



Women
With
Disabilities
(Australia)

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The Secretary
Standing Committee on Employment & Workplace Relations
House of Representatives
Parliament House
Canberra ACT 2600

August 11, 2003

Dear Secretary

Please find enclosed a copy of a submission from Women With Disabilities Australia (WWDA) to the Standing Committee on Employment & Workplace Relations Inquiry into Increasing Participation in Paid Employment.

The enclosed submission from WWDA addresses a number of the structural and systemic barriers which prevent women with disabilities from enjoying full social, economic and political participation in their communities. The submission also incorporates a number of suggestions and responses in relation to some of the proposals outlined in the Federal Government's Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"*, which was released in December 2002.

WWDA welcomes the opportunity to have input to the Standing Committee on Employment & Workplace Relations Inquiry into Increasing Participation in Paid Employment.

Please contact me if you require any additional information.

Yours sincerely

Carolyn P Frohmader
Executive Director



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Submission from Women With Disabilities Australia (WWDA) to the Standing Committee on Employment and Workplace Relations Inquiry into Increasing Participation in Paid Employment

1. 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 was established in 1994, and became incorporated in 1995. It is a federating body of individuals and networks in each State and Territory of Australia and is made up of women with disabilities and associated organisations. 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. 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.

Women With Disabilities Australia (WWDA) is 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. The objectives of Women With Disabilities Australia (WWDA) are:

- to actively promote the participation of women with disabilities in all aspects of social, economic, political and cultural life;
- to advocate on issues of concern to women with disabilities in Australia; and
- to seek to be the national representative organisation for women with disabilities in Australia by:
 - undertaking systemic advocacy;
 - providing policy advice;
 - undertaking research; and
 - providing support, information and education.

WWDA is managed by a National Management Committee, which is made up of women with disabilities and which is elected each year at the Annual General Meeting. The members of WWDA are actively involved in the decision making processes of the organisation. All programs and activities conducted by WWDA are in direct response to the identified issues and concerns

of women with disabilities in Australia. WWDA is a registered charitable organisation with Public Benevolent Institution status which means that donations made to the organisation over \$2 are tax deductible.

Women With Disabilities Australia (WWDA) is at the forefront of support and advocacy, with, and on behalf of, women with disabilities in Australia, both individually and collectively. WWDA's major roles, functions, and activities include (but are not restricted to):

- Provision of direct practical assistance and advocacy to individual women with disabilities;
- Provision of systemic advocacy for women with disabilities collectively;
- Research and policy development;
- Project development and implementation;
- Addressing the issue of empowerment and women with disabilities, both individually and collectively;
- Quality Improvement

2. Background

On 25 June 2003 the Minister for Employment and Workplace Relations, the Hon Tony Abbott MP, asked the Standing Committee on Employment and Workplace Relations to inquire into and report on employment issues in both rural/regional and urban/outer suburban areas, with particular reference to:

- measures that can be implemented to increase the level of participation in paid work in Australia; and
- how a balance of assistance, incentives and obligations can increase participation, for income support recipients.

With a focus on employment, there are also links to the working age payment reform process initiated with the joint release of the *Building a simpler system to help jobless families and individuals* consultation paper by the Minister for Family and Community Services and the Minister for Employment and Workplace Relations, and to the *Demographic Change* process which is addressing the issues raised in the Intergenerational Report 2002-03 which was released by the Treasurer.

This document is WWDA's response to the Standing Committee on Employment and Workplace Relations Inquiry into Increasing Participation in Paid Employment.

3. The Position of Women With Disabilities in Australia

The issues which affect women with disabilities are manifold. Their marginalisation as a group has resulted in women with disabilities being identified one of the most marginalised and disadvantaged groups in Australia. Appendix One provides a statistical overview of the disadvantage of women with disabilities relative to women in general and to men with disabilities. Analysis of this data shows that, in relation to employment:

- Although men and women with disabilities are subject to work discrimination because of their disabilities, women with disabilities are at a further disadvantage because of the combined discrimination based on gender and discrimination based on disability.
- Women with disabilities are less likely to be in paid work than other women, men with disabilities or the population as a whole. Men with disabilities are almost twice as likely to have jobs than women with disabilities. In 1997-98 Commonwealth Government funded open employment services assisted over 31,000 people with disabilities in their efforts to find and maintain jobs on the open labour market. 66.6% of those assisted were men with disabilities. Annual Census of Commonwealth Government funded open employment services show that the percentage of women with disabilities being assisted by these services has continued to decline.
- Women with disabilities' participation rates in the labour market are lower than men with disabilities' participation rates across all disability levels and types. Women with disabilities are less likely than men with disabilities to receive vocational rehabilitation or entry to labour market programs. Commonwealth Rehabilitation Services statistics for 1994/5 indicate only 35% of referred clients were female with women more likely to be rehabilitated to independent living (45%) than vocational goals (36%).
- Women with disabilities earn less than their male counterparts. 51% of women with a disability earn less than \$200 per week compared to 36% of men with a disability. Only 16% of women with a disability earn over \$400 per week, compared to 33% of men with a disability.
- There is a higher incidence of incapacity (10.2%) for unemployed females in Australia compared to unemployed males (7.6%). This applies consistently across all age groups. Unemployed females have a one-third greater incidence of incapacity than unemployed

males. The higher incidence of incapacity for unemployed females is more pronounced for those under 50 years age, and especially for 30-39 and under 21 year olds.

- Women with disabilities are less likely than their male counterparts to receive a senior secondary and/or tertiary education. Only 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities.

4. Barriers to Employment for Women With Disabilities

The impact of gender and disability on employment has important implications for women with disabilities. Firstly, by not working, women with disabilities have less money and this in turn can mean fewer choices, increased dependency on others, and less financial security later in life. Secondly, a lot of status in our society is based on one's occupation and employment achievements. Women who are unemployed, or who work in the home are seen by society as 'less valuable' than those in paid employment.

The Consultation Paper released by the Federal Government in December 2002, entitled *"Building a Simpler System to Help Jobless Families and Individuals"* is based on the assumption that working-age people on income support need 'incentives' to 'take up jobs'. It states: *"The best way to bring down the amount of time people spend on payments and the cost involved is to help them to look actively for work or improve their skills as much as they can. In this way they can be ready to take advantage of job opportunities as they come up"* (p.4).

Research undertaken by WWDA, and indeed supported by similar research the world over, has demonstrated that women with disabilities do not need 'incentives' or 'motivation' to take up paid employment. What they do need is the elimination of discrimination and negative stereotypes from both a gender and disability perspective which compound their exclusion from support services, social and economic opportunities and participation in community life (see for example *International Labour Office Assisting Disabled Persons In Finding Employment: A Practical Guide 1997*).

WWDA shares the government's vision of a society where people with disabilities are not excluded, and where they can fully participate as citizens in the economic, social and cultural life of the nation. Thus any strategies which look to the principles of 'mutual obligation, self-reliance and early intervention' require a clear sense of the reality of the situations that women with disabilities face. WWDA is therefore concerned that the Government's proposals to

'increase participation in paid employment' and 'build a simpler system to help jobless families and individuals' fail to acknowledge the structural and systemic barriers which prevent women with disabilities from enjoying full social, economic and political participation in their communities.

A number of barriers stand in the way of women with disabilities increasing independence, capacity building and taking up paid employment. These barriers include:

4.1. Discrimination, including employers' and co-workers' attitudes

Women with disabilities in Australia encounter discrimination on several levels, each of which restricts their options and opportunities for equal participation in the economic, social, and political life of society. Women with disabilities are disadvantaged attitudinally, economically, politically, psychologically and socially. Aside from ableism, women with disabilities also face sexism, racism, ageism and discrimination based on sexual orientation. They face double discrimination by society - as women they are discriminated against on the basis of gender and as people with disabilities, they are discriminated against on the basis of their disability. This discrimination is often embedded in cultural societal values that limit women's opportunities for self-improvement and self-development (Frohmader 1998; Pardo 1997).

Discrimination in employment is a major issue for women with disabilities in Australia. Although men and women with disabilities are subject to work discrimination because of their disabilities, women with disabilities are at a further disadvantage because of the combined discrimination based on gender and discrimination based on disability. Women with disabilities have to deal with abuse, neglect and being deprived of their entitlements. They are given marginal jobs far below their capacity. They are denied opportunities for further training and job advancement. They are often poorly paid; have few occupational and health standards; and are often unable to enforce industrial rights.

Although the Disability Discrimination Act (DDA) 1992 ostensibly provides protection for everyone in Australia against discrimination based on disability, it has done little to address the problem of discrimination of women with disabilities in employment. One of the reasons for this is that the legislation is complaints driven, and that this ultimately puts the onus on those who have experienced discrimination to take action (Meekosha & Dowse 1997). Recent legislative changes put further pressures on women with disabilities, who now face major financial barriers (in relation to federal court costs) if they need to pursue rights where conciliation has failed.

4.2. Poverty

The United Nations has recognised that women with disabilities are among the poorest of all groups in society. Poverty is a fact of life for many women with disabilities who often lack the resources to attain what is considered essential in Australian society, including employment, adequate and appropriate housing, nutrition and health care. The impact of poverty on the health status and quality of life experienced by women with disabilities is undeniable. Poverty also exacerbates the negative self image that many women with disabilities have about themselves in relation to others in society (WWDA 1996). Poverty can increase the effect of disability. Many women with disabilities who are poor are often unable to afford to buy healthy food or eat regular meals. This can lead to vitamin deficiencies, malnutrition and other illnesses.

4.3. Lack of access to education and training

Education is the key to the advancement of women and girls with disabilities; it provides access to information, enables them to communicate their needs, interests and experiences, brings them into contact with other students, increases their confidence and encourages them to assert their rights. Without a basic education, their chances for employment are almost nil. Education is one of the central tenets of citizenship. Exclusion from education has also meant exclusion from citizenship; denying people the fundamental tools to participate fully in the life of the community. Although the importance and benefits of including women with disabilities in mainstream education are well documented, and considerable work has been done in examining the technical issues for education providers in delivering inclusive education, women with disabilities continue to be systematically excluded, through absolute exclusion and through their placement in segregated settings and programs.

Access to education remains one of the greatest obstacles to equality for people with a disability, and this is even more so for women with disabilities. When it comes to education, women with disabilities are likely to have received less education than both non-disabled women and men with disabilities. Only 16% of all women with disabilities are likely to have any secondary education compared to 31% of non-disabled women and 28% of men with disabilities. Data from Australia suggests that in comparison to non-disabled women and men with a disability, women with disabilities are less likely to have completed basic schooling, obtain a university qualification, or successfully move from a rehabilitation program into full time employment.

In 1990, the Australian Government set a target of a thirty percent increase in enrolments for people who have a disability in tertiary education (DEET 1990), and proposed solutions as to how this might be achieved. Whilst some of the ideas are in place, and others are being implemented, to date this does not appear to have made a huge change in the enrolment levels of people who have a disability in undergraduate courses (less than 1% of total enrolments) (Anderson 1996).

Research has found that women with disabilities in Australia participating in post-graduate study, often feel that professionals (medical, rehabilitation, lecturers) undervalue them and their academic potential. A study conducted by Anderson (1996) into *'Barriers in Postgraduate Education for People who have a Disability'*, found that the longer the woman had had the disability, the lower the level of support offered for employment or study by professionals. The study found that overall, women participants gained limited support for any enriching endeavour from professionals and educators, while most of the male participants reported being enthusiastically encouraged to study as a way of maintaining their self confidence (Anderson 1996).

4.4. Lack of self confidence, assertiveness, and low self-esteem

A central reason why many women with disabilities are unable to do more to become independent and build capacity, is their lack of self esteem. Shown from birth, either through neglect or through over-protection, that they have little value or are unable to do much, girls with disabilities grow up with the burden of that stigma and expect little of themselves. Even a woman who becomes disabled later in life will have her own sense of self-worth eroded by the prevailing attitude that she has become a useless dependant. Isolation and confinement based on culture and traditions, attitudes and prejudices often affect women with disabilities more than their male counterparts. This isolation of women with disabilities leads to low self-esteem and negative feelings (ESCAP 1995). Their low self-esteem is not been helped by the mass media. Positive images of women with disabilities – in roles such as exerting their rights, and contributing to the wealth and well-being of society – are rarely seen in the mass media. Whenever there are reports, they usually feature the disabled woman as a victim and an object of pity, in need of help. Because the mass media plays such a powerful role in the formation of public opinion, it can be destructive when it reinforces the public's tendency to equate disability with helplessness on the part of the disabled woman and perpetuates the denial of opportunities for her to develop her capabilities.

It is obvious that the disabled woman is trapped in a vicious circle – her low self-esteem, cultivated from birth by her immediate family or care-givers and reinforced by her wider

community and the media, results in her having very low aspirations. She therefore makes few demands, or none at all, of those around her and of society for her rights and opportunities to break out of this vicious circle.

It is clear that in order to increase independence, capacity building and the economic participation of many women with disabilities, there is a critical need for the creation of an enabling psychological and physical environment that is supportive of the ability of the woman with a disability to function as an equal member of society.

4.5. Poor job design and inflexible work arrangements

Women with disabilities have identified poor job design and inflexible work arrangements as barriers to employment. For example, some women with disabilities require attendant care to get up in the mornings, get showered and dressed and so on. Many full time jobs are constructed around traditional working hours (eg: 9am-5pm) which can make it virtually impossible for those women with disabilities who require attendant care in the mornings (They would have to be getting up at 5am just to be able to be ready to start work at 9am!).

Some positions require modifications to duty statements to enable a person to perform the majority of the work. For example, some women with disabilities may find it difficult to do particular tasks because of the nature of their disability. Unless job redesign is undertaken, they may be excluded from taking up the position.

Many job advertisements are not inclusive and accessible. Employers tend to rely on using their existing recruitment channels, and employment opportunities are not promoted in alternate formats, or via disability organizations.

Family responsibilities tend to be disproportionately borne by women, including women with disabilities. Despite well intentioned management and equal employment opportunity programs, women with disabilities often feel that they have a certain number of credits on which to draw and there is a limit as to how many adjustments they can request and how much flexibility they are entitled to. Employers need to appreciate that flexibility is necessary in relation to both disability issues and family responsibilities and employees are entitled to flexibility in relation to both these issues.

Flexible work conditions are critical for women with disabilities who experience fluctuating levels of health. The capacity to vary hours is vital in gaining and retaining a job.

4.6. Lack of attendant care

Some women with disabilities require an attendant to assist them in performing daily living tasks, such as toileting, showering, dressing and eating. Research undertaken by WWDA (2001) has shown that many women with disabilities are unable to get the level of attendant care services they require to meet their needs. Attendant care is virtually non-existent in the workplace. This prevents those women with disabilities who require attendant care at their place of work from seeking employment. Their only alternative is to pay for it themselves which is prohibitively expensive.

4.7. Inadequate or expensive transport

For many women with disabilities, access to transport may mean the difference between paid work or staying at home. Obviously, it also affects the chances of women with disabilities taking up other forms of 'participation' in the community and in civil society. Many women with disabilities need assistance to use public transport or cannot use it at all. Taxis or private cars are therefore the only alternative. These are very expensive forms of transport, and beyond the reach of many people with disabilities. The high costs of transport mean that many women with disabilities need to limit their search for work to their local area.

The Mobility Allowance provided by the Federal Government is only available to those people who are in employment, education and training, and/or undertaking voluntary work for 32 hours every 4 weeks. The amount of the allowance does not adequately address the high cost of transport for women with disabilities.

There is no adequate assistance available for women who are not seeking work or can only work for less than 32 hrs every 4 weeks and cannot use public transport. This is a strong disincentive to women with disabilities who wish to work part-time or casually either because of the nature of their disability or because of child care or domestic responsibilities. These conditions of eligibility preclude women with disabilities who are not in paid employment (education and training, and/or undertaking voluntary work) from receiving it.

4.8. Housing

Housing situations are precarious for many women with disabilities. In fact, women with disabilities who are not able to maintain stable housing independently and who need supportive services and accommodations to meet their needs - are considered to be of the highest risk for homelessness. Women with disabilities pay the highest level of their gross

income on housing, yet are in the lowest income earning bracket. Women with disabilities are less likely to own their own houses than their male counterparts. Access to decent accommodation is at crisis point for many women with disabilities. Secure and appropriate accommodation is critical to being able to focus on job seeking.

4.9. Lack of awareness about rights

The ability to assert one's right to say no to unreasonable requests or to demand access to relevant information is an essential component of the job seeking process. It empowers those who are seeking education, training or employment opportunities both to make informed choices and to act on those choices. Women, in general, tend to be less assertive than men. They are often told that it is 'unladylike' to assert their right to know or make decisions. (Assertiveness is often confused with aggression - a supposedly 'manly' trait). Women with disabilities face the double disadvantage of contending with service providers and others in the community who see women with disabilities as incapable of self-determination. This problem is compounded if these women are dependent on others for personal care, accommodation or economic security. Learning how to be assertive (and develop a positive self-image) is a crucial prerequisite for women with disabilities to become economically independent.

4.10. Experience of abuse, violence and harassment

Violence against women with disabilities has been identified as not only more extensive than amongst the general population but also more diverse in nature than for women in general. A concise definition of violence in this area is made difficult by the pervasive nature of abuse against women with disabilities. The nature of violence against women with disabilities incorporates an almost endless list of injustices and maltreatment including unnecessary institutionalisation, denial of control over their bodies, lack of financial control, chemical restraint, unwanted sterilisation, medical exploitation, humiliation, and harassment, denial of social contact, employment and community participation as well as physical, mental and sexual abuse (Cattalini, 1993, Waxman, 1991; Crossmaker, 1991; Morris, 1993; Chenoweth, 1997,).

Often, women with disabilities are reluctant to report being sexually harassed, either because they are unaware that it is illegal or are afraid of the consequences if they do report it, such as allegedly making a difficult situation worse, or being branded a 'troublemaker'. Women with disabilities who are sexually harassed may not have adequate information about their right to a safe and secure workplace and may be seen by other workers or the employer as 'an easy target' and therefore perceived as less likely to report being harassed. Some women with disabilities may feel that their job security would be threatened if they were to take action.

Women with disabilities who do take action and report being sexually abused and harassed are often not believed, and can be sacked for making complaints while the offender goes unpunished.

4.11. Lack of access to employment services

Overall, women with disabilities face a barrier of lack of information about employment services available to them and their right to use these services. Research has also shown that Commonwealth Government funded open employment services are more likely to assist men with disabilities (than women with disabilities) in finding employment, and the percentage of women with disabilities being assisted by these services has continued to decline. Research has also shown that the outcomes for women with disabilities assisted through employment services are different to the outcomes for men with disabilities – women with disabilities are steered towards the traditional areas of female employment, such as clerical and keyboarding positions.

4.12. Equipment

Many women with disabilities require equipment to enable them to live independently. Mobility aids such as wheelchairs and crutches, as well as specialised computer equipment are needed to enable women with disabilities to obtain jobs or undertake education or training courses. The government subsidies which are available are usually not adequate to meet the needs of many women with disabilities, who therefore must pay for this equipment themselves. Women's 'double disadvantage' exacerbates the situation. For example, some women require specialised or expensive equipment to enable them to do the housework or care for children. Some 'labour-saving' devices such as microwaves, automatic washing machines and dryers, are expensive because they are considered to be luxury goods and are heavily taxed. This equipment is consequently beyond the reach of women with disabilities on low incomes.

4.13. Access

The built environment remains inaccessible to many people with disabilities. Many workplaces, businesses, community gathering places, and service providing organisations are inaccessible to people with disabilities, making this an obvious barrier to women with disabilities increasing independence, capacity building and taking up paid employment.

4.14. Information & Communication Technologies (ICT)

Telecommunications are vital for women with disabilities. For many, it is the means by which they link in with their community and retrieve their place in society. ICT play an integral role in reducing isolation, stress and fatigue as well as alleviating loneliness for women with disabilities. It increases their independence, reduces dependence and enables opportunities for education and employment. For many women with disabilities, ICT allows them to have contact with their family and friends, to pay their bills, to do their banking and shopping, to arrange their personal care, to organise transport, to undertake study, and to access information. ICT is also of vital importance in providing security, assisting with emergencies and enabling women with disabilities to participate in, and take their rightful place in their community (WWDA 1999, Frohmader et al 2000). However, many women with disabilities are restricted in their access to telecommunications due to affordability, poor design and incompatibility of telecommunications equipment, lack of awareness of disability issues on the part of telecommunications service providers, and lack of appropriate information about telecommunications equipment and services (WWDA 1999).

ICT is already an essential tool for participation in today's society. It will play an increasing role in all aspects of life in the future. To be excluded from access to ICT, is to be excluded from society.

In any Government proposals to 'increase participation in paid employment' and 'build a simpler system to help jobless families and individuals' it is essential that particular consideration is given to supporting women with disabilities to have access to ICT. The costs associated with purchasing hardware, software, assistive equipment etc., as well as the cost of training in their use, will need to be considered and included in any proposals developed.

Ignoring ICT will mean relegating many women with disabilities to the ranks of the 'severely disabled' and 'unemployable'. This will be at a reprehensible personal cost to individuals. Society will also be the poorer for being denied the enriching contribution which women with disabilities can make. The opportunity cost of not supporting ICT will result in tangible material cost to society where women with disabilities are dependent on welfare.

WWDA believes that the Government's proposal for '*Building a Simpler System*' can also be a tool for '*Building a Better System*'. ICT already supports virtual communities. It offers an avenue for building truly inclusive communities, where women with disabilities are able to participate and contribute fully. However, women with disabilities in the cohort at which the Government's Consultation Paper on "*Building a Simpler System to Help Jobless Families and*

Individuals" is aimed, will be excluded from such participation, unless support for ICT is an integral part of the System.

4.15. Childcare

Child care is critical to enabling increased social and economic participation. Child care must be affordable, available, accessible, and appropriate. Mothers with disabilities, just like their non-disabled counterparts, require child care that can respond flexibly to diverse patterns of working, and other forms of participation. In many of its papers regarding Welfare Reform, the Federal Government has articulated the need for increased childcare in order to increase participation in paid employment. However, the current reality for many people wishing to access childcare in Australia, is that childcare is simply not available. For example, a recent telephone survey of childcare centres in Southern Tasmania, found that there is on average, a 2 year waiting list for long day care for children under 2 years of age.

Summary

The Final Report of the Reference Group on Welfare Reform (July 2000) identified that people with disabilities face structural or systemic barriers to participation, including discrimination and problems with access to appropriate services and support. The Reference Group recognised the need for complementary strategies to address particular structural or systemic issues:

"The Reference Group considers that increased awareness of the diverse capacities and potential for contribution among people with a disability, coupled with more effort from government, business and the wider community is required to increase employment opportunities for people with a disability" (Participation Support for a More Equitable Society p.55).

The Federal Government's Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"*, released in December 2002, does not appear to acknowledge the structural and systemic barriers women with disabilities currently face, nor does it outline any measures (ie: 'complementary strategies') to address these barriers.

Income support is a basic human right and essential for social and economic development (WHO 1997). Paid employment is a critical component in enabling women with disabilities to support themselves financially and to build self-esteem and achieve social recognition. It is clear that in order to enable women with disabilities to increase their independence, capacity

building and take up paid employment, as well as participate fully in their communities, any reform which is designed to increase participation in paid employment and '*build a simpler system to help jobless families and individuals*', must address the structural and systemic barriers women with disabilities currently face.

5. Costs of Participation

The United Nations has recognised that women with disabilities are the poorest of all groups in society. Poverty is a fact of life for many women with disabilities who often lack the resources to attain what is considered essential in Australian society, including employment, adequate and appropriate housing, nutrition and health care. The impact of poverty on the health status and quality of life experienced by women with disabilities is undeniable. Poverty also exacerbates the negative self image that many women with disabilities have about themselves in relation to others in society (WWDA 1996).

For decades, people with disabilities have argued the need for a Disability Allowance to address the costs of disability. Research undertaken by WWDA (and many other researchers) has shown that many women with disabilities face a multitude of costs relating to their disability. Examples include (but are not restricted to):

Transport/Travel: vehicle modification; petrol; repairs; payment to others for transport; public transport; taxi fares; community transport.

Care: personal/attendant care; assistance with cooking; shopping etc.

Health/Medical: costs of more frequent visits to health practitioners, including meeting the 'gap' payment between health practitioners costs and the Medicare scheduled fee; additional pharmaceuticals.

Consumables: specialised ointments and lotions; pads; syringes; bowel care supplies; incontinence sheets; surgical dressings; batteries, additional vitamins, natural remedies; special foods etc.

Housing: modifications, repairs, specialised furniture and household items.

Home Tasks: assistance with house cleaning; gardening; house maintenance; other tasks around the house.

Aids/Equipment: physical aids (eg: wheelchairs, shower chairs, hoists, special beds, special clothing, crutches etc); communication aids (speech aids, hearing aids, assistive technologies; telephone modifications etc); essential need for 'labour-saving' devices (eg: microwaves, automatic washing machines, dryers etc); equipment maintenance.

Other: additional electricity, gas, water, air conditioning, (eg: needed in cases where disability dictates external regulation of body temperature), additional support costs for recreation, holidays etc.

The Federal Government's Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"*, released in December 2002, acknowledges that *"many people with disabilities have extra costs of living.....and costs to participate more fully....."*. The Paper states that *"the additional needs of people with a disability can be met in a number of different ways - through cash supplements, in-kind provision of goods and services by government and non-government agencies, or a combination of the two"*.

WWDA is concerned that the Governments' reference to provision of goods and services makes the assumption that firstly, these services exist, and secondly that such services are accessible to women with disabilities. The reality is, that many of these services (particularly at the local level) have in fact been either de-funded or moved to a user pays, or purchaser/provider funding model. Where support services do exist (at the local level) there are often extensive waiting lists. Additionally, the types of support services required to assist women with disabilities' economic and social participation, are funded by, and the responsibility of, State and local governments. There would therefore need to be a commitment from State and Local Governments to the notion of welfare reform, plus an allocation of resources to ensure that the types of services required, are in fact available. These factors, coupled with the common problems women with disabilities face in accessing services generally, make it unlikely that the *'provision of goods and services by government and non-government agencies'* would be sufficient to address the costs of disability as it relates to women with disabilities' economic and social participation.

With regard to a 'cash supplement', the Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"* asks whether eligibility should be limited to people on income support or whether assistance should be available more generally. Research undertaken by

WWDA has found that the prohibitive costs of disability make it virtually impossible for some women with disabilities to take up employment and/or to remain in employment. For example, women with disabilities who take up paid employment lose eligibility for any entitlements (such as Health Care Card, Pharmaceutical Benefits etc) after one year. It is clear that any cash supplement (and eligibility for support services and other entitlements) to address the costs of disability, need to be ongoing, and made available to women with disabilities on income support, as well as women with disabilities in paid employment. It is unrealistic to expect that the costs of disability will somehow 'disappear' after being employed for a year.

Any reform of Australia's social support system must include and address the costs associated with economic and social participation.

6. Notions of Disability

The Federal Government's Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"* makes reference to different 'levels' of disability: ie: 'moderate disability'; 'profound disability', 'severe disability', and 'multiple disabilities'. No definitions are provided in relation to these 'levels'. The Paper states:

"People whose disabilities are so severe that they can never take on paid work may need to get some form of disability payment that recognises their need for long-term income support. Or, they could be covered by the new working-age payment, with permanent exemption from participation requirements."

WWDA believes that the above statement reflects an unsophisticated understanding of 'disability', particularly in the context of the economic and social participation of people with disabilities. The capacity of people with disabilities to take up paid employment and/or other forms of participation, will depend on a number of factors and will not necessarily be static. It should not be assumed for example, that a person with a 'profound disability' or 'severe disability' can never take up paid work or participate in other ways, such as education, training, and/or voluntary work. Similarly, it should not be assumed that people with a 'mild' or 'moderate' disability can take up paid employment or other forms of participation.

The *"Building a Simpler System to Help Jobless Families and Individuals"* Consultation Paper is based on the assumption that helping women with disabilities to 'look actively for work' will mean them physically attending at prescribed locations, when their disabilities may preclude them from so doing. There needs to be consideration of support for 'virtual' participation in this process for women whose disabilities restrict their mobility.

7. The Future Job Growth in Australia

The Interim Report on Welfare Reform made reference to the fact that future employment growth in Australia will be strongest in the skilled occupation groups such as professionals and associate professionals. This is obviously a vital point in the entire welfare reform debate. This will mean that there will need to be a massive injection of resources into skilling, and re-skilling of people currently on benefits if they are to have opportunities to enter the labour market. This point does not seem to be addressed in the Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"*, yet it would appear to be fundamental to the entire debate.

8. Other Comments on the Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"*

8.1. Objectives and Principles for Working Age Support

The Consultation Paper *"Building a Simpler System to Help Jobless Families and Individuals"*, articulates 'self-reliance and social inclusion' as the key objectives of a needs-based social support system. The Paper defines self reliance as: *"doing what you can to look after yourself and your family and to contribute to society in other ways."* 'Social inclusion' is not defined in the Paper. WWDA believes that the focus on self-reliance as the key objective of the income support system could in fact, open the door for exploitation, denial of rights, and inappropriate service provision. WWDA believes that the interests of women with disabilities are far more beneficially advanced within a social justice framework. Furthermore WWDA has a significant problem with the notion of 'self-reliance' in a model of mutual obligation - especially where the obligation falls most heavily on the disabled woman, and has limited purchase on government and little or no purchase on business. Design principles of the income support system should reflect:

- the need to redress systemic barriers;
- the need to develop the infrastructure necessary to support people with disabilities; and
- the need for more equitable access to community resources for people with disabilities.

8.2. Eligibility and Coverage

WWDA seeks to make the following points in relation to eligibility and coverage:

- It should not be assumed that 'level' of disability determines one's capacity to work.
- Some people with what may be perceived as 'mild' disability may be less likely to be able to work than those with disabilities which are deemed 'severe' or 'profound'.
- People with disabilities have for decades argued the need for a Disability Allowance. People with disabilities who (for whatever reason) do not have the capacity for work, will require a Disability Allowance whether they get a 'special disability payment' or the same base income support payment as other working age people.
- People with disabilities on productivity-based or supported wages should be eligible to receive a part income support payment if their earnings are below the Federal minimum wage. This should be the case for any person with a disability with incomes below the Federal minimum wage.
- The base rate of working age payment should not vary on the basis of relationship status or and/or living arrangements. It is well known that women face financial inequities in relationships, and this is even more so for women with disabilities. People with disabilities should be entitled to any Disability Allowance (or similar payment) regardless of their relationship status or and/or living arrangements.
- The payment of a Disability Allowance should not negate the need for improving the range and accessibility of services for people with disabilities.
- Services should not be provided additional funding as an alternative to a Disability Allowance.
- Any proposed strategies for 'incentives' for paid work need to include strategies to redress the structural and systemic barriers women with disabilities currently face.
- There needs to be a much stronger focus on strategies needed to ensure employers employ people with disabilities.
- People with disabilities who are unable to participate in paid employment or other forms of 'participation' (such as voluntary work) should not be forced to participate.
- Women with disabilities who live in rural/remote areas should not be required to undertake the same amount of voluntary work (in order to get training credits) as those in other

areas, particularly when such opportunities for voluntary work are simply not readily available in rural areas.

- There will need to be a massive injection of resources into skilling, and re-skilling of women with disabilities currently on benefits if they are to have opportunities to enter the labour market. Because women with disabilities are more likely to have a lower level of education and fewer qualifications than their male counterparts, help to 'improve their skills' will be of pivotal importance. There needs to be consideration given to the role of Information and Communications Technology (ICT) as a means of enabling women with disabilities to undertake training.
- Women with disabilities should not incur financial penalties for failing to meet activity test obligations and/or other administrative requirements.

9. Case Studies

The following case studies are provided here to highlight the realities of the structural and systemic barriers women with disabilities currently face in their endeavours to increase their independence, capacity building and take up paid employment, as well as participate fully in their communities.

"Since my high school days I have wanted to work in a professional capacity in the disability field. This desire largely arose out of considerable frustration that I experienced when discussing career options with professional staff in blindness service agencies and the education system prior to leaving school at the end of Year 10. Instead of receiving necessary practical support and encouragement to achieve my potential and career goals, I was actively discouraged from going on to complete further study. I was told that I should work in a sheltered workshop or get a job on a switchboard or make sandwiches like other people with my disability did". (in Clear, 2000)

A 48 year old woman with a disability is employed within the Public Service and works in an office environment. She is blind. She is ignored by her colleagues and is routinely left out of staff meetings and decision making processes. She rarely has enough work to do, and when she is given work, it is often well beneath her capabilities. She wants a

meaningful job where she is a valued employee. She is too frightened to leave her job for fear that she won't get another one.

A woman with a chronic and degenerative disability finds a full-time job and is able to come off the Disability Support Pension. Her new job pays around \$40,000pa. Because she is now earning an Award wage, she is only eligible for any entitlements (such as Health Care Card, Pharmaceutical Benefits etc) for a period of 1 year. Access to any entitlements are withdrawn after she has been employed for 1 year. She is no longer eligible for Home Help Services, and because she is working full-time and has a degenerative disability, she is unable to undertake housework and maintain her garden etc. She is now forced to pay for a cleaner and a gardener. She is also forced to pay for her medical and pharmaceutical costs (which are considerable). Several of the medications she requires for her condition are not on the PBS. She can no longer drive her modified car, or push her manual wheelchair. She is required to purchase an electric wheelchair. She has to take out a personal bank loan of \$7000 to buy her electric wheelchair. She gets no subsidy, or help with the loan, and is required to pay the top interest rates on her personal loan. She requires some assistance with personal care (such as showering and dressing) and is required to pay attendant care costs. She requires modifications to her home in order to maintain a level of independence. She now spends more than two thirds of her wage on costs directly related to her disability.

A 40 year old woman with multiple disabilities applies to enter the Commonwealth Public Service. She has spent the previous 4 years undertaking training in her own time (and at her own expense) to update her skills so that she will have a good chance of being accepted into the Public Service. When she undertakes the application process for the Commonwealth Public Service, the officer overseeing the process informs her 'not to disclose on her application form that she has a disability'. She is told that if she discloses her disability on the application form, she 'won't even be considered'.

A woman with a disability has been in the Public service for many years. She is no longer young, but finds it hard to save for her retirement as she has to spend a large part of her income on getting to and from work and keeping her house going. She can't drive so, if she has any problems such as medical appointments before work or she misses the bus, it's a \$20.00 taxi fare. She has to employ a cleaner and someone to mow the lawn and cut the trees and cart the rubbish away. She is not eligible for Home and Community Care (HACC), even if she is sick. She also has to pay for clothing

alterations if she needs them because she is too short sighted to thread a sewing machine. She would also have to pay for any low vision aids she might use in her daily life such as CCT magnifiers. So she puts off getting anything like this until she can't manage without it. So how does she save for her old age? She has been on the same salary level for more than ten years. If she works into old age she is not eligible for a Seniors Card. She is always told she would be better off to retire and live on the pension, but she would rather continue working as she has no family in the State where she works and she thinks she can still contribute to the community. However she thinks many people would not be able to continue under these circumstances. She thinks they would just give up.

A 30 year old woman with a psychiatric disability is told by a Centrelink staff member that she is 'faking' her disability and could 'get a job' if she wanted to. The young woman perceives she is treated this way by Centrelink staff because they have no concept of the impact of her disability. She is agoraphobic and suffers from social phobia. Because she has a University degree and her disability is not 'visible', the Centrelink staff member assumes she doesn't have a disability.

Appendix One: The Position of Women With Disabilities in Australia - A Snapshot

Women with disabilities are, from the government record, one of the most marginalised and disadvantaged groups in Australia. Analysis of data available from a variety of sources, gives us the following information about women with disabilities in Australia.

- There are 3.6 million people in Australia with a disability, making up 19% of the total population. The proportion of males and females with a disability is similar (around 9.5% each) although it varies across age groups.
- There are 1.8 million women with disabilities in Australia. There are more women with disabilities in the older age groups, most notably those 79 years onwards.
- Of the 1.1 million people with a profound or severe core activity restriction, 616,000 are women with disabilities (56%). Among older people with disabilities, the rates of severe and profound disability are markedly greater for females.
- Over 57% of women with disabilities living in households need assistance to move around or go out, shower or dress, prepare meals, do housework, undertake property maintenance or paperwork, or communicate.
- Women with disabilities are less likely to be in paid work than other women, men with disabilities or the population as a whole. Men with disabilities are almost twice as likely to have jobs than women with disabilities. In 1997-98 Commonwealth Government funded open employment services assisted over 31,000 people with disabilities in their efforts to find and maintain jobs on the open labour market. 66.6% of those assisted were men with disabilities. Annual Census of Commonwealth Government funded open employment services show that the percentage of women with disabilities being assisted by these services has continued to decline.
- Women with disabilities' participation rates in the labour market are lower than men with disabilities' participation rates across all disability levels and types. Women with disabilities are less likely than men with disabilities to receive vocational rehabilitation or entry to labour market programs. Commonwealth Rehabilitation Services statistics for 1994/5

indicate only 35% of referred clients were female with women more likely to be rehabilitated to independent living (45%) than vocational goals (36%).

- Women with disabilities earn less than their male counterparts. 51% of women with a disability earn less than \$200 per week compared to 36% of men with a disability. Only 16% of women with a disability earn over \$400 per week, compared to 33% of men with a disability.
- There is a higher incidence of incapacity (10.2%) for unemployed females in Australia compared to unemployed males (7.6%). This applies consistently across all age groups. Unemployed females have a one-third greater incidence of incapacity than unemployed males. The higher incidence of incapacity for unemployed females is more pronounced for those under 50 years age, and especially for 30-39 and under 21 year olds.
- Women with disabilities are less likely than their male counterparts to receive a senior secondary and/or tertiary education. Only 16% of all women with disabilities are likely to have any secondary education compared to 28% of men with disabilities.
- Women with disabilities are substantially over-represented in public housing, comprising over 40% of all persons in Australia aged 15-64 in this form of tenure. Women with disabilities are less likely to own their own houses than their male counterparts.
- Women with disabilities pay the highest level of their gross income on housing, yet are in the lowest income earning bracket. Some women with disabilities pay almost 50 per cent of their gross income on housing and housing related costs. Over 20% of women with disabilities living in public housing are dissatisfied with the service they receive from their State or Territory housing authority.
- Women with disabilities spend more of their income on medical care and health related expenses than men with disabilities.
- Women with disabilities have a consistently higher level of unmet need than their male counterparts across all disability levels and types. Women with disabilities are less likely to receive appropriate services than men with equivalent needs or other women. 60% of recipients of disability support services funded under the Commonwealth/State Disability Agreement are men with disabilities.
- Women with disabilities are less likely than women without disabilities to receive appropriate health services, particularly breast and cervical cancer screening programs,

bone density testing, menopause and incontinence management. In Australia, 41% of women with disabilities with core activity restriction aged 70-75 have never had a mammogram. Almost 30% of women with disabilities aged 70-75 with core activity restriction have never had a pap smear. Of those women with disabilities aged 70-75 core activity restriction who have had a pap smear, 39% have not had regular pap smears (every 2 years). These figures are likely to be much higher for women with disabilities with different disability types (eg: intellectual, cognitive, psychiatric, deaf/hearing impaired, blind/visually impaired) across all age groups.

- Girls and women with disabilities are more likely to be unlawfully sterilised than their male counterparts. Between 1992-1997 at least 1045 girls with disabilities in Australia have been unlawfully sterilised. Comparisons with other data sources suggest that the true number is much greater, perhaps by a factor of several times.
- Regardless of age, race, ethnicity, sexual orientation or class, women with disabilities are assaulted, raped and abused at a rate of at least two times greater than non-disabled women. Statistics indicate that 90% of women with intellectual disabilities have been sexually abused. 68% of women with an intellectual disability will be subjected to sexual abuse before they reach 18.
- Women with disabilities are more likely to be institutionalised than their male counterparts.
- Women with disabilities are often forced to live in situations in which they are vulnerable to violence. They are more likely to experience violence at work than other women, men with disabilities or the population as a whole.
- Access to telecommunications is a major area of inequity for women with disabilities in Australia. A national survey in 1999 found that 84% of women with disabilities are restricted in their access to telecommunications. 49% of women with disabilities are restricted by issues of affordability; 76% by poor design of telecommunications equipment; 20% by lack of training; 20% by lack of information; and 18% by discrimination.

(Sources: Anderson 1996; Frohmader 1998; WWDA 1998; WWDA 1999, ABS 1999, ABS 1993, AIHW 1998, AIHW 1999, AIHW 2000, Currie 1996, Brady & Grover 1997, Temby 1997, Cooper & Temby 1997, Horsley 1991, Binstead 1997, Rutnam, Martin-Murray & Smith 1999, Warburton et al 1999).

The principal source of population data for disability comes from the Australian Bureau of Statistics Disability Surveys, which have been conducted in 1981, 1988, 1993 and 1998. Due to the ABS user pays system, the only material which is easily available from these surveys is that which has already been published, and the published material does not necessarily provide the depth of information required. For example, very little disability data collected by the ABS contains gender breakdowns. Similarly, the major publications published by the Australian Institute of Health and Welfare '*Australia's Welfare*' and '*Australia's Health*' contain data on people with disabilities in Australia, but tends to focus on age breakdown and disability type rather than gender breakdowns.

The limited statistical information on gender and disability which is available is spread over a wide range of services and sources, and has not been collected together by governments to give a cohesive picture of the status of women with disabilities.