

Consultation

Feedback Form

Thank you for taking the time to consider the Victorian Public Health and Wellbeing Plan 2015 – 2019 Consultation Paper (available at www.health.vic.gov.au/prevention/vphwp.htm).

Feedback is sought from key stakeholders about the proposed approach outlined in that Consultation Paper. Six questions are outlined below and responses of up to 500 words each would be appreciated.

Some information about you is requested below. We may publish submissions received on the department's website, your permission to do so is sought below.

Name of person completing this form:

Jen Hargrave

Organisation:

Women with Disabilities Victoria (WDV)

Contact details:

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Are you completing this feedback on behalf of your organisation? Yes

We may publish submissions received. Do you agree to your submission being made public?

Yes you can publish my submission

Please forward your response to prevention@dhhs.vic.gov.au by Wednesday 1 July 2015.

1. What is your opinion of the proposed scope and narrative of the Plan as outlined in the consultation paper?

Scope

The Consultation Paper suitably takes a broad view of health, recognising the social and environmental determinants of health. Themes which require more representation in the Consultation Paper's scope follow.

Gender

The World Health Organisation (WHO) report, "Sex and gender are increasingly recognized as important determinants of health for women and men (UN, 2010; WHO, 2010). Beyond the biological differences, gender roles, norms and behaviour have an influence on how women, men, girls and boys access health services and how health systems respond to their different needs. The different and often unequal abilities of women, men, girls and boys to protect and promote their health require recognition so appropriate health interventions can be planned (Ministry of Women's Affairs, 2008; Walston, 2005; WHO, 2010).

As such, this must be articulated in the scope of Victoria's health plan.¹

Sexual and reproductive health

In 2008 the WHO and the Commission on Social Determinants of Health (CSDH) recognise sexual and reproductive health as integral to the health and wellbeing of women. Leaving sexual and reproductive health out of the scope of Victoria's health plan would be an oversight. It may be useful to refer to the WHO and CSDH actions towards improving gender equity for health, including gender mainstreaming, education and training and sexual and reproductive health and rights.²

Disability

Disability is not simply an abnormality to be prevented. Disability is something that one in five Victorians live with. Disability exists in laws, in our identities and our everyday lives. Disability is included in some definitions of the social determinants of health, such as the Canadian Public Health Association.³ Yet communities, services and plans are not built for people with disabilities. Raising the level of disability access to health services and information should be within the scope of the plan, with respect for the human rights and equity of people with disabilities.⁴

Gender and Disability

The Consultation paper notes overlapping target groups as an in-scope issue. This is highly relevant to women with disabilities as we experience intersectional barriers to health and wellbeing

¹ Chean Men, Kate Frieson, et al, 2011, 'Gender as a social determinant of health: Gender analysis of the health sector in Cambodia.'

² 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*.

³ Canadian Public Health Association, '[What are the Social Determinants of Health?](#)', online publication.

⁴ United Nations Convention on the Rights of Persons with a Disability.

throughout our lives. WDV repeatedly hears reports from women with disabilities who have experienced inaccessible health services. They have not felt respected; not been involved in the decisions that affect their health care and treatment; not been able to get onto the examination table; or the recurrent focus is on their disability rather than their health concerns. However, there is a lack of research on the health requirements of women with disabilities. This in itself is an indicator of the depth of discrimination and the invisibility of women with disabilities within health research, policy and priorities.⁵

In Victoria, fewer women aged 20–69 years with an intellectual disability were screened for cervical cancer than women in the general population (**14.8% compared with 71.1%**).⁶

Girls and women with disabilities are more likely than their male counterparts to experience restrictions and violations of their sexual and reproductive rights, face medical interventions to control their fertility and be unlawfully sterilised.

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...”⁷

Women with Disabilities Victoria (WDV) recommends that Victoria’s Public Health and Wellbeing Plan:

- recognises people with disabilities and women as key population groups with intersecting and compounding health requirements
- includes women with disabilities in all aspects of the plan, planning, delivery, governance, data collection and measurement
- prioritise prevention and health programs that are gender sensitive, accessible to people with disabilities and when required, targeted to the population requirements of women with disabilities (including workforce development).

Whole of system approach

As identified in the Consultation Paper, addressing the social health inequalities requires a “whole of system, whole of society” approach. This is particularly so for addressing the impacts of intersectoral inequalities such as those experienced by women with disabilities across their lifespans from childhood through puberty, adulthood and into old age. These women of course will also be diverse in sexualities, ethnicities, and geographies. A key outcome articulated in the State Disability Plan 2013-2016 in relation to the health of people with a disability is an improved response to lifelong needs. Involving human services, the National Disability Insurance Agency and the broader community in this Plan is essential for addressing health inequalities for women with disabilities.

Evidence

Scoping the plan to take an evidence and practice based approach is absolutely appropriate. In doing this, there should be a review of where evidence and practice wisdom is lacking. This review would

⁵ Sylvia Petrony, Dr Philomena Horsley and Professor Anne Kavanagh, 2010. ‘Access to Health Services for Women with Disabilities: A review of the literature.’ Women with Disabilities Victoria and The Centre for Women’s Health, Gender and Society at The University of Melbourne. Unpublished.

⁶ Victorian population health survey of people with an intellectual disability 2009 (VPHS – ID 2009)

⁷ 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.

be able to detect and seek to address deficiencies such as the lack of data, research and understanding of the health requirements of women with disabilities.

Proposed narrative

The proposed narrative commendably recognises the importance of social and economic participation across the life span, the connection between mental and physical health, and the role for prevention and behavioural change.

This is an important opportunity to include prevention of violence against women and men's behavioural change. This links to environmental risks to women in their homes and in health services themselves.

The right to safety for women in health services is not guaranteed.

- 45% of women experienced sexual assault during a mental health service inpatient admission and more than 80 per cent lived in fear of being abused.
- 67% of women reported experiencing harassment during mental health hospitalisation.⁸

In relation to violence against women in health, the Victorian Government has developed guidelines and recommendations, such as in 'The gender sensitivity and safety in adult acute inpatient units project Final report.'⁹ Such learnings can underpin the plan's work on behavioural change.

2. What do you see as the pros and cons of articulating long term objectives (ten or more years) and medium term priorities (four years)?

Articulating long term objectives (10 or more years) and medium term priorities (four years):

Pros

- Recognises what is required for societal and cultural change within realistic timeframes – for a whole of systems and community approach
- Creates a vision for future achievements that is stepped out in what is achievable and measurable
- Medium term priorities should contribute to long term measures and outcomes
- Review and evaluation of medium term goals can inform long term strategies
- Medium term priorities enable some focus and integrated effort within a whole of systems and whole of community approach that can yield some results to encourage long term efforts

Cons

- WDV considers "engaging individuals and communities in improving health and wellbeing throughout their lives" as fundamental to both medium term priorities as well as a long term objective. This will be an enabler for change and inform effective practice.
- Long term objectives may not be allocated enough focus, resources and systematic planning in order to work towards achieving these within this time frame.

Both long term goals and medium term priorities are complimentary however require clearer articulation of their relationship and interdependency.

⁸ Victorian Mental Illness Awareness Council, 2014, Zero Tolerance Report.

⁹ Victorian Government, 2008, 'The gender sensitivity and safety in adult acute inpatient units project Final report'

3. What is your opinion of the scope of the proposed *objectives*?

➤ would you exclude or include any?

WDV has identified some of the proposed objectives as being of particular relevance for women with disabilities. These particular objectives are listed below. Development and implementation of these objectives should include consideration of accessibility, tailoring and targeting for women with disabilities. Development and implementation should be done in consultation with women with disabilities. VicHealth's 'Enabling Health Framework' (attached) is a useful resource for such work. This includes best practice health promotion principles for working with people with a disability:

- Respect for inherent dignity and individual autonomy – choice and independence
- Non-discrimination
- Inclusion in society
- Equality of opportunity and accessibility
- Respect for difference and acceptance of people with a disability as part of human diversity and humanity
- Gender equity.¹⁰

Improve the mental health of individuals and strengthen the inclusiveness, respectfulness and resilience of communities

Respect, social inclusion and economic participation are critical areas of inequality experienced by women with disabilities. These are detailed in the attached WDV submission to Victoria's Parliamentary Social Inclusion Inquiry, many indicators are set out in a table on page 29 of the attachment.

Enhance natural and built environments to protect and promote health, and improve liveability *Priorities for 2015–2019*

WDV support the inclusion of this objective. For people with disabilities, universal access principles and the Disability Discrimination Act are of the highest relevance. Linking to Victoria's Health Plan to Victoria's Disability State Plan would be highly beneficial.

Reduce health and wellbeing inequalities

For women with disabilities examples would include:

- increasing economic and social inclusion
- providing opportunities for peer support (good practice examples are in the attached WDV Social Inclusion Submission)
- developing tailored prevention programs
- targeting early intervention programs (e.g. increasing screening rates)
- developing and delivering workforce development on gender and disability accessibility (e.g. to Home and Community Care workers)
- delivering trauma informed services
- ensuring systemic representation in governance bodies
- increased data collection.

¹⁰ Victorian Health Foundation, 2014, 'Enabling Health Framework.'

To be accessible for women with disabilities, health services would offer:

- 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.

4. What is your opinion of the scope of the proposed *priorities*?

WDV has identified some of the proposed priorities as being of particular relevance for women with disabilities. These particular priorities are listed below. Development and implementation of these should include consideration of accessibility, tailoring and targeting for women with disabilities. Development and implementation should be done in consultation with women with disabilities.

Family violence

Including reduction of family violence is a point of positive difference between this plan and the Victoria's [previous plan](#).¹¹ It should be recognised that family violence reduction requires different strategies to reduction of community violence, and the two should not be conflated. Importantly, for the plan, family violence is a form of men's violence against women, and it is important to link to Victoria's Plan to Reduce Violence Against Women and Children and specialists working in the field.

Women with disabilities experience higher rates of violence compared to other women and compared to men with disabilities. This includes gender based violence and disability based violence. This includes family violence and violence in disability and health settings. Please see the attached WDV Position Statement on Violence Against Women with Disabilities for key research findings and recommendations for action on this issue of high priority for women with disabilities which requires recognition in the plan.

Ensure urban design and development improves the health and wellbeing of the community And Health and human services systems prioritise prevention and early intervention

WDV supports these proposed priorities, and again, recommends linking with the Disability Discrimination Act, the Disability State Plan, and specialists working in accessibility.

5. How do you see your organisation contributing to achieving these proposed objectives and priorities?

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 live across the state and have a range of disabilities, lifestyles and ages. We are united in working towards our vision of a world where all women are respected and can fully experience life.

We undertake research, consultation and systemic advocacy. We provide professional education, representation, information, and leadership programs for women with disabilities. Our gender

¹¹ Victorian Government, 2011, 'Victorian Public Health and Wellbeing Plan 2011–2015.'

perspective allows us to focus on areas of particular inequity to women with disabilities; access to women's health services, gendered NDIS services, and safety from gender-based violence.

As outlined above, access to health services, information and education is often not accessible for women with disabilities. WDV has developed innovative approaches to redressing this, examples follow. WDV would like to see such approaches continued and recognised through Victoria's health planning.

Systemic representation of women with disabilities

Representation of women with disabilities in governance and planning is a critical component to developing accessible health services for women with disabilities. Through a dedicated Policy Officer on Violence Against Women (VAW) with Disabilities, funded by DHHS, women with disabilities are represented in key statewide VAW committees and policies. With dedicated resourcing for a Health Policy Officer WDV would achieve the same high level of representation of women with disabilities in the health sector. With increased capacity WDV would develop our work, sharing expertise with government and organisations such as VicHealth, the Royal Women's Hospital and Our Watch to address systemic inequities in health.

Health Education

During April 2015 WDV piloted the 'Healthy Services: Healthy Women: Making Health Services Relevant to Women with Disabilities' training program at the Royal Women's Hospital.

With seed funding from the Ian Potter Foundation we developed and delivered the pilot training package. The project involved:

- Establishing a Project Advisory Group
- Researching current trends
- Meeting with a range of stakeholders including women with disabilities, G.P.'s, hospital staff, and staff from community health centres
- Trialling the package

The training package consists of 4 workshops:

1. The Medical and Social Model of Disability
2. Gender and Disability Awareness
3. Legislation and Policy
4. Ways to improve your practice.

The 45 minute workshops were delivered to clinical staff from various units at the Royal Women's Hospital. Case studies, group work, and a DVD depicting a number of scenarios were all used to highlight the challenges faced by women with disabilities and help hospital staff gain a better understanding of their needs and enhance their skills

There was a high level of interest in this area with more than 80 staff attending the workshops. The feedback received has been very positive. Program evaluation has identified steps to develop the course for a wider audience within the health sector and to recruit women with disabilities to deliver the course. This design is modelled on WDV's Gender and Disability Workforce Development Program.

Gender and Disability Workforce Development Program

This program is funded through Victoria's [Action Plan to Address Violence Against Women and Children](#) as a key initiative to prevent violence against women.

The need for violence prevention programs tailored for people with disabilities and the disability sector is well supported. The higher risks of violence against women with disabilities is documented in research such as WDV's [Voices Against Violence](#) and Women with Disabilities Australia's [Stop the Silence](#). Further, the [National Community Attitudes Towards Violence Against Women Survey](#) and the [Scope 1 in 4 Poll](#) have findings indicating a need for tailored prevention programs on violence against women with disabilities.

The *Gender and Disability Workforce Development Program* is designed to change culture across whole organisations, working with clients, staff, managers and executives. This aim is to increase awareness of how to deliver gender equitable and sensitive services as a strategy for improving women's well-being and status and reducing gender based violence.

WDV piloted all Program packages throughout 2014/2015 alongside an evaluation process to be completed in August 2015.

Program packages

The piloting of the Gender and Disability Workforce Development Program consists of:

1. Train the Trainer Program
2. Delivery of training to:
 - Disability Support Workers Workshops
 - Service Management Leadership Workshop
 - Senior Executive Leadership Workshop
3. Peer Education Programs for women with disabilities
4. Follow up Communities of Practice

Train the Trainer

Fundamental to the program is training women with disabilities to co-facilitate the training with professional trainers from women's health and violence prevention and response services. This model demonstrates equitable professional relationships with women with disabilities.

Human Rights and Quality Services: What does gender have to do with it?"

Staff training was piloted with two Victorian disability agencies (Yooralla and Gateways Support Services). As frontline service providers, disability workers are in a key position to support women with disabilities to uphold their right to achieve their goals.

The objective of the program is to improve the quality of gender sensitive practice amongst disability workers by improving their knowledge and skills in regard to:

- Concepts of gender, gender equality, gender relations and sex
- The socio-economic disadvantage of women with disabilities and its impact on social inclusion
- Human rights obligations pertaining to gender and disability
- The relationship between marginalisation, disability, gender stereotypes and violence
- Gender sensitive practice in delivering disability services
- Good practice in health promotion and primary prevention of violence against women

Women with Disabilities: Our Right to Respect

This peer education program allows women with disabilities to build understanding of rights, healthy relationships, what violence is and how to seek support to feel safe. At the same time, participants can build confidence and relationships to improve well-being.

Evaluation and business modelling

Following completion of the program and program evaluation in August 2015, an appropriate business model for an expanded roll out of the program is planned.

6. Do the proposed high level risk and outcome measures reflect a healthy and well Victoria?

WDV has identified some of the proposed risk measures as particularly relevant for women with disabilities. These are listed below. It will be important to view these risks with a gendered lens and in recognition of disability discrimination and access.

- Proportion who felt valued by society
- Proportion who trust others
- Crime rates
- Proportion feeling safe in their local space day and night
- Access to green space
- Walkability

Additional key factors include:

- Access to sexual and reproductive health information, services and choices
- Access to support for primary carers (for example child care, disability respite, home and community care and aged care supports)
- Access to safe and accessible transport
- Access to healthy, affordable food
- Access to affordable, secure, accessible housing
- Safety at home (including those living in health and disability services)
- Social and geographical isolation
- Cultural safety
- Access to clean air, food and water supply
- Proportion who feel in control of their lives, choices and decisions
- Proportion who experience mental ill health
- Economic participation
- Participation in education/education levels

Outcome measures could include:

- Death or disability resulting from violence against women

Risk measures and outcome measures need further work and alignment with social determinants of health.

Please see supporting reference documents attached:

VicHealth Enabling Health Framework

Access to Health Services for Women with Disabilities: A review of the literature

WDV Fact Sheet on Health

WDV Position statement on violence against women with disabilities

WDV Gender and Disability Workforce Development Program information sheet

WDV submission to The Victorian Parliament's Family and Community Development Committee
Inquiry into Social Inclusion and Victorians with a Disability