Women With Disabilities Australia (WWDA)

WWDA NEWS

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A Word from the WWDA President

Sue Salthouse, WWDA President

Over the last 3 months the pace of work at WWDA has not slackened for a moment. However, in this report I wish to highlight just a small number of the activities in which we are involved. I would also like to extend our sympathies as an organisation to our Executive Director, Carolyn Frohmader, whose father died of complications from heart failure, on the 22nd May, the day after conclusion of the Australian Women's Health Network Conference in Hobart.

WWDA Human Rights Work

Over the next 9 months there will be three extremely important events for Australia in terms of its obligations to report to the United Nations on the human rights situation in our society. Firstly, the Australian Government will present its Sixth and Seventh Reports on the ***Convention on the Elimination of (All Forms of) Discrimination Against Women*** (CEDAW) to the 46th session of the UN CEDAW Committee on 20th July in New York. Second, the Government will submit its initial report to the UN Committee on the ***Convention of the Rights of Persons with Disabilities*** (CRPD) in August 2010. Finally, the Government's first ever report to the UN ***Universal Periodic Review*** (UPR) will be presented in Geneva in February 2011. The UPR requires Australia to report on progress against all 7 of the core human rights treaties which we have ratified. Being a peer review process, any country can submit questions about our human rights situation which it wants the Government to answer. Review formalities are conducted by a "Troika" of rapporteurs from other countries. The Troika for Australia's UPR will be France, Djibouti and Slovakia.

Although these reporting periods are future events, they are significant at this time because the gathering of information to form the content of the reports to the UN involves extensive consultation and feedback from organisations such as WWDA. For each UN convention an official Government report is written. This is accompanied by at least one Parallel Report (also called a Shadow Report) compiled by stakeholders. WWDA, through the Management Committee and Executive Director has had extensive input into the reporting processes for all three of the above-mentioned reviews over at least the past 6 months.

WWDA is extremely proud that Christina Ryan (WWDA member) has been chosen to be a member of the Non-Government Delegation for CEDAW and will depart for New York in early July. She will be the first woman with disabilities to represent Australia in a UN treaty reporting process at the UN. The 7-member NGO Delegation, auspiced by the YWCA, is currently working intensively to ensure that all significant gender issues, both positive and negative are brought to the attention of the CEDAW Committee. The presentation of the NGO Parallel Report will take place on 19th July.

It is significant and also a source of great pride for WWDA that when the CEDAW Committee received a copy of our submission to the 2009 National Consultation on Human Rights, it immediately accepted it as a stand-alone NGO Shadow Report on discrimination against women with disabilities in Australia. The submission gives a comprehensive synopsis of the human rights situation for women with disabilities in Australia, and it is a testimony to the calibre of work done by our Executive Director, Carolyn Frohmader, that this document has acquired international status.

WWDA Governance

WWDA received a special purpose top-up grant from the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) in early 2010, to enable us to conduct a face-to-face Management Committee meeting in Hobart in April. Internet and e-mail contact have an important place in governing an organisation, but there is inestimable benefit in being able to physically meet each other to discuss issues. This is the second consecutive year that WWDA (along with other Disability Peak Organisations) have received special purpose funding for face-to-face committee meetings.

As part of a routine Management Committee meeting the presentation of reports from the Executive Director, Management Committee Executive and Management Committee delegates to other organisations or conferences, were

Some of the members of WWDA's Management Committee, Hobart 2010

A Word from the WWDA President

Hobart based WWDA members Carolyn Neilson (L) and Patsy Harmsen

able to be discussed in more depth than on a teleconference. We were able to put particular focus on the financial reports so that Committee members learned more about what is presented, and the explanatory notes provided by our Finance/Office Manager, Shirley Raspin, were discussed in full. As the Management Committee has fiduciary responsibility for the financial viability of the organisation, this was an exercise of vital importance in the one and a half days of meetings.

A full day was devoted to discussion about aspects of the governance of the organisation. Members of the Management Committee undertake a raft of 'standing' representative roles, for example as a member of AFDO, on AFDO Board, with WomenSpeak Alliance (now Equality Rights Australia), and the Centrelink Consumer Advisory Committee. We identified further key advisory committees where it is important that WWDA gain representative positions. In essence these are in areas where there is emphasis on the collection of data. In addition to this, WWDA members undertake a plethora of ad hoc representative roles for us. The Annual Report each year lists the range and number of these representations. A resolution was made to re-invigorate the WWDA Register of Representatives, to expand our representative base, and in parallel with this to continue to expand our numbers of financial members.

At the face-to-face Management Committee meeting held in 2009, the WWDA Strategic Plan for 2010-2014 was drawn up. Our 2010 meeting enabled us to discuss progress already made against our strategic goals, and to set short term and longer term priorities.

WWDA Members Meeting in Hobart

WWDA members in the Hobart region were invited to an informal gathering with the Management Committee and WWDA staff on the evening of April 22nd. The ten Tasmanian members who were able to come, have a wide range of experience, backgrounds, professional qualifications and sheer talent. The volume of noise in the room over nibbles and drinks demonstrated that we can be vocal in a social setting as well as in advocacy. The Hobart women expressed a desire to meet up with each other more often for peer support, to address Tasmanian state matters, and to look at the wider national, international and human rights issues together. WWDA will investigate how this can be facilitated. Many of the women are already contributing to WWDA's work through representation and writing.

Australian Women's Health Network Conference

The 5-yearly conference of the Australian Women's Health Network was held in Hobart from 19-21 May. It was good to see that a record number of women with disabilities were included in the conference program including Keran Howe (WWDA and Victorian Women With Disabilities Network); Karin Swift (WWDA and Queensland Disabilities Network), and myself (WWDA and WWDACT), with Marsha Saxton from the USA, presenting one of the keynote addresses. An even larger number of women with disabilities were present as conference participants. A separate report on the AWHN conference is included in this newsletter.

Over the last quarter, WWDA members have also made important contributions to a range of conferences and consultations. I particularly thank Helen Meekosha for her keynote presentation of a paper (jointly written by Carolyn F and herself) at the 2010 Regional Conference on Women with Disabilities held in Guangzhou, China; and for the liaison work she did with women from our region. In addition, on behalf of all members, I wish Christina Ryan every success in representing our issues to CEDAW at the UN.

The pace of work at WWDA will continue over the next months, with input to the Productivity Commission feasibility study into Long Term Care and Support taking centre stage as we advocate for a model which addresses gender equity from the outset. I commend this issue of WWDA-News to you.

Sue Salthouse
WWDA President

WWDA Policy Paper: 'Women With Disabilities & The Human Right to Health'

WWDA's Policy Paper on 'Women With Disabilities & The Human Right to Health' was published in May 2010.

The right to the highest attainable standard of health is a fundamental human right recognised in a number of international human rights treaties and instruments to which Australia is a party. However, this international commitment has had little bearing on improving the health of women and girls with disabilities in Australia - who continue to experience violation, denial and infringement of their fundamental right to health. Women with disabilities in Australia not only represent one of the groups with the highest risk of poor health, but experience many of the now recognised markers of social exclusion. They experience major inequalities in health status, and experience significant disadvantage in the social determinants of those inequalities.

The denial and infringement of women with disabilities right to health can be seen in an array of human rights violations: they experience violence at higher rates than their non-disabled sisters, experience less control over what happens to their bodies, have less access to vital health care services, such as cervical and breast cancer screening and, face discrimination, societal prejudice and stigma when it comes to determining their reproductive rights.

Members of Women With Disabilities Australia (WWDA), the national peak organisation for women with all types of disabilities in Australia, have identified the right to the highest attainable standard of health as a priority issue of concern. In keeping with WWDA's systemic advocacy work to create greater awareness among governments and other relevant institutions of their obligations to fulfil, respect, protect and promote the human rights of women with disabilities, WWDA's Policy Paper examines what is meant by women with disabilities right to health. It places this fundamental human right in the context of Australia's obligations under three of the key human rights conventions it has ratified: the ***Convention on the Rights of Person's with Disabilities*** (CRPD), the ***International Covenant on Economic, Social and Cultural Rights*** (CESCR) and the ***Convention on the Elimination of All Forms of Discrimination against Women*** (CEDAW).

The Policy Paper highlights the ways in which women and girls with disabilities in Australia are denied the freedoms and entitlements necessary for the realisation of their right to health. It then provides an overview of a range of key policy initiatives required to address the structural, socioeconomic and cultural barriers that currently deny women with disabilities their right to health. The paper includes key strategies for consideration by the Australian Government, in particular the Australian Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Australian Department of Health & Ageing, and the Attorney-General's Department, which are the Australian Government's principal sources of advice on social policy, health and law and justice respectively.

Recognising that the right to health is dependent on the realisation of other human rights, and extends to the underlying determinants of health, the key strategies identified in this paper address a broad range of themes, including for example government accountability, legislation, national health and disability policies; national violence prevention programs, women's health screening programs; housing & employment policies and programs, service system issues; participation in health related decision-making; data collection and research; training of health workers; public health media campaigns, and, the social, economic and political empowerment of women with disabilities.

WWDA's Policy Paper demonstrates that full enjoyment of the right to health still remains a distant goal for women with disabilities. The obligation to respect, protect and fulfil women with disabilities' right to health, clearly requires Australian Governments to do much more than merely abstain from taking measures which might have a negative impact on women with disabilities. The obligation in the case of women with disabilities is to take positive action to reduce structural disadvantages and to give appropriate preferential treatment to women with disabilities in order to ensure that they enjoy all human rights – including their right to health. This invariably means that additional resources will need to be made available for this purpose and that a wide range of specially tailored measures will be required.

Women With Disabilities & The Human Right to Health: A Policy Paper

May 2010

WWDA's Policy Paper on ***'Women With Disabilities & The Human Right to Health'*** is available from the WWDA website. It can be accessed at **www.wwda.org.au/health2006.htm** in either a PDF version (560 KB) or a Word version (460 KB). Alternatively, if you would like a copy emailed to you, please contact wwda@wwda.org.au

Australian Women's Health Network (AWHN) Conference Report

Getting access to health services and preventative health programs continues to be difficult for many women with disabilities. WWDA's recent Health Policy Paper, published in May 2010, highlights the human right to health for women with disabilities; the effect that the twin discriminations of gender and disability have on lowering our status in society; and the need for better data collection and for special measures and programs to be set up which will specifically target women with disabilities. With these challenges in mind, it is not surprising that WWDA wished to participate positively in the Australian Women's Health Network national conference this year. The social determinants of health as outlined in WWDA policy were a dominant theme taken up at the conference.

The 6th AWHN Conference was held in Hobart from Tuesday 18th to Friday 21st of May. Held every 5 years, AWHN conferences are significant events of international calibre and standing. The theme for the 2010 conference was "The New Agenda" and there was understandably considerable focus on the new National Women's Health Policy from national speakers. For this conference, as with past conferences, WWDA Executive Director, Carolyn Frohmader, assisted the organising committee to make the event accessible for women with disabilities. As a consequence, there were 20-30 women with disabilities attending, a number of whom were in a WWDA contingent. Karin Swift (Queensland) presented a paper co-written by herself and Carolyn Frohmader, entitled ***'Our Rights Denied: Women with disabilities and the human right to health'***; Sue Salthouse (ACT) presented ***'Downward Spirals'*** which looked at the effect of economic shock on the health status of women with disabilities (the article is reprinted in this edition of WWDA-News), and co-presented a paper on work done in the ACT to begin improving the accessibility of its residential Domestic Violence Crisis Services (***Women with Disabilities Accessing Domestic Violence Crisis Services in the ACT***).

From Hobart itself, WWDA was represented at the conference by Carolyn Frohmader and Shirley Raspin from our Head Office, along with WWDA members Marrette Corby, Patsy Harmsen, Carolyn Neilson, and Peggy Bogar; from Canberra - Kerry Snell and Anna Saxon-Taylor (sponsored by ACT Health Care Consumers Association); from Victoria - Keran Howe, former WWDA President, along with a number of women from the Victoria Women With Disability Network; and Ace Boncato from the NSW Network of Women with Disability. One of the keynote speakers was Dr Marsha Saxton, Senior Researcher and Policy Analyst, from the World Institute on Disability, situated in the University of Berkley in California, USA. Marsha's address: ***'Towards Empowerment: Understanding the Complexities of 'Vulnerability' to Abuse and Violence for Women with Disabilities'*** was one of the highlights of the conference (see separate summary).


WWDA members Kerry Snell (L), Shirley Raspin (centre) and Sue Salthouse setting up the WWDA Trade Table

For the first time at a conference, WWDA also took part in the Trade Table displays in the main conference hall. The WWDA booth sported trademark posters, a display banner, and myriad photos of WWDA members at work around Australia and internationally, at various conferences and workshops over the past decade. A range of WWDA publications were on sale. The booth acted as a focus point for women with disabilities to meet up during the breaks and also attracted attention from other conference participants, so that sales of publications and WWDA memberships were brisk over the three days.

Another indication of the AWHN philosophy of inclusion was that many Aboriginal and Torres Strait Islander women were participants in the conference, and also played a pivotal role as keynote speakers and presenters in the concurrent panel sessions. The first day of the conference was devoted to an Aboriginal and Torres Strait Islander "talking circle" gathering, in which about 50 Indigenous women were able to take part.

Of note also was that the National Aboriginal and Torres Strait Islander Women's Health Strategy was launched at the conference. It can be viewed at: **http://www.awhn.org.au/images/stories/National%20Aboriginal%20and%20Torres%20Strait%20Islander%20Womens%20Strategy%20May%202010.pdf**.

Australian Women's Health Network (AWHN) Conference Report

Fran Baum, as the first keynote speaker at the conference, gave an international perspective by outlining the work of the Commission on the Social Determinants of Health, highlighting the gender inequities which restrict access to power, money, employment and knowledge, thus limiting the health status of women. It is now commonly accepted that health status is largely determined by the social conditions in which we are born, work and live. Some sobering figures given showed decreased life expectancy for people in low income countries between 1997 and 2006. Baum's call to action was for women to create a demand for initiatives which will directly address the social determinants of health. Baum is a Professor of Public Health & Director of the Southgate Institute of Health Society & Equity at Flinders University in Adelaide. More World Health Organisation information on the Social Determinants of Health can be found at: **http://www.who.int/social_determinants/en/.**

Indigenous leader, Jo Willmott, focussed on Aboriginal health perspectives. With attachment to land as the fundamental basis for all aspects of life for Aboriginal and Torres Strait Islander people, their diminished interactions with land have had disastrous social and health consequences. Among the social determinants of health explored by Willmott was 'collective trauma' – a term which describes the sustained assault on culture and practices of Aboriginal and Torres Strait Islander which has resulted in debilitating disempowerment, with consequent abysmal health outcomes.

Keynote speaker, Cecily Kelleher, joined the conference from a studio in Dublin.

Marrette Corby (Tas) & Ace Bonato (NSW)

L-R: WWDA members Ace Bonato, Lindy Corbett & Karin Swift

The second volcanic eruption episode of Mt Eyjafjallajökull in Iceland, grounded flights out of Ireland at the time of the conference, so that Kelleher had to take part via video link-up. Despite the early hour – it was approximately 3am - she gave a coherent and comprehensive outline of the experience of the Ireland Women's Health Council between 1997 and 2010. The Women's Health Council has now been subsumed into the Department of Health and Children. Its legacy is a commitment to gender issues, gender mainstreaming and to the collection and analysis of data on women. Kelleher is a Professor in the School of Public Health, Physiotherapy and Population Science at University College Dublin.

Helen Keleher, Professor and Head of the School of Primary Health Care, Department of Health Science, at Monash University, in Melbourne, discussed gender mainstreaming in the Australian context. Once again the need for data collection across a broad range of social areas, and analysis, was emphasised. It was noted that although Australian Health Surveys collect data, it is not comprehensive enough and but subsequent policies which use the data, do not sufficiently set targets or outcome measures. Keleher contends that this lack of gender disaggregation of data and gender analysis permeates current Australian policy development, including that of health policy development.

Lorraine Greaves, an investigator from the Centre for Excellence for Women's Health in Vancouver, Canada, looked further at the need for and relative success of using directed policies to improve women's health.

Following the plenary sessions there was a packed program, with participants having to make tough decisions choosing between the 5-8 or more concurrent sessions conducted at any one time. Each day featured more keynote speakers, with aspects of the social determinants of health examined in depth. Economic independence, reduction of violence and gender equity were recurring themes. Complacency in the Australian context is not an option. Primary health interventions need to address the status of women before long term change can be achieved. This remains an advocacy challenge for WWDA and for all women with disabilities.

With so many women with disabilities present, WWDA seized the opportunity for an ***impromptu*** meeting during a lunch break. With about 12 women with disabilities present, a Conference Communiqué was drafted and will be incorporated into the final conference outcomes statement. Our statement has also been endorsed by the WWDA Management Committee.

Australian Women's Health Network (AWHN) Conference Report

The **Recommendation from Women With Disabilities at the Australian Women's Health Conference** reads:

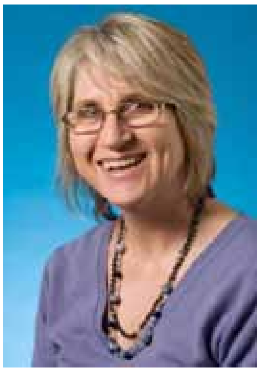
"This women's health conference has again revealed the extraordinary absence of gender in Australian health and social policy.

Australia needs more gendered research and data. To achieve any semblance of health equity we need research and data that is disaggregated for disadvantaged population groups.

In particular, women with disabilities at this conference recognise the cultural need to understand the health risks endemic to the intersection of gender and disabilities. There is an urgent need to identify and analyse data that has been collected but not analysed, such as disability data in the Longitudinal Women's Health Study. Furthermore, there is a need to identify the gaps, great black holes in Australian data collection, such as the failure to include data on disability in the Personal Safety Survey or the National BreastScreen Strategy.

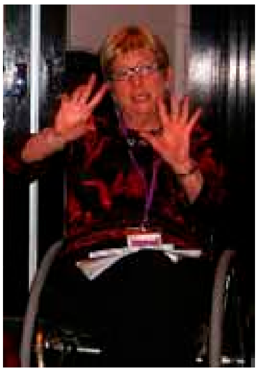
The social exclusion of people with disabilities and women with disabilities in particular, is no longer acceptable."

[Please note: this may not be the text which appears in the AWHN Conference Outcome statement, which is currently being finalised]. A number of papers and presentation powerpoints can be accessed from the conference organisers' website at: http://www.leishman-associates.com.au/awhn2010/papers.php.

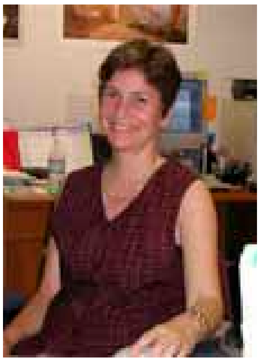


Professor Helen Keleher

Professor Cecily Kelleher



Keran Howe (Vic)



Dr Marsha Saxton

Marsha Saxton Keynote Address – A Summary

In Marsha Saxton's address: ***'Towards Empowerment: Understanding the Complexities of 'Vulnerability' to Abuse and Violence for Women with Disabilities'*** looked at the 'otherness' of women with disabilities. Starting from the precept of accepting difference, Marsha re-examined the concept of the term 'vulnerability' when applied to women with disabilities in analysis of the high incidence of violence and abuse experienced. Vulnerability is not inherent in the presence of disability nor proportionately related to the degree of physical impairment. Rather it is related to the societal conditioning which affects the thinking of both the woman with disabilities and the non-disabled people with whom she may interact. Thus new models of independence and empowerment can enable women with disabilities to deflect disempowering conditioning, and learn responses which enable the individual to recognise and resist abuse as well as to seek appropriate help. Beyond the personal, there are the social and political factors which permit exploitation of power imbalances and affect the ability of women with disabilities to deflect and resist abuse and violence.

The Independent Living Movement was described not as an economic model but rather as assistance given within the framework of a civil right and a service under the control of the recipient - where, when, how and by whom. The Personal Assistance Services concept described in which people with disabilities receive the assistance they need to undertake tasks which a non-disabled person would be able to do independently, but in which "the meaning of personal assistance is as unique as the individual who utilises the service". These concepts were very apt for consideration as those in the disability sector come to grips with what might be the implications of an entitlement funding scheme for Long Term Care and Support.

Downward Spirals: disability and health costs as contributors to poverty and imagining ways forward

Sue Salthouse,
WWDA President

WRITTEN AND PRESENTED BY SUE SALTHOUSE FOR WWDA AT THE AUSTRALIAN WOMEN'S HEALTH NETWORK CONFERENCE, HOBART, MAY 2010. COPYRIGHT 2010.

Abstract

Low socio-economic status has a profound affect on the health and wellbeing of individuals. As a society, there is a need to focus attention on this cohort and address its needs through appropriate funding and services. The manifold barriers which limit the full participation of women with disabilities in communities results in our gross over-representation in the lowest income quintile. The 'fact' of disability is not a health issue but largely a societal one. Taking into account the gender and disability discrimination, this paper examines the impact of low income on the health outcomes of women with disabilities. Women with disabilities need to be able to manage their complex health needs in a cost-effective ways. All these factors must be integrally incorporated into the proposed National Women's Health Policy.

Introduction

The title of my talk reveals a chicken-and-egg-type dilemma for women with disabilities. Do our health care costs push us over a precarious edge into poverty, or is it our extreme poverty which locks us out of attending to our health care needs.

I would like to draw our attention to a World Health Organisation (WHO) definition of Health, articulated over sixty years ago, and quoted by Women With Disabilities Australia (WWDA) in its submission to the discussion framework for a National Women's Health Policy [1]:

"Health is the state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is the fundamental right of every human being without distinction of race, religion, political belief, economic or social condition [2] *and indispensable for the exercise of other human rights* [3]."

However, I contend that this fundamental right to health and wellbeing will be unattainable for women with disabilities unless there is simultaneous policy attention paid to the state of poverty in which too many of us subsist.

In fact, an almost as ancient, United National Development Programme (UNDP) statement about poverty made 30 years ago, draws attention to the relationship of poverty and health (UNDP, 1997, p. iii) [4]. It states that:

"Poverty has many faces. It is much more than low income. It also reflects poor health and education, deprivation in knowledge and communication, inability to exercise human and political rights and the absence of dignity, confidence and self-respect."

Women with disabilities do not need to be reminded that poverty has many faces. The relationship between gender, disability, poor health and poverty is very strong. The reality for many of us is that poverty first robs us of our dignity, confidence, self respect and with that the ability to maintain any degree of good health and wellbeing. To a large extent, we are unable to exercise our human and political rights. Unless all aspects of this nexus are addressed as part of a women's health policy, there will be little hope for raising the health status of women with disabilities in this country.

For women with disabilities, it is tragic that in Australia we still use economic rather than social indicators to measure or describe poverty, and thus we do not adequately address all its facets, especially its relationship to health. In addition, if we are to take a human rights approach to health policy then we must put greater focus on all the societal factors which currently contribute to poor health outcomes for women with disabilities.

Socio Economic Determinants of Health

In fact, the concept that health was more than the administration of medical treatments can be said to have begun in the mid nineteenth century with the work of Engels and others [5]. Within and across nations, the inequities which are found in economic and political structures give rise to inequities in living conditions with consequent effect on the health and wellbeing of individuals. Within Australia, women with disabilities are one of the groups most excluded from the health system by poverty and a range of social factors.

Although you may now take for granted that these socio-economic determinants affect our health and wellbeing, it was as recently as 2005 that WHO set up a special Commission on Social Determinants of Health (CSDH).

The CSDH seeks to promote global understanding of the social determinants of health based on a shared belief in social justice and human rights. No Australian government would argue against this, but to date, no government policy in this country has its true basis in human rights and social justice. It is WWDA's belief that the application of these twin perspectives must be used in our national context to address the health and wellbeing of women with disabilities. Otherwise the reality that women with disabilities are in poorer health, and die younger that their non-disabled counterparts will not be reversed and these largely avoidable health inequities will persist.

Other countries have embraced the concept of tying policies directly to human rights. For example, the Scottish Government used the Convention on the Rights of the Child as a basis for its homelessness policy [6] and

in acknowledgement of the inverse relationship between observance of human rights and poverty.

Macro and Micro-economic factors

To some degree the poor health outcomes experienced by women with disabilities in Australia arise as a direct result of government policies at a macro-economic level. To some extent their poor health is more affected at a micro level, where attitudinal barriers, combined with lack of access to the built environment, and inevitable economic constraints impose limits on the ability of individual women with disabilities to engage in maintaining optimal health and wellbeing [7]. In both cases, women with disabilities are being affected by the inescapable intersection of gender and disability discrimination. The additional discriminations which arise as a result of race, sexual preference, and country of birth, add an extra layer of exclusion from the health system. To this must also be added the marginalization which occurs because of age (both disengaged young women with disabilities and senior women with disabilities) or the added discrimination of living outside our urban centres.

To look more closely at health policy and women with disabilities, it is necessary to look at the macro-policy picture. Very early in the current government's term, the Council of Australian Governments (COAG) signed on to a number of national endeavours. Amongst these a National Reform Agenda has been agreed upon. Included in the NRA are 6 National Agreements which contain the outcomes, outputs and performance indicators for both Commonwealth and the States/Territories on the distribution of specific purpose payments (SPPs) for the delivery of services across the relevant sectors. These Agreements cover healthcare ($11.2 billion allocated for SPPs in 2009-10), disability ($0.9 billion), schools ($9.7 billion), skills and workforce development ($1.3 billion), affordable housing ($1.2 billion) [8], and Indigenous reform ($3.6 billion) [9]. In healthcare, spending is growing at a faster rate than GDP, and this will accelerate with the ageing of the Australian population.

Despite the current Australian Government's laudable commitment, additional disability funding and some measure of reform, it is still a drip-fed sector, with only a small proportion of total GST allocation given to the State and Territory disability services (see Figure 1).

When the social determinants of health are considered, all of these National Agreements are pertinent to raising the health status of women with disabilities. Within each agreement, women with disabilities need specific programs to improve our access to education, employment, housing and disability services. Only through improvements in all areas will our health and wellbeing be also improved. For indigenous women with disabilities there is particular need for targeted programs under all 6 National Agreements. However, of interest in today's context are the National Disability Agreement (NDA) [10] and the National Healthcare Agreement (NHA) [11].

Under the NDA, all governments agree that:

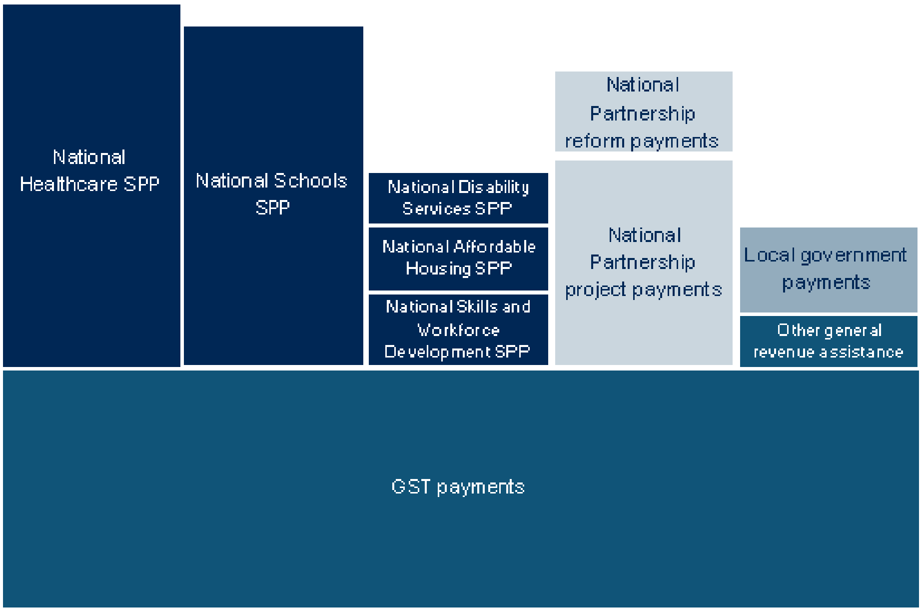
> ***"people with disability should achieve economic participation and social inclusion with choice, wellbeing and the opportunity to live as independently as possible, with families and carers being well supported in their roles."***

Importantly the NDA carries a commitment to the collection of data, reported on an annual basis. Reforms will be made based on this data (NDA p.5). However, because the initial agreement only came into effect on 1 January 2009, most of the data collection mechanisms are not yet in place. It is important for all work under the National Reform Agenda that data collected is disaggregated, and made freely available to non government organisations.

Under the NHA, all governments agree that the healthcare system must:

> ***"strive to eliminate differences in health status of those groups currently experiencing poor health outcomes relative to the wider community, with timely access to healthcare services based on need rather than ability to pay."***

Figure 1: Schematic of payments to the States in the new financial framework [12]



Downward Spirals

The NHA specifically states a commitment to ensuring that people with complex health needs can access comprehensive, integrated, coordinated services. These words have an ironic ring for women with disabilities, whose health status is chronically lower that that of the general population, and for whom timely access to services has been a pipe dream.

Health as a Human Right

For women with disabilities, the lack of data about any aspect of our lives means that policies and programs consistently overlook our particular situation. This lack was noted by the Committee for the UN Convention on the Elimination of Discrimination Against Women (CEDAW). In its response to the Australian Government's Fourth and Fifth Reports "*Australian Women*", it stated:

"[The Committee] ***also regrets the absence of sufficient information and data on women with disabilities***. [13]"

and further stated that:
"***The Committee requests the State party to include adequate statistical data and analysis, disaggregated by sex, ethnicity and disability, in its next report so as to provide a full picture of the implementation of all the provisions of the Convention. It also recommends that the State party regularly conduct impact assessments of its legislative reforms, policies and programmes to ensure that measures taken lead to the desired goals and that it inform the Committee about the results of these assessments in its next report.*** [14]"

The obligations of CEDAW are reiterated in many of the other international covenants and conventions to which Australia is a party.

Women with disabilities need to be able to control all aspects of their health, particularly their own fertility, and their sexual and reproductive health (Beijing Platform for Action and Declaration 1995) [15]. At present women with disabilities are still largely misunderstood and ignored in breast and cervical cancer screening. In a 2009 report from BreastScreen Australia [16], women with disabilities were said to have CHOSEN NOT to present for mammograms because they PERCEIVED they would have difficulties in physically accessing the equipment. This paints us as churlish non partakers of a government 'gift' to women. The same report named 'transport' as one of the limiting factors for other groups with low participation figures. The irony of being able to make this statement in the face of failing to collect statistics is not lost on WWDA. Moreover, BreastScreeen Australia seems to assume that all women with disabilities are in wheelchairs, have unlimited disposable income to pay for carers and taxi transport, and just stubbornly refuse to come!

WWDA contends that so long as women with disabilities do not have better incomes and greater control over their finances, they are at risk of not presenting for any medical consultations or screening programs, and at risk of not seeking early intervention when symptoms manifest. Poverty itself exposes a woman with disabilities to more situations of discrimination, more situations of risk, and greater vulnerability to a wider spectrum of violence, abuse and neglect.

Global Financial Crisis

The lack of financial security affecting women with disabilities is in large part due to the workforce structure of our society. The employment (and therefore financial) situation for all women in Australia has deteriorated over the last decade. For women with disabilities, their employment situation continues to be desperate. The increased casualisation of the workforce has disproportionately affected all women, but for women with disabilities, it has been nigh on disastrous. Obtaining employment is difficult. The last publicly available figures from the 2003 ABS Survey of Disability, Ageing and Carers [17], puts the workforce participation rate for women with disabilities at 46.9 percent (13 percentage points lower that that of men with disabilities, and 18 percentage points lower that the figure for the non-disabled population). Women with disabilities are over-represented in short term, low paid, casual, part-time jobs.

Only approximately 9% of women with disabilities are employed full time (compared to 21% for men with disabilities). In contrast 11% have part time employment (compared to 6% for men with disabilities). The unemployment rate of disabled women in 2003 was 8.3% compared to 5.3% for non-disabled women (ABS 2004).

In the early days of the Global Financial Crisis (GFC), it was predicted that unemployment rates for the general population would rise to over 8%. Such a horrific rate did not faze us. It approximates to the usual unemployment rate experienced by women with disabilities. Internationally it was recognized that the GFC would impact disproportionately on people with disabilities, and governments were urged to include special measures for people with disabilities to address the crisis [18]. There was no evidence of this in Australia. The current re-focus on gender inequalities in the workplace and the widening gender pay gap, somewhat bypasses women with disabilities. Our employment situation continues to be desperate.

Extending my earlier analogy of chicken-and-egg problems, these statistics on employment highlight the need to examine the sorts of courses that women with disabilities are selecting if they go on to further education after leaving school. In university education, women with disabilities overwhelmingly choose Social Studies related courses, and miniscule numbers enter engineering and ICT compared to their male counterparts with disabilities. These are similar trends to those found in the non-disabled population. The situation in Vocational and Employment Training (VET) is worse with high numbers of women with disabilities found in the NON vocational life skills courses. It is no wonder that we are clustered in the vulnerable end of the workforce.

It also means that large numbers of us are reliant on welfare payments. Currently those receiving the single full DSP of approximately $350 per week [19] ($18,000 pa) are right on the Poverty Line [20]. This amount is only 64% of the National Minimum Wage (NMW) [21], and a mere 30% of average weekly earnings [22].

Poverty, diet and non communicable disease

From this position of extreme poverty many negatives flow. Witness the strong correlation between poverty and poor diet. Worldwide amongst the poor there is increasing reliance on foods rich in fat, sugar and salt. Accompanying this are high levels of alcohol, tobacco and other substance abuse. Coupled with lack of incentive to exercise, lack of exercise associated with getting to and from work, these consumption patterns entrench a sedentary lifestyle with increased propensity for chronic disease. Although obesity is a problem across all socio-economic groups, there is a much higher incidence in the low income groups once a country's per capita income exceeds US$2500 [23].

Universally, it is useful to focus on women's income when assessing a family unit's ability to weather financial crises. The effect of a financial crisis on a household containing a woman with disabilities is great, because she is least likely to be able to obtain work. In a crisis, it is a commonplace strategy for a stay-at-home woman to seek work or to increase her hours of work. This is not a likely solution where that woman has disabilities. Conversely, where the woman with disabilities was already in the workplace, she is in a vulnerable position and most likely to be amongst the first put out of work, when the financial crisis worsens. Thus the GFC, even in Australia where its affects were minimal, disproportionately affected households where a woman with disabilities was living.

Let us look closer at yet another health consequence of poverty for women with disabilities. In high-income countries 80% of morbidity in adult women is attributable to non-communicable disease (NCD) such as cardiovascular conditions, cancers, mental neurological and substance abuse disorders and associated disabilities. The incidence of NCDs in women with disabilities, in addition to their primary disability, is thought to be higher than amongst non disabled women. However, we lack data, and the impact of NCDs on women with disabilities must be researched and addressed in the NWHP. The ACOSS Community Sector Survey of 08-09 [24] showed a 19% increase in calls for assistance in the first year of the GFC. This included calls for additional disability support services, mental health counselling, funding to pay bills, emergency beds etc. In fact, Telstra's Low Income Management Advisory Council (LIMAC) research [25] showed that the hard times hit low income people the hardest, and they are taking longer to recover. In 2008-09, 20% had sudden health problems, and 18% could not manage to pay their phone bills. The fact that 34% of those who sought bill assistance were recipients of the Disability Support Pension shows the impact of the GFC on all people with disabilities. Yet, in times of crisis, the phone becomes even more of an essential service, and LIMAC recorded that that there was an accompanying 50% increase in phone usage with calls to doctors to cope with the health problems which arose, calls to look for work, contacting family, and finding assistance services.

Unfortunately in welfare reform, conditionality and compulsion are more common characteristics of government anti poverty campaigns. Some welfare policies and programs seem to regard poverty as some sort of morbid lifestyle choice. Rather, we need to focus on socially and legally guaranteed entitlements. All too often Human Rights are only considered in terms of civil and political rights. But it is clear that in the context of rights we should measure capacity to participate in the community and 'equality' rather than income levels as indicators of poverty.

Conclusion

Women with disabilities wish to claim access to good health care as a Human Right, and to a standard of care which is not limited by low income, or overlooked because of our lack of status in society.

There is a need to adopt CEDAW as the basis for NWHP, similar to the manner in which other countries have based their policies on relevant human rights treaties. The NWHP must be developed so that the needs of the poorest individuals are considered first, and all programs must be based on sound evidence.

The NWHP needs to acknowledge and address the link between poor health and poverty. Coordination across government departments is a key and the NWHP also needs to be linked to accessible public transport plans, and also to include emphasis on the development of e-Health initiatives which will reduce the need for transport. Community and home visit programs could strengthen connectedness and reduce the isolation that women with disabilities experience. There is a need to work at the community level in planning, implementation, monitoring and evaluation of health programs.

Encapsulated in a 2007 joint publication from WHO and the Office of the High Commission for Human Rights [26], a human rights basis for health services will have these characteristics:

(1) Available: functioning public health and health care facilities, goods and services, as well as programmes, which are available in sufficient quantity.

(2) Accessible: health facilities, goods and services which are accessible to everyone without discrimination, within the jurisdiction of the state party. Accessibility has four overlapping dimensions: non-discrimination, physical accessibility, economic accessibility or affordability, and information accessibility.

(3) Acceptable: all health facilities, goods and services must be respectful of medical ethics and culturally appropriate, sensitive to gender and life-cycle requirements, as well as designed to respect confidentiality and improve the health status of those concerned.

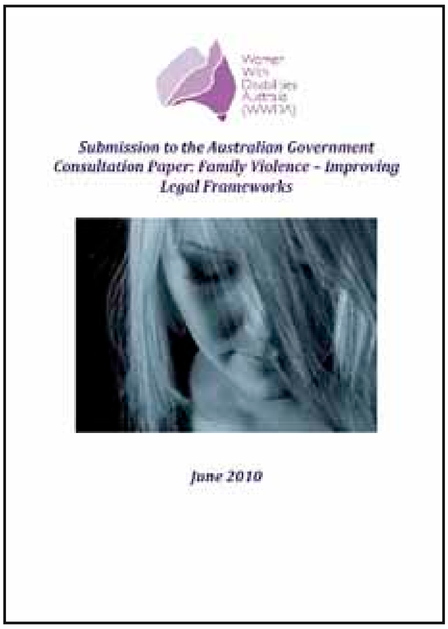
(4) Quality: health facilities, goods and services must be scientifically and medically appropriate and of good quality.

Women with disabilities must be included - the disability movement demands that there be "***Nothing about us without us***". Women with disabilities must have places at the consultation tables in all stages of the development and implementation of the NWHP.

NB: The References for this article are provided at the end of this Newsletter in Appendix 1.

WWDA Submission to the Australian Government Consultation Paper: *Family Violence – Improving Legal Frameworks*

In July 2009, the Federal Attorney-General (Hon Robert McClelland) asked the Australian Law Reform Commission (ALRC) to conduct an Inquiry together with the New South Wales Law Reform Commission (NSWLRC) into particular questions in relation to family violence, including ***'what, if any, improvements could be made to relevant legal frameworks to protect the safety of women and their children'***. In late April 2010, the ALRC and the NSWLRC released a 1022 page Consultation Paper for the Inquiry. The Paper posed a range of questions, as well as options and proposals for reform. Due to the short timeframe for responses, WWDA elected to focus its response to the Consultation Paper on issues canvassed in Section 4 (Family Violence: A Common Interpretive Framework?) and Section 19 (Integrated Responses and Best Practice), covering such themes as definitions, guiding principles, protected persons, training and education, and data collection.



Submission to the Australian Government Consultation Paper: Family Violence - Improving Legal Frameworks

June 2010

WWDA's Submission highlights the importance of definitions in Family Violence legislation. It argues that despite the many and varied definitions within the various Australian laws of what constitutes domestic violence, family violence, domestic relationships, significant persons, relevant persons and so on, most of the current laws dealing with family violence do not contain definitions which specifically encompass the range of domestic/family settings in which women with disabilities may live (such as group or nursing homes), nor do they contain definitions which capture and encompass the various forms of violence as experienced by women with disabilities. Because these experiences may not fit either traditional or contemporary definitions, violence against women with disabilities often goes unidentified or unaddressed. WWDA's Submission recommends that State and territory family violence legislation, along with the Family Law Act 1975 (Cth) should contain the same, comprehensive definition of family violence which includes the broadest possible definition of acts of family violence and relationships within which family violence occurs. WWDA's Submission also recommends (amongst other things) that relationships with carers and domestic workers - including those who are paid and/or unpaid, formal and/or informal, should be included in the relationships covered by State and Territory family violence legislation.

The WWDA Submission to the Consultation Paper: ***Family Violence – Improving Legal Frameworks*** is available on WWDA's website at **www.wwda.org.au/subs2006.htm** in both PDF and Word versions. Alternatively, if you would like a copy emailed to you, please email WWDA at wwda@wwda.org.au

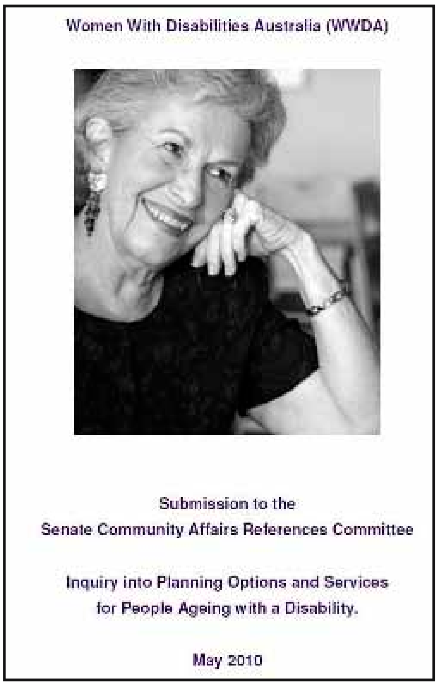
WWDA Submission to the Senate Inquiry into Planning Options and Services for People Ageing with a Disability

On 25 November 2009 the Senate referred the following matter to the Community Affairs References Committee for inquiry and report by 2 September 2010:

Access to planning options and services for people with a disability to ensure their continued quality of life as they and their carers age, and to identify any inadequacies in the choice and funding of planning options currently available to people ageing with a disability and their carers.

WWDA developed a Submission to this important Inquiry. WWDA's Submission, drafted by WWDA member Margaret Cooper, covers a range of issues including for example: Positive Ageing versus Successful Ageing; Ageing versus ageing with long-term disability; Factors affecting women with disabilities; Ageing with long-term impairments; Citizenship; Lack of informed advisors and services; and the need for disability service providers to have aged care skills. WWDA's Submission includes a number of recommendations.

The information in WWDA's Submission is garnered from the sparse research and statistical data available on the topic, supplemented by anecdotal information provided by seniors who are women with long-term disabilities. A further limiting factor is that almost all of the data and research on ageing with disabilities has been undertaken without gender disaggregation, as if the experience of disability and the experience of ageing are identical for both women and men. In the non-disabled population this assumption is rarely made. Therefore in WWDA's submission it has generally not been possible to nominate specific effects for women with disabilities. Yet, given that they experience greater marginalization than their male peers in most areas of their lives, and at most stages of their lives, it is likely that women with disabilities will need pro-active programs to ensure that the inequities experienced in earlier life are not perpetuated and exacerbated in older age.



Women With Disabilities Australia (WWDA)

Submission to the
Senate Community Affairs References Committee

Inquiry into Planning Options and Services
for People Ageing with a Disability.

May 2010

As in many other areas of disability studies there is an urgent need for research and the collection of data. Data must be routinely disaggregated by disability and gender, with efforts made to identify other differentiating factors such as multicultural background; Aboriginal or Torres Strait Islander descent; lifestyle choices and rural, remote place of living. Statistical information must be made publicly and freely available for non-government research purposes.

The societal and policy structures which have shaped the life-long experiences of women with disabilities mean that they are likely to experience greater poverty in old age and for longer periods of time than their male counterparts. In particular the portability of services over State/Territory boundaries must be addressed for women with disabilities as they age. Similarly the transition from disability services to aged care services must be eliminated or made seamless.

Women with disabilities must also be involved in planning and on advisory groups formed to develop policies and programs that will improve the ageing experience for this significant and growing group of the population.

The WWDA Submission to the ***Senate Inquiry into Planning Options and Services for People Ageing with a Disability*** is available on WWDA's website at **www.wwda.org.au/subs2006.htm** in both PDF and Word versions. Alternatively, if you would like a copy emailed to you, please email WWDA at wwda@wwda.org.au

WWDA Representation at CEDAW

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) described as an international bill of rights for women, was adopted by the United Nations General Assembly in 1979 and ratified by the Australian Government in 1983. In 1991, the monitoring body of CEDAW passed ***General Recommendation 18***, to ensure that States Parties understand that CEDAW also covers the human rights of disabled women. General Recommendation 18 states: ***'......that States parties provide information on disabled women in their periodic reports, and on measures taken to deal with their particular situation, including special measures to ensure that they have equal access to education and employment, health services and social security, and to ensure that they can participate in all areas of social and cultural life.'*** Australia acceded to the CEDAW Optional Protocol (OP) in December 2008, and the CEDAW OP entered into force in Australia in March 2009. The OP provides for complaints to be taken directly to the UN, after all domestic remedies have been exhausted. It also enables the CEDAW Committee to investigate claims of serious violations of CEDAW in Australia.

To meet its reporting obligation under CEDAW, the Australian Government is required to submit a report to the UN every four years, detailing how CEDAW is being implemented in Australia. The Australian Government submitted its combined 6th and 7th Country Report to the CEDAW Committee in December 2008. The non-government sector submitted its complementary (or 'Shadow') NGO Report in July 2009 to provide independent information and critique for the CEDAW Committee to take into account while reviewing the Australian Government Report at the pre-session in August 2009, and the constructive dialogue with the Australian Government in July 2010.

WWDA was involved in the process of developing the CEDAW NGO Report, and issues facing women with disabilities are well covered in the sector wide Shadow Report. **However, for the first time, the CEDAW Committee has accepted a separate Shadow Report from WWDA, focusing solely on the situation of women with disabilities in Australia. This is a major achievement not only for WWDA, but women with disabilities globally.**

Australia is scheduled to appear before the CEDAW Monitoring Committee at the 46th CEDAW session on 20 July 2010 in New York. The Australian Government delegation will be required to address its combined 6th and 7th report. An Australian NGO delegation will also be appearing before the CEDAW Monitoring Committee to address the CEDAW NGO Shadow Reports. **WWDA is excited to announce that WWDA member Christina Ryan has been selected to be part of the eight member Australian NGO delegation, and will have the opportunity to address WWDA's separate Shadow Report.** WWDA is working hard to try and secure funds to support Christina's (and her support worker's) travel costs to New York. The International Women's Rights Action Watch Asia Pacific (IWRAW) have been able to provide some funds toward the costs of Christina's travel, and WWDA is very appreciative of this support.

WWDA Member, Christina Ryan

This is an exciting time for WWDA. We wish Christina all the best during her time in New York, and we will continue to report back to our members on the outcomes of Australia's appear before the CEDAW Monitoring Committee.

For more information:
On the 46th CEDAW session (12 - 30 July 2010) New York, including to access a copy of WWDA's Shadow Report, and a copy of the sector wide NGO Shadow Report go to: **http://www2.ohchr.org/english/bodies/cedaw/cedaws46.htm**

For a copy of the Australian Government's 6th and 7th report to the United Nations on the implementation of CEDAW in Australia, go to: **http://fahcsia.gov.au/sa/women/pubs/govtint/cedaw_reports/cedaw_2008/Pages/default.aspx**

WWDA Member Profiles

WWDA is an organisation with an ever growing and diverse membership. In this issue, we bring you profiles of some of our WWDA members from around Australia. If you would like your profile included in future editions of our Newsletter, please email a photo and tell us a bit about yourself.

Tashe Long - South Coast, NSW

I first realised that I had strong feelings about social justice when I was in year one at primary school and started having fist fights with other kids who were picking on the black kids and making fun of one of my friends who had a physical disability. Those strong feelings have never left me!

I migrated to Australia in 1975 at age 24yrs and after a stint of being a woman driving taxi's at night in Sydney, I started as a volunteer at the Sydney Rape Crisis Centre. This was the start of a series of jobs working to try to reduce violence against women and children, which I held for over 25 years. During this time, I also took some time off full time paid work to live at Women's Lands (near Wauchope, NSW). I was a founding member of "Herland Co-operative" and the "Women's Healing Centre" at Wauchope before returning to full time work as the Coordinator of the Sexual Assault Unit at Port Macquarie Hospital. I then continued working full time against violence until 2004 when I finished working at the NSW Attorney General's 'Violence Against Women Specialist Unit'.

Now I have taken a step back from dealing directly with victims of violence, am based in Narooma, NSW and run a program called "Schools as Community Centres." I am now a community development- style project worker and my job is basically to help set up initiatives that will help disadvantaged 0-8 year olds get everything they need to get a good start to school and life generally. It's a great job and my favourite part is getting to work with lots of local Aboriginal women, to help dream up and then make into a reality, projects that are going to benefit the women and children.

Although I also spend time fighting against oppressive capitalism, destruction of our environment, and many other injustices, I am still mainly a feminist and my main interest is equality for all women. I know that once women REALLY have an equal say/power in the world, all other problems can be solved!

Karin Swift - Queensland

Karin Swift is a member of several key community organisations and networks in Qld involved in attempting to improve the lives of people with disability. Karin has worked in a wide variety of roles in both community and government settings, across a number of key areas including: tertiary education, women's issues, disability issues, housing issues and mental health issues. Karin is currently working at Kyabra Community Organisation as part of the Building Tomorrows Together project team. This project is around supporting people with disabilities to move out of the family home into a home of their own. Karin is passionate about social justice and community inclusion and in her 'spare' time is involved in social advocacy organisations. Currently, Karin is the Treasurer of AMPARO Advocacy, an advocacy organisation for people with disability from non-English Speaking backgrounds in Brisbane, and Secretary of Qld Disability Housing Coalition. Karin has been a member of WWDA for many years and has represented the organisation at many conferences and seminars. In May, she presented a paper on behalf of WWDA at the Australian Women's Health Conference.

Peggy Bogar - TAS

Hello everyone. My husband Steve and I live at Oakdowns on the eastern shore and are re-building at Scamander. Achievements: Two children, one and a bit grandchildren, a nursing degree from UTAS where I won a prize for excellence in nursing. I loved working in the nursing profession until stress related circumstances forced my retirement and it was then that my GP said "You've worked long enough. We'll get you on the disability pension."

An interesting part of my life was when 19yrs to 21, I was known as Sister Bernard of Jesus in an enclosed Franciscan monastery. Due to things I was ordered to do or not do I became so exhausted I could hardly stand and the doctor told me I had to go to hospital. "That's against Holy Poverty" I replied as I recounted how the nuns (who were Irish, English and from Ceylon) were German spies trying to poison me. I looked at the crucifix on the wall and said "You can kill me now because you're their doctor." Then hastily I added "No that'd be a sin."

My parents received a letter saying that I had: angina, Schizophrenia, nervous exhaustion, and hysterical paralysis due to nervous tension. I was paralysed down one side for awhile. The letter was signed by the doctor who added his apology. After three months of learning to talk again I returned to my passion, nursing.

Various other diagnosis have been attention deficit disorder, borderline personality disorder, multiple personality disorder and dissociation (I agree with this latter one but now they dispute it exists so why do I have time missing, burn the food while looking at it and flood the laundry trough while standing at the sink?) My GP says it's possible I also have a mild form of Aspergers autism because I have trouble knowing which way to turn the tap on and off and which dial to turn for which plate on the stove.

Present high achievement: I am almost at the end of writing a book called Bushfire Heartbreak and hope to get it produced in audio too so new friends I met at the [AWHN] conference can hear my book which I ambitiously hope to get published this year. Mum helped name it Bushfire Heartbreak. Last words I thoroughly enjoyed conference. Well done!

Margie Charlesworth - WWDA Vice-President, South Australia

I've been a WWDA member since around the year 2000, when I took part in the WWDA Leadership and Mentoring program at the Melbourne YWCA.

Looking back I think this is what sparked my passion to become a systemic advocate for women with disabilities. I myself have Cerebral Palsy, which affects my speech and long distance walking. I like to think that my disability is just a part of who I am – I rarely let it control my life (I have two cats who do that!!). I believe that we all have the right to master our disability – rather than letting our disability be our master.

I have my Honours degree in Social Science, and began my PhD last year. During my Undergraduate years I chose to go and study in Canada for a full academic year. I think everyone was surprised when I surfaced in Guelph because even though they knew I had a disability they weren't expecting ME!!! Apart from my academic reasons for going to Canada, I managed to gain an enormous amount of self confidence because of the opportunity I had in putting myself in another place where I had to make a new life for myself. It truly was a life changing experience.

Many of you may know (and even participated in) my study on experiences of emotion work for women with life-long disabilities. As mentioned above, I started my PhD last year. And this was to be an aside to my Honours Thesis and exploring the experiences of emotion work for women who live with speech differences (this could include having no speech, speech affected by hearing loss, and of course speech that is difficult for others to understand). However, after nine years of study, I'm currently taking a year off from study; and although I know this work needs to continue, I am unsure about the form this will take….So stay tuned.

One of the reasons that I'm so unsure about how I will continue my research is that I have become involved in other activities that take me outside of my home. I volunteer at my local church and more recently, I have begun training at the Zoo to become a volunteer in the Behaviour environment enrichment program. Once again I think they weren't expecting someone with a significant disability to want to volunteer let alone do the eight week guide course!!!

But that's me………always questioning the boundaries, finding a way through……..
and the word NO is not acceptable.

Gaylene Dale - TAS

I am a proud Tasmanian, born and bred. It was as a teenager in the 1970's when I first noticed that I was having trouble hearing. I was 17 years old and working as a stenographer in a Government agency, and I realised I couldn't hear whilst taking shorthand notes. As hearing loss is in common on the female side of my family it perhaps shouldn't have surprised me, however it was definitely a sad realization. Following an enormous struggle to cope with my deteriorating hearing, I realised in my mid 20's that I had to do something to improve the quality of my life. I made contact with the Tasmania branch of Better Hearing Australia, which became a turning point in my life.

Over the next 5 years I attended private and group communication classes which gave me confidence, improved my self esteem and taught me the essential skills I needed to deal practically with my hearing loss in both my career and personal life. As a mature aged student aged 32 I attended TAFE Tasmania and the University of Tasmania obtaining a Bachelor of Commerce. Attending University was a very big step for me, both physically and emotionally, and I was quite fearful. The experience was both rewarding and exhausting, mainly because as a hearing impaired person it was difficult for me to access lecture information. I was provided with student note-takers (some of who wrote brilliant notes and others were very limited), note-interpreters, and some lecturers and tutors were extremely generous with their time and support. As a hearing impaired person I often felt isolated from the rest of the student body. Many times I felt terrified and alone sitting at the front of the lecture theatre struggling to lip-read what the lecturer was saying. The support and assistance given to me by the Disability Liaison Officer at University was a lifeline, and after attending University for 5 years (part-time and full-time), I successfully graduated.

During my career I've worked in varied positions for several Government agencies, including Project Officer at the Dept of Health and Human Services in Child and Family and Services: Human Resource Officer at TAFE Tasmania, member of a project team that developed the Workplace Diversity Program; working with the Disability Liaison Officer, and in Student Services. Due to my hearing loss I have had to contend with daily challenges in my working life. Using the telephone is very difficult for me, minute and note taking impossible, and team meetings where I couldn't follow anything being said make me want to scream and rant. I missed the spontaneity of working with colleagues who can toss a comment to each other, have a laugh and move on. It certainly result in a sense of isolation, and the feeling of aloneness can be overwhelming. It's easier to retreat into one's shell, and I remind myself often not to do so too much.

This year has brought big changes in my life, as I am now temporarily a full-time carer for my mother (who is also severely hearing impaired), who has had some serious health issues. It has been an emotional journey for both Mum and I, and it's made me so much more aware of the needs of the elderly, and the inadequacies of building planning for people with physical disabilities in accessing buildings, or facilities within buildings. Dealing with a hearing impairment whilst liaising with the health system (Doctors, Specialists, Ambulance personnel, Podiatrists, Occupational Therapists, Physios, Community Access etc) has been a real challenge, however Mum & I have muddled through with tears and laughter, and whilst her health remains uncertain, we'll deal with as it comes.

Over the years I've met people with a range of disabilities who've inspired and challenged me to recognise what I could do and achieve in my life. Every day I note how many people see the wheelchair, the stick or the hearing aid before they see the person. So many people when they realize I have a hearing loss start shouting at me, or feel uncomfortable and ignore me. Others remain engaged in conversing, and when they realise I can lip-read quite well, get in and have a good old chat with me...and despite the difficulties in hearing, I do so love to chat! I'd so much like to see more captioned cinema, as my one experience of captioned theatre was magical. Additionally the provision of hearing loops in theatres, cinemas and other entertainment venues would be fantastic.

For the future, my intention is to study Aged Care, as I'd like to work with older people on a homecare basis. My passion is contributing personally and professionally to the wonderful work of Women with Disabilities, Better Hearing Australia, TasDeaf and the many other organizations that support and promote the wellbeing of people living with a disability.

Inclusion of women with disabilities in national women's safety surveys

In the last edition of WWDA-News, we reported to our members that in February 2010, WWDA had written formally to the Minister for the Status of Women, Hon Tanya Plibersek, to seek information regarding the status of the National Women's Safety Survey, and to seek her assurance that the next national data collection process on violence against women and/or personal safety includes as a priority, data collection on violence against women with disabilities.

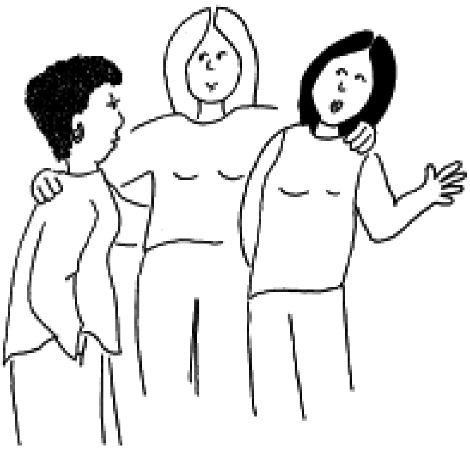
WWDA received a response to our letter from Minister Plibersek in April. It read in part:

> The Australian Government recognises the need to build a strong and robust body of evidence to inform policy and programs to prevent violence against women. Developing a clear understanding of the prevalence of violence and the factors that increase disabled women's vulnerability to violence is an issue of importance to the Government. I welcome your organisation's valuable input into how we can improve our knowledge around violence against women with disabilities.
>
> As you may be aware, in response to Time for Action – The National Council's Plan to Reduce Violence against Women and their Children, the Government agreed to immediately progress 18 out of the 20 priority recommendations identified. The Government has also committed to take Time for Action to the Council of Australian Governments (COAG).
>
> I am leading work across all Australian Governments to develop a National Plan to Reduce Violence Against Women and their Children, for COAG to consider in early 2010. Enhancing the coverage and quality of statistical data on violence against women, including those with a disability, is being considered within this context.

Given the extent, pervasive nature, and incidence of violence against women with disabilities, coupled with the serious failure of services to respond adequately to women with disabilities experiencing violence, and the dearth of Australian data and research on the issue, WWDA will continue to lobby the Government for national data collection and research on violence against women with disabilities.

Living Safer Sexual Lives Project

The ***Living Safer Sexual Lives: Respectful Relationships*** (LSSL: RR) program has been funded by the Australian Government to develop, trial and evaluate a peer led primary prevention of violence against women program for people with intellectual disabilities and other cognitive disabilities. The program is being conducted over a two-year period from July 2009 to July 2011. Dr Patsie Frawley from the Australian Research Centre in Sex, Health and Society (ARCSHS), LaTrobe University, is undertaking this project in collaboration with Women With Disabilities Australia (WWDA).



The ***Living Safer Sexual Lives: Respectful Relationships*** (LSSL: RR) program is being conducted in five sites across Victoria and Tasmania. The sites are; Geelong (Vic), Gippsland (Vic), Northern Metropolitan Melbourne (Vic), Hobart (Tas) and Burnie (Tas). Reference group/program planning groups have been established in each site and several meetings in each site have been held.

In mid-March 2010, the Hobart based planning group conducted a residential workshop, which was designed to bring people together to look at the ***Living Safer Sexual Lives Respectful Relationships*** program, to work through the program and to consider recruitment, training and development of peer educators and co-facilitators. The residential workshop was held over two days at Steele's Island, in Southern Tasmania, and was funded by the Tasmanian Department of Health & Human Services (Women's Health).

Five women with a disability attended, along with representatives from support services, such as Family Violence, Women's Health and the Sexual Assault Support Service. Members of the Living Safer Sexual Lives Respectful Relationships research team (Dr Patsie Frawley, Janice Slattery & Danielle Houghton) facilitated the program. The focus of the two days was familiarisation with the ***Living Safer Sexual Lives Respectful Relationships*** program and consideration of how peer educators could facilitate this with support from co-facilitators.

The two days were spent working through the draft program; listening to the stories from ***Living Safer Sexual Lives*** and reflecting on what the stories told the participants about relationships, being a woman, being a woman with a disability, rights, sexuality and sex, safety, abuse, support and empowerment. Some time was spent reflecting on the key messages these stories gave about respectful relationships and some time was spent reflecting and talking about participants own experiences and things that were learnt from these reflections.

This residential workshop was the first step in bringing together a group of women who, through their own exploration of ideas about respectful relationships could support other women to explore ideas about rights, safety and respect in relationships. It also identified a group of supporters who could commit to working with women with a disability to do this and to engage more broadly with violence and abuse prevention work and policy advocacy. The next steps for the Program in Hobart, will be based on the learnings from this workshop and will ensure that more women with an intellectual disability have the opportunity to participate in this program as peer educators, program participants or in having their say about how the program is established and implemented in the South of Tasmania.

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Journal Article: Experiences of Mistreatment Among Women with Cerebral Palsy

The aim of this article was to describe experiences and meanings of mistreatment among women with cerebral palsy. The feminist biographical method was used to provide an in-depth exploration of women's storied lives, uncover the meaning of women's lives from their own perspective, and provide understanding of women whose stories are seldom told. A sample of eight participants participated in two in-depth, audio-recorded interviews. Two major themes and five subthemes emerged. The meaning of mistreatment included participants' definition of mis-treatment and their explanation for mistreatment. Outcomes of mistreatment were divided into emotional, social, and physical outcomes.

Full Reference: Freeborn, D. & Curry, M. (2009) Experiences of Mistreatment Among Women with Cerebral Palsy, ***Women & Health***, Vol.49, No.6, pp.555-572.

Journal Article: People of Color with Disabilities & Intimate Partner Violence

The authors use the conceptual framework of intersectionality to deconstruct the help-seeking and help-receiving behaviors of abused persons of color with disabilities. Two case examples illuminate the complex interplay of race, gender, accent, immigration status, sexual orientation, disability, and socioeconomic status in women's help-seeking decisions. The case examples highlight the women's perceived experiences based on their decisions to seek assistance from formal helping systems. The authors note limitations in some existing models of system response to persons of color with disabilities, as well as describe programs that are more attentive to intersectionality. The article concludes with implications for various stakeholders.

Full Reference: Cramer, E. & Plummer, S. (2009) People of Color with Disabilities: Intersectionality as a Framework for Analyzing Intimate Partner Violence in Social, Historical, and Political Contexts. ***Journal of Aggression, Maltreatment & Trauma***, Vol.18, No.2, pp.162-181.

A Safe Place for Women With Disabilities: new universal access unit at Maroondah Halfway House

This article was written by Mandy McKenzie and was originally published in Edition 1 (Autumn 2010) DVRCV Quarterly, the Newsletter of the Domestic Violence Resource Centre, Victoria. It has been reproduced here with permission. WWDA gratefully acknowledges DVRCV for allowing us to reproduce this important article in full.

Maroondah Halfway House (MHH) has recently opened a specialised accommodation unit to provide refuge for clients with disabilities. In this article, the service's manager explains why the unit was set up, how it was designed, and the ways in which it supports women and children with disabilities

Some time a go, Maroondah Halfway House (MHH) identified a need to better respond to women with disabilities. MHH is located in the eastern region of Melbourne and provides emergency crisis and transitional housing and support for women and children experiencing family violence. The service was rarely being used by women with disabilities. On the occasions when the refuge was used to accommodate women with disabilities it, was not able to cater well for their specific needs. Some women found communal living challenging, including those who came to refuge with kids who had disabilities.

So when the refuge relocated its office and the front of the refuge became vacant, MHH decided to lobby for funding for a universal access unit. Last year, the Department of Human Services (DHS) agreed to provide funding to set up a two-bedroom universal access unit. The unit was opened to clients at the end of 2009.

Manager of MHH, Janine Mahoney, says that their decision to lobby for funding to develop the unit was also influenced by a 2008 report, titled ***Building the Evidence: A report on the status of policy and practice in responding to violence against women with disabilities in Victoria*** [1]. According to that report:

An estimated 20% of the Australian population live with a disability, approximately half of whom are women (1.8 million) and 7% of whom are living with severe disabilities. This is a large, key population group…..As our population continues to age, it is expected that the proportion of Australians developing age-related disabilities will increase (2008: p 11).

This research revealed that family violence and family services in Victoria are not equipped to meet the needs of women with diverse disabilities. The commitment to accessibility at MHH was also driven by the passion and expertise of the women on the organisation's board, some of whom have disabilities and/or who have worked in the disability field.

The unit provides a secure environment for women and children escaping violence. It has two bedrooms, which can each sleep three people, and a separate living area. It can accommodate family or, potentially two single women. It is adjacent to the existing refuge accommodation but has an independent entry point.

Since the day it opened, the unit has been fully occupied. The organisation is funded under the supported accommodation crisis response to accommodate residents for a six-week period. The MHH ensures that clients are fully supported and linked in to other services when they leave, whether they move on to transitional housing, private rental,

A Safe Place for Women With Disabilities

or return to their previous home. Co-case management with other support agencies is provided.

Staff at MHH have undertaken training in developing Disability Action Plans and have also completed DVRCV's ***Getting Safe Against the Odds*** training on working with women with disabilities. Clients can be referred to the unit via the Women's Domestic Violence Crisis Service or the Eastern Domestic Violence Outreach Support Service (EDVOSS).

Universal design

To design the unit, the Department appointed an architect who was experienced in universal design. According to the Australian Network for Universal Housing Design, universal design is ***'the design of products, services and environments to be useable by everyone regardless of age or ability'*** [2].

The principles of universal design include that housing design and layout is simple and intuitive, easy for residents/users to interpret, and requires low physical effort to use. Some of the physical features of the MHH accommodation that reflect universal design principles include:

- light switches and door handles that are easy to reach and use, and are consistently located throughout the residence;
- lowered stove heights and kitchen benches;
- a front-loading washing machine and a dryer at floor level;
- shower amenities that accommodate both standing and seated showering positions; and
- slip-resistant floor surfaces.

The principle of universal access also applies to other aspects of the environment and communication. Janine says MHH has sought feedback from clients about the accessibility of the unit. For example, a resident who had a hearing impairment pointed out that the television didn't provide captions, so MHH replaced the T V. Also, the standard telephone used for clients to access overnight or emergency assistance did not enable text communication, so it was replaced by a mobile phone so that women could communicate with staff via text messaging.

Concerns about communal living

An important feature of the universal access unit is that it provides separate accommodation, rather than communal living.

Janine says that for many women and children, and particularly those with a disability, sharing a living space in a refuge can be difficult. Some struggle with having to negotiate the living space with others at a time when they are traumatised by violence and preoccupied with concerns for their future. Women with disabilities may find that other residents don't understand their particular needs - for example, they may have to take longer in the shower, and feel under pressure knowing other residents are waiting their turn. For clients with a vision impairment, having other residents move furniture or objects around the room may create a safety hazard. Sharing a fridge can be risky if a client or child has allergies or other health conditions. Some women who have children with autism or ADHD may find communal living very stressful if other residents don't understand their child's behaviour.

The difficulties of a communal model were also raised by women with disabilities who were interviewed as part of the ***Building the Evidence*** report. One of the other refuges in the Victorian service system has a specialised disability unit, and the women interviewed for the report gave positive feedback about this unit, and particularly appreciated the fact that they did not have to share the space with others.

Meeting support needs

Of course providing access for people with disabilities is more than just providing a ramp [3] and addressing physical barriers. For example, for some women, the perpetrator of the violence is also her carer. If she leaves, she will need immediate access to a new personal carer. To meet people's care needs, the Victorian DHS Disability Services Division provides Individual Support packages – these are funds that are allocated to an individual to meet their disability- related support needs. Janine says that the MHH is working with the

A Safe Place for Women With Disabilities

DHS Disability Services Division on ways to ensure that women can have immediate access to these packages if they have had to leave urgently because of violence.

Services working together

The Eastern Domestic Violence Outreach Support Service (EDVOSS), Brenda House and MHH have developed an integrated partnership approach for women and children with disabilities. Each service has appointed an intensive case manager position with a disability portfolio.

The services are developing policies and procedures and are working together to develop a coordinated response. For example, EDVOSS can provide outreach support for women with disabilities, and can help them to prepare if they decide to leave and access the unit at MHH. The services are also building links with disability services. They are hoping to undertake cross-sector training for workers in the disability and family violence sectors, and to set up forums so workers can come together to discuss practice issues.

The Building the Evidence report recommends that specialised services need to be publicised: ***'women with disabilities need to know that there is special crisis accommodation available where they do not have to share space with others, and where children with disabilities, including older sons, are welcome'*** (p. 60). Janine says that the services plan to develop a brochure and other material, to be distributed via GP waiting rooms, Maternal and Child Health Centres, and other services, to let women know that the unit is available.

MHH has received funding under the federal Nation Building initiative to develop additional universal access units using a cluster model. This will provide a one bedroom unit, two two-bedroom units, as well as a three bedroom unit.

Remaining safe at home

Many women prefer to stay living in their home and have the perpetrator of violence leave. This may be a particularly important option for women with disabilities because they have set up an environment to meet their needs. Also, when children have disabilities and attend special schools or support services, having to leave can cause major disruption.

MHH, Brenda House and EDVOSS are looking at strategies to ensure that women can safely stay in their homes. They have obtained brokerage funding to provide home security upgrades for women who want to remain at home. They also will have case managers who can undertake risk assessments and assist women to apply for Intervention Orders with an exclusion condition (which orders the perpetrator of violence to stay away from the home).

Endnotes

[1] Report by Lucy Healey, Keran Howe, Cathy Humphreys, Chris Jennings and Felicity Julian, published by the Victorian Women with Disabilities Network Advocacy Information Service, see: www.vwdn.org.au/documents/BTE%20Final%20Report.pdf

[2] See the Australian Network for Universal Housing Design website: http://www.anuhd.org/content/principles-design

[3] To paraphrase the title of a 1997 publication ***More than Just a Ramp: A guide for women's refuges to develop disability discrimination action plans***, by Fiona Strahan, Women With Disabilities Australia.

Inquiry into a long-term care and support scheme for people with disability in Australia

As reported in the last edition of WWDA-News, the Australian Government has commissioned a feasibility study into a long-term care and support scheme for people with disability in Australia. The Productivity Commission's Inquiry began in April 2010 and will report by July 2011. Amongst other things, the Inquiry will examine:

- how a scheme should be designed and funded to better meet the long-term needs of people with disability, their families and carers;
- how to determine the people most in need of support, the services that should be available to them, and service delivery arrangements;
- the costs, benefits, feasibility and funding options of alternative schemes;
- how the scheme will interact with the health, aged care, informal care, income support and injury insurance systems;
- its impacts on the workforce;
- how any scheme should be introduced and governed;
- what protections and safeguards should be part of the scheme.

The Productivity Commission wants to ensure that people are able to participate fully in this inquiry. There are many ways that people with disabilities can be involved. The Commission has released an Issues Paper to help people prepare formal submissions or other forms of feedback. A short paper (including Easy English and Auslan versions) has also been released with a simple set of questions seeking views about the desirable features of a national disability scheme. The Commission wants practical ideas for a new scheme. Your feedback can be brief and cover just one or two matters, or it can cover issues more widely. Sometimes people send in just a few points about their ideas. The Commission is simply looking for good ideas.

While submissions and personal responses are the main way people contribute their views, formal public hearings are also being held, where some people give the Commissioners their views in person. In hearings:

- people summarise their views briefly and then Commissioners discuss the issues with you
- a transcript of the hearings is produced, which we will publish on the Productivity Commission website.

Some of the Public Hearings have already occurred, but there will be a second round of hearings in April 2011, after the release of the Draft Inquiry Report. The Australian Government has provided WWDA and the other peak disability organisations, with some funds to enable our members to participate in the inquiry. So we will be able to support some of our members in getting to the public hearings in April next year.

To register your interest in the Inquiry; to download a copy of the Issues Paper, and/or to receive periodic circulars and emails on the Inquiry's progress, go to:
http://www.pc.gov.au/projects/inquiry/disability-support

WWDA Members Recognised

Sue Salthouse, WWDA President

Sue Salthouse – Edna Award for Feminist Activism in the Community

Each year the Women's Electoral Lobby of Australia celebrates the life and work of Edna Ryan (a feminist icon in Australia) through the Edna Awards, designed to support the interests that Edna championed, and to proclaim the fun and humour that she enjoyed. Edna Award recipients are those women who have:

- fostered or offered opportunities for women to clarify and/or fulfil their goals, or
- raised or discussed in the public arena issues and perspectives of particular interest to women, which are often otherwise marginalised or denigrated.

WWDA was delighted with the news that in May, our President, Sue Salthouse, was awarded an Edna for her contribution to feminist activism in Australia. Sue has substantially bridged the divide between women with disabilities and the broader women's movement. She has mentored many women with disabilities into positions of leadership and community responsibility. As WWDA President, she ensures that the organisation plays a part in all government policy development affecting disabled women. Sue has also been convenor of Women with Disabilities ACT for 13 years, many members of which are socially isolated and rely on the group for contact with the outside community. Sue has contributed substantially to the voice of women with disabilities being heard, both nationally and internationally. Congratulations Sue!

Keran Howe accepting her Award

Keran Howe – Victorian Honour Roll of Women

The Victorian Honour Roll of Women recognises women from many sections of the community, each playing a leadership role across law and social justice, medical research and communications, women's and children's health and family services, sport, government, education and science.

On 4 March 2010, the Minister for Women's Affairs Minister Maxine Morand announced the 20 new 2010 recipients at an event at the National Gallery of Victoria, as a part of International Women's Day week of activities. WWDA member, and former WWDA President, Keran Howe, was formally inducted into the Victorian Honour Roll of Women 2010. Keran was recognised for her efforts and commitment to promoting the human rights of women with disabilities. Keran is currently the Executive Officer of the Victorian Women With Disabilities Network (VWDN). Congratulations Keran!

Worthwhile

by Peggy Bogar

Born one of children ten
I struggle for attention when
siblings scramble for the comfort of Mother's knee,
all calling out: "Pick me, pick me."
Favourably our parents, by example teach
And show confidence is within each child's reach.
Through their love we know we are worthwhile.
Chidren's help-line, we do not yet, need to dial.
Suddenly grown up, with a nursing degree as one of my skills
I hastily write notes and give out pills.
Then hold trembling hands and hope fears, to calm
as wounds I dress and the dead, I embalm.
I pray they be led safely home to their Maker
and ask blessings on loved ones left behind, to remember
they are worthwhile- no matter the illness, disability, age or gender,
He looks upon us with mercy tender.
Delighted with my children dear, now a grown son and daughter,
I gently nudge them out of the nest as I'm told I ought'a.
Now I have a grandson and another baby on the way.
They will dance me to childhood as with them I'll read and play,
for they are worthwhile.
Today I enjoy planting lettuce, carrots and snow-peas,
Desperately trying to reduce magnifying grocery fees.
For relaxation, I amble through the bush
Taking photos of purple and golden fungi' till I fall on my tush.
I pick myself up and smile.
Do you know why? Yes...because I too, am worthwhile.

New Report: Access to Women's Health Services for Women with Disabilities

On International Women's Day (8th March), People With Disabilities Western Australia (PWdWA) launched a new report that revealed alarming health results for women with disabilities. The report, compiled by Samantha Jenkinson and titled ***'Access to Women's Health Services for Women with Disabilities'*** details the neglect of this group's reproductive and sexual health needs by health services often due to discrimination or ignorance. The PWdWA report revealed that mainstream health services are failing to assist women with disabilities to access their services and are not providing support available for women without disabilities.

PWDWA President Mary-Anne Bath (L) and WWDA member Rayna Lamb at the launch of the Report.

These results further strengthen WWDA's campaign for the inclusion of adjustable-height examination beds in all GP clinics. WWDA is campaigning for the provision of adjustable beds to be made mandatory in all Royal Australian College of General Practitioners Standards for General Practice (WWDA's submission to the RACGP has been endorsed by over 200 organisations and individuals around Australia).

On average, women with disabilities need to see their doctor almost double the number of times of the general population. The clear implication of not being able to access a clinic or receive timely treatment for these women is an increased health burden on individual women and more pronounced needs for critical care on the health system when these issues remain untreated. PWdWA is aware of a woman who was refused treatment by a GP, despite being in extreme pain, because of the severity of her disability. The woman had cerebral palsy. Another woman who used a power wheelchair struggled to find an accessible office for an ear specialist during a time of great ill health and heightened stress.

PWdWA President, Mary-Anne Bath, states *'Far too often women with disabilities fail to get the health care they need in a timely way. Pap smears, breast self exams or screenings and sexual health advice are often not available due to discrimination or a lack of awareness. On a day like International Women's Day when we should be celebrating the achievements of women and the gains we have made, we are disappointed to report that women with disabilities are being left behind.'*

For more information, go to: **http://www.pwdwa.org**

WWDA (ACT) News - an Afternoon Tea with Therese Rein

Networking is an art – but some people seem to have innate talent in this area. A case in point is WWDACT member, Nicole O'Callaghan. After completing her Bachelor of Arts, majoring in Political Science, Nicole decided she needed to shift from the country to the political heart of the nation, and arrived in Canberra during 2009. In November last year, she represented WWDA at the ***National Inclusion Awards*** and this presented her with an opportunity to network with Therese Rein who is the patron of these Awards. From this networking grew the seed of an idea, and before the night was out Nicole had conceived a plan to invite Therese to be the guest speaker at the next quarterly meeting of WWDACT.

After convincing the sceptics and the plain terrified in WWDACT – namely Convenor, Sue Salthouse – that the event could be staged, Nicole was appointed Event Organiser, and an organising sub-committee was formed. Liaison with Ms Rein's office identified an available date and time; ACT Member of the Legislative Assembly, Joy Burch (ACT Minister for Disabilities and Minister for Women) assisted us by enabling use of the Reception Room at the Legislative Assembly. However, a multi-megabyte folder of documents attests to the organisational email exchanges that were necessary to arrange a polished occasion with a celebrity guest of honour, at which all the 'I's" were dotted and "T's" crossed.

An "Afternoon Tea with Therese Rein" was conceived as an event primarily for women with disabilities. Invitations were sent to over 100 members of WWDACT and other specific disability organisations in the ACT; to a number of government officials and to key women in organisations associated with projects in which WWDACT is involved. Attention to accessibility of the event was of paramount importance, with an Auslan interpreter engaged, and a temporary hearing loop installed in the venue for the occasion. Faced with an exorbitant catering cost, friends of the WWDACT committee came to the rescue, and were so successful at putting on afternoon tea, that enquiries have been received to hire them for other events! Alas! they insist they are now in retirement.


L to R: Mandy Dolejsi (interpreter), Therese Rein, Nicole O'Callaghan.
Photo courtesy of Elena Down

The event was held on Monday 3rd May. Therese spoke eloquently about the development of her understanding of the exigencies of disability and her empathy for people with disabilities. Growing up with a father who was a paraplegic, meant that she saw at first hand the challenges of an inaccessible built environment; of a health system which confused health, disability and their interactions; of the difficulties of obtaining an education, and then of putting those qualifications to good use in the workplace. Her talk struck a chord with all in the audience, who know first-hand that her father's experience is magnified for women with disabilities.

The serving of afternoon tea presented an opportunity for Therese to mingle with the 80 guests. She was gracious in making sure that everyone in the room had an opportunity for a word with her. Therese also talked briefly about work she is doing with executives from the building industry, people with disabilities, and representatives from the Council Of The Ageing (COTA) to develop a voluntary code for Universal Housing. Announcements are expected in the near future. So Nicole's bright idea came to fruition in a manner near to perfection, with an afternoon tea enjoyed by all. Her networking prowess has continued. Nicole is now working 'on the hill' as a research assistant to a Senator. WWDACT thanks her for her initiative in conceptualising, and then organising, a memorable event for us.

RESOURCES – BOOKS, REPORTS, WEBSITES, LISTS

DiVine

An online community for and by people with a disability

www.divine.vic.gov.au

Your place to belong, be involved in issues that matter, and be entertained.

Website: Divine

DiVine is an exciting, fun and innovative website written by and for people with a disability. The site is published by the Victorian Government's Office for Disability in the Department of Planning and Community Development. DiVine aims to inform, engage and entertain. It is a vibrant, inclusive community that encourages participation. We can all learn from each other, and have a laugh, too. The website provides the opportunity for you to share your passion and unique perspective with thousands of other Victorians.

One-in-five Australians have a disability and the wide range of topics covered on DiVine reflects the wide range of interests of people with a disability. Go to: **www.divine.vic.gov.au**

Journal Article: Disability and the Transition to Adulthood

Data from the National Education Longitudinal Study of 1988 are used to estimate the effect of type of disability (in order of frequency, learning, other, emotional, hearing, visual, physical and speech impairment) on young people's progress toward four adult transitions: finding full-time employment, establishing an independent residence, marrying and having children. The author finds that young people who have a visual, hearing, speech or "other" impairment are more likely than their nondisabled peers to find themselves among the respondents who did not complete any of the adult transitions examined in the analysis. Young people who have a learning disability are also more likely to be in a "just workers" group (i.e., respondents who are still living at home, for the most part, but working fulltime).

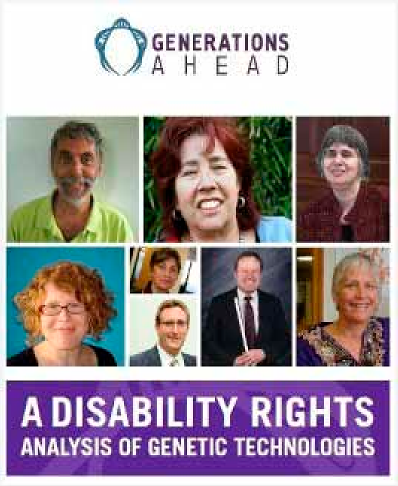
Full Reference: Janus, A. (2009) Disability and the Transition to Adulthood. ***Social Forces***, Vol.88, No.1, pp.99–120.

Journal Article: Women with disabilities in the North West province of Cameroon

Cameroonian women living with disabilities face three-fold discrimination as a result of their sex, perceived inability and low socio-economic status. A needs assessment using focus groups and key participant interviews was conducted to explore the experiences of women with disabilities in the North West province in both urban and rural areas. The findings show that women faced both physical and attitudinal barriers, lived in poverty and felt that they lacked opportunities for gaining an education, finding employment and forming meaningful social ties.

Full Reference: Kiani, S. (2009) Women with disabilities in the North West province of Cameroon: resilient and deserving of greater attention, ***Disability & Society***, Vol.24, No.4, pp.517—531.

RESOURCES – BOOKS, REPORTS, WEBSITES, LISTS



Report: A Disability Rights Analysis of Genetic Technologies

In March 2009, the National Convening on Disability Rights and Genetic Technologies was hosted by Generations Ahead, in collaboration with the American Association of People with Disabilities (AAPD), Disability Rights Education and Defense Fund (DREDF), and the Center for Ethics at Yeshiva University. Generations Ahead saw a critical need to bring together disability rights leaders - people with disabilities themselves - for an informed debate on the issues by those directly affected. This report documents the key discussions from the two days of meetings, analyses complex issues of disability rights and genetic technologies, and summarizes actions for moving forward.
Go to: **http://www.generations-ahead.org/information/publications/**

Website: Tardive Dyskinesia

Tardive Dyskinesia (TD) is a result of damage to the bodily systems that process dopamine, and is typically caused by exposure to certain prescription medications. The symptoms of TD, which are irreversible and incurable, mimic those of Parkinson's disease. Tardive Dyskinesia victims suffer from involuntary, repetitive movements which often continue after the drugs are no longer used. This website features the most up-to-date information on TD, its causes and all known treatment options. Go to: **http://www.tardivedyskinesia.com**

Journal Article: Women with Cognitive Impairment and Unplanned or Unwanted Pregnancy

Little is known about the experience of women with cognitive impairments (intellectual disability and acquired brain injury) in relation to unplanned or unwanted pregnancies. Records of the Pregnancy Advisory Service (PAS) at the Royal Women's Hospital (Melbourne, Australia) across a 2-year period were examined. Details of 20 women with cognitive impairments, who had contacted PAS for support with an unplanned or unwanted pregnancy, were found. Many of these women had faced significant barriers to reproductive choices. The majority of the women had needed someone to facilitate their first contact with PAS; one quarter had contacted PAS too late for the option of the abortion they were seeking; one quarter were in significant conflict with their support people over the pregnancy; almost half of the women contacted PAS significantly late in their pregnancy; and one quarter (more than half of those who already had children) were currently involved with child protection services. The audit suggests that women with cognitive impairments need more accessible information on sexual and reproductive health, and assistance to access pregnancy information and services. It is important that social workers and other professionals who work with women with cognitive impairments be aware of their greater vulnerability and often complex social situations, and adopt a proactive as well as supportive approach when working with these women.

Full Reference: Burgen, B. (2010) Women with Cognitive Impairment and Unplanned or Unwanted Pregnancy: A 2-Year Audit of Women Contacting the Pregnancy Advisory Service. ***Australian Social Work***, Vol. 63, No. 1, pp. 18-34.

RESOURCES – BOOKS, REPORTS, WEBSITES, LISTS

Guide: Monitoring the Convention on the Rights of Persons with Disabilities

This publication provides an explanation of the paradigm shift that the Convention enshrines and of the scope, standards and principles recognized by it. Furthermore, it proposes a methodology for monitoring the rights of persons with disabilities, and provides useful advice on issues to consider when working with persons with disabilities. This publication will assist those engaged in human rights monitoring to effectively include the perspective of persons with disabilities in their activities, by not only integrating persons with disabilities in general monitoring work, but also by paying specific attention to monitoring the situation and enjoyment of rights by persons with disabilities where required.

Full Reference: United Nations (2010) Monitoring the Convention on the Rights of Persons with Disabilities: Guidance for human rights monitors. Professional training series No. 17. Office of the United Nations High Commissioner for Human Rights, New York and Geneva.

Available for download in PDF and Word from:
http://www.ohchr.org/EN/PublicationsResources/Pages/TrainingEducation.aspx
or via email by contacting wwda@wwda.org.au

Report: The Intersections of the CEDAW and CRPD

This report examines a new model built on advancing an intersectional human rights platform of action. The four country project in the Asian region provided a powerful locus for an innovative human rights praxis which integrated a dialectical interaction between different social movements, analytical insights and concrete political strategies and practices. The praxis model of four pilot projects in the Asia region was built on a framework that put into action an intersectional analysis of the Convention on the Rights of Persons with Disabilities (CRPD), the Convention on the Elimination of Discrimination against Women (CEDAW) and the Convention on the Rights of the Child(CRC) so as to challenge multiple forms of human rights violations against women and children with disabilities. Discrimination is often compounded for women and children on the grounds of gender, age and minority status. A holistic approach to human rights advocacy promotes the understanding that the human rights framework is indivisible and interrelated. This report explores the programmatic ways in which this conceptual analysis was put into practice.

Full Reference: de Silva de Alwis, R. (2010) The Intersections of the CEDAW and CRPD: Putting Women's Rights and Disability Rights into Action in Four Asian Countries. A publication of the Nancy Gertner Human Rights Paper Collection, Wellesley Centers for Women.

Available for download in PDF from:
http://www.wcwonline.org/component/page,shop.product_details/category_id,389/flypage,shop.flypage/product_id,1181/option,com_virtuemart/Itemid,175/

News Wanted For WWDA-NEWS!

Women with Disabilities Australia (WWDA) produces this newsletter, WWDA-News, quarterly. If any organisation or individual has any relevant information/news that you would like to share please forward to wwda@wwda.org.au for inclusion. Each quarter we will send a friendly reminder asking for any valuable input. We look forward to hearing from you.

WWDA Membership Renewal

Our new membership period runs from 1st July to 30th June each year, so it is time to renew your membership of Women With Disabilities Australia (WWDA) Inc. Your membership fee will assist WWDA in carrying out its work to improve the lives of all women with disabilities in Australia. Please contact the National Office via email: wwda@wwda.org.au or Phone: 03 6244 8288, if you have not received your renewal advice or if you would like to arrange payment.

Please remember that only financial members are eligible to participate and vote in the WWDA Management Committee electoral process which will take place in early August.

Join WWDA!

The success of Women With Disabilities Australia (WWDA) relies heavily on the participation and goodwill of our members. We are always seeking women with disabilities who would like to represent WWDA at government consultations, workshops, forums and committees, as well as helping us in other ways such as commenting on WWDA documents and reports; presenting papers at Conferences; writing articles for our website, becoming members of our Management Committee and so on. WWDA is a Public Benevolent Institution, which means that donations over $2 are tax deductible. Remember, becoming a financial member of WWDA entitles you to nominate for the Management Committee when vacancies arise and/or vote at annual elections.

WWDA's Membership Form is available from the WWDA website at:
http://www.wwda.org.au/member.htm

or by contacting WWDA

Appendix 1

References for Article: 'Downward Spirals: disability and health costs as contributors to poverty and imagining ways forward' by Sue Salthouse

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Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. It is a not-for-profit organisation constituted and driven by women with disabilities. It is the only organisation of its kind in Australia and one of only a very small number internationally. WWDA is inclusive and does not discriminate against any disability.

WWDA is unique, in that it operates as a national disability organisation; a national women's organisation; and a national human rights organisation (more information about WWDA can be found at the organisation's extensive website: **www.wwda.org.au**).

If you have any questions, or would like more information on anything in this document, please email Carolyn or Shirley at: **wwda@wwda.org.au**.

Previous Newsletters are available on the WWDA website at: **www.wwda.org.au/bulletin.htm**

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