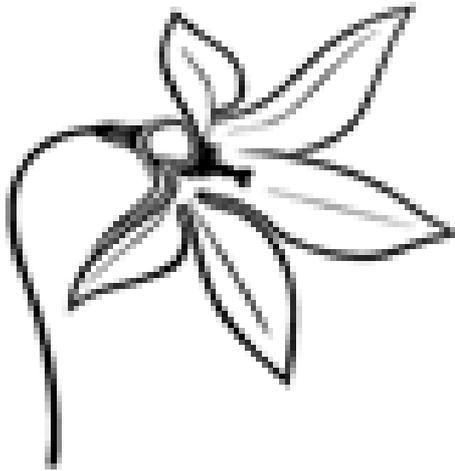


Submission to:

ACT Budget Consultation

Email: budgetconsultation@act.gov.au



***Achieving equality in the ACT for
women with a disability***

**Joint Submission to
ACT Budget Consultation 2011/12**

December 2010

www.wchm.org.au

<http://wwdact09.blogspot.com>

Women With Disabilities ACT and the Women's Centre for Health Matters acknowledges the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT and we pay our respects to the Elders, families and ancestors.

We acknowledge that the effect of forced removal of Indigenous children from their families as well as past racist policies and actions continues today.

Submission to the ACT Government 2011/12 Budget
Women's Centre for Health Matters Inc. and Women With Disabilities ACT
December 2010

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About Women With Disabilities ACT

WWDACT is a systemic advocacy and peer support organisation run by women with disabilities for women with disabilities. Established in 1995 WWDACT adheres to a human rights philosophy, based on the Convention on the Rights of Persons with Disabilities and works with government and non-government organisations to improve the status and lives of women with disabilities in the ACT and region.

WWDACT believes that self-advocacy is a major contributing component to the social, financial, mental and physical, and welfare of women with disabilities in the ACT. WWDACT envisages a time where every woman, regardless of disability, can confidently and competently participate in all aspects of the ACT society.

WWDACT, through its membership comprised of both personal and professional associations, has strong links to relevant ACT specialist and local advocacy organisations such as Advocacy for Inclusion, People with Disability ACT and the Health Care Consumers Association. They also have a close association with Women With Disabilities Australia (WWDA), the peak organisation for women with all types of disabilities in Australia.

WWDACT is governed by a management collective derived from their membership and is auspiced by the Women's Centre for Health Matters (WCHM).

About the Women's Centre for Health Matters

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing.

WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a 'whole of life' and social approach to women's health, that is also firmly situated within a human rights framework.

WCHM focuses on groups of women who experience disadvantage and uses social research, community development, advocacy and health promotion to

- provide women with access to reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing, and
- advocate to influence change in health-related services to ensure responsiveness to women's needs.

Background: Women with disabilities in the ACT

Women in the ACT have not yet achieved equity in their participation in the ACT Government or community. Women with disabilities continue to be detrimentally affected by the intersection of disability and gender discrimination, such that the marginalisation of women with disabilities in the ACT is extremely marked.

In addition to this double discrimination, the wellbeing of women with disabilities is limited by an inability to gain equitable access to the health system. Women with disabilities are under represented in the workforce, and when employed tend to be in the part time, low paid, short term, casual workforce. The inequitable status of women with disabilities has been recognised in the UN convention of the Rights of Persons with Disabilities (CRPD) Article 6

Thus women with disabilities continue to require pro-active programs and policies across government, but most notably in the health, disability and gender areas.

Benchmarking of the situation is needed through the collection of data which can be disaggregated by both gender and disability. Concerted, funded effort is needed on activities which will improve the quality of their lives and enable them to be socially and economically included in the ACT community.

In the ACT, 16.9% of women have a disability of which 6% have a disability that resulted in severe core activity limitation. Women with a disability suffer the dual disadvantage related to their gender and their disability, and evidence shows that income poverty, social isolation, and access to health and other services are a problem for women in this cohort. Some of the key issues in the ACT that require urgent attention include

- a lack of gender awareness amongst disability advocacy services and disability service providers;
- a lack of awareness of women with disabilities amongst health, community and women's services;

- a need for information for women with disabilities in appropriate formats, for example, sexual health;
- a need for improved access to health services and access to personal care;
- a lack of leadership opportunities for women with disabilities;
- a prevalence of violence for women with disabilities which is not reflected in access to services; and
- a prevalence of social isolation among women with disabilities.

Disability will touch the lives of many Canberrans at some point, so it is essential that the needs of people with disability be considered in any policy or program development by government and by government funded organisations.

With an ageing population, disability levels are likely to increase and the type of care needed may change. There is a need for an improved understanding of both the level of unmet need and under-met need and how this is likely to change over time.

Women with disabilities face significant barriers to accessing health services, programs and opportunities available for other people without disabilities. This can occur for a range of reasons that may include inadequate or inappropriate buildings and infrastructure, financial cost, and discrimination.

Not being able to access a range of information in an appropriate format is also a significant barrier for women with disabilities. Not being able to access a diverse spectrum of information in a variety of formats can limit the extent to which a woman with a disability can make informed decision about her health. Considering that women are often the primary information seekers and decision makers for their families health as well, not being able to access the information they need in the most appropriate format can have far reaching consequences

Introduction

For the past 15 years, WWDACT has been supporting women with disabilities in the ACT and engaging in systemic advocacy to address the disadvantage experienced by women with disabilities. WWDACT has done this through peer support, representation on advisory committees, input into consultations, and participation in the design, implementation and evaluation of research and projects relating to people with disabilities.

The development of WWDACT as a representative voice in the ACT for women with disabilities has been achieved almost entirely through small grants and the volunteer input of a small core of women with disabilities who are committed to improving the status of women with disabilities in the ACT. The extent to which this is done on a voluntary basis is detrimental to the health and wellbeing of women with disabilities in the ACT and women with disabilities in the ACT are not getting adequate access to government.

WWDACT has been unfunded prior to this year, when WWDACT successfully received one-off funding from ACT Health and Disability ACT Health for an auspicing arrangement by WCHM. This funding comprises supporting the employment of a part-time Policy/Administrative Officer, funding for regular meetings of constituents and improving feedback to Disability ACT and other agencies regarding the impacts of policy, service gaps and emerging needs, so that evaluation and planning can be better tailored to the needs of women with disabilities.

This is interim funding, and WWDACT needs to seek recurrent funding in order to be able to operate properly as an organisation advocating for women with disabilities in the ACT, and to limit reliance on the volunteers which is unsustainable.

WWDACT is unable to continue as an unfunded organisation, especially when they are attempting to operate at the same level as a number of other funded disability and health consumer organisations, which focus on the overall disability population rather than women's needs.

As the needs of women with disabilities are still not being met, the role of WWDACT in analysing policy and practice through a gender and disability lens and communicating the experiences of women with lived experience of disability to policy makers and service providers cannot be underestimated. Advocacy to ensure responsiveness to women's needs is increasingly important in the context of the ACT's ageing population as the incidence of disability increases with age. Women also make up the majority of this ageing population.

With an ageing population and increasing disability levels the type of options and health care will need to change accordingly. There is a need for an improved understanding of both the level of unmet need and under-met need for women with disabilities and how this is likely to change over time.

Without adequate representation and opportunities for networking, training and capacity building, WWDACT can no longer provide the input on which the Government relies in developing its policies.

Recurrent operational funding would enable WWDACT to maintain and increase its advice and input to Government and substantially empower women with disabilities to undertake further systemic advocacy work about the particular unmet needs of women with disabilities in the ACT. It would also enable a realistic contribution to government enquiries for all areas, including health, disability, transport, housing, education, and employment, as well as enhanced analysis of data and the contribution to collection of data about women with disabilities in the ACT.

Recommendation

That ACT Government recognise the need for recurrent funding to develop the capacity of Women With Disabilities ACT (WWDACT) to advocate for a marginalised group of women that has unmet needs which are not addressed by other funded organisations in the ACT, so that they do not need to rely solely on women as volunteers to advise and advocate to Government.

Costing and Resource Requirements

Costs

Total

Approximately \$77,000 p.a. for staff salary, on costs and admin costs

Cost offsets:

Women with a disability suffer the dual disadvantage related to their gender and their disability, and evidence shows that income poverty, social isolation, and access to health and other services are a problem for them.

Improving and informing a more integrated cross sector and Government response to their unmet needs will lead to substantial long term savings to the ACT Government in other areas particularly in reducing the longer term impacts on health, housing, families, and other areas of expenditure.

Good access to accessible and appropriate health and wellbeing services and information will enable women with disabilities to maintain their well being and health which will reduce pressure on other more cost-intensive health services.

In addition building the capacity of service organisations to support women with disabilities will help identify risk factors earlier and provide better targeted interventions that prevent them from reaching crisis and requiring more intensive and therefore more costly support.

Rationale for funding

The importance of 'lived experience'

WWDACT is comprised of and run by women with disabilities. It is the involvement of women with lived experience of disability that places the organisation in such a unique position.

Women with lived experience provide are able to convey information about their relevant life experiences, and identify issues that affect other women with disability and to identify barriers for service providers in connecting with these women.

WWDACT provides a mechanism through which issues raised by women with disabilities are communicated to government and other agencies. The value of these links in developing government policies and practices that are gender and disability sensitive and that work cannot be underestimated.

Gender inequality

Because of their gender, women with disabilities have different needs. They require services and care that address their reproductive health, histories of abuse and status as primary providers and carers of children. The opportunity cost of ignoring this could lead to unexpected consequences and may contribute to policy, program or service delivery failure. Unintended discrimination may arise with subsequent costs to Government. Providing a structure for gender and disability sensitive policy to be developed, scrutinised and monitored will ensure better outcomes for women with disabilities in the ACT.

Social determinants of health

The Social Determinants of Health model (as promoted by the 1986 Ottawa Charter for Health Promotion) acknowledges that social, environmental and economic factors impact directly on a person's health. Inequities arise because of the circumstances in which people grow up, live, work, and age and the systems that are put in place to support them. The link between the social determinants, which are often beyond the control of individuals, and poor health is especially evident when we look at women with disabilities.

Despite the overall improvement in population health, the gap between Australians with disability and those without disability remains large. In 2007–08, almost half (46%) of

people aged 15–64 years with severe or profound disability reported poor or fair health, compared to 5% for those without disability.

People aged under 65 years with severe or profound disability had a higher prevalence rate of all types of selected long-term health conditions than people without disability. Almost half (48%) of people with severe or profound disability had mental health problems, compared to 6% of people without disability. The prevalence of physical long-term health conditions was higher for people with both mental health problems and severe or profound disability than for those with mental health problems but no disability.

People with severe or profound disability were more likely to have acquired a long-term health condition of the National Health Priority Areas (NHPAs) earlier than those without disability.

Among people aged 15–64 years with a specific long-term health condition, the comparisons between people with severe or profound disability and those without disability showed that:

- the proportion who had diabetes or a high sugar level before the age of 25 years was 23% versus 7%
- the proportion who acquired arthritis before the age of 25 years was 14% versus 6%
- the proportion who first experienced osteoporosis before the age of 45 years was 43% versus 31%.

About 69% of adults aged 18–64 years with severe or profound disability were overweight or obese, compared with 58% for those without disability. People aged 35–64 years with severe or profound disability who were overweight or obese were more likely than those without disability to report both cardiovascular diseases and diabetes (9% versus 1%).

Compared to people without disability aged 15–64 years, people of the same age with severe or profound disability were more likely to do a very low level of exercise or no exercise (43% versus 31%); to be current daily smokers (31% versus 18%); to start smoking before the age of 18 years (38% versus 22%); and were less likely to have never smoked (42% versus 61%).

About 42% of people aged 16–64 years with severe or profound disability had seriously thought about committing suicide, including 18% who had attempted suicide. This was associated with their high prevalence of mental and behavioural problems.

While there is limited gender disaggregated health data on disability in Australia, it is clear that women with disability experience major inequalities and significant disadvantage in the social determinants of those inequalities.¹

In order to achieve improvements to health outcomes for women with disability in the ACT a much stronger commitment to gender equality is required across all departments. An undertaking by the government to address the social, economic and environmental determinants of health, and particularly the relationship between gender and health, could have a significant effect on health outcomes for women with disabilities in ACT.

Improved health for women with disabilities needs to consider the long-term change around the social determinants of health outlined above. A system that improves health outcomes and adequately supports women with disabilities should include the provision of suitable housing, access to services, affordable child care, adequate income support, accessible community and public transport systems, social support and a continuum of care.

By advocating for the needs of women with disabilities around the social determinants, WWDACT plays an essential role in highlighting health inequalities. Reducing health inequalities is not only an important social goal but has economic benefits for the wider community.

Housing

Housing is a basic human need. It provides people with safety, independence and a place where they can connect to the wider community. Some housing problems that can impact on health include location, affordability, and homelessness. Women with disabilities need access to appropriate, affordable accommodation in order to live a fulfilling life. Unfortunately, factors such as low income, special needs and discrimination make this difficult.

¹ WWDA, Women with Disabilities and The Human Right to Health: A Policy Paper, p. 12

Women with disabilities are less likely to be in paid employment than the general population and men with disabilities. This limits their ability to purchase their own home or secure an appropriate rental property. According to WWDA, women with disabilities pay the highest level of their gross income on housing, yet are in the lowest income earning bracket.

Women with disabilities also have a number of concerns and special needs which means that their housing options are limited. For example, housing may need to be wheelchair accessible, or in close proximity public transport and other amenities. Safety and perceptions of safety are also key concerns for WWDACT members and for women with disabilities more generally due limited mobility. Many dwellings in Canberra have inadequate security measures such as screens and alarms, and access streets are often poorly lit.

Anecdotal evidence suggests that women with disabilities are discriminated against in the private housing market, which may make it extremely difficult for them to find accommodation. This is particularly relevant to women with psychiatric disability, intellectual disability and acquired brain injury.²

Due to the shortage of public housing and crisis accommodation as well as rising rental costs and house prices in the ACT, WWDACT is concerned with the ability of women with disability to secure appropriate housing.

Employment and income

Unemployment and job insecurity is another example of a social determinant which can lead to poor health because of the psychological consequences (such as anxiety and depression) and the financial risks associated with not having an income.³

People with disabilities experience higher unemployment rates than those without disabilities and as a result are at risk of poor health. ABS data shows that those with a disability have a much lower labour force participation rate (15%) than people without a disability (81%).⁴

² WWDA, Submission Women With Disabilities Australia (WWDA) submitted to the Senate Enquiry into Housing Assistance in 1997. Copyright WWDA 1997. <http://www.wwda.org.au/senhous.htm>

³ WHO, *Op cit.* p. 14

⁴ Australian Bureau of Statistics, 'Disability, Ageing and Carers, Australia: Summary of Findings', 2003

Women with disabilities experience dual disadvantage due to their gender. They are less likely to be in the workforce than men with disabilities for a number of reasons including low educational attainment, caring responsibilities, and traditional divisions of labour. Educational attainment for women with disabilities in the ACT is often poorer than their ACT counterparts. This can be due to a wide variety of reasons, such as insufficiency of educational assistance available to women with disability. As a flow on effect of poor educational attainment, women with disability often ends up being employed in low income areas such as hospitality and respite roles.

Given the inflexible nature of many workplaces, women with disability may be self-employed and working from home to attempt to achieve the level of living standards enjoyed by many ACT residents. In many cases, rules place upon employment by Centrelink make it less feasible for someone with a disability, particularly a woman, to continue to participate in the workforce.

Employers often have a misdirected notion that they will have to 'foot the bill', in regards to adaptive equipment when employing a woman with disability. Consequently, women with disability remain on the ACT poverty line. There is also a lack of gender disaggregated data in the ACT, which prevents us from obtaining reliable and valid statistical information that is specific to women with disability in the ACT.

Transport

Access to transport influences a women's ability to participate in the workforce and remain socially connected and is thus important to health and wellbeing. According to the Disability Discrimination Act 1992, 'A person with a disability has a right to obtain goods and use services and facilities in the same way as people without a disability.' Despite this, women with disabilities in Australia face barriers to their mobility because of a lack of adequate transport options. This is particularly stark in the ACT where the taxi services for people with disabilities have been rapidly declining for some years and passengers are at risk of being unable unable to participate in the community. Taxis are very important to women with disabilities, to their inclusion, and to their active participation in the social and economic life of the community. Many women with disabilities are reliant on accessible taxis to keep in touch with their family and friends, to access essential services, to work, to study, to attend health appointments and to participate in and contribute to community life

Some of the issues which emerged from consultations with Wheelchair Accessible Taxi (WAT) users in the ACT included unreliability and waiting times—the average waiting time for a wheelchair accessible taxi is one hour; lack of driver awareness about people with disabilities; and inadequate equipment such as lifts and ties in WAT taxis.

Unfortunately, there is little alternative for many women with disabilities in the ACT. ACT buses, often the preferred form of transport for women with disabilities due to their affordability, are improving; however, the majority of buses and bus stops are still not wheelchair accessible.

WWDACT, through the WAT Consortium⁵ has been active in lobbying the ACT Government for an alternative model for the taxi industry which better serves people with disabilities.

Access to health care

Access to appropriate health services greatly impacts on a women's experience of health and wellbeing. In relation to the health system, disability should not be a barrier to good health outcomes; however, women with disabilities face communication, physical, and other barriers to accessing health care that meets their needs.

Many health services are also not physically accessible. Even if buildings are accessible, equipment such as X-ray machines, pap-smear facilities and examination tables are often not. In addition to physical barriers, health professionals often lack an understanding of communication approaches (such as Auslan) when treating a woman with disability. This is compounded by a health system which does not allow a health professional the extra time needed to overcome these barriers.

According to recent WCHM research about accessing health information, which surveyed 199 women with a disability or long-term or chronic health, the greatest barrier for women with disabilities in accessing the health and wellbeing information they need, is not being able to obtain the information in the format they require. Not being able to access a spectrum of information in a variety of formats limits the extent to which women can make

⁵ The Wheelchair Accessible Taxi Consortium is a group of organisations that have had dealings with Wheelchair Accessible Taxis (WATs) in the ACT, and who have formed a coalition to meet with government and other parties to resolve the outstanding issues with WATs.

informed decisions about her health. More than this, however, it entrenches disadvantage by enabling some women access to health and wellbeing information and not others.⁶

Access to other services

WWDACT currently sees service provision as a major issue in the ACT and is uniquely placed to identify gaps that require immediate attention. Gaps include the extreme shortage of effective and efficient personal care and home respite available to people with disabilities in the ACT and the stringent rules in place upon eligibility criteria for services such as 'Home Help' and 'Tandem'.⁷ WWDACT will ensure that this unmet need is addressed by continuing to raise this issue which is integral to the quality of life for women with disability in the ACT.

Violence against women with disabilities

Violence against women has severe impacts on a women's mental and physical health. A study by the Department of Human Services in Victoria, *The Health Costs of Violence-Measuring the Burden of Disease Caused by Intimate Partner Violence* found domestic violence to be a greater contributor to poor health outcomes than the more well known risk factors such as high blood pressure, smoking and obesity.⁸

Women with Disabilities Australia (WWDA) has found that women with disabilities experience violence at significantly higher rates, more frequently, for longer periods, in more ways, and by more perpetrators than non-disabled women. Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victims and survivors. A crisis service, for example, may not have transport to assist a woman with a disability physically leave a violent situation, or may not provide information which is accessible in both content and format.⁹

In their response to the Australian Government's Consultation on the National Plan to Reduce Violence against Women and Children, July 2008, WWDA identified that "the

⁶ Carnovale, A. and Carr, E. 'It goes with the Territory! ACT Women's views about Health and Wellbeing Information', The Women's Centre for Health Matters, 2010

⁷ Tandem is a primary provider of respite, personal care and social support to children, young people and adults with disabilities in the ACT

⁸ VicHealth, 'The health costs of violence: Measuring the burden of disease caused by intimate partner violence: A summary of findings', 2004

http://rch.org.au/emplibrary/wellwomens/LOTL_DeBasinski.pdf

⁹ WWDA, 'Submission to the Australian Government Consultation Paper: Family Violence – Improving Legal Frameworks', p.7

lack of inclusive services and programs for women with disabilities experiencing or at risk of experiencing violence, is well documented and is widely recognised as a barrier.”¹⁰

Anecdotally, this national evidence is also shared by women with disabilities in the ACT—we know that very few women with disabilities access family violence services and if they do, the services do not always meet their needs.

As a response to this pressing issue and the lack of ACT specific data, WWDACT, in partnership with WCHM and the Domestic Violence Crisis Service, conducted a project in early 2009 to explore the current practices of domestic violence services in accommodating women with disabilities.

‘Disability audits’ carried out as part of the project found that while services for the most part were physically accessible to women with disabilities and their children, overall the services did not:

- have information about the service’s accessibility that would allow for women with disabilities to know if the facilities were appropriate to their needs;
- did not have the full range of assistive communication devices available;
- did not have data of service use of women with disabilities experiencing violence;
- have a Disability Action Plan in place.

Most of the services also identified areas of need for, and an interest in, training of staff to meet the needs of women with disabilities accessing the service.

The success of this project has highlighted the importance of an organisation such as WWDACT in identifying gaps in service provision for women with disabilities and working with others to highlight and raise awareness about the barriers they face. It is unlikely that the domestic violence sector would have been able to carry out such a project without WWDACT.

¹⁰ WWDA, ‘Submission to the Australian Government’s Consultation on the National Plan to Reduce Violence against Women and Children, July 2008

More work needs to be done in this area and WWDACT and WCHM are currently seeking funding to develop and deliver a targeted disability awareness training package for domestic violence service staff. The project aims to develop the skills of sector staff to work with women with disabilities in the hope that they may break the cycle violence and disadvantage in their lives and participate more fully in the ACT community.

Access to sport and fitness

While community sports are becoming more inclusive it has become evident that women with disabilities do not automatically participate in these in the ACT. There is a well documented need for women with disabilities to have support in order to access fitness activities in their community, to increase their general fitness and wellbeing in a sustained way and to reduce their dependence on the health and community support systems.

The issues for women with disabilities in accessing community sports in the ACT include:

- Lack of access, including the lack of physical access to premises and lack of suitable equipment.
- Lack of money; women with disabilities are amongst the most economically marginalised groups in society.
- Lack of transport, and the high cost of transport, for women with disabilities who rely on wheelchair accessible taxis, or accessible bus services, it is often impossible to schedule travel in order to get to an activity.
- Lack of personnel conducting programs for women with disabilities which require much more intensive and individualized involvement.

Other obstacles relating to sports and fitness organisations include:

- Lack of suitable programs, including programs which cater specifically for women with disabilities, and the lack of an inclusive component in mainstream commercial and community programs; and
- Lack of information, including information about the times and venues of such programs. Many women with disabilities do not receive information about relevant programs and thus do not participate.

WWDACT worked with WCHM and the YMCA on *the Well, Able and Mobile* program which showed notable and measurable changes in the participant's health and well-being, reported fewer falls and injuries and increased self confidence and reduced social isolation.

The ACT's ageing population

According to the ACT Government's ACT Strategic Plan for Positive Ageing 2010-2014, the ACT has one of the fastest-growing populations of people aged 60 years and over in Australia, and this is expected to grow from 15.8% in 2010 to 19.6% by 2020, and to 22% by 2030. Since the incidence of many chronic illnesses and disabilities increases with age, and is linked to social isolation and disadvantage, there is a need to look for ways to adjust current thinking and approaches within the ACT to assist people to connect with the community and to raise the quality of their lives.

As women make up the majority of this ageing population, it is crucial that an organisation such as WWDACT has the capacity to respond to gender specific issues as they relate to people with disabilities which are often missed by other disability groups.

CEDAW and other requirements

In-line with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), WWDACT promotes the equality of women with disabilities in the ACT as equal actors, partners, and beneficiaries of sustainable development, human rights, peace and security. WWDACT closely follows, and tries to assist with, the progress of the ACT government in conforming to the benchmarks set out by CEDAW.

In 2010 the CEDAW Committee recommended that the Australian Government adopt urgent measures to increase the number of women with disabilities in leadership positions and in decision-making and address the abuse and violence experienced by women with disabilities living in supported accommodation and institutions.

Australia has ratified a number of UN Human Rights conventions. Women and girls with disabilities are subject to multiple discriminations and are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation (UN Convention on the Rights of Persons with Disabilities [CRPD]). Article 6 of the CRPD obligates States Parties to take appropriate measure to “ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of [their] human rights and fundamental freedoms”.

In addition effective women- and child- focused legislation is needed to ensure that the levels of violence, abuse and exploitation of women and children with disabilities are reduced (CRPD Article 16.5). Social protection and poverty reduction are specifically nominated as issued for women with disabilities in CRPD Article 28. 2(b). The need to adequately collect data on women with disabilities, and to report on the status of women with disabilities in Australian Reports to the UN Committee on the Convention on the Eliminations of (all forms of) Discrimination Against Women (CEDAW) is articulated in the committee's comments on the Australian Government 4th and 5th Reports (Australian Women 2003), and in CEDAW General Recommendation #18 of 1991 respectively.

Further international focus on the improvement of the status of women through the 15th Beijing Platform for Action (BPFA+15) and the monitoring of progress against the Millennium Development Goals all have local relevance for women with disabilities in the ACT.

In order to contribute to national progress in all these international areas, and under the Council of Australian Governments' (COAG) National Reform Agenda, it is essential at this time, that the representation of women with disabilities is adequately resourced and funded.

Achievements of WWDACT so far

WWDACT has come along way since its humble beginnings in 1995. WWDACT has established itself as a major source of advice to Government and community sector organisations on issues relating to women with disabilities in the ACT. Some of WWDACT's recent achievements include the following:

- WWDACT has representatives on the following advisory bodies:

- ACT Disability Advisory Council (Annette Crotty)
- ACT Ministerial Advisory Council on Women (Kerry Snell)
- ACT Council of Social Service (Nicole O'Callaghan)
- ACT Crime Prevention & Community Safety Forum (Sue Salthouse)
- ACT Domestic Violence Prevention Committee (Anna Saxon-Taylor)
- ACT BreastScreen Advisory Committee (Louise Bannister)
- ACT Health Care Consumers (Louise Bannister, Alexa McLaughlin, Anna Saxon-Taylor)
- ACT Public Housing Tenants Advisory Group (Bev Bastow)
- ACT Mental Health Care Consumers (Sue Salthouse)
- ACT Wheelchair Accessible Taxi Reform Consortium (Sue Salthouse)
- Annual meetings with Executive Director of Disability Housing and Community Affairs, the Director of Disability ACT and other key DHCS staff members. (Sue Salthouse)
- WWDACT has participated in the design, and implementation and evaluation of the following research, projects and trials relating to people with disabilities undertaken by WCHM:
 - Women with Disabilities Accessing Domestic Violence Services project
 - *It goes with the Territory! ACT Women's Views on Health and Wellbeing Information'* - a report which explores the views and preferences of ACT women in accessing health and wellbeing information how ACT women access health information
 - A companion report titled *'It Goes With the Territory – ACT Women with Disabilities' Views about Health and Wellbeing Information'*
 - Input in to the ACT Women's Health Plan
 - Trialling and evaluation of the Well, Able and Mobile (WAM) program— which aimed to support women with disabilities (including women with mental health issues) to take part in fitness activities of their choice with the long term vision being for them to be able to take part in a wide range of fitness activities in the community, and as a result have improved physical, mental, and social health outcomes.
 - a physical activity support program for women with disabilities

- After extensive research and consultation with disability service providers and ACT Wheelchair Accessible Taxi (WAT) users, WWDACT as part of the WAT Consortium¹¹, provided feedback in the form of a submission to the ACT Government's review of the taxi industry. The submission proposes three potential models to improve services for people with disabilities. The WAT Consortium has also responded to the review's draft report compiled by Price Water House Coopers.
- WWDACT received occasional project funding. The projects undertaken include conducting a survey of women with disabilities in the ACT and region in 2000, and conducting a peer support program for women with disabilities in 2002. It currently has project funding for 2009-2010 from the ACT Office for Women to undertake capacity building.
- WWDACT received funding from the ACT Department of Disability, Housing and Community Services (Disability ACT) and ACT Health for a Policy/Administration Officer who is undertaking advocacy and policy work and managing the day-to-day administration of WWDACT. This position is auspiced by the WCHM, and is based at the WCHM office.
- Peer support - "Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations." (Davidson et al., 2006). Peer support is a core function of WWDACT along with systemic advocacy. The purpose of WWDACT peer support is to provide an encouraging environment for the members to share their experiences, ideas and knowledge in a safe and positive atmosphere. WWDACT fosters the confidence of its members and assists them in developing self advocacy skills. Peer support is provided through information sharing—WWDACT has a website (<http://wwdact09.blogspot.com/>), a face book page and distributes a weekly email compendium of news to the majority of its (approx.) 100 members, quarterly meetings held at the Griffin Centre and a central part-time Policy/Admin Officer who is a central contact point for WWDACT members

¹¹ The Wheelchair Accessible Taxi Consortium is a group of organisations that have had dealings with Wheelchair Accessible Taxis (WATs) in the ACT, and who have formed a coalition to meet with government and other parties to resolve the outstanding issues with WATs.

With the experience in development of these responses, projects and research reports, and the many changes occurring across the disability sector, the women's sector and the health sector as a result of changes to Australian Government and ACT policy and funding, it is more imperative than ever that organisations like WWDACT are funded to ensure a whole of government approach to the issues of ACT women with disabilities in order to achieve more targeted policy responses and more efficient and better coordination of service delivery.

Projected outcomes from the funding

Over the next 3 years, recurrent funding would allow WWDACT to deliver the following outcomes:

- Improve the wellbeing and status of women with disabilities in the ACT and surrounding region, by providing information, gaining a better understanding of their needs through active engagement of and by women with lived experience, and systemic advocacy and representation of the issues affecting these women to encourage the system and services to be more responsive to their needs.
- Improve inter-sectoral collaboration and co-ordination by working collaboratively with key stakeholders about the issues impacting on women with disabilities within the ACT and surrounding region in order to provide improved service delivery outcomes.
- Better provision of information, planning, evaluation and feedback for the Territory, DHCS, ACT Health and other agencies about the views and experiences of women with disabilities regarding the impacts of policy, health, service gaps and emerging needs - whole of government not just disability.

Projected outputs from the funding

1. Engaging in systemic advocacy - the identification of advocacy issues, documentation of specific issues identified by women with disabilities that require advocacy work and the development of partnerships that are able to progress the advocacy issues at the territory level, representation on advisory committees and boards, submissions to government on relevant policy issues, meeting with government and service providers to discuss policy and service provision issues relevant to women with a disability

2. Research, including identification of current issues affecting the health and wellbeing of ACT women with disabilities – there is an absence of gender in ACT health and social policy, and more gendered research and data disaggregated for disadvantaged population groups, including women with disabilities is needed.
 3. The development of information including the provision of information about women with disabilities related to specific health and wellbeing issues already raised as priorities such as violence, sexual health, access to the legal system, pregnancy and parenting directed toward women themselves.
 4. Supporting service providers by highlighting the key issues which impact on the lives of women with disabilities, including suggested strategies to effectively connect women with disabilities to services.
 5. Active participation in community education, development and health promotion for women with disabilities, including attendance and involvement at community forums and events and activities with a health promotion focus, and conferences, forums, seminars and networking activities which relate to the key issues affecting the health and wellbeing of women with disabilities will be a particular focus, with WWDACT providing oral presentations and work shops where appropriate.
 6. Provide current, accessible information and advocacy to women with disabilities through the creation, development and maintenance of a web site,
 7. Actively engage and support women with disabilities and assist them to raise specific issues they identify and prioritise - ensure that the experiences of women with disabilities drive the priorities.
 8. Improved intersectoral collaboration on issues relating to women with disabilities
 - Strengthen links with other community organisations working across all sectors
 - Disseminate relevant information to service providers
 - Work with other NGOs to ensure effective delivery of services
 9. Assist women with a disability to understand and assert their rights
- WCHM will act as the auspicing agency, and support WWDACT by being responsible for the accountability of the deliverables and for managing the financial, personnel and administrative and infrastructure needs of WWDACT. WCHM has detailed and active policies in relation to organisation, administration, finance and human resource management.

Conclusion

In conclusion, this submission aimed to highlight issues from the perspective of women with disabilities in the ACT and their need for funded representation. WWDACT and WCHM look forward to participating further in the consultation process, and the development of the ACT Budget 2011-12.