Submission on Victoria's

State Disability Plan

July 2016

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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 live across the state and have a range of disabilities, backgrounds, lifestyles and ages. Our mission is to improve women's choices by being a voice for women with disabilities, building partnerships and educating service sectors and the community.

WDV is a membership-based organisation. This submission draws on findings and recommendations from our research, evaluation of our programs and earlier consultations with women with disabilities. This is what our members have told us is important to them:

- Accessible and inclusive health systems
- Safety from violence
- The opportunity to be in paid employment
- Accessible and affordable housing
- Equitable and gender sensitive disability services
- Being treated with dignity and respect

WDV undertakes research, consultation and systemic advocacy. We also provide professional education, representation, information, and leadership programs for women with disabilities. Our gender perspective allows us to focus on areas of particular inequity to women with disabilities including access to women's health services and safety from gender-based violence.   In this time of rapid change to disability services, we are also working to ensure that the NDIS is responsive to women with disabilities.

In preparing this response to the Discussion Paper, we have consulted with other service and advocacy organisations through VCOSS and our networks. Cross sector partnerships are central to our work. By building gender awareness in disability services, and building capacity to respond to disability in women's services we seek to build deeper understanding of intersectional disadvantage and break down direct and indirect discrimination against women with disabilities.

We welcome the opportunity to contribute to the Victorian State Disability Plan 2017 – 2020.

IMAGE: Enabling Women Program participants with WDV staff.

Introduction

Nearly one in every five Victorian women has a disability. We encounter discrimination on many levels, each of which restricts our opportunities for equal participation in economic, social, educational and political life.

Some women with disabilities experience multiple layers of discrimination based on their race, age, gender, rurality and sexual orientation, as well as their disability.

We are often ignored in government legislation, policies and programs and our needs are not adequately recognised within community organisations and services.

We have traditionally been excluded from the mainstream women's social movement whilst issues of concern to women with disabilities have not been addressed by the broader disability advocacy movement.

On all measures of social and economic participation (housing security, income, employment and education), women with disabilities are disadvantaged compared not only to people without disabilities but also to men with disabilities.

As women with disabilities, we lack access to adequate health care and other services for ourselves and our children, particularly when health centres fail to provide a welcoming, inclusive environment with accessible information, communication systems, parking, toilets and examination tables.

Like men with disabilities, women with disabilities experience disability-based violence. In addition, we experience gender-based violence in all the settings we are in from a range of perpetrators including family and service providers. Older women with disabilities also face age related violence and abuse, commonly termed 'elder abuse'. Yet we are less likely to know about or have access to services responding to violence against women.[i]

What will help?

- Challenge the stereotypes of gender: few women fit the physical and behavioural stereotyped expectations of womanhood.

- Challenge disability stereotypes: women with disabilities are diverse. The stereotype suggests we are passive, dependent on others and in need of protection.

- Focus on women's abilities: What we can do far outweighs what we can't.

- Listen to women with disabilities about what we want and what best will meet our needs. We are the experts and understand what works best for us.

- Apply a gender and disability lens to policy, program development and investment: Ensure that data on disability and gender is collected.

- Provide information in accessible formats across all areas of government so everyone can access your information.

- Involve women with disabilities at every level of the service system – from planning to evaluation and as a part of governance structures.

"I feel like many spaces are dominated by men – including in disability programs. 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…" Anabelle, WDV Member[ii]

Overview

1. Women with Disabilities Victoria **support the overarching vision**, themes and general approach of the State Plan.
2. In an environment of rapid change where reform in disability services is driven at a national level**, it is vital that State government retains an active role** to ensure a robust and integrated system across the many portfolio areas that impact on the lives of women with disabilities in Victoria.
3. Victoria's **community development and human rights approaches should be sustained** and strengthened, ensuring that women with a disability are included and our citizenship is respected and protected.
4. **Gender should be included** in all relevant parts of the plan, from overall goals to specific measures of progress.
5. The State Disability Plan should **connect and be consistent with other important pieces of policy and reform work**. At State level, these include the Royal Commission into Family Violence, and the Parliamentary Inquiry into abuse in disability services. The State Plan should also align with key Victorian strategies such as Gender Equality, Health and Well-being, Sexual and Reproductive Health and the Roadmap for Reform. There are clear links with national work such as the National Disability Strategy, the Senate Inquiry into violence, abuse and neglect against people with a disability in institutional and residential settings, Inquiry into Elder Abuse and Willing to Work.
6. Active participation of women with disabilities is critical in finding solutions. In order for this to happen, **women with a disability must be actively consulted and included** in the decisions that affect our lives.
7. Implementation of the State Plan requires **coordination and systemic work at a state level** supported by **resources and implementation at a local level**. A suitable model would be through the Office for Disability and the Metro / Rural Access Program.
8. In order to be more than a vision statement, the State Disability Plan needs a **strong governance structure, clear outcomes and transparent progress reporting**.

This submission expands on the above points. Practice experience and examples are highlighted throughout and Recommendations are summarised at the end of each section.

a)   Role of the Office for Disability

The State Disability Plan (the Plan) provides a framework for increasing access but has not traditionally been adequately resourced to implement the drivers of change needed across all portfolios.   Securing funding streams for work to build an integrated and systematised approach to disability and advocacy must be prioritised.   In order to realise the goals and objectives of the State Disability Plan, a series of actions and accountabilities must be included in the plan. Responsibility for implementation, communication, measurement and reporting on progress should sit with the Office for Disability who must be adequately resourced to undertake this work. WDV proposes that, because of the cross portfolio nature of this work, the Office for Disability should sit with central policy functions in the Department of Premier and Cabinet.

Functions of the Office for Disability should be driven by the State Plan and include responsibility for:

- Raising community awareness and challenging attitudes on disability
- Providing education and capacity building functions across government departments
- Driving progress towards Plan goals via an interdepartmental coordinating function
- Driving progress towards VPS employment targets for people with a disability
- Managing data collation across departmental boundaries and ensuring disaggregation of relevant data to track outcomes
- Monitoring progress against indicators and outcomes
- Providing annual reports on progress in an open and transparent manner
- Providing a point of contact for local government
- Resourcing other government policy initiatives and strategies with regard to the inclusion of people with disabilities.

Practice experience: WDV have identified a range of flaws and inadequacies in both government and non-government systems including:
- lack of knowledge of and adherence to guidelines around accessible information and technology across state and local government;
- need for training and information for organisations developing Disability Action Plans;
- need for general information and advice on disability access for government and private employers.

These directly impact on inequitable employment and other key markers of an inclusive community. The Office for Disability would be ideally positioned to undertake these general systemic improvement and capacity building roles. Proper resourcing of the OfD would free up time for advocacy organisations to focus on specialist priorities.

b)   Governance

While the Office for Disability takes the lead role, a number of other functions are needed to support this work.

- An Interdepartmental Committee is needed to work on cross government issues and ensure high-level cooperation and commitment to delivering outcomes.
- The Victorian Disability Advisory Council (VDAC) should have a higher profile and a strengthened and accountable role, providing a conduit between a representative group of people with a disability and the Minister.
- VDAC should have the resources to lead partnerships with research organisations to add to the knowledge base about social inclusion of people with a disability. This will also build capacity to measure progress against outcomes.
- VDAC's role in consulting with the disability community could be further strengthened to ensure a two way feedback role between community and government.
- VDAC has extensive powers under the *Disability Act* and could use these to work more effectively across government, ensuring a whole of government, intersectional approach on a range of issues and reform projects. For example, it is vital that VDAC receives reports on the implementation of recommendations from the Parliamentary Inquiry on abuse in disability services and major policy initiatives arising from the Family Violence Royal Commission with regard to people with a disability.

- Given the emphasis on rights and equality in the State Disability Plan, the Victorian Equal Opportunity and Human Rights Commission should have a role as an independent monitor, offering regular public commentary on progress against indicators specified in the Plan.

c)   Outcomes and Progress

The plan should make progress towards outcomes that are clear and measurable. We will only know if we have met our objective of social and economic equality if we know how to measure and monitor progress. At present, there is no consistent and inclusive national data available on the intersection of gender, disability, language and cultural background and other characteristics or identities that are associated with disadvantage. Without this population-level analysis, we do not have reliable ongoing trend analysis of progress towards inclusion and equality.

- It is valuable to continue to measure population level data, including participation in employment and education, access to housing and transport, health, socio economic status and participation in a full range of activities.
- Social inclusion should also be measured at service/intervention and individual levels, as was proposed in the Inquiry into Social Inclusion and Victorians with a Disability (2014: 1-30) and this should include measures of self-reported well being.
- An intersectional approach to inclusion, equality and rights needs better data (disaggregated) to find out more about this area and reflect cultural and demographic changes. Because social inclusion has many dimensions, reporting on outcomes and indicators requires greater disaggregation of data to reflect tailoring to specific groups by factors such as gender, age, location, cultural background, language and sexual preference.
- Outcomes measures require concerted attention to developing data sources and benchmarking.

Coordination with other strategies: In 2016 the Family Violence Royal Commission*[1] and the Parliamentary Committee Inquiry into Abuse in Disability Services have set an agenda for improving disaggregated data.*[2] Examples follow.

"1.4 The Victorian Government requires Victoria Police to change its data collection process to include disability as a standard demographic characteristic in all police crime reports, for both victims of crime and alleged offenders. This data should be made available publicly through the Crime Statistics Agency and disaggregated by gender, age, and cultural background."[iii]

"170. Vic Gov adopt & consistent & comprehensive approach to the collection of data on people with disabilities who experience or perpetrate FV FV. This should include collecting data from relevant services – eg, incident reports made to DHHS by disability services when FV has occurred (within 2 yrs)." [iv]

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*[1] See recommendations including 143, 170, 175, 195, 199 and 203.
*[2] See recommendations including 1.4 and 1.5.

d)   Improving accountability through planning and reporting

Departmental Disability Action Plans (DAPs) provide a key tool for accountability. It is of concern that departments such as DHHS and Court Services Victoria do not have DAPs and many departments do not have any links to disability communities for development of their DAPs. Where DAPs have been developed, reporting on progress is not transparent. The State Plan is the ideal place to set out coordination and requirements that each government department should have a current DAP which is orientated towards outcomes rather than outputs. These DAPs would set goals and measure for training, employment, and participation in inter departmental work.

Public confidence in and accountability for results of the Plan would be improved by requiring an Annual Report to Parliament from the relevant Minister. Departmental Secretaries should be assigned responsibility to report on progress against the outcomes and indicators identified for each department.

RECOMMENDATIONS:
- Strengthen the architecture and governance supporting implementation of the Plan.
- Take an intersectional approach to disability access, acknowledging other characteristics and identities and involving other Departments.
- Ensure that the Plan's indicators have data disaggregated by gender, age, location, Aboriginality, cultural background and sexual preference to provide meaningful prevalence and participation rates.[v]
- Ensure that each Government Department has a DAP with identified indicators and outcomes that are coordinated by and reported back to the Plan by Departmental Secretaries.
- Provide annual reporting to Parliament on indicators of progress against Plan outcomes.

Theme 1: Active citizenship

a) Civic participation

Like women in the general population, members and associates of WDV are diverse in their roles, attitudes, values and motivations. We are rural women, environmentalists, mothers, volunteers, professionals, newly arrived immigrants, lesbians, pensioners and politicians. We desire the same opportunities as any other citizen. Governments have a responsibility to ensure the conditions for the participation of all citizens are in place. This requires systematic removal of barriers that limit access or communication options and prevent women with disabilities from taking active roles our communities.

Women with disabilities are amongst the most marginalised and excluded people in the Victorian population. We know from our consultations with members that women with disabilities are excluded through inadequacies in educational resources, employment, the built environment, affordable and accessible housing and health and other mainstream services. We are excluded because of system failures in responding to our disability and this exclusion from opportunities is exacerbated by our gender.

Barriers for women with disabilities are compounded due to other characteristics, such as being elderly, being in a cultural minority, one's Aboriginal identity or sexual preference. Living in a rural or remote location creates additional barriers. The intersection of disadvantages must be considered to remedy inequality experienced by women with disabilities and open the way to active citizenship. We will only know if we have met our objective of social and economic equality if we know how to measure and monitor progress. At present, there is no consistent and inclusive national data available on the intersection of characteristics and identities to enable reliable ongoing trend analysis of social exclusion and inequality on the basis of gender, disability, cultural background, migration status and sexual orientation.

LGBTIQ expertise:
WDV recognises the need for a better response to LGBTIQ people living with disabilities. On this question, we acknowledge the expertise of the Gay and Lesbian Foundation of Australia (GALFA) LGBTIQ disability advisory group and the LGBTIQ Health and Human Services Working group. We endorse their submission and its focus on better data collection to improve evidence. Further, we support their proposals to improve access for LGBTIQ people. In particular, training is needed in service systems to reduce barriers and increase opportunities for social inclusion, employment and leadership for LGBTIQ people.

WWD with family responsibilities

Many women with disabilities have family responsibilities as parents or carers. Negative attitudes toward people with disability as parents are damaging. This applies particularly to women with cognitive disabilities. Assumptions about women's ability to adequately parent their children are based on misguided myths rather than evidence based policy and practice. Consultation with our members confirms the findings of research[vi] that biased assessments, and inadequate support and parenting education results in the unfair removal of children and failure to put in place plans for reunification.

Parents with a disability are often neglected as a group by disability service providers. Access to appropriate antenatal and postnatal care and education is not often considered by workers who support women with disabilities. Access to parent information and referral to family support services is critical for parents with a disability seeking service from the NDIS and disability packages should take account of their need for support in providing care. The over representation of parents with a disability in the child protection system reflects the absence of this information and appropriately tailored family support services.

> **RECOMMENDATIONS:**
>
> - Set targets for inclusion and adopt a consistent and comprehensive approach to the collection of data on women with disabilities and women in other excluded groups to establish baseline measures of social and economic inclusion.
> - Develop disaggregated data sources to reflect diversity in line with recommendations from Victoria's Family Violence Royal Commission and the Parliamentary Inquiry into abuse in disability services.
> - Work across Departmental boundaries to ensure that the rights and needs of women with disabilities as parents or carers are considered in work such as the NDIS rollout and the Roadmap for Reform.

c)   Leadership

There is currently no avenue for women with disabilities to be adequately resourced to take up leadership roles around the issues that are central to their best interests. Government, human services and community organisations must provide accessible and safe avenues for women with disabilities to participate actively in decision-making and planning. Representation must be resourced so that women are reimbursed for their contribution and supported in ways that provide accessible and safe ways for women with disabilities to participate.

There is a critical link between advocacy, peer support and community participation. As a systemic advocacy organisation, Women with Disabilities Victoria recognises the need to build women's capacity to be advocates and leaders in asserting their rights. Our members at a 2015 Women with Disabilities Victoria member's lunch argued strongly for peer connections and support as important for reducing social isolation and building confidence in participating in the community.

In order to participate in significant decision-making and planning, women with disabilities must be included and listened to as advocates and in leadership roles. This requires active encouragement and support, through involvement in both specialist and community leadership training to provide pathways into leadership roles.

> **Good practice examples:**
> The Self Advocacy Resource Unit (SARU) has fostered numerous self advocacy groups. Through these, SARU has built empowering leadership opportunities for women and other marginalised groups. For example, the Powerful Parents Self Advocacy Group have been a leading, gendered voice representing the rights of parents with disabilities to government, oversight bodies and the community.
>
> Women with Disabilities Victoria's **Enabling Women** is a leadership program for women with disabilities funded through the Portland House Foundation. Enabling Women provides training for 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 program is run in plain English with Easy English materials. The program has delivered some exciting results, with graduates moving into advocacy roles and employment.
>
> **Participant feedback:**
> "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."

> **RECOMMENDATIONS:**
> - Set targets for increased representation of women with disabilities in senior leadership and decision-making roles.
> - Resource the Victorian Women's Register as a measure of representation of the full diversity of women on boards/committees.
> - Resource leadership programs which are tailored for women with disabilities to support pathways into such roles. Map tailored and accessible programs around the state and plan to fill gaps.
> - Provide necessary supports for women to participate.
> - Monitor and report on progress and evaluate the success of strategies to increase and retain numbers of women with a disability in leadership roles (committees, boards).

d)   Cultural and social participation

Inclusion in the life of the community begins at a local level. Victoria's approach to community development and inclusion has involved work with local government through MetroAccess and RuralAccess and deafAccess programs (Building Inclusive Communities).

The NDIS is proposing Information, Linkages and Capacity Building work as part of the roll out of the Scheme, including the work of Local Area Coordination. It is vital that Victoria supports and maintains existing systems such as Metro and Rural Access programs until the establishment of the NDIS Information, Linkages and Capacity Building (ILC) framework is clearer and its effectiveness at a local community level is tested.

> **Good practice example:** The Access Officers are a link between people, community groups, mainstream services including local government services from accessible parking to Maternal and Child Health. The Program has demonstrated that it is effective in working across sectors, for example, engaging urban planners in universal access co-design and implementing respectful relationships programs. The Access roles provide a crucial coordination functions between the State Plan and Municipal Plans and initiatives.
>
> "My Metro Access Officer holds meetings and consultations so I can have a say in local developments." Indra.[vii]
>
> "Belonging is about building your local networks. If you have people around you, you feel safer." Val[viii]

Peer support groups

WDV works to ensure that women with disabilities have spaces where they can meet together, share experiences and exchange information and support with one another. Women report that self-advocacy and peer support programs provide social inclusion opportunities that would not otherwise be available. Education programs are also important, and WDV hold that they should be peer led, so women can learn from one another and further raise the status of women with disabilities.

> **Good practice example:**
>
> The *Living Safer Sexual Lives* program is an example of primary violence prevention in which people with an intellectual disability learn about sexuality, rights in relationships, respectful and safe relationships, gender-based violence in relationships, violence prevention, sexual assault and accessing supports and services. It has now developed into a community-based, cross-sectoral educational program. It uses a 'train the trainer' approach so that people with intellectual disabilities are trained to become peer educators working with co-facilitators who are people working in disability, sexual health or educational services.[ix]

Digital inclusion

It is vital that all women with disabilities have access to digital information and communications in this digital age as it effects banking, employment, education and much more. 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. Barriers include:

- stereotyped perceptions about ICT as a male domain
- cost of equipment and technical support
- lack of disability access and learning support
- cyber-safety concerns are more likely to be held by women than men
- many women with disabilities are unaware of the opportunities ICT can offer.

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 where some types of disability are irrelevant.[x]

> **RECOMMENDATIONS:**
> - Acknowledge the importance of local government through the MAV and its social planning roles.
> - Sustain Metro and Rural Access Programs, supporting local contact points to engage women with disabilities in the life of their local community, and as a conduit between local government plans, the State Disability Plan and the NDIS rollout.
> - Resource women's peer support groups and programs, including programs for women with disabilities.
> - Measures for inclusion of marginalised people with a disability should include increased access to information technology and communications.

Theme 2: Rights and Equality

a) An intersectional approach

Barriers for women with disabilities are compounded by other characteristics of individuals or groups, such as being older, being in a cultural or language minority, migration status, Aboriginal and Torres Strait Islander identity, LGBTI status or living in a rural or remote location. The intersection of disadvantages must be considered to remedy inequality experienced by women with disabilities and open the way to active citizenship. An evolving human rights framework is required to acknowledge the range of protections required. The development of an intersectional approach to inclusion, equality and rights needs to be informed by better data reflecting cultural and demographic changes.

> **RECOMMENDATION:**
> * Victoria's human rights approach should continue to evolve to reflect intersectional disadvantage and discrimination. As noted above, data and research are needed to support learning in this area regarding prevalence and participation.

b) Disability advocacy

Australia's history of disability rights has shown advocacy in all its forms to be essential in building capacity amongst people with disabilities and service providers. The NDIS is underpinned by the principles of choice and control for participants within inclusive and accessible communities. Capacity for advocacy is essential to achieve this vision. Where women can advocate for themselves, they are more powerful and effective in ensuring that a wide range of mainstream and community service systems can better respond to their needs and requirements. This requires targeted education, and capacity building to strengthen individual capacity to advocate.   Supporting women with disabilities through self-advocacy, individual advocacy and systemic advocacy increases empowerment.

Systemic advocacy and representation is critical to achieve things which service providers, individuals and individual's advocates cannot. There are vital aspects to the lives of people with disabilities collectively which cannot be addressed through individual support plans, that require a systemic response. Systemic advocacy plays a key role in community capacity building, research, high level representation and policy reform. Our systemic advocacy seeks to influence positive systemic change in legislation, policy and practice in mainstream services such as housing, family violence, policing, education, legal services and health services. This work contributes to promoting diverse, inclusive communities and awareness of disability issues.

WDV are encouraged to hear the Victorian Government, the Victorian Ombudsman and the Parliamentary Committee for Community Development show strong support for advocacy programs. We agree that a range of advocacy programs uphold the State's commitment to safeguarding, quality, empowerment and inclusion.

> **Parliamentary Committee Recommendation 6.2**: The Victorian Government continue to administer funding for disability advocacy through the Office for Disability. In addition, the Victorian Government conduct a review of disability advocacy, with a focus on:
> - identifying the demand for different types of advocacy;
> - establishing the views of people with disability about advocacy services;
> - determining the impact of the NDIS on the capacity of advocacy services; and
> - ensuring that both funded and volunteer advocacy services undergo safety screenings and meet appropriate quality standards.[xi]

The NDIS will impact on the range of issues for which people will seek and require disability advocacy. People with disability will not only require advocacy support to navigate the NDIS, but those in receipt of a package of support may need advocacy to prepare for the NDIS planning process, and understand their rights and entitlements under the NDIS. There is also a need for independent advocacy to support participants with NDIS complaints processes.

It is heartening that the Victorian Government recognises the importance of systemic advocacy in influencing government policy across all portfolios as well as in monitoring the implementation of the NDIS in Victoria. However, advocacy sources have been restricted in their ability to influence by extremely limited funding. Disability advocacy systems require a concomitant investment to be effective.

> **RECOMMENDATIONS:**
> - WDV supports statutory and Parliamentary Committee recommendations to review and sustain advocacy programs.
> - WDV strongly encourages State government to recognise the importance of a full range of systemic advocacy and self-advocacy programs as essential to quality, safeguarding, empowerment and social inclusion. Recognition of such programs requires adequate resourcing.
> - State government should continue work with local government to support a local capacity building and advocacy approach as people begin to engage with the NDIS model of service with its emphasis on choice and control.

c) Violence Against Women

"For too long, people with disability in Victoria have endured violence in all its forms. The voices of people with disability, their families and carers have been sidelined or ignored, and widespread abuse and neglect continues. Similar to the issue of violence against women, violence against people with disability is inextricably linked to the denigration of their human rights." Maree Edwards, Chair, Victorian Parliamentary Family and Community Development Committee.[xii]

Women's health and well-being is contingent on freedom from violence. The Family Violence Royal Commission engaged with WDV's 'Voices Against Violence,' our evidence at the hearing and the evidence of women with disabilities who are victim/survivors of violence. The Commission responded

to the unacceptably high levels of violence against girls and women with a disability with a large number of tangible, systemic prevention and response recommendations.

Violence prevention and response also been clearly identified by the Victorian Ombudsman and the Parliamentary Inquiry into abuse in disability services. Again, the Committee was actively receptive to WDV's recommendations for gender-informed action on prevention and response.

More needs to be done for women to receive support, safety and justice as the recommendations of these important inquiries are implemented. There is a role for government to monitor and coordinate, to prevent discriminatory practice in the violence prevention and response service system and identifying alignment of recommendations across various portfolio areas to enhance and protect the rights of women with disabilities.

Good practice example:

The WDV 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 improve gender equitable service delivery as a strategy for increasing women's well-being and reducing gender based violence. The package is co-delivered by women with disabilities and professionals from relevant sectors. Ongoing communities of practice within the host organisations support and sustain the project. WDV piloted and evaluated program packages through 2014/2015.

Participant feedback:
"I have observed a marked difference in staff approaches to working with women with disabilities, in particular between staff who have completed the training and those that have not. Moving from managing one residential service to another has highlighted this for me."

"We lose insight of gender issues in 'individual person centred planning'. It needs to remain at the forefront." (Disability Service Manager)

"Now when we have conversations, we introduce concepts of gender; it's actually discussed as a point in decision making. There has been a shift in our conversations since the training." (Manager)

"It was confronting and informative." (Disability `Support Worker)

"It opened my eyes. It flicked a switch and made me more aware." (Disability Support Worker)

"Reaffirmed the amount of power we have over our clients and how we must be mindful (constantly) how we use it." (Disability Worker)[xiii]

RECOMMENDATIONS:
- The Plan should connect to and be consistent with other important and related pieces of policy and reform work such as the Family Violence Royal Commission, the Victorian Ombudsman and the Parliamentary Inquiry into abuse in disability services.
- The Plan should play a cross government monitoring role to ensure that rights and equality for girls and women with disabilities are protected in the implementation of violence prevention and response strategies.
- Findings from these three key inquiries should be noted in the Plan to ensure that learning from these inquiries is transferable to the roll out of the NDIS as a safe and gender sensitive service system.

d) Justice services

The release of VEOHRC's Beyond Doubt Report in 2014 documented failures in access to justice for people with disabilities in the State of Victoria giving particular consideration to how gender, culture, language and other attributes compound barriers. Victoria Police have invested in responding to the recommendations from this report, developing Disability Action Plans, developing networks with people with disabilities and improving collaboration with disability services. Other government departments have not demonstrated such a strong commitment.

Justice issues such as rates of imprisonment and victimisation of women with disabilities are serious inequalities and human rights violations which require a central focus in this plan.

RECOMMENDATIONS:
- The Plan should develop a baseline measure for victimisation and offender data of people with disabilities, expanding on the Family Violence Royal Commission recommendation (number 170).
- The Plan should include a clear to strategy in response to the Beyond Doubt Report improving access to justice and lead this work across relevant departments.

e) Accessible housing

Women with disabilities who have physical access requirements and/or lower incomes have reduced housing options. This issue is starkly evident at the response end of the family violence system where refuges report that while it is difficult to find exit options for women leaving refuge, this is more so for women and children with disabilities. Without any other options, women are moved into expensive hotels, rooming houses and supported residential services which are often unsuitable and unsafe – or they return to the violence they had tried to leave. Further, the lack of exit options is a deterrent for refuges to accommodate women with disabilities.

Women with Disabilities Victoria join over 75 other organisations and individuals in support of Australian Network on Universal Housing Design's (ANUHD) call for minimum access features to be included in the National Construction Code for all new and extensively modified housing.

RECOMMENDATIONS:
- The Plan should place a timeframe on Victorian Government legislative reform to building regulations to establish minimum access features for all new and extensively modified housing.
- Any Victorian investment in housing (such as the current Rapid Housing program) must take account of access for women with disabilities escaping violence.
- The Victorian Government should support creation of a National Affordable Housing Plan which includes targets to increase Universal Access (disability access) housing stock.
- The Plan should establish a system of monitoring and reporting on accessible housing stock levels in the private and public markets.

f) Improve access to health services and health information

In Victoria, discrimination on the basis of disability continues to be the most common cause of complaint to VEOHRC[xiv]. International, national and state policies enshrine the rights to health, freedom, respect, equality and dignity. These principles need to be translated into equitable and accessible health services, applying a gender lens. Significant practical, attitudinal and organisational barriers to inclusive services for women with disabilities remain.

The lack of Australian research on the health service needs of women with disabilities contributes to the maintenance of these barriers.

Mental Health

Higher rates of mental health problems co-exist with other types of disability and are exacerbated by the higher rates of violence, socio-economic factors and lack of adequate mental health support and prevention services.[xv]

VMIAC report that, "women with a lived experience of mental illness are expected to endure sexual harassment and assaults without any major interventions," and research supports this is a common experience for most women in mental health facilities.[xvi] These injustices would never have come to light without the representation of women and their representative groups such as the Women's Mental Health Network Victoria. Consumer and self-advocacy groups such as this must be resourced to support improvement to service access and safety within services.

> **RECOMMENDATION**
> - The Plan should support women's mental health peer support and systemic advocacy.

Sexual Health

Women with disabilities remain poorly served by health services in relation to their sexual and reproductive health needs and entitlements. Community attitudes and perceptions of disability, sexuality and gender contribute to the lack of appropriate information and accessible services.

Access to health promotion initiatives, including screening is as important for women with disabilities as for women in general. However these programs, including those for mammography and Pap screening, are not currently meeting their service obligations for this group of women.

> **RECOMMENDATION:**
> - Funding should be made available to support advocacy for better access to health services for women with disabilities through relevant government policy initiatives such as the Victorian Sexual and Reproductive Health Strategy.
> - Service users should be included in planning, design and improvement of services.

Gender and Sexuality

In accordance with the submission noted earlier (GALFA's LGBTIQ disability advisory group and the LGBTIQ Health and Human Services Working group), WDV note the lack of programs, information and health support for LGBTIQ Victorians with disabilities.

> **RECOMMENDATION:**
> - That the Plan develop strategies around health information and support for LGBTIQ Victorians with Disabilities.

Public Health

Public health policies should remove barriers to social disadvantage. Health policy must also address the current inadequacy of access to health services.

Addressing health inequalities requires a 'whole of system, whole of society' approach. This is particularly so for addressing the impacts of inter-sectoral inequalities such as those experienced by women with disabilities across their lifespans from childhood through puberty, adulthood and into old age. These women will also be diverse in sexualities, ethnicities, and geographies. 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.

Ongoing professional development programs for health professionals are urgently needed and should be rolled out in conjunction with other training programs for health professionals. WDV has developed and trialled a training package for health practitioners and is seeking funding to deliver the program. The program improves the knowledge, confidence and capacity of health professionals to deliver quality health care to women with disabilities and increases their capacity to deliver accessible and respectful services to women with disabilities. Women with disability co-facilitate training with a health industry trainer. A DVD developed by Women with Disabilities Victoria forms a core of this training.

RECOMMENDATIONS:

- The Plan should identify a key outcome in relation to the health of people with a disability as an improved response to lifelong needs.
- The Plan should promote cross sector partnerships, data collection and targeted professional development programs across health sector organisations.
- The Plan should take a zero tolerance approach to sexual assault and harassment to be adopted by all Victorian health and psychiatric services with supporting goals and measures. An example is the introduction of gender segregated psychiatric facilities to reduce the risk of sexual assault.
- The Plan should coordinate with Victoria's forthcoming strategies on Gender Equality and Sexual and Reproductive health leading to a situation where we can, for example, identify the rates of women with disabilities having access to S&RH services.
- Funding should be made available for people with disability to provide training to health professionals to address lack of knowledge regarding the needs of people with disability.
- The Victorian Government should require health services 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.

Theme 3: Economic Participation

a) Broader participation in the economy

While social inclusion is vital, it is economic participation that gives most people choice and control in their lives. 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.

> "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." Stella Young[xvii]

In addition, women are more likely to be in parenting roles and face difficulty securing affordable childcare, caring and parenting supports. To effectively address gender inequality for the most disadvantaged women, specific employment targets are essential.

The recent publication of *Willing to Work: National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability* identifies the significant issues confronting people with disabilities seeking employment. WDV endorses the Report's proposals that outline a series of approaches for government, employers and peak bodies.

b) Learning and training outcomes

Enabling Women is a community leadership program for women with disabilities developed by WDV to bring together a diverse range of women. We work with them to develop confidence in their leadership skills, knowledge and insights about leadership and support them to become more involved in their local community. Involvement in disability advocacy or leadership provides opportunities for learning and capacity building. These are pathways to building the confidence, skill, networking with community leaders and experience that are needed to play a leadership role or to enter the paid workforce. In WDV's Workforce Development and Gender Equity program, women with disabilities are employed as co-facilitators. This not only provides paid employment and consolidates skills and experience but also provides demonstrates the skills and experience that women with disabilities can bring to organisations. This is critical in challenging myths and stereotypes of women with disabilities as passive recipients of services.

The ability to access and use Information and Communications Technologies (ICT) including the internet are a critical part of contemporary workplaces. 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.

As increasing numbers of jobs involve the use of technology, a digital inclusion strategy to address technology barriers should be developed in consultation with women with disabilities and private enterprise. In support, it would be helpful to resource educational opportunities for women with disabilities to learn about safe use of internet and social media.

c) Inclusive and diverse workplaces

WDV's Workforce Development Program on Gender and Disability is designed to change culture across whole organisations, working with clients, staff, managers and executives. The 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.

Fundamental to the program is training women with disabilities to co-facilitate the training with violence prevention trainers from women's health and violence prevention and response services.

This model demonstrates equitable professional relationships between the co-facilitators. The [independent evaluation](#) found that a benefit of this work is development of disability-access capacity building for the co-facilitators and their women's services.[xviii]

Business should be provided with information about access requirements of specific groups to increase confidence in flexible and responsive workplace arrangements.

d) Social procurement

In concert with the development of outcome indicators and measures, social procurement requirements for government contracts would expand the reach and influence of standards guiding inclusive and diverse workplaces. It would be a positive step to use social procurement requirements for all public sector purchasing and granting programs, requiring successful tenderers to meet target goals for engagement with or employment of people with disability and other marginalised groups.

e) Increasing employment in the VPS

The Victorian public service should operate a best practice model of a diverse and inclusive workplace. The Australian Public Service has recently updated *As One, a Disability Employment Strategy, Making it Happen 2016 -2019.* The strategy has clear principles and expectations, detailed in a series of actions that will be undertaken to achieve the goal of improving the representation of people with disability in the APS workforce and increasing representation in senior or leadership roles. The Australian Public Service Commission will collect and report on key indicators of success. These are sound measures that could be adopted by state and local government to provide targets, monitor progress and evaluate the success of various strategies.

RECOMMENDATIONS:
- The Victorian Government should continue to support WDV's Workforce Development Program as a dual strategy for violence prevention and gender equality.
- The Plan should commit to a state-wide strategy to increase equitable economic participation by:
- establishing gender employment targets that require representation of women with disabilities and women from Aboriginal and other cultural backgrounds;
- linking learning and training outcomes to pathways into paid employment;
- ensuring that gender representation is equitable when setting and measuring disability employment targets, especially in senior or leadership roles;
- adopting a VPS Disability Employment Strategy reporting on recruitment and promotion practices that ensure representation of genders, disabilities, ethnicities, sexualities and geographic locations;
- developing a digital inclusion strategy in consultation with women with disabilities;
- educating business about the access requirements of women and specific groups to increase confidence in employment and workplace arrangements.
- The Plan should specify a role for the Office for Disability in disseminating research, creating incentives to employ for diversity and educating business about the benefits of inclusive workplaces.

Theme 4: Making the most of the NDIS

The NDIS represents a bold new approach full of potential for women with disabilities to exercise choice and control. While this is an exciting opportunity, it presents a number of challenges. As Minister Foley has recognised, the NDIS will not on its own resolve broader issues of access and inclusion faced by people with disabilities.

The NDIS roll out in Victoria will occur during the life of the State Disability Plan. Given the focus of both on participation and inclusion in the mainstream, the State Plan must actively interface with the NDIS. The goal for state government should be to make all service systems, information and built environments inclusive and accessible for all Victorians. The NDIS will only reach a small proportion of people with disability in Victoria. The state plan must be mindful of its responsibilities to all Victorians with a disability and ensure access to the services they require to be active citizens engaged economically and socially.

Victoria has a proud history of leading violence prevention internationally. In the implementation of the NDIS it has responsibility to monitor NDIS gender responsivity to ensure that we progress the rights of women with disabilities within the NDIS system. In particular the NDIS Safeguards System must be independent of disability services, be participant focussed and have the powers to ensure participants' safety.

There is a real danger that as the NDIS system builds, bureaucratic policies and processes intervene to prevent the exercise of real choice and control by NDIS participants. Whilst it is the responsibility of the NDIA to maintain a meaningful conversation with people with disabilities, the State Disability Plan must ensure there are effective alternative opportunities for people with disability to provide feedback on the progress of the NDIS in Victoria.

RECOMMENDATIONS:
- The Plan should reference the need to maintain continuity of support and services for people with disabilities who are ineligible for packages when the scheme rolls out in their region.
- The Plan should secure Victoria as a provider of Quality and Safeguarding measures in support of recommendations from the Ombudsman and the Parliamentary Committee on Family and Community Development and monitor implementation of the recommendations from the FVRC regarding training of staff under the NDIS.
- The Plan should acknowledge that State and local government have an important, ongoing role in providing services that respond to local needs. As a result, they must both maintain an active presence in the NDIS landscape. The local, community development approach of the Rural/Metro/deaf Access workers should be maintained to feed into the work of Local Area Coordination under the ILC stream of the NDIS. This cross sectoral work, coordinating mainstream service provision at a local level should be continued and strengthened.
- Victoria has insights gained through the Family Violence Royal Commission, the Ombudsman's Inquiry and the Inquiry into abuse in disability services. These should be captured and incorporated into work on Safeguards and Quality Standards under the NDIS.

- Where Victoria has developed a skilled workforce or service standards that exceed those required under the national scheme, it is vital to maintain the higher standard. The development of a workforce with the skills to deliver appropriate, gender responsive services for NDIS participants requires ongoing work that may not be supported by NDIS pricing structures.
- While the NDIS assumes capacity for participants to exercise choice and control, it offers little support for the advocacy and leadership that is essential to support active participation in the NDIS. Victoria's diverse advocacy sector has raised standards of accountability in this state and this work should continue to be supported.

Endnotes

[i] WDV Fact Sheet 2: Women with Disabilities, 2016.

[ii] WDV Members' Survey on Social Inclusion, February 2014.

[iii] Parliament of Victoria's Family and Community Development Committee, 'Inquiry into abuse in disability services: Final report,' 2016.

[iv] Victorian Royal Commission into Family Violence Report, 2016.

[v] For further information on social inclusion and effective measurement of the participation of people in the community, see WDV's submission to the Inquiry into Social Inclusion and Victorians with a Disability. The submission details the value of disaggregated data. http://www.wdv.org.au/documents/WDV%20Submission%20to%20the%20Inquiry%20into%20Social%20Inclusion%20and%20Victorian%20with%20a%20Disability.pdf

[vi] See, for example, *Parents with Intellectual Disabilities. Past, Present and Futures.* Gwynnyth Llwellyn (Ed.), Wiley Blackwell, 2010.

[vii] WDV Members' Survey on Social Inclusion, February 2014.

[viii] Ibid.

[ix] P. Frawley, C. Barrett and S. Dyson, 2012, 'Real People – Core Business. Living safer sexual lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse Prevention Program for People with Intellectual Disabilities,' Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

[x] C. Jennings, 'Your Say, Your Rights: A Project about Information and Communication Technology and Women with Disabilities," WDV and SARU, 2011.

[xi] Parliament of Victoria's Family and Community Development Committee, 'Inquiry into abuse in disability services: Final report,' 2016.

[xii] Parliament of Victoria's Family and Community Development Committee, 'Inquiry into abuse in disability services: Final report,' Chair's Forward, 2016.

[xiii] Written feedback from participant evaluation forms from Yooralla and Gateways managers and staff participating in WDV's Gender and Disability Workforce Development Program, 2014/2015.

[xiv] Victorian Equal Opportunity and Human Rights Commission, Annual Report 2014-15.

[xv] Sylvia Petrony, Dr Philomena Horsley and Professor Anne Kavanagh, The University of Melbourne, 'Access to health services for women with disabilities: a review of the literature,' WDV, 2012.

[xvi] VMIAC, 'Zero Tolerance for Sexual Assault: A safe admission for women,"2013.

[xvii] Stella Young, *(edited by Jane Caro),* 2013, 'Destroying the Joint,' University of Qld. Press, 2013.

[xviii] Workforce Development Program on Gender and Disability Summary Paper of Independent Evaluation Findings,http://www.wdv.org.au/documents/Evaluation%20Summary%20%20WDV%20Workforce%20Development%20Program%20on%20G&D%20October%202015.pdf