ICT and gender within the community
- cost of equipment and technical support
- lack of access/support.

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[51] Women with Disabilities Australia and Women with Disabilities Victoria (2011), *Submission in Response to the Productivity Commission’s Disability Care and Support Draft Report*.

[52] S. Young (2013), op. cit.

[53] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) op cit.

[54] ibid.

[55] C. Jennings (2012), *Your Say, Your Rights: a project on Information Technology Communication and Women with Disabilities*, Women with Disabilities Victoria and the Self Advocacy Resource Unit. p22.

While some women voluntarily exclude themselves from ICT, others are unaware of the opportunities it can offer. There has been an impressive drive in Australia to promote ICT to older people. A similar drive is needed to increase participation of women with disabilities. [56]

Listening to women we heard how transformative this type of social inclusion is for them. One program participant said her Neurosurgeon suggested she access social media as to deal with her sense of sadness and isolation. Another woman said her world immediately broadened when she got a computer and internet connection at home.

> "Transport is so difficult for me. I spend so much time at home on my own. But with social media at my fingertips, I don't have to feel alone. I can see photos of what my friends are doing. I can get involved in political debates. I can even campaign for more accessible transport!"[57] Survey response from a woman with a disability

Online communities can be particularly empowering for people with specific types of disability (including sensory impairments and autism spectrum conditions) as they side step the usual barriers of face to face contact. People with disabilities also value the internet for enabling interaction with others through a medium that potentially conceals their difference.[58]

Reviewing a range of local and international sources, we learnt that women predominantly use the Internet for social networking, contacting family and friends, and searching for health and community information. Women's life satisfaction is improved by being online.[59] So it is vital that all women with disabilities have access to social digital inclusion in this digital age.

> "The internet means I can be included in some things, (e.g. social networking, blogging, and online study). Otherwise I'm mostly excluded from things due to being bedridden almost all the time."[60] Survey response from a woman with a disability.

Barriers intersect

In the lives of women with disabilities, the above barriers combine in various combinations, as compounding barriers to social exclusion.

> "Even now as a mature woman, my parents still exert control over my life… I feel it is time for me to move out and break away from their stranglehold. If I could find employment then I could gain the income I need to rent and live an independent life. I believe having a disability really affects employers' attitudes. This really makes a difference to how I manage my disability and the costs associated with it. I have chronic pain since birth but can't afford to pay for [treatment]"[61] Jane.

Jane's story illustrates the complexity of factors that impact on her life and in particular, the interrelationship between socio-economic disadvantage, disability and physical and mental ill health. Jane wrote that she cannot adequately care for herself because is unable to find work to relieve her disadvantage and consequently lives in pain, is aware of her 'differentness', believes her life is controlled by others and struggles with her self-esteem. Her story tells of other people thinking they know best about decisions that are fundamental to Jane's sense of dignity, autonomy and her sexuality. This situation is mirrored by the experiences of many other women with disabilities.

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[56] C. Jennings (2012), *Your Say, Your Rights: a project on Information Technology Communication and Women with Disabilities*, Women with Disabilities Victoria and the Self Advocacy Resource Unit. p15.

[57] ibid. p21.

[58] World Health Organisation and the World Bank (2011), World report on Disability.

[59] C. Jennings (2012). op. cit.. p22.

[60] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014). op cit.

[61] K. Howe (2009), *Submission to The Consultation on the National Women's Health Policy* 2009, Women with Disabilities Victoria.

6.2 What other sectors and sections of the community should have a greater role in improving the social inclusion of Victorians with a disability? and

6.3 Are there examples of good practice in advancing social inclusion and participation driven by local government and the community sector?

WDV is strongly of the view that improving social inclusion for women with disabilities requires work from all sections of our community and co-ordination of this work. Women with disabilities Victoria see a particular role for inter-sectoral work to be done by:

- health and health promotion services (including child maternal health)
- family violence and sexual assault response services
- commonwealth government
- state government
- local government
- family support services
- police and justice
- neighbourhood houses
- arts programs

Following are examples of good practice in promoting social inclusion. Many of these examples are undertaken by the above sectors and demonstrate the incomparable possibilities created through inter-sectoral collaboration. Notably, many of these examples are coordinated and / or resourced by State Government.

Across Victoria, Deaf / Rural and Metro Access Officers work locally to support and create social inclusion. These local government based positions are a lynch pin for engaging people with disabilities in many aspects of community life. They also play an important role in building locally based programs such as the Enabling Women Leadership Program (see more detail below). One of our members described how significant the Metro Access Officer are for her social inclusion.

> "She (a Metro Access Officer) holds meetings and consultations so I can have a say in local developments, (eg. the development of our sports centre, and an audit of our shopping centres). She seeks our views on policy issues, like the municipal disability action plan. She also seeks the views of a diversity of people with disabilities (eg. she seeks my view as a woman with a disability, and links me to council's gender policy unit). She also links local people with disabilities to services. She reminds other parts of Council that it's their job to be accessible – if it wasn't for this, I doubt I could attend all the council events that I do (like consultations, awards and meetings)."[62] Survey response from a woman with a disability.

> "Belonging is about building your local networks. If you have people around you feel safer."[63] Val, WDV member.

> CASE STUDY: A client with a disability arrived at the Family Violence Specialist Court. Court staff realised she was not linked in to any disability services, and she was extremely isolated. This isolation increased the impact of the family violence she experienced. Contacting the local Metro

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[62] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

[63] Val (2014), Women with Disabilities Victoria members' consultation.

> Access Officer, court staff were able to link the woman to local groups and volunteer opportunities. Sunshine Magistrates Court.

WDV's Enabling Women is a leadership program for women with disabilities funded through a philanthropic trust, the Portland House Foundation. The training program was developed with the assistance of community representatives and women with disabilities. The *Enabling Women* program aims to provide training and skills to women with disabilities to become leaders of change within their communities. It is primarily based in local areas so women can establish links with local groups and other women. The 8 two hour facilitated modules cover topics including the social model of disability, self-identity, human rights and advocacy.

Last year programs were run in Melbourne and Gippsland with some exciting results. Following the Melbourne leadership program, 5 graduates are now advocating with the Australian Commission for a federal/state electoral voting system that offers greater accessibility to people with disabilities. Other graduates have successfully advocated for better street lighting, and fines for inappropriate use of disabled parking spaces at their local shopping centre.

After completing the Gippsland program, a woman with an intellectual disability has secured a job at her local gym. She has also addressed a large audience as a panel member on her experience of self-advocacy. Another graduate has put herself forward to speak about her experience of community housing at the Having a Say Conference in Geelong.

> Participant's feedback about the program.
> "I felt included, it made us feel important and valued and respected"
>
> "My voice will be louder, it has given me more confidence to speak out, I'll be more vocal around non-disabled people, I have growing leadership skills"

An important part of the program's success is the community development approach it takes. Steering committees are comprised of women with disabilities and representatives from committed local organisations. Rural and Metro access workers have played a major role on these committees - promoting, recruiting participants, offering participants mentoring and support during and on completion of the program.

Current interest in the program has been expressed in Shepparton, Warrnambool, Geelong and Dandenong. Enabling Women is being converted to Easy English to ensure it is accessible to as many women with disabilities as possible.

> Q. Can you think of examples of good work being done in the community sector to improve social inclusion?
>
> "Grit Media's No Limits show, Women with Disabilities Australia, Women with Disabilities Victoria, National Disability Services, and leadership courses. Government's Ramp Up too."[64] Survey response from a woman with a disability.
>
> "Providing the leadership program in Traralgon for women with disabilities was great."[65] Survey response from a woman with a disability.
>
> "I live in a rural town. I can't think of any examples."[66] Survey response from a woman with a disability.

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[64] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

[65] ibid.

The Enhanced Child Maternal Health Nursing Programs (ECMHN) are a rare support option for new mothers with and without disabilities, offering up to 17 hours of face-to-face contact. As this support is offered through home visits, it is very accessible for women with disabilities. While no central data is collected on the proportion of program clients who have disabilities, ECMHNs say that over half their clients have mental illness or intellectual disability.

All CMHNs are trained in the Family Violence Common Risk Assessment Framework, so they are perfectly placed to identify the high rates of family violence experienced by women with disabilities.

> "Rather than being negative and punishing, we should be positive and supportive. Rather than referring women to child protection, refer them to Child Maternal Health Nurses." Jacqui, WDV member.

Healthy Services, Healthy Women

In 2012, WDV produced a DVD with a focus on improving access to health care for women with disabilities. The DVD, will be used to complement training offered to health practitioners and students on working with women with disabilities. Stage two of this initiative is the provision of training for women with disabilities to impart the skills necessary to provide professional education to health workers when working with women with disabilities. The objective is to empower women with disabilities to develop job skills and to positively influence the way health services are delivered. Funding is currently being sought for this stage two of this initiative.

Community Encounters links Victoria Police Recruits with a diversity of community members (including people with disabilities, members of the GLBTI community, and people from CALD backgrounds). Through one-off short conversations, recruits get a chance to face to challenge their own preconceptions. WDV's position is that police require greater training to understand how to effectively implement justice for PWD.

The following programs work to prevent and respond to violence against women with disabilities

The DHS Disability Family Violence Crisis Initiative (DFVCRI), funded by the Victorian Government, aims to assist women and children with a disability who require immediate disability support to access a family violence crisis accommodation response. Supports can include attendant care, equipment hire and transport support for up to 12 weeks while the woman engages with family violence workers to develop a plan for longer term arrangements. However, the program should assume a broader definition of disability.

Making Rights Reality (MRR) is a two-year advocacy pilot project, designed to improve access to justice for people who have been sexually assaulted and have a cognitive impairment and/or communication difficulties, by enhancing existing services to help overcome barriers to justice. The project is a partnership between the Federation of Community Legal Centres, South Eastern Centre Against Sexual Assault, Springvale Monash Legal Service.

Funded by the Victorian Government, WDV's **Workforce Development on Gender and Disability** project will develop and deliver a training package aimed at improving the quality of gender sensitive practice amongst disability service managers and workers as a strategy for violence prevention and improving women's well-being and status. A component of the project will be to run

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[66] ibid.

a peer led program for women with disabilities, **Living Safer Sexual Lives**. This empowering program is a departure from outdated protective education programs.

The Tell Someone website was designed to provide family violence information to people with a mild intellectual disability, and their family and community. It provides information about family violence through short videos featuring actors with disabilities. Plain English information on support options, pathways into legal, police and family violence systems is also available. The site is an initiative of the Southern Metropolitan Region's Integrated Family Violence Executive.

Since late 2012, Barwon Centres Against Sexual Assault (CASA) has been working with Nelson Park Special School in Geelong to implement **Sexual Assault Prevention Program in Secondary Schools** (SAPPSS) within their school. SAPPSS focuses on creating partnerships between Barwon CASA and secondary schools to work towards positive change within school communities and incorporate sexual assault prevention into curriculum.

Family Violence Applicant Support Workers are social workers located at specialist family violence courts in Victoria. They can provide information, emotional support, assistance completing forms, and links to support services. ASWs prioritise women with disabilities, and can be seen to improve court accessibility and women's safety.

Cross Sector Collaboration

All of these programs require strong cross sector collaboration to reach women with disabilities and to respond effectively. WDV believes stronger cross sector collaboration between the disability and family violence response sector is needed to most effectively reach women.

Systemic work

Through **systemic advocacy and representation**, Women with Disabilities Victoria has been able to give voice to the requirements of women with disabilities to instigate and support a range of programs and policies. Without a driven focus on gender and disability, the following selection of examples would not have been possible.

- Disability represented in the Personal Safety Act, the Family Violence Protection Act and the Police Code of Practice for Responding to Family Violence (with examples of violence against women with disabilities)
- Consultation of women with disabilities in the development of key government policies (including the Disability State Plan and the Violence Against Women and Children Action Plan.
- The DFVCRI (above) for responding to violence, and The Workforce Development on Gender and Disability Program for preventing violence.

> "Individual and systemic advocacy and representation are so important. Without the community sector, we would not be represented at all."[67]
> Survey response from a woman with a disability.

> "They should definitely continue funding disability advocacy organizations. Without them, we'd be so much more lost."[68] Survey response from a woman with a disability.

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[67] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

[68] ibid.

> "If you look back at what the community sector has achieved through representation, it is obvious that it needs to continue."[69]
> Survey response from a woman with a disability.

7.1 What needs to happen in the implementation of the NDIS to improve the social inclusion of Victorians with a disability into the future? and

4.3 What do you see as the emerging issues for Victorians with a disability over the next 20 years and how might these influence their social inclusion?

> "It is important that the lives of women and men with disabilities are recognised to be so much more than school, work and retirement. Women want options for diversity in relationships, marriage, mothering, control of fertility and reproduction, running a household, caring for children and older family relatives and to live safely, as well as opportunities for employment and further education. Having secure, affordable housing is the cornerstone of community life in Australia. An effective disability support system in partnership with responsive mainstream services and the community would enable all of these possibilities."[70]

The requirements of women with disabilities must be recognised
Gender must be explicitly mentioned as part of the overall framing and implementation of the NDIS and other disability services. The impact of gender is relevant to the entire population of people with disabilities.

The principles of the NDIS Act contain recognition of the disadvantage experienced by women along with as non-English speaking, cultural and indigenous background; age; impairment; and geographic residence. However it is of concern that in the implementation of the NDIS there has been very limited evidence of planning and workforce development with regard to issues that particularly affect women with disabilities as outlined in this submission.

Good governance requires leadership and balanced representation
The NDIS governance must include people with disabilities and follow best practice guidelines in gender balance from the outset. There must be gender balance in advisory bodies, and structural and governing entities. In addition there could be positive discrimination for the employment of people with disabilities as assessors and in other roles within the NDIA.

Workforce development
The NDIS workforce, like other disability workforces, require training in gender based issues, such as responding to violence against women, and understanding parenting

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[69] ibid.
[70] Women with Disabilities Australia and Women with Disabilities Victoria (2011), op. cit.

support requirements. Through our members' consultation and survey, these issues were raised as being significantly important.

The NDIS can then reflect the perspective of women and men with disabilities. All data, quality measures, monitoring, research, complaints and governance systems should reflect gender.

> "NDIS planners haven't had training in gender and the needs of women with disabilities. They won't know how to respond to family violence risks, or be able to factor in our roles as parents and carers. Housing, public housing and crisis accommodation is not accessible." Angela, WDV member

> "From my understanding many of the current NDIS Planners don't have professional experience in Person-Centred work." Karleen, WDV member.

> "The NDIS has the potential to counter the history of women with disabilities 'falling through the cracks' between the mainstream and disability support systems."[71]

Lead mainstream services into collaboration to reduce social exclusion

How the NDIS can work with mainstream services is critical to the social inclusion of people with disabilities. The mechanism proposed to ensure the NDIS can influence mainstream service development is through high level Memorandums of Understanding (MOUs) and, where possible, funding agreements and contractual obligations. Such MOUs could include expectations such as employment affirmative action on disability and women; having a disability action plan which incorporates a diversity and gender approach and involvement of people with disabilities in governance; co-case management practices; and the incorporation of disability access in accreditation standards. Anti-discrimination legislation is another mechanism which could be utilised in this area.[72]

> "It needs to be a collaborative process in which people with disabilities are consulted rather than being told what we want or need."[73] Survey response from a woman with a disability.

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[71] Women with Disabilities Australia and Women with Disabilities Victoria (2011), op. cit.

[72] ibid.

[73] ibid.

7.2 What should be the role of governments and the community sector in increasing social inclusion? and

7.3 In what way could collaboration between government departments, organisations, services and the community sector be improved to enhance social inclusion for people with a disability?

Women consulted saw an important role for the Victorian government in providing leadership for better social inclusion. The issues raised were well summed up by the quotes below:

> "State Government is needed for coordinating local government's Access Officers - funding disability advocacy organisations - creating laws and policies. All are essential and should be continued. The NDIS won't do any of these things."[74] Survey response from a woman with a disability.

> "The introduction of NDIS will help. But national and state disability plans need to be applied so that the mainstream takes up its responsibilities with respect to employment, data collection and service provision."[75] Survey response from a woman with a disability.

Government leading cross sectoral collaboration

The World Health Organisation called on policy makers at all levels – 'in government, public and private institutions, workplaces and the community' – to take proper account of evidence suggesting a wider responsibility for reducing social exclusion.[76] As this Inquiry question suggests, collaboration is a key component to reducing social exclusion. Governments have a role in coordinating, and at times leading and resourcing this work.

Systemic work is needed to address social exclusion

The NDIS is designed to be an individualised disability service, a baseline for resource provision. While the NDIS Charter of Service claims to be "designed to enhance the quality of life and increase economic and social participation for people with disability,"[77] it does not articulate how this would be achieved.

The NDIS Act does not empower the NDIA to engage in addressing structural, systemic barriers to social inclusion. These barriers include addressing prejudiced attitudes, political and civic representation, advocacy, integrated policy development, accessible housing, workforce development in mainstream services, data and research development, creating local networks, and so on.

It might be said that if an individual wants to receive a service which provides local networks with links to training opportunities, employment programs and accessible cultural events (such as a Metro Access Officer) they could peruse ways to achieve this through their NDIS funding. It is more likely, however, that given a choice between purchasing assistance to shower and purchasing local

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[74] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) op. cit.

[75] Ibid.

[76] R. Wilkinson and M. Marmot (2003), *Social Determinants of Health: The Solid Facts, 2nd edition*, World Health Organisation. P9.

[77] NDIS Charter of Service.

connections, the individual would choose according to Maslow's hierarchy of need. So systemic barriers would not be addressed.

If no other 'disability' funding streams are available, the 'glue' that promotes social inclusion will we lost. Securing funding streams for systemic work must be prioritised.

> "I don't think the NDIS can or will provide what it takes to make social inclusion happen. Things like accessible housing and equal opportunity to employment are outside their scope. Other areas of government and community need funding to continue and create links in policy and services. If funding is not provided elsewhere, then the NDIS must be funded to set up a branch with a social inclusion focus."[78]
> Survey response from a woman with a disability.

Policy and plans address intersectionality, gender and disability

A shared responsibility across government has been recognised in two critical plans, *The Victorian State Disability Plan 2013 – 2016* and *Victoria's Action Plan to Address Violence Against Women and Children*. These plans are strengthened from their development which included:

- Active participation from departments across state government
- Genuine consultation with representational communities
- Consideration to each other (the VAW Plan has actions to address disability access, and the Disability Plan has actions to address VAW).

These factors lay the groundwork to truly reduce social exclusion, and should continue and developed in future policy work. However clear initiatives and performance measures need to be identified in the Victoria disability State Plan.

This type of intersecting policy is an essential component of including people with disabilities and including women. This approach must be continued and expanded across other departments and sectors.

> "Well, I guess what needs to happen for me on an individual level is part of what needs to happen on a systemic level. So I need levels of government to work together so that services and policies link up to support OR create access."[79] Survey response from a woman with a disability.

> "This (social inclusion) is the responsibility if all sectors of the public and private sector. From public transport, to health, to media, to justice, all must play their part."[80] Survey response from a woman with a disability.

Recognise the costs of Social Exclusion

In defining Social Exclusion, The World Health Organisation (WHO) reported that it results from discrimination against people based on their characteristics (such as race or employment status) and their experiences (such as institutionalisation, imprisonment and psychiatric hospitalisation). WHO

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[78] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

[79] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

[80] This is a response from a woman with a disability in an online survey held by Women with Disabilities Victoria (2014) for the purposes of this Inquiry.

reported, “These processes prevent people from participating in education or training, and gaining access to services and citizenship activities.”[81]

WHO see the costs of Social Exclusion as ‘psychologically damaging, materially costly, and harmful to health.’ “Poverty, relative deprivation and social exclusion have a major impact on health and premature death, and the chances of living in poverty are loaded heavily against some social groups. These factors actually increase the occurrence of disability across populations.”[82]

> “It's very hard to be out and about in the community if you're poor. You might not have a mobility aid that suits your needs. You might be limited to using taxis (a very expensive option for daily travel) because the public transport in your area is inaccessible to you. Or you might just feel, because of the access and attitudinal barriers you know are out there, that you are not allowed a place in your community.”[83] Stella Young

3.1 What needs to happen to ensure that people’s individual disability and experience are accounted for in efforts to increase their social inclusion?: recommendations

Please refer to WDV’s recommendations set out on page 5 of this submission.

To further answer the question, what needs to be done, we can look to the large body of work developed to answer this question. An outstanding example is the *Commission on Social Determinants of Health Final Report.* This work does not need to be recreated - some recommendations we can draw from this report follow.

- Empower all groups in society through fair representation in decision-making about how society operates, particularly in relation to its effect on health equity, and create and maintain a socially inclusive framework for policy-making.[84]
- Recognise, address and remove gender biases in research teams, proposals, designs, practices, and reports.[85]
- Full and fair employment and decent work be made a shared objective of international institutions and a central part of national policy agendas and development strategies, with strengthened representation of workers in the creation of policy, legislation, and programmes relating to employment and work.[86]
- Public capacity be strengthened to implement regulatory mechanisms to promote and enforce fair employment and decent work standards for all workers.[87]

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[81] R. Wilkinson and M. Marmot (2003), *Social Determinants of Health: The Solid Facts, 2nd edition*, World Health Organisation. p16.

[82] R. Wilkinson and M. Marmot (2003), *Social Determinants of Health: The Solid Facts, 2nd edition*, World Health Organisation. p18.

[83] S. Young (2013), *Destroying the Joint: Why women have to change the world*,’ edited by J. Caro, University of Queensland Press.

[84] World Health Organisation (2008), *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health Final Report.* p7.

[85] World Health Organisation (2008), *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health Final Report.* p46.

[86] World Health Organisation (2008), *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health Final Report.* p202.

[87] World Health Organisation (2008), *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health Final Report.* p202.

- Governments, where necessary with help from donors and civil society organizations, and where appropriate in collaboration with employers, ensure that social protection systems extend to include those who are in precarious work, including informal work and household or care work.[88]
- Public resources be equitably allocated and monitored between regions and social groups, for example, using an equity gauge.[89]
- A crucial part of a multifaceted policy approach to full and fair employment is ensuring that people who are not in work, or are changing work, are helped to gain the appropriate set of skills and attributes to participate in quality work. This requires the establishment of partnerships between government and NGOs to develop a comprehensive set of programmes that suit the needs of different populations such as people with a disability or the long-term unemployed. Vocational training content and delivery must meet the needs of the community.[90]
- Legislation can help protect minority and vulnerable groups from discrimination and social exclusion.
- Public health policies should remove barriers to health care, social services and affordable housing.

On behalf of Women with Disabilities Victoria, thank you for receiving our submission.

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[88] World Health Organisation (2008), *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health Final Report.* p203.

[89] ibid. p204.

[90] ibid. p79.

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