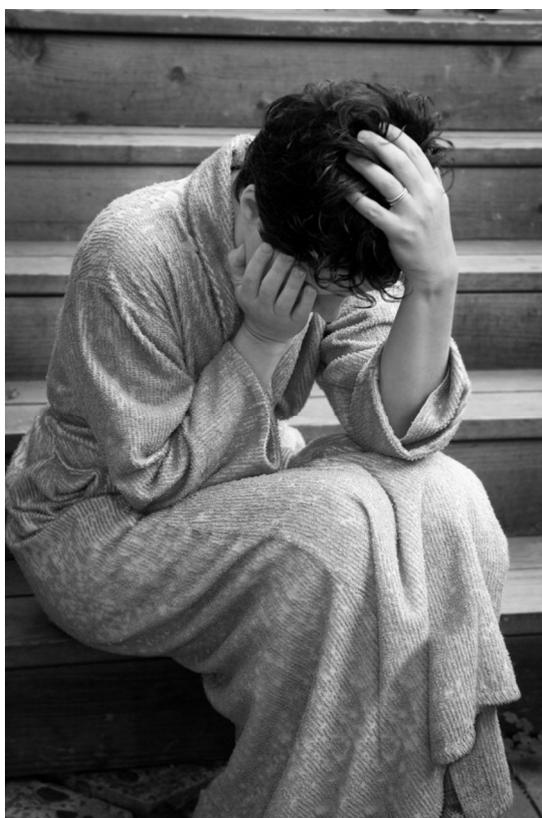




‘Shut Out, Hung Out, Left Out, Missing Out’



Women With Disabilities Australia (WWDA)

Response to the Australian Government’s Green Paper ‘*Which Way Home? A New Approach to Homelessness*’

June 2008

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Women
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"The human right to adequate housing is the right of every woman, man, youth and child to gain and sustain a safe and secure home and community in which to live in peace and dignity."

(Miloon Kothari, UN Special Rapporteur on Housing 2008)

1. Background & Context

In January 2008 the Prime Minister, the Hon Kevin Rudd MP, and the Minister for Housing, the Hon Tanya Plibersek MP, announced the development of a comprehensive long-term plan to tackle homelessness as a matter of national priority.

'Our response to homelessness needs to be improved..... We need to work harder to prevent homelessness and this means intervening earlier.....Our new approach to homelessness will look beyond providing a bed and a hot meal. It will offer homeless Australians new opportunities to be part of their community. These will be the same opportunities as other Australians—to get training, to find work, to get health care and build social networks.....'(Rudd & Plibersek 2008)

The Australian Government developed a Green Paper entitled *Which Way Home?* as a first step in developing this new approach to homelessness. The Paper seeks to promote public discussion of homelessness, highlight the challenges faced by people who are homeless, and suggest ways forward. A White Paper will then set out the Australian Government's response to the Green Paper, and will provide a national plan of action for the years leading up to 2020.

This Submission forms Women With Disabilities Australia's (WWDA) initial response to the Green Paper *Which Way Home? A New Approach to Homelessness*'.

2. About Women With Disabilities Australia (WWDA)

Women With Disabilities Australia (WWDA) is the peak organisation for women with all types of disabilities in Australia. WWDA is run by women with disabilities, for women with disabilities. It is the only organisation of its kind in Australia and one of only a very small number internationally in that it operates as a national disability organisation; a national women's organisation; and a national human rights organisation. WWDA represents more than 2 million disabled women in Australia. WWDA is inclusive and does not discriminate against any disability. The aim of Women With Disabilities Australia (WWDA) is to be a national voice for the needs and rights of women with disabilities and a national force to improve the lives and life chances of women with disabilities. WWDA addresses disability within a social model, which identifies the barriers and restrictions facing women with disabilities as the focus for reform. More information about WWDA can be found at the organisation's extensive website at: www.wwda.org.au

3. Gender & Disability

There are 4 million people in Australia with a disability, making up 20% of the total population. Just over fifty per cent (50.5%) of people with disabilities in Australia are women.

Women with disabilities are, from the government record, one of the most excluded, neglected and isolated groups in society. They suffer manifold discrimination - female, poor and disabled - compounded further by intersections of race and culture. Women with disabilities remain largely invisible and voiceless, ignored by national policies and laws, even though they face multiple forms of discrimination, structural poverty and social exclusion (UNFPA 2005). Their issues and needs are often overlooked within services and programs. They remain marginal to social movements designed to advance the position of women, and the position of people with disabilities. Negative stereotypes from both a gender and disability perspective compound the exclusion of women with disabilities from support services, social and economic opportunities and participation in community life (Meekosha 2000; Frohmader 2002).

Despite the fact that the *Universal Declaration of Human Rights* affirms that '*all human beings are born free and equal in dignity and rights*', there is no doubt that there are widespread and serious violations of the human rights of women with disabilities, as well as failures to promote and fulfil their rights (Byrnes 2003).

Women with disabilities are less likely to be in paid work than other women, men with disabilities or the population as a whole. They are less likely than their male counterparts to receive vocational rehabilitation or entry to labour market programs, and are less likely to receive a senior secondary and/or tertiary education. Women with disabilities earn less than disabled men, are in the lowest income earning bracket, yet pay the highest level of their gross income on housing, and spend more of their income on medical care and health related expenses.

Women with disabilities are substantially over represented in public housing, are more likely to be institutionalised than their male counterparts and are often forced to live in situations in which they experience, or are at risk of experiencing, violence, abuse and neglect. Women with disabilities are less likely than non-disabled women to receive appropriate health services. They have a consistently higher level of unmet need than their male counterparts across all disability levels and types, yet are less likely to receive appropriate services than men with equivalent needs or other women. Girls and women with disabilities are more likely to be unlawfully sterilised than their male counterparts. Women with disabilities are assaulted, raped and abused at a rate of at least two times greater than non-disabled women.

4. Gender, Disability & Homelessness

Definitions of homelessness, along with an understanding of its nature, extent, causes and risk factors, are relevant to how we view homelessness, and how we choose to respond to it (HREOC 2008; Lynch & Cole 2003).

In Australia, the legal definition of what constitutes 'homeless' is found at Section 4(2) of the *Supported Accommodation Assistance Act 1994* which provides that a person is 'homeless' if he or she has '*inadequate access to safe and secure housing*'. The definition includes (in accordance with Section 3 of the Act):

- people who are in crisis and at imminent risk of becoming homeless; and
- people who are experiencing domestic violence and are at imminent risk of becoming homeless.

Clearly then, being homeless isn't just about being 'roofless', although this is the most visible kind of homelessness (HREOC 2008) and arguably the most 'well-known' form. 'Homelessness' has also been categorised to include:

- people who move frequently from one form of temporary shelter to another – such as crisis shelters; emergency accommodation;
- People who live in boarding houses on a medium to long term basis; and
- People staying temporarily with other households because they have no accommodation of their own (Lynch & Cole 2003).

Homelessness affects a wide range of people from different circumstances, ages, cultures, and backgrounds. The Australian Government's Green Paper on Homelessness '*Which Way Home*' (2008) identifies eight distinct population groups affected by homelessness in Australia: men; women; children; families; young people; older people; indigenous Australians; and people from culturally and linguistically diverse backgrounds.

It is of great concern that the Australian Government's Green Paper does not include 'people with disabilities' as a distinct population group affected by homelessness. This neglect indicates a lack of understanding about the entrenched social exclusion of people with disabilities in Australia. Indeed, people with disabilities are one of the most vulnerable groups experiencing, and at risk of experiencing, homelessness in Australia. They are more likely to experience poverty, abuse and social isolation than the broader community (CACH 2001) and are disproportionately likely to suffer social exclusion (UK Cabinet Office 2001, Newman et al 2007). Disability can be both a cause and a consequence of social exclusion.

The pathways into homelessness are complex and varied (Lynch & Cole 2003), however it is widely accepted that homelessness is clearly related to structural factors including unemployment, underemployment, low income, violence, lack of access to essential services and supports, and lack of access to affordable, safe, secure housing (WWDA 2003).

Women with disabilities are over-represented in the main factors that increase the risk of homelessness, including: lack of affordable, secure housing; unemployment & inadequate income; and domestic & family violence.

4.1. Lack of affordable, secure housing

The lack of affordable, safe, and secure housing is recognised as a 'substantial factor' in homelessness (Commonwealth of Australia 2008). There are a number of factors common to disabled women that impact on their capacity to access safe and affordable housing. A major one of these is the cycle of invisibility in which they live, that all too often makes policy development to meet their needs an '*exercise in inspired guesswork*' (Skeat 1999). Housing and homelessness policy and programs are no exception, with a most recent example being the Green Paper to which this submission responds – a paper heralding the Government's '*new approach to homelessness*' yet one which makes no mention of women with disabilities – the most vulnerable group to homelessness or risk of homelessness in our society.

Home ownership is generally accepted as the most secure form of housing. However, for many women with disabilities, their limited incomes prevent them from readily accessing home ownership through traditional means of borrowing. Across the country, there is a lack of low cost housing. Governments are building very little new public housing stock and within the limited public housing stock that is available, there is a severe lack of appropriately modified housing. The escalation in the cost of private rental, particularly in urban areas has resulted in people on low incomes having to live further and further away from many of the services they need. Private rental is often not an option for women with disabilities due to the critical shortage of private rental housing, lack of modifications, prohibitive cost, and discrimination (WWDA 2006).

Discrimination is a major factor that impacts on the capacity of women with disabilities to access safe and affordable housing (Currie 1996, WWDA 2004; 2006; Bannister et al 2005, Hoffman & Coffey 2008) in both the public and private rental markets. Anecdotal evidence collected by WWDA indicates women with disabilities have experienced substantial levels of discrimination against them by landlords, who hold assumptions about their inability to afford rent or their unreliability. Discrimination is not always overt, but many women with disabilities who have been rejected as tenants feel that they are perceived to be incapable of caring for a rental property, and that landlords are unwilling to 'risk' their property (Anderson 1996; Currie 1996; WWDA 2006).

Safety is a factor which impacts on the capacity of women with disabilities to access safe and affordable housing. Many dwellings have inadequate safeguards, such as security screens and doors, appropriate locks, smoke detectors, appropriate external lighting, and alarm systems. Access streets to homes are often poorly lit. Women with disabilities often need access to support services in order to maintain independent living. The location of their accommodation needs to be close to transport and all other amenities. Access to such purpose-built dwellings is limited and often makes security of tenure a crucial issue for many women with disabilities. Without access to safe, accessible and secure housing the risk associated with potential homelessness is made greater (Currie 1996, WWDA 2004; 2006).

Deinstitutionalisation has been heralded as a breakthrough for women with disabilities to provide them with the opportunity to become part of the wider community, especially to those who are able, and who wish to, live by themselves or as autonomously as possible. However, the reality is that while institutions have been closing, the essential support services for women attempting to integrate into the community have not kept pace with their needs. Consequently, many live in inappropriate accommodation, where they are vulnerable to abuse. Alternatively, women live without adequate support in the community. Women with disabilities experience considerable difficulties in obtaining relevant information about leaving an institution, finding accommodation elsewhere. The lack of supports available in the community is a major disincentive to women to leave institutions (WWDA 2006, 2007).

4.2. Unemployment & Inadequate income

It is widely recognised that being in paid employment is a marker of social inclusion (Gillard & Wong 2007; UK Cabinet Office 2001, Gannon & Nolan 2005; 2006, Clarke 2006, Hayes & Gray 2008). Paid employment is a critical component in enabling women with disabilities to support themselves financially and to build self-esteem and achieve social recognition. Affordability is clearly a major factor in being able to access adequate housing.

Women with disabilities throughout Australia bear a disproportionate burden of poverty and are recognised as amongst the poorest of all groups in society (WWDA 2006). Women with disabilities are less likely to be in paid work (or looking for work) than other women, men with disabilities or the population as a whole. There are fewer employment openings for disabled women and those who are employed often experience unequal recruitment and promotion criteria, unequal access to training and retraining, unequal access to credit and other production resources, unequal remuneration for equal work and segregation (O'Reilly 2003, David 2004). In Australia, twenty-one per cent (21%) of men with disabilities are in full time employment compared to nine percent (9%) of women with disabilities. In any type of employment women with disabilities are more likely to be

in low paid, part time, short term casual jobs (WWDA 2004). Over the last decade, the unemployment rate for disabled women in Australia has remained virtually unchanged (8.3%) despite significant decreases in the unemployment rates for disabled men, and non-disabled women and men.

Women with disabilities carry the additional costs of their disability, which compound their lack of options in the housing market, and disadvantage them even further from participating in their communities. These costs, which place an enormous drain on the resources of many women with disabilities, can include for example: modification of dwellings internally and externally to provide access; personal care and accommodation support services; medical and health care costs; transport; aids, appliances and other equipment. These additional costs; which women with disabilities require to do the ordinary activities which human beings do, reduce the real value of incomes (Cooper 1993, Saunders 2006) and can severely limit their capacity to access safe and secure housing.

4.3. Domestic & Family Violence

It is well documented that domestic and family violence is one of the major factors in homelessness (Commonwealth of Australia 2008, Chung et al 2001). The Australian Government has articulated its commitment to reducing and preventing violence against women and children, and confirmed its approach to tackling violence against women as part of its broader framework of social inclusion (Rudd 2008). This approach has great immediacy for women with disabilities, given that women with disabilities remain largely invisible and voiceless, even though they face multiple forms of discrimination, structural poverty and social exclusion (WWDA 2007). Regrettably however, violence against women and girls with disabilities in Australia continues to thrive in a culture of silence, denial and apathy. Compared to non-disabled women, women with disabilities:

- experience violence at higher rates and more frequently;
- are at a significantly higher risk of violence;
- have considerably fewer pathways to safety;
- tend to be subjected to violence for significantly longer periods of time;
- experience violence that is more diverse in nature; and,
- experience violence at the hands of a greater number of perpetrators (WWDA 2007, Smith 2008).

Yet, despite these facts, legislation, policy and services for women with disabilities experiencing, or at risk of experiencing violence, are limited at best and non-existent at worst (WWDA 2007). The Australian Government's recent establishment of a National Council on Violence without representation of women with disabilities, is a clear example of the continued exclusion of disabled women from the national violence prevention agenda.

Society attempts to respond to violence through the legal and judicial systems on the one hand and through service systems which provide protection, support, treatment and education on the other hand. Women with disabilities are not only marginalised and ignored in many of these responses, but paradoxically, can experience violence within and by the very systems and settings which should be affording them care, sanctuary and protection (WWDA 2007).

Current areas of legislation, policy and services which focus on the broader issue of violence against women, indicate a prevailing lack of awareness about the complexity of issues facing women with disabilities in relation to violence – a situation which perpetuates and legitimises not only the multiple forms of violence perpetrated against them, but also the failure of governments to recognise and take action on the issue (WWDA 2007).

5. Issues for Women With Disabilities in Current Responses to Homelessness

Like all members of the community, people with disabilities have a fundamental right to a range of housing options. This is enshrined in the International Declaration on the Rights of Disabled Persons (1975) and the Universal Declaration on Human Rights. Furthermore, the International Covenant on Economic, Social and Cultural Rights makes explicit recognition of the right to an adequate standard of housing (Article 11, 1). The Committee on Economic, Social and Cultural Rights has defined the term "adequate housing" to comprise security of tenure, availability of services, affordability, habitability, accessibility, location and cultural adequacy (General Comment 4).

Several other international conventions to which Australia is a signatory, refer to the right to adequate housing. The Convention on the Elimination of Discrimination Against Women (CEDAW)(Article 14.2h), the Convention on the Rights of the Child (CRC)(Article 27.3) and the Convention on the Elimination of Racial Discrimination (ICERD)(Article 5eiii) refer to the right to adequate housing in relation to particular groups. The right to an adequate standard of housing is also clearly articulated in the Convention on the Rights of Persons with Disabilities (CRPD) (Articles 19, 28) which the Australian Government is soon to ratify (Thomson 2008).

Despite the fact that Australia has affirmed its commitment to the right to adequate housing through ratification of these various international human rights conventions, there remains a vast disparity between the standards set in these Conventions and the situation of women with disabilities with regard to their access to safe, available, affordable, habitable, accessible and inclusive housing.

5.1. The Australian Policy Context

Australia's primary policy and program response to homelessness is the Supported Accommodation Assistance Program (SAAP), a jointly funded Commonwealth/State program that was established in 1985.

The *Supported Accommodation Assistance Act 1994* (the Commonwealth legislation governing SAAP), cites the aim of the program as being to: *....provide transitional supported accommodation and related support services, in order to help people who are homeless to achieve the maximum possible degree of self-reliance and independence. As well as providing an administrative*

framework for the program, the *Supported Accommodation Assistance Act 1994* provides definitions and objects of the program, the scope of SAAP and the responsibilities of service providers. The Preamble of the Act places the context of the program in terms of human rights, dignity, equity and collaboration (NSW Ombudsman 2004).

From its establishment in 1985, SAAP has evolved through a series of five-year plans. The current plan, *SAAP V (2005-2010)*, has an agreed strategic and administrative framework underpinned by: the Supported Accommodation Assistance Act 1994; a Multilateral Agreement between the Commonwealth and all states and territories; and a bilateral agreement between the Commonwealth and each state/territory.

The Multilateral Agreement is the primary policy framework for SAAPV. It guides the program by stating objectives, principles, strategic priorities, the roles and responsibilities of partners, and administrative and funding arrangements. The current Agreement sets out three Strategic Priorities for SAAPV which are to: increase involvement in early intervention and prevention strategies; provide better assistance to people who have a number of support needs; and, provide ongoing assistance to ensure stability for clients post crisis.

SAAPV (*2005-2010*), identifies seven principles for its implementation:

- Shared commitment
- Cultural appropriateness
- Service responsiveness and flexibility
- Service accessibility
- Client rights and dignities protected and promoted
- Client independence and resilience maximised
- A service system that is efficient and effective

According to the program legislation, policy and practice guidance, SAAP is a program that is intended to be:

- delivered free of discrimination within a framework of human and consumer rights and respect for individuals;
- accessible and inclusive of people with a wide range of needs and circumstances, including people with complex needs or requiring a high level of service response;
- flexible and responsive to individual needs;
- coordinated and collaborative in its approach to meeting clients' needs and working with other service systems; and
- encouraging of the right to complain and appeal decisions.

5.2. Exclusion of Women With Disabilities from SAAP

As outlined earlier, women with disabilities are over-represented in the main factors that lead to homelessness, or the risk of homelessness. Despite this, they remain excluded from all levels of the primary policy and program response designed to address homelessness in Australia. Women with disabilities are not considered within the National SAAPV Accountability Framework, despite the fact that the framework includes 'Equity' as a perspective through which SAAPV program performance is viewed (Multilateral Agreement 2005-2010). 'Equity' is measured in SAAP via data collection on numbers of Indigenous clients and number of culturally and linguistically diverse (CALD) clients.

The exclusion of women with disabilities from SAAP funded services throughout the country has been documented for more than two decades (DPIA 1992; McFerran 1996, Currie 1996). In 2004, the NSW Ombudsman undertook an inquiry into NSW SAAP agencies to determine the extent of, and reasons for, exclusion from SAAP. The Inquiry was conducted in response to concerns about groups of homeless people who appeared to be having difficulty gaining access to SAAP, or who were highly represented in early exiting from the program (NSW Ombudsman 2004). Overall, the inquiry found that *'the level and nature of exclusions in SAAP are extensive. In some cases, exclusions appear to be unreasonable and possibly in contravention of SAAP and anti-discrimination legislation, and SAAP standards and guidelines'* (NSW Ombudsman 2004). People with disabilities - including people with physical disabilities, intellectual disabilities, acquired brain injury, along with people with mental illness - were one of the most significant groups affected by exclusion from SAAP. The Inquiry found that a significant proportion of exclusions were based on 'global' policies of turning away all individuals belonging to a particular population group or sharing similar characteristics with a group. In relation to people with disabilities, the Inquiry found:

- 54% of agencies (125) surveyed had eligibility policies that allowed for exclusion on the basis of mental illness;
- In a six month period, there were 290 instances where people with a mental illness were denied access to 50 agencies;
- 30 of 68 agency policies reviewed allowed for exclusion of people with a mental illness;
- Eligibility policies of 42% of agencies (95) surveyed allowed for exclusion on the basis of physical disability;
- Eligibility policies of 33% of agencies (75) surveyed allowed for exclusion on the basis of intellectual disability;
- Eligibility policies of 20% of agencies (45) surveyed allowed for exclusion on the basis of acquired brain injury;

- 81 agencies surveyed stated acquired brain injury was a characteristic not applicable to their agency, 38 agencies stated that intellectual disability was a characteristic not applicable to their agency, and 39 stated that physical disability was a characteristic not applicable to their agency;
- In a six month period, there were 30 instances where people with disabilities were denied access because of their disability.
- 11 of 68 agency policies reviewed allowed for exclusion of people with a physical disability;
- Nine of 68 agency policies reviewed allowed for exclusion of people with an intellectual disability.

Domestic and family violence is one of the major factors in homelessness. The lack of services and programs for women with disabilities experiencing or at risk of experiencing violence, is well documented (Gilson et al 2001, Frantz et al 2006, Jennings 2004, Beck-Massey 1999, Calderbank 2000). This is widely recognised as a barrier to women with disabilities escaping the violence, resulting in limited support options when leaving a violent situation, recovering from the trauma of victimisation, and rebuilding their lives as independent, active, valued members of society (Frantz et al 2006). Of the services that do exist (such as refuges, shelters, crisis services, emergency housing, legal services, health and medical services, and other violence prevention services) a number of specific issues have been identified which make access for women with disabilities particularly problematic. These include:

- Knowledge & understanding of the issue by women themselves - whilst domestic violence is a significant presence in the lives of large numbers women with disabilities, many do not recognise it as a crime; are unaware of the services and options available to them or lack the confidence to seek help and support.
- Information & Communication - experience in Australian SAAP services suggests that accessible information and communication is very limited in terms of both content that reflects the experiences of disabled women and format of information available, such as Braille, audio, Easy English and the use of telephone access relay services and sign interpreters.
- Getting to and Using a service - for many women with disabilities, the physical means of fleeing a violent situation, (such as accessible transportation), are often unavailable on short notice. Crisis services do not necessarily have accessible transport nor are they able to assist a woman to physically leave the violent situation. Women with disabilities are unlikely to be referred to SAAP agencies because it is assumed that SAAP agencies do not or are not able to cater for their needs.

- Service Structure & Physical Environment - refuges and other crisis services may not be physically accessible to many women with disabilities. Service procedures (such as orientation programs, emergency procedures etc) may not be structured in flexible ways that meet the needs of women with disabilities. Policies and 'rules' within services may work against women with disabilities.
- Attitudes & Skills of Workers - Service providers within refuges and other community support services may share some of the stereotypes and myths held by society at large regarding women with disabilities. Limitations in workers awareness of the broader issues of accessibility and disabilities, negative or ambivalent attitudes about providing access, lack of knowledge of the complex nature and multiple forms of violence against women with disabilities, limited recognition of the sexuality of women with disabilities, and a tendency to focus on the disability rather than the violence may all stem from this. Resources, attitudes and narrow prescriptions of responsibility are often the reasons for maintaining exclusionary practices.

6. Key Issues In Addressing Homelessness for Women With Disabilities

6.1. A Human Rights Approach & Framework

A human rights approach to homelessness acknowledges that the issue is not just about a lack of affordable housing, but is about the fundamental human rights values of dignity; autonomy; equality; and, solidarity [1]. Such an approach also acknowledges the structural causes of homelessness and would deliberately focus on efforts to realise explicit rights such as:

- right to life, liberty and security of the person
- freedom from torture, exploitation, violence and abuse
- right to health, work, education, and an adequate standard of living
- right to participate in political, public and cultural life
- right to respect physical and mental integrity
- right to live in the community

Strategies for consideration include:

- 6.1.1. Ratification and Implementation of relevant International Conventions and Agreements - including the Convention on The Rights of Persons with Disabilities (CRPD) and its Optional Protocol; and the Optional Protocol to Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
- 6.1.2. Legislative enactment of relevant treaty provisions is required to confer directly enforceable rights in the domestic legal system;
- 6.1.3. Mechanisms for implementation of human rights treaties at domestic level must be incorporated into any National Homelessness Strategy;
- 6.1.4. A National Action Plan on Human Rights should be developed in accordance with the Vienna Declaration and Programme of Action (Part 11, Para. 71) and include a clear and frank assessment of the current human rights situation in Australia, including baseline and disaggregated data and an assessment of Australia's human rights performance by relevant United Nations Human Rights Treaty bodies.
- 6.1.5. Information on women with disabilities should be provided in relevant human rights treaties Periodic Reports and NGO Shadow Reports, as a matter of course. This would include

information on the situation of women with disabilities under each right, including their current de-facto and de jure situation, measures taken to enhance their status, progress made and difficulties and obstacles encountered.

- 6.1.6. A Standing Committee on Human rights and Disability should be established within the Australian Parliament.

6.2. Social Inclusion

Strategies for consideration include:

- 6.2.1. National policies, agreements and frameworks developed and/or re-developed as part of the Australian Government's social inclusion agenda must, where relevant, make explicit recognition of the impact of multiple discriminations caused by the intersection of gender and disability, and include focused, gender-specific measures to ensure that disabled women experience full and effective enjoyment of their human rights and fundamental freedoms and full participation on the basis of equality. Examples of such policies, agreements and frameworks include:

- National Housing Strategy
- National Affordable Housing Agreement (NAHA)
- Commonwealth/State Disability Agreement (CSTDA)
- National Disability Strategy
- National Strategy on Violence Against Women
- National Mental Health Strategy
- National Child Protection Strategy/Framework

- 6.2.2. Targets developed to reduce social exclusion must be established for people with disabilities as a population group and include gender specific targets. These targets should include recognised elements of social inclusion, such as: employment participation; education; income; access to services; and civic participation. Targets must be built into key performance indicators of relevant government departments and agencies.

- 6.2.3. Establish mechanisms and structures which enable women with disabilities to have their voices heard, and to act politically as agents in their own right. This includes the need to support and strengthen organisations, networks and groups run and controlled by women with disabilities in the pursuit of their collective interests, as defined by them.

- 6.2.4. Complete the implementation of the Disability Standards under the Disability Discrimination Act (DDA) including the Access to Premises Standard and the Disability Standards for Education.
- 6.2.5. Research (encompassing qualitative and quantitative methodologies) must be conducted on recognised elements of social inclusion for women with disabilities, such as: employment participation; education; income; access to services; violence, access to safe & affordable housing; civic participation.
- 6.2.6. The Australian Public Service afford a whole of government approach to disability policy development, program management and service delivery. As a priority, the responsibility for overseeing disability policy should be removed from the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and be re-located to the Department of Prime Minister & Cabinet.
- 6.2.7. There is an urgent need to separate disability policy and disability support from family carer policy and support in order to increase the autonomy of people with disability and challenge the stereotype of people with disabilities as burdens of care.
- 6.2.8. The non-optional costs of disability are recognised as a significant barrier to the social inclusion of women with disabilities. The Australian Government must acknowledge that the setting of income support payment rates for people with disabilities has failed to take account of the non-optional, extra costs associated with disability. There is an urgent need to review the adequacy of income support arrangements for those with a disability across all household types.
- 6.2.9. The Australian Government implement the recommendations from the Human Rights and Equal Opportunity Commission (HREOC) 2005 National Inquiry into Employment and Disability.

6.3. Addressing Violence Against Women With Disabilities

Strategies for consideration include:

- 6.3.1. A National Strategy on Violence Against Women With Disabilities be developed which incorporates key areas for action identified by Women With Disabilities Australia (2007), including:

- Legislation and definitions
- Access to the criminal justice system;
- Data collection and research;
- Empowerment of women with disabilities;
- Inclusive services and programs;
- Information and education;
- Coordination and inter/multi agency collaboration

6.3.2. The National Council on Violence Against Women and Children include representation of Women With Disabilities Australia (WWDA).

6.3.3. The legislative, policy and practice framework of the Supported Accommodation Assistance Program (SAAP) be developed and/or re-developed within a human rights model. This would include the need for SAAP legislation, policy framework, service standards, accountability frameworks, codes, and guidelines to include in a measurable way, implementation of relevant human rights treaties, including the Convention on the Rights of Persons with Disabilities (CRPD).

6.3.4. A percentage of Crisis Accommodation Program (CAP) funds should be allocated to specifically address the issue of accessibility of crisis accommodation for women with disabilities, particularly women's refuges. This should constitute a requirement within the Bilateral Agreements of the Commonwealth/State/Territory Housing Agreement (or its successor).

6.3.5. A national audit of SAAP funded services must be conducted to assess levels of accessibility for women with disabilities and to determine service/agency needs in meeting relevant anti-discrimination legislation requirements.

6.3.6. The SAAP policy framework, service standards, accountability frameworks, codes, and guidelines make explicit recognition of women with disabilities as a target group, and include focused, specific measures to ensure that disabled women are served on an equal basis with others.

6.3.7. Every women's refuge in Australia should be required to develop a Disability Discrimination Act (DDA) Action Plan that complies with the Disability Discrimination Act 1992 and the UN Convention on the Rights of People with Disabilities. This requirement must be built into service agreements as a requirement of funding. DDA Action Plans must be lodged with, and approved by, the Human Rights & Equal Opportunity Commission (HREOC).

- 6.3.8. Every women's refuge in Australia should be provided with a copy of the accessible Women With Disabilities Australia (WWDA) Resource Manual on Violence Against Women With Disabilities (2007).
- 6.3.9. The SAAP National Data Collection Agency (NDCA) data collection forms must include a specific disability indicator. Data collected should be disaggregated by gender & disability, analysed and published in the National Data Collection Agency (NDCA) Reports.
- 6.3.10. Attitudes, knowledge and skills required by SAAP workers to meet the needs of women with disabilities must be clearly articulated and embodied in service agreements and staff position descriptions.
- 6.3.11. Relevant training authorities (such as TAFE) should be required to develop curriculum content which requires demonstration of competencies in knowledge of human rights of women with disabilities.
- 6.3.12. Women with disabilities experiencing violence in their domestic setting should be supported to remain in that domestic setting should they wish to do so. The presumption should be that it is the perpetrator who is removed from the domestic setting. A range of supports, including emergency supports would need to be developed, particularly where the perpetrator is the carer. Such supports may include: emergency funds for personal care and other disability related costs; tenancy transfers; carer allowance transfers.

Endnotes

[1] Fundamental human rights values include:

- dignity (the inestimable value and inherent self-worth of human beings);
- autonomy (the presumption of capacity for self-directed action and behaviour);
- equality (all people are inherently equal in terms of self-worth, regardless of their differences);
- solidarity (social support for freedom and equality).

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