



Women With Disabilities Australia (WWDA)

Submission to the Senate Community Affairs References
Committee 'Inquiry into the Funding and Operation of The
Commonwealth State/Territory Disability Agreement'

July 2006



Winner Australian Human Rights Award 2001
Winner National Violence Prevention Award 1999
Nominee, French Republics Human Rights Prize 2003
Nominee, UN Millennium Peace Prize for Women 2000

PO Box 605, Rosny Park 7018 TAS

Ph: 03 62448288 Fax: 03 62448255

E-mail: wwda@wwda.org.au

Web: <http://www.wwda.org.au>

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 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. 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.

NB: More information about WWDA can be found at the organisation's extensive website: www.wwda.org.au

2. Recommendation

In light of the detailed information provided in the following submission from WWDA, which demonstrates the CSTDA has failed, and continues to fail, women with disabilities in Australia, WWDA makes the following recommendation:

Women With Disabilities Australia (WWDA), representing more than 2 million disabled women in this country, strongly recommends that the CSTDA make explicit recognition of the impact of multiple discriminations caused by the intersection of gender and disability by emphasising that women and girls with disabilities suffer particular disadvantages, including marginalisation and multiple discrimination, and that specific, targeted measures are needed to ensure full and effective enjoyment of their human rights and fundamental freedoms and full participation on the basis of equality. These specific measures should be reflected in the CSTDA policy priorities, priority issues, and bilateral activity 'themes'.

3. Background

On 11 May 2006 the Australian Senate agreed that the following matter be referred to the Community Affairs References Committee for inquiry and report by 7 December 2006:

An examination of the funding and operation of the Commonwealth-State/Territory Disability Agreement (CSTDA), including:

- (a) an examination of the intent and effect of the three CSTDAs to date;
- (b) the appropriateness or otherwise of current Commonwealth/State/Territory joint funding arrangements, including an analysis of levels of unmet needs and, in particular, the unmet need for accommodation services and support;
- (c) an examination of the ageing/disability interface with respect to health, aged care and other services, including the problems of jurisdictional overlap and inefficiency; and
- (d) an examination of alternative funding, jurisdiction and administrative arrangements, including relevant examples from overseas.

This paper is WWDA's Submission to the Senate Community Affairs References Committee 'Inquiry into the Funding and Operation of the Commonwealth State/Territory Disability Agreement', and addresses the Inquiry in the context of the CSTDA and women with disabilities in Australia.

4. Context

The Commonwealth State/Territory Disability Agreement (CSTDA) is a five-year binding agreement between the Commonwealth, State and Territory Governments outlining the roles and responsibilities in relation to disability services for each jurisdiction. The CSTDA is a key direction setting document and is comprised of a Multilateral and Bilateral Agreement.

The Multilateral Agreement provides the national framework for disability services and enables funds to be contributed by the Commonwealth and the State. It also defines services eligible for funding under the agreement and outlines the requirements for the collection and publication of disability related data (CSTDA National Minimum Data Set) and other accountability requirements.

The Bilateral Agreement provides for actions between the Commonwealth and individual States and Territories on strategic disability issues and enables negotiation regarding the transfer of services between one level of government to another.

The CSTDA also imposes conditions whereby Commonwealth money can be withheld if States/Territories do not comply with or meet the accountability requirements as set out in the agreement. Under the agreement the State/Territory is required to collect information for the National Minimum Data Set (NMDS) for all Service Providers in receipt of CSTDA funds. Data collection, submissions and General Service Agreements are essential components of meeting the accountability conditions of the CSTDA.

The CSTDA funds specialist disability services: Accommodation Support Services; Community Support Services; Community Access Services; Respite Services; Employment Services; as well as Advocacy, Information and Print Disability Services. These services are described in Appendix 1. The Australian Government is responsible for the planning, policy setting and management of employment services for people with disabilities. The States and Territories are responsible for planning, policy setting and management of accommodation, community support, community access, respite and other support services.

There have been three CSTDA's and the current (third) CSTDA operates from 2002-2007.

5. Intent and Effect of the CSTDA

The intent of the CSTDA is to '*strive to enhance the quality of life experienced by people with disabilities through assisting them to live as valued and participating members of the community*'. Underpinning the CSTDA, is a shared vision that 'Australian, State & Territory Governments work cooperatively to build inclusive communities where people with disabilities, their families and carers are valued and equal participants in all

aspects of life' (Commonwealth of Australia 2004). The CSTDA recognises that 'people with disabilities have rights equal with other members of the Australian community and should be enabled to exercise their rights or be accorded these rights'. The CSTDA 'reaffirms the rights of people with disabilities under the United Nations Declaration of Disabled Persons, and the need for continued action in removing all forms of discrimination and in supporting equal rights and opportunities to all individuals throughout their life' (Commonwealth of Australia 2004).

In reaffirming the rights of people with disabilities under the United Nations Declaration of Disabled Persons (see Appendix Two), the CSTDA therefore commits to rights for disabled people which include, for example:

- the inherent right to respect for human dignity;
- the same civil and political rights as other human beings;
- protection against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature;
- the right to economic and social security and to a decent level of living;
- the right to medical, psychological and functional treatment.

5.1. The CSTDA and the Human Rights of People with Disabilities in Australia

If the intent of the CSTDA is to 'build inclusive communities where people with disabilities, their families and carers are valued and equal participants in all aspects of life', then **it is clear that the CSTDA has failed, and continues to fail, people with disabilities in Australia.** In Australia in 2006, it is evident that many people with disabilities are effectively denied the opportunity to realise the equivalent basic rights and responsibilities of other Australian citizens. Disabled people continue to be medicalised, to be treated as different from the 'norm'. Rather than being full citizens, they face restricted access to economic, social, political and cultural participation. While disabled people constitute one-fifth of the population, they are neither visible in the community, nor likely to hold high office in the public or private sectors. At some point in their lives most of them are at serious risk of poverty, abuse and discrimination. They simply are not considered worthy of the "right to life, liberty and security of person" (United Nations Declaration of Human Rights Article 3).

Despite the fact that there have been many reports in Australia of neglect, mistreatment, discrimination and abuse of disabled children and adults in state-run institutions, disabled people in institutions continue to live in appalling conditions and suffer ongoing abuse and degradation of their basic human rights. Legal and bureaucratic systems have been deeply implicated in some of the worst cases of violence, abuse and hate crimes directed at disabled people. Sexual and physical assaults have been, and continue to be commonplace in many state institutions (Sherry 2002, Clear 2000). For example, in 2003, mentally and physically disabled children and adults in residential care in Queensland were locked in cages and physically and sexually abused (The Bulletin Magazine December 3, 2003). In June 2004, two disabled residents were removed from a state run residential service after it was discovered that they had been abused and neglected by staff while in state care. A subsequent investigation by the Health Complaints Commissioner found, among other things, that the feeding site of one of the residents was infested with maggots (Mercury Newspaper June 4, 2004). These are not isolated incidents. Advocates of people with disabilities abused in institutions report being told by government bureaucrats that 'a certain level of abuse in groups homes is commonplace and to be expected' (Courier Mail May 13 2006). It is clear that an entrenched "culture of abuse" (physical, emotional and sexual) continues to exist in both public and private institutions. Extensive and documented research of more than 25 years points to the fact that institutions and institutionalised living in themselves, are causal factors in the presence and perpetration of frequent and sustained forms of abuse and neglect of persons who are devalued and vulnerable (QAI 1998). This abuse is not limited to large institutions, but is also found in groups homes, supported accommodation, as well as in private and family care situations. The abuse itself may be perpetrated health professionals, disability professionals, carers, family members and their friends.

Disabled people continue to be significantly over-represented in police lock ups, courts and prisons. Research has found that people with an intellectual disability make up 12-13% of prison population, that is, approximately four times that of the general population (Disability Council of New South Wales, 2000; NSW Law Reform Commission 1996).

In Australia, over 8000 people with disabilities nationally have been placed in largely inappropriate institutional care facilities, which may offer a modicum of care for their basic physical needs (and often not even that) but do little to affirm their lives and opportunities (Meekosha 2002). In 1998, the Australian Institute of Health and Welfare identified 13,500 people with disabilities in urgent need of accommodation and support services. Population growth and ageing were expected to increase demand in the near future (Sherry 2002, Clear 2000). A significant number of people with psychiatric disabilities continue to live in sub-standard housing, without appropriate support services. People with disabilities continue to be denied access to community support services and agencies due to their exclusion policies and practices (NSW Ombudsman 2004).

Lack of access to affordable, secure and appropriately designed housing continues to be a critical issue for people with disabilities. Many people with disabilities continue to be inappropriately housed. Those with severe physical and multiple disabilities are often accommodated in nursing homes, and hostels and hospitals despite being under the age of 50 years. Deinstitutionalisation has been intended to enable people with disabilities to become part of the wider community. However, the reality is that whilst specialist institutions have been closing, the essential support services for community integration are insufficient to meet the needs of people with disabilities. Consequently, many live in inappropriate environments (such as hotels and boarding houses) where they are more vulnerable to abuse and exploitation (Frohman 2002, Burdekin 1993).

Disabled people are still greatly overrepresented in unemployment figures. The Australian Bureau of Statistics (ABS) estimates in 1993 and 1998 continued to highlight the link between disability and unemployment. Participation rates of disabled people were less than half that of the general population, and disability unemployment rates were double (ABS 1993, 1998). Preliminary analysis of the 2003 Disability Carers and Ageing Survey (ABS) indicate that not much has changed - people with a disability continue to have a higher unemployment rate (8.6%) than those without a disability (5.0%); and people with a disability who are employed are more likely to work in a part-time job (37%) than those who are employed and do not have a disability (29%). Despite the rhetoric of the Commonwealth Disability Strategy, the percentage of people with disabilities in the Australian Public Service has declined from 5.8% in 1993-94 to 3.8% in 2003-04 (HREOC 2005).

Education is one of the central tenets of citizenship. Exclusion from education has also meant exclusion from citizenship; denying people with disabilities the fundamental tools to participate fully in the life of the community. People with a disability are less likely to have completed a higher educational qualification than those without a disability. In 2003, one in five people aged 15-64 years living in households who had no disability had completed a bachelor degree or higher, compared to one in eight people (13%) with a disability (ABS 2004).

At a micro level there are thousands of stories in a minor key, which reveal the exhausting struggle for simple services, self-respect and basic rights. A university leases a building for conferences, knowing it to be inaccessible and in breach of its own Access Plan. Taxi drivers abuse people with disabilities whose physical appearance they find strange or threatening. Local neighbourhood residents take Apprehended Violence Orders (AVOs) against intellectually disabled people trying to live in 'their' community. Parents, especially mothers, lose custody battles simply on the basis of their impairment.

5.2. The CSTDA and the Human Rights of Women with Disabilities in Australia

It is clear that the CSTDA has failed, and continues to fail, women with disabilities in Australia. 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 marginalised and disadvantaged groups in Australia. Women with disabilities are ignored in all levels of Government legislation, policies and programs. Their issues and needs are neglected within services and programs across all sectors. They are excluded from social movements designed to advance the position of women, and the position of people with disabilities (Frohman 2002). The issues which affect women with disabilities are manifold and include issues related to citizenship, education, employment, housing, violence, health, poverty, telecommunications, sexuality, reproductive rights and human rights. 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; Frohman 2002).

Clearly, the rhetoric of the 'intent' of the CSTDA to '*enhance the quality of life experienced by people with disabilities through assisting them to live as valued and participating members of the community*' has had little if any impact for women with disabilities in Australia.

5.2.1. CSTDA Service Usage Data & Women with Disabilities

Despite the fact that 50.5% of disabled people in Australia are women, the Commonwealth State/Territory Disability Agreement (CSTDA) continues to assist more disabled men than disabled women. Of the total reported CSTDA service users in 2002/03, sixty per cent (60%) were male and forty per cent (40%) were female. Although this pattern varied across service types, the percentage of men with disabilities was higher in every service category. In 2002/03, sixty-five per cent (65%) of employment service users were disabled men, compared to 35% of disabled women. Fifty-six per cent (56%) of accommodation support service users were disabled men, compared to 44% of disabled women. Fifty-five per cent (55%) of community access service users were disabled men, compared to 45% of disabled women (Commonwealth of Australia 2004).

Of the total reported CSTDA service users in 2003/04, fifty-nine per cent (59%) were male and forty-one per cent (41%) were female. As in the previous year, the percentage of men with disabilities was higher in every service category. In 2003/04, sixty-four per cent (64%) of employment service users were disabled men, compared to 36% of disabled women. Fifty-five per cent (55%) of accommodation support service users were disabled men, compared to 45% of disabled women. Fifty-four per cent (54%) of community access service users were disabled men, compared to 46% of disabled women (Commonwealth of Australia 2005).

5.2.2. Employment

Funding, planning, policy setting and management of employment services for people with disabilities is a key component of the CSTDA. With one of the lowest rates of labour force success and one of the highest rates of poverty, women with disabilities clearly stand out as a group in need of greater opportunities for employment. Yet despite the obvious marginalisation and exclusion of women with disabilities in the labour market, no initiative has been taken to reverse or address this imbalance.

Paid employment is a critical component in enabling women with disabilities to support themselves financially and to build self-esteem and achieve social recognition. 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. While there is no doubt that men with disabilities have serious employment problems, it is

abundantly clear that women with disabilities are significantly worse off, and this seems to be true for all types and levels of disabilities.

Over the past few years, the Australian Government has consistently articulated its position that working-age people on income support need 'incentives' to 'take up jobs' (Commonwealth of Australia 2002). 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).

The labour force participation rates in Australia indicate that there are many fewer women with disabilities than men with disabilities either employed or looking for work. In 1998, the labour force participation rate of women with disabilities was 45.5%, compared to 60.3% for men with disabilities. In 2003, the rate increased marginally for women with disabilities to 46.9%, and decreased slightly for men with disabilities to 59.3%. However, a stark contrast can be seen in the unemployment rates for the same period. In 1998, 8.6% of women with disabilities were unemployed, compared to 13.5% of men with disabilities. In 2003, the unemployment rate for disabled men dropped significantly to 8.8%, whilst the unemployment rate for disabled women remained virtually the same at 8.3%. The picture becomes even clearer when we consider the unemployment rates for non-disabled men and women over the same period. In 1998, the unemployment rate of non-disabled women was 8.0% compared to 7.7% for non-disabled men. In 2003, the rate dropped significantly for both non-disabled women (5.3%) and men (4.8%) (HREOC 2005; ABS 2003).

When we look at the available data for Commonwealth Government funded open employment services, it is not surprising that the unemployment rate for disabled men has dropped, while the labour force participation rate and unemployment rate for disabled women has remained virtually unchanged. 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. Little appears to have changed. From 1 January to 30 June 2003, Commonwealth Government funded open employment services assisted over 35,000 people with disabilities in their efforts to find and maintain jobs on the open labour market. 65% of those assisted were men with disabilities (AIHW 1999; WWDA 2004).

Twenty-one per cent (21%) of men with disabilities are in full time employment compared to nine percent (9%) of women with disabilities. The men are much more likely to be in independent businesses. The situation is reversed when we look at part time employment. Eleven per cent (11%) of women with disabilities have part time employment compared to six (6%) of men with disabilities. In any type of employment women with disabilities are already more likely to be in low paid, part time, short term casual jobs (WWDA 2004).

Under the Welfare to Work Legislation introduced in 2005, there will be greater numbers of people with disabilities required to for work as part of the conditions attached to receiving the Newstart Allowance. It is most likely that a greater proportion of women will need to access either the Disability Open Employment Services or the Job Network in order to look for work. If there is not a major change in attitude towards assisting women with disabilities, they will be penalised on the twin gender-and-disability discriminatory basis even before reaching a potential employer.

It is clear that the CSTDA has had little effect on the situation of women with disabilities in relation to employment.

5.2.3. Accommodation Support

Women with disabilities in Australia do not have equal access to 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. Access to decent accommodation is at crisis point for many women with disabilities in Australia. Secure and appropriate accommodation is critical to a disabled woman. There is a shortage of appropriate housing stock for women with disabilities in state based housing, in the private rental market and in real estate.

In addition, there continues to be a profound silence around the experiences of violence among women with disabilities, despite the fact that 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. Women with disabilities are at greater risk of physical, sexual, and emotional abuse as well as to other forms of violence, such as institutional violence, chemical restraint, drug use, unwanted and unlawful sterilisation, medical exploitation, humiliation, and harassment. Women with disabilities are often forced to live in situations in which they are vulnerable to violence. Women with disabilities are more likely to be institutionalised than their male counterparts. They are more likely to experience violence at work than other women or men with disabilities. Legislation, services, policies and programs continue to fail to respond to women with disabilities experiencing violence (Frohman 2002, WWDA 2004, Howe 2002).

Women with disabilities in Australia are less likely to receive appropriate services than are men with equivalent needs, or other women. CSTDA service usage data for both 2002/03 and 2003/04 shows that there is a significantly higher percentage of men with disabilities accessing accommodation support services than disabled women (Commonwealth of Australia 2004). This is despite the fact that a) there are more women with disabilities than men with disabilities in Australia, and b) women with disabilities have a consistently higher level of unmet need than their male counterpart across all disability levels and types (WWDA 2003).

Attendant care has many names across Australia, these include In Home Accommodation Support, accommodation support, personal care. Regardless of the title, women with disabilities throughout Australia have for years expressed their concerns at the lack of personal care services available to meet their needs. They have highlighted not only the difficulties in accessing funding for personal care but also the difficulties in finding appropriate personnel to provide the care (WWDA 2001, 2003). Research undertaken by WWDA has shown that many women with disabilities are unable to get the level of attendant care services they require to meet their most basic needs (toileting, showering, dressing, eating) (WWDA 2001). WWDA members have reported that due to the lack of attendant care hours available to them, they have had to choose between 'having a meal' or 'having a shower'. Attendant and/or personal care services are administered differently in the various States and Territories, making it difficult for organisations such as WWDA to correctly refer members who contact WWDA seeking assistance in relation to personal care.

Women with disabilities who require support through funded programs (such as home help; personal care) can be severely restricted in terms of being able to move from State to State due to the fact that the funded programs may not be portable between the various States and Territories. A woman with a disability moving from one State to another could receive a significant decrease in service unrelated to needs but simply because of that particular State's eligibility criteria or resource constraints.

Meekosha (1990) first described the need for women friendly care services. Personal care services need to enhance a woman's life and roles. Instead, current models of care tend to negate gender differences. Women with disabilities cannot be guaranteed female carers if they feel they need them. Women with disabilities who speak languages other than English, may need carers who speak the same tongue and who understand cultural issues. The control carers have, particularly when the carer is a spouse or partner, on the lives of women with disabilities can be misused. Women who are dependant on care are more vulnerable to violence

than others. Violence and abuse against women with disabilities by carers has been consistently identified by WWDA as a major problem in Australia (WWDA 2004).

5.2.4. Community Support, Community Access & Respite Services

Women with disabilities in Australia do not have equal access to generic services. The general health system has, and continues to ignore the needs of women with disabilities. Even women's health services are often inaccessible to women with disabilities. Research has demonstrated that women with disabilities have less access to breast and cervical screening programs and services than any other group of women. The vast majority of women with disabilities cannot access these programs because of economic, social, psychological and cultural barriers that impede or preclude their access to breast health and cervical screening services. Research has also shown that the majority of general practice surgeries in Australia do not have height adjustable examination tables, a fact that further impedes disabled women's access to medical services and what should be routine wellness screening procedures (WWDA 2004).

The inequities facing women with disabilities in Australia in relation to accessing health and medical services has recently been identified as an area of 'concern' by the United Nations Committee on the Elimination of All forms of Discrimination Against Women (CEDAW). In January 2006, the CEDAW Committee met to assess the Australian Government's Report 'Women in Australia' (the combined Fourth and Fifth Reports on Implementing the United Nations Convention on the Elimination of All forms of Discrimination Against Women (CEDAW)). In its report on Australia's performance, the CEDAW Committee stated:

'.....The Committee isconcerned that the health needs of disabled women are inadequately met due to the lack of special equipment and other infrastructure.....The Committee recommends that the State Party develop the necessary infrastructure to ensure that disabled women have access to all health services.'
(CEDAW Concluding Comments February 2006)

Women with disabilities in Australia do not have equal access to transport. Their fundamental economic disadvantage compared to their male counterparts means that all forms of transport can be unaffordable for them. Paradoxically, for many women with disabilities, access to transport may mean the difference between paid work or staying at home. 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 women with disabilities. The high costs of transport varies across the nation with some states providing greater levels of financial assistance. The high costs of transport also erodes the economic gains made through having a job. The unreliability of disability transport in remote, rural, and regional Australia as well as in capital cities further adds to the inequity of access to transport for disabled women.

The CSTDA funds specialist disability services in the areas of Community Support, Community Access & Respite Services. WWDA members have consistently identified a number of issues and concerns in relation to accessing such services, and these include:

- Lack of services and/or programs to meet their needs;
- Lack of service coordination and/or case management at the local level;
- Lack of information about services available;
- Long waiting lists;
- Lack of suitably trained and/or experienced personnel;
- Narrow eligibility criteria;
- Services unable (or unwilling) to deal with crisis situations, and,
- Services 'passing the buck' so that no action is ever taken.

5.2.5. Advocacy, Information and Print Disability Services

Over the past 3 years WWDA has witnessed a significant increase in requests for individual advocacy, often from people, especially women with disabilities in acute in crisis. Requests are very diverse, come from across the country and from a cross section of the community. WWDA spends considerable time on responding to these requests, particularly in the area of information provision and referral. Many of the people coming to WWDA for help are not having their needs met by existing services. WWDA members have also consistently identified that 'lack of information' about services and programs available to them, is a major issue. It is WWDA's experience that disability related information at both national, State and Territory levels, is un-coordinated, outdated, and in many cases, doesn't exist. In 2004, WWDA undertook a national project to develop an Information and Referral Directory for Women with Disabilities in Australia (see www.wwda.org.au). The need for this Project was identified by WWDA due to the major increase in requests to the organisation for individual advocacy, particularly from people in crisis. In undertaking research for this Project, WWDA found that:

- the majority of States/Territories do not have a formally recognised Service Directory for People With Disabilities;
- State and Territory Governments seem to rely on the existence of web based information to meet the information needs of people with disabilities;
- of those State and Territory Governments which did have some disability service information in a directory format (usually on line), it was apparent that the information provided did not encompass many of the issues of concern to women with disabilities;
- government 'on-line' disability service information is often outdated and not always updated or maintained;
- the amount and quality of web-based service information differed from State to State.

The CSTDA funds Advocacy Services to 'help people with disabilities to increase their control over their lives by representing their interests and views in the community'. It is WWDA's experience that there is a lack of co-ordination and fragmentation of advocacy services in the community. As highlighted earlier, WWDA continues to witness increases in requests to the organisation for individual advocacy, despite the fact that WWDA is a systemic advocacy organisation and is not funded to provide individual advocacy services.

In some cases there are innovative new on-line services whereby individuals with disabilities have the autonomy to organise their own service schedules. These are the exception rather than the rule. WWDA is concerned that women with disabilities are disadvantaged compared to their male counterparts and the able bodied populations in their ability to access Information and Communication Technologies.

WWDA understands that the National Disability Advocacy Program (which funds 73 advocacy organisations around Australia to help people with disabilities, their families and carers to get involved in community life as fairly and as fully as possible) was reviewed earlier this year by the Commonwealth Department of Families, Community Services and Indigenous Affairs (FaCSIA). This review sought to evaluate: the extent to which the individual organisations funded through the National Disability Advocacy Program provide their services effectively; use of measures and indicators to assess and maintain performance standards; and the funding system. WWDA contributed to this Review but is yet to see the findings. WWDA would recommend that the Review findings be considered in the context of the Senate Inquiry into the CSTDA.

6. CSTDA National Policy Priorities & Priority Issues

The CSTDA establishes five national policy priorities that set the themes and directions for working collaboratively to improve the quality of life for people with disabilities. These national policy priorities are:

- Strengthening access to generic services
- Strengthening across government linkages
- Strengthening individuals, families and carers
- Improving long-term strategies to respond and manage demand for specialist disability services
- Improving accountability, performance reporting and quality

An important feature of the CSTDA is the joint work undertaken across governments to address priority issues within the five national policy priorities. Disability Ministers set the priority issues requiring national action. The National Disability Administrators (NDA) is responsible for developing and implementing national projects to further these priority issues and for reporting the progress and outcomes to Ministers. National projects are funded by the CSTDA national research and development fund, to which each jurisdiction makes an annual contribution. Eight priority issues were identified for action in 2003-04, and these are:

- Indigenous Australians with disabilities;
- Young people in nursing homes;
- People with disabilities who are ageing;
- Improving the employment/day options interface;
- Improving the DCTDA/HACC interface;
- Advocacy and information services;
- Demand management;
- Revision of CSTDA Performance Reporting Framework.

A further feature of the CSTDA is the collaborative work undertaken between the Australian Government and individual States and Territories to address issues of local importance. Matters of mutual concern are formalised through the CSTDA Bilateral Agreements. Projects under CSTDA bilateral agreements aim to *'foster collaboration across governments, break down barriers between programs and services funded by different levels of government, improve service access and coordination, and give people with disabilities opportunities to access appropriate services at all stages of their lives'* (Commonwealth of Australia 2005). Several of the themes are similar to the national priority issues that are being addressed collaboratively through the National Disability Administrators (NDA) and the bilateral activities are intended to provide a local focus that complement and support national action. The themes for bilateral activities are:

- Improving Transition from School to Employment and Alternatives to Work
- Younger People with Disabilities Living in Aged Care Facilities
- Meeting the Needs of Older People with Disabilities and Carers who are Ageing
- Addressing the Needs of People with Challenging Behaviours
- Responding to the Needs of People with Acquired Brain Injury
- Addressing the Needs of Indigenous Australians with Disabilities
- Improving Advocacy Services
- Coordinated Service Planning and Provision
- Building Links Between Governments and People with Disabilities, their Families and Carers

Women With Disabilities Australia (WWDA) finds it extraordinary that the grave situation of disabled women in Australia is not acknowledged or addressed within the CSTDA policy priorities, priority issues, or bilateral activity 'themes'. Women with disabilities throughout Australia suffer manifold discrimination - female, poor and disabled - compounded further by intersections of race and culture. They remain largely invisible and voiceless, ignored by policies and laws, at all levels of government, but more starkly at the national level, even though they face multiple forms of discrimination, structural poverty and social

exclusion (UNFPA 2005). Their issues and needs are neglected within services and programs across all sectors. They are excluded from social movements designed to advance the position of women, and the position of people with disabilities. They are subject to oppression and exploitation in all areas of their lives. Women and girls with disabilities are the most vulnerable and least protected (WWDA 2002; UN ESCAP Workshop on Women and Disability 2003).

The United Nations Committee on the Elimination of All forms of Discrimination Against Women (CEDAW), in assessing the Australian Government's Report 'Women in Australia' (the combined Fourth and Fifth Reports on Implementing the United Nations Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), recently expressed its concern at the lack of attention given by the Australian Government to disabled women. The Committee states:

'.....The Committee regrets the absence of sufficient information and data on women with disabilities. The Committee requests the State part to include adequate statistical data and analysis, disaggregated by sex, ethnicity and disability, in its next report so as to provide a full picture of the implementation of all the provisions of the Convention. It also recommends that the State Party regularly conduct impact assessments of its legislative reforms, policies and programmes to ensure that measures taken lead to the desired goals and that it inform the Committee about the results of these assessments in its next report.'
(CEDAW Concluding Comments February 2006)

Women With Disabilities Australia (WWDA), representing more than 2 million disabled women in this country, strongly recommends that the CSTDA make explicit recognition of the impact of multiple discriminations caused by the intersection of gender and disability by emphasising that women and girls with disabilities suffer particular disadvantages, including marginalisation and multiple discrimination, and that specific, targeted measures are needed to ensure full and effective enjoyment of their human rights and fundamental freedoms and full participation on the basis of equality. These specific measures should be reflected in the CSTDA policy priorities, priority issues, and bilateral activity 'themes'.

For example, one of the current project areas under the CSTDA bilateral agreements is *'Improving Transition from School to Employment and Alternatives to Work'*. Joint projects funded under this initiative focus on improving service planning and delivery, streamlining referrals and assessments for specialist employment services, developing new and flexible funding approaches, preparing school leavers, and increasing access to employment and income support (Commonwealth of Australia 2005). Research undertaken by WWDA shows that 71% of women with disabilities are now completing Year 10 or higher in secondary education, compared to 68% of men with disabilities and 87% of non-disabled students. Similarly their completion rates of post secondary education are now comparable to those of men with disabilities (ABS 2004, DEST 2002). However, the success of women with disabilities in education is not reflected in improved employment prospects, and their participation and remuneration rates are lower than for men with disabilities and for their able-bodied counterparts.

WWDA finds it extraordinary that within the bilateral activity area *'Improving Transition from School to Employment and Alternatives to Work'*, there is no recognition of the multiple discriminations caused by the intersection of gender and disability in relation to employment, nor are there focused, gender-specific measures to ensure that disabled women experience maximum participation in the labour market on the basis of equality. This is despite the fact that the Australian Government's own analysis of the CSTDA service usage data recognises that disabled women are severely disadvantaged in access to and uptake of CSTDA funded disability employment services.

WWDA also finds it extraordinary that the prevention of violence and abuse of people with disabilities is not addressed as a priority issue. The Preamble of the CSTDA makes it clear that the CSTDA is based on principles of human rights, recognising that 'people with disabilities have rights equal with other members of the Australian community and should be enabled to exercise their rights or be accorded these rights', and reaffirming the 'rights of people with disabilities under the United Nations Declaration of Disabled Persons'.

Given the intent of the CSTDA and its focus on human rights, it is extremely hard to fathom why the CSTDA makes no reference to, nor includes as a priority issue, the prevention of violence and abuse of people with disabilities. Given the pervasive nature and increased incidence of all forms of violence against people with disabilities, including the abuse of people with disabilities living in institutions, and the alarmingly high rate of violence against women with disabilities, the CSTDA policy priorities, priority issues, and bilateral activity 'themes' must address this urgent issue.

7. Conclusion

The first two CSTDA's have consistently failed, and the third CSTDA continues to fail to deliver sufficient services of adequate standard to enable people with disabilities to participate equitably in Australian society. Women with disabilities have been marginalised by their disproportionate lack of access to CSTDA funded services. This is found to be the case across all service types, across all sectors and at all levels of government.

Recommendation

Women With Disabilities Australia (WWDA), representing more than 2 million disabled women in this country, strongly recommends that the CSTDA make explicit recognition of the impact of multiple discriminations caused by the intersection of gender and disability by emphasising that women and girls with disabilities suffer particular disadvantages, including marginalisation and multiple discrimination, and that specific, targeted measures are needed to ensure full and effective enjoyment of their human rights and fundamental freedoms and full participation on the basis of equality. These specific measures should be reflected in the CSTDA policy priorities, priority issues, and bilateral activity 'themes'.

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Appendix 1: Services Covered by the CSTDA

Accommodation Support Services	These services include accommodation (group homes, hostels and institutions) and support services (attendant care, personal care, in-home support) to enable people with disabilities to remain in their existing accommodation or move to more suitable accommodation.
Community Support Services	These services help people with disabilities to live and participate in the community. They include case management, regional resource and support teams, counselling, early childhood intervention services and other therapy services.
Community Access Services	These services help people with disabilities to use and develop their abilities to enjoy social independence. They include learning and life skills development, recreation and holiday programs. People who do not attend school or who are not employed full-time mainly use these services.
Respite Services	Respite services provide a short-term and time limited break for families and carers of people with disabilities to assist and support their primary care role while providing a positive experience for the person with a disability.
Employment Services	Employment services provide either assistance to people with disabilities in obtaining or retaining paid employment in another organisation (open employment) or support or employ people with disabilities within the same organisation (supported employment).
Advocacy, Information and Print Disability Services	These services help people with disabilities to increase their control over their lives by representing their interests and views in the community and by providing accessible information about services and equipment.

Appendix 2: Declaration on the Rights of Disabled Persons

Declaration on the Rights of Disabled Persons

Proclaimed by General Assembly resolution 3447 (XXX) of 9 December 1975

The General Assembly,

Mindful of the pledge made by Member States, under the Charter of the United Nations to take joint and separate action in co-operation with the Organization to promote higher standards of living, full employment and conditions of economic and social progress and development,

Reaffirming its faith in human rights and fundamental freedoms and in the principles of peace, of the dignity and worth of the human person and of social justice proclaimed in the Charter,

Recalling the principles of the Universal Declaration of Human Rights, the International Covenants on Human Rights, the Declaration of the Rights of the Child and the Declaration on the Rights of Mentally Retarded Persons, as well as the standards already set for social progress in the constitutions, conventions, recommendations and resolutions of the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization, the World Health Organization, the United Nations Children's Fund and other organizations concerned,

Recalling also Economic and Social Council resolution 1921 (LVIII) of 6 May 1975 on the prevention of disability and the rehabilitation of disabled persons,

Emphasizing that the Declaration on Social Progress and Development has proclaimed the necessity of protecting the rights and assuring the welfare and rehabilitation of the physically and mentally disadvantaged,

Bearing in mind the necessity of preventing physical and mental disabilities and of assisting disabled persons to develop their abilities in the most varied fields of activities and of promoting their integration as far as possible in normal life,

Aware that certain countries, at their present stage of development, can devote only limited efforts to this end,

Proclaims this Declaration on the Rights of Disabled Persons and calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

1. The term "disabled person" means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.
2. Disabled persons shall enjoy all the rights set forth in this Declaration. These rights shall be granted to all disabled persons without any exception whatsoever and without distinction or discrimination on the basis of race, colour, sex, language, religion, political or other opinions, national or social origin, state of wealth, birth or any other situation applying either to the disabled person himself or herself or to his or her family.

3. Disabled persons have the inherent right to respect for their human dignity. Disabled persons, whatever the origin, nature and seriousness of their handicaps and disabilities, have the same fundamental rights as their fellow-citizens of the same age, which implies first and foremost the right to enjoy a decent life, as normal and full as possible.
4. Disabled persons have the same civil and political rights as other human beings; paragraph 7 of the Declaration on the Rights of Mentally Retarded Persons applies to any possible limitation or suppression of those rights for mentally disabled persons.
5. Disabled persons are entitled to the measures designed to enable them to become as self-reliant as possible.
6. Disabled persons have the right to medical, psychological and functional treatment, including prosthetic and orthotic appliances, to medical and social rehabilitation, education, vocational training and rehabilitation, aid, counselling, placement services and other services which will enable them to develop their capabilities and skills to the maximum and will hasten the processes of their social integration or reintegration.
7. Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join trade unions.
8. Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning.
9. Disabled persons have the right to live with their families or with foster parents and to participate in all social, creative or recreational activities. No disabled person shall be subjected, as far as his or her residence is concerned, to differential treatment other than that required by his or her condition or by the improvement which he or she may derive therefrom. If the stay of a disabled person in a specialized establishment is indispensable, the environment and living conditions therein shall be as close as possible to those of the normal life of a person of his or her age.
10. Disabled persons shall be protected against all exploitation, all regulations and all treatment of a discriminatory, abusive or degrading nature.
11. Disabled persons shall be able to avail themselves of qualified legal aid when such aid proves indispensable for the protection of their persons and property. If judicial proceedings are instituted against them, the legal procedure applied shall take their physical and mental condition fully into account.
12. Organizations of disabled persons may be usefully consulted in all matters regarding the rights of disabled persons.
13. Disabled persons, their families and communities shall be fully informed, by all appropriate means, of the rights contained in this Declaration.