



Women
With
Disabilities
(Australia)

Submission to the Senate

Environment, Communications, Information Technology and the Arts References Committee

Inquiry into women in sport and recreation in Australia

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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

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1. Introduction

Women With Disabilities Australia (WWDA) is pleased to be able to make this submission to the Senate *'Inquiry into women in sport and recreation in Australia'*. In making this submission WWDA draws upon comments it made four years ago in its *'Submission to the Australian Sports Commission Women And Sport Unit on the Draft National Plan for Women and Girls in Sport and Physical Activity 1998-2002'*. WWDA also draws upon a draft Report into a 2005 pilot project¹ *'Well and Able'*, conducted in the ACT in a partnership between Women With Disabilities ACT (WWDACT) [a WWDA-affiliate organisation], the ACT Women's Centre for Health Matters (WCHM) and the ACT branch of the Young Men's Christian Association (YMCA). Further comprehensive information about the findings of the project is contained in the submission to this Inquiry from the WCHM. (A comprehensive report on the Project is in draft form and will be made available to the Committee as soon as possible.) In addition, this submission is informed by the opinions and thoughts of its constituents.

WWDA is the peak organisation for women with all types of disabilities in Australia. The aim of 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. The objectives of Women With Disabilities Australia (WWDA) are: 1) to actively promote the participation of women with disabilities in all aspects of social, economic, political and cultural life; 2) to advocate on issues of concern to women with disabilities in Australia; and 3) 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.

It is not possible for WWDA to provide comprehensive responses in any of the areas identified in the Terms of Reference to this Inquiry. There is an abysmal lack of data on any aspect of the involvement of women with disabilities in sport, fitness or recreation programs in this country. The Australian Government has not met basic responsibilities to obtain baseline data on any aspect of the lives of women with disabilities. This is despite this group constituting 10% of the population, and numbering approximately 2 million women. This neglect was noted by the United Nations Commission (for the) Elimination (of all forms of) Discrimination Against Women (CEDAW) concluding comments on the Australian Government 2000 and 2004 Reports to the Commission on the Status of Women. It was noted that the Australian Government lacks research and data on women with disabilities and that this group is also marginalised by their lack of access to health programs. Both these oversights are pertinent considerations in any examination of the participation of women with disabilities in sport, fitness and recreation activities. The benefits to individuals, communities and society, and to the alleviation of costs to the community cannot be examined in either a quantitative or qualitative way because of this lack of research and data.

¹ *'Well and Able – A community development project to promote health and wellbeing for women with disabilities in the ACT'*, draft Pilot Project Report, WCHM 2006

The format of this submission follows that of the Terms of Reference for the Inquiry.

2. Health benefits of women participating in sport and recreation activities

The Ottawa Charter for Health Promotion (Canada, 1986)² states that ‘...health is a resource of everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore health promotion is not just the responsibility of the health sector, but goes beyond health life-styles to well-being.’

From these statements it follows that health and well-being are inextricably linked to social and personal aspects of life. It is in these aspects of life that many women with disabilities are deprived, being marginalised and socially isolated. Having the opportunity to participate in sport and recreation activities affords women with disabilities the possibility of reducing this social isolation, building individuals’ connectedness to others with whom they undertake sport and recreation activities, and empowering them to build better connections in the community as a whole. This reduction of social isolation is accompanied by an increase in self esteem, self confidence and self perception. These tools increase the ability of women with disabilities to interact with others.

For women with disabilities, aspects of health and disability are inextricably linked. In a medical sense, we want to be treated holistically, and to have health policies developed which exist in the space where women’s health issues and disability issues overlap. However in the context of sport and recreation, health and disability may have separate components. For example, the health and well-being of a woman with vision impairment is, to a certain extent, independent of her disability. Lack of access to any sport or recreation activity can mean that she has a low level of fitness and therefore less than optimal health. This lack of access to such activity can also have two components - a structural one where suitable, adapted activities do not exist, and a personal one where low self esteem precludes her from seeking any sport or recreation activity.

In the ACT ‘*Well and Able*’ Fun Fitness Program conducted over 7 months in 2005, the women participants, all of whom had disabilities ranging from mild to severe, reported that they ‘felt better’, meaning that they had a lower incidence of minor illness, and an improved outlook on life. They had fewer falls, were more flexible, had more energy and endurance, were better able to undertake activities of daily living, and had an increased level of activity. They felt empowered to participate more fully in community life (however it should be noted that opportunities to realize their newfound empowerment were not necessarily available).

3. Accessibility for women of all ages to participate in organised sport, fitness and recreation activities, with additional reference to state and federal programs

- i. the number of women actively participating in organised sport, fitness and recreation activities;*

² accessed online at: <http://www.opha.on.ca/resources/charter.pdf>

WWDA does not have data on the number of women with disabilities participating in organised sport, fitness or recreation activities. Anecdotal evidence suggests that these numbers are minimal for women with disabilities. The large number of women who came forward to participate in the 'Well and Able' Project indicates that there is a large unmet need in the community for organised sport, fitness and recreation activities of any kind which may be suitable for women with disabilities. The Project itself was the brainchild of 2 women with physical disabilities who were frustrated at the lack of accessible programs for women with disabilities. The participants in the Program all reported similar frustration at the lack of opportunity to participate in such activities.

There is a need for more disability specific programs to cater for all age groups, all disabilities, and with a range of degrees of impairment from mild to severe. The majority of targeted programs which do exist cater for young women with disabilities who are still in the education system, or have just left it, i.e. from the 15-20 years of age. Programs predominantly target young women with intellectual disabilities. In addition, some programs cater for senior women with disabilities. Programs for the 20-60 year age group do not exist.

At the elite level, some organised activities are available, but these cater to very few, and the participants are mainly under 30 years of age.

RECOMMENDATION 1: Pro-active programs targeting women with disabilities are needed which cater for sport, fitness and recreation activities at a community level.

In addition, more attention needs to be paid to developing integrated programs in which women with disabilities can be supported by carers or fellow participants who are able-bodied. The impetus for running successful integrated programs will have to come through some sort of incentive scheme. Mainstream sport, fitness and recreation organisers do not automatically consider an integration model, and this will require a cultural and attitudinal change. Few commercial establishments have a Disability Action Plan, or have had an access audit conducted of their property/ies. In some cases, fitness establishments associated with sporting/ethnic clubs subsidised by poker machine revenue, have a community service obligation as a part of their gaming licence accreditation, and already conduct subsidised sport, fitness and recreation programs for marginalised sectors in the community. Encouragement for them to extend the scope of their fitness agenda to include targeted programs for women with disabilities could increase the opportunities for participation.

Furthermore, government funding is needed to encourage community groups to develop programs targeting women with disabilities. The Well and Able Project was a joint partnership between WWDACT, WCHM and the YMCA, and was funded by an ACT Government Grant. Recognition of the quality and value of the Project was attained when it was the winner of the 2005 Australian Capital Territory's Chief Minister's Excellence in Inclusion Award and the 2005 Australian Capital Territory's Community Organisation's Inclusion in the Community Award. Such incentive and award schemes do serve to publicise the initiative to the wider community.

RECOMMENDATION 2: A publicity campaign is instigated to encourage commercial fitness establishments and community groups to develop integrated sport, fitness and recreation programs for women with disabilities.

ii. characteristics of women not participating in organised sport, fitness and recreation activities (including , for example, socio-economic strata, age, women with a disability, Indigenous or Culturally and Linguistically Diverse (CALD) women)

The women with disabilities who are not participating in sport, fitness and recreation activities range from secondary school age through to 80+ years of age. They include Aboriginal and Torres Strait Islanders (ATSI) and CALD women. They include women in urban, regional, rural and remote areas.

There are very few programs which cater for women with disabilities in urban areas. The problem is exacerbated as one moves away from major urban centres, and is accentuated in rural and remote locations.

iii. constraints, including strategies to overcome the constraints that may prevent these women from participating

The constraints which preclude women with disabilities participating include:

- lack of suitable programs, including programs which cater specifically for women with disabilities, and lack of an inclusive component in mainstream commercial and community programs;

There needs to be government funding, at both federal and State/Territory level, for specific programs for women with disabilities. Governments need to show leadership in inclusive practices, so that more women with disabilities are in government employment and that a culture of integration in the workplace is engendered. This modelling will extend to development of a culture of integration in the general community. This in turn extends to there being inclusive strategies being components of any sport, fitness or recreation program developed.

There needs to be government incentives which encourage inclusive practices in business (commercial fitness establishments) and the community so that women with disabilities are included and integrated into a range of activity programs. These incentives should be viewed as a long term mechanism for the development of inclusive communities.

- lack of information

Even where programs exist, many women with disabilities do not receive the information about them and so do not participate. On the whole there is a lack of information and knowledge about the few programs that are available. Organisations need to ensure that information is made available to locations where women with disabilities may be contacted. This will include peak disability organisations, peak women's organisations, Disability Service Providers and Supported Accommodation Providers. In addition,

information needs to be provided in accessible formats This includes rich text format or word document e-information (PDF files are inaccessible to a large number of screen reader software programs), in Plain English for women with intellectual disabilities, cognitive impairment and acquired brain injury, for women with poor literacy and for women whose first language is not English.

- lack of access;

This includes the lack of physical access to premises. In the long term the Australian Building Standards will bring about changes so that there is more universal access to premises. In the interim, government incentives are needed to assist with retro-fitting of access structures such as ramps. Once inside a building, women with disabilities also face a lack of access to equipment. Government incentives are needed to assist fitness establishments to purchase accessible equipment, and to train staff in its use, and in working with women with disabilities. The lack of access extends to the mindset of those who conduct programs. Where this is closed, integrated and targetted programs will not be developed.

- lack of money;

Women with disabilities are overrepresented amongst the most marginalised groups in our society. Median gross personal income per week for women with disabilities is \$255, just over half that of able bodied women. Twenty-nine thousand women with a profound core activity restriction live on \$200 per week. Under these circumstances subscription to a commercial gym is prohibitive. Even moderate weekly fees for a community activity can be out of the question. All organisations which conduct sport, fitness and recreation activity need to develop policies to enable women with disabilities from the lowest socio-economic strata to participate. Government incentives will be needed to encourage them to do so.

- lack of transport, and high cost of transport;

For women with disabilities who rely on wheelchair accessible taxis, or accessible bus services, it is often impossible to schedule travel in order to get to an activity. In addition, even subsidised taxi travel is expensive and subsidy vouchers are limited in number so that these have to be saved for essential doctors visits etc., and regular participation in any other activity is not possible.

- lack of personnel; and

Conducting programs for women with disabilities are likely to require much more intensive involvement of personnel. Often one-to-one attention is needed to enable the woman to participate. Involving women with medium to high level support needs means that volunteers are needed to run a successful program. The Project Officer for the 'Well and Able' Program dedicated a great deal of time and energy to the recruitment and support of volunteers. If a Program became more established, then the involvement of volunteers may become more self sustaining.

- negative attitudes

For many women with disabilities, their experience of participation in sport, fitness and recreation has been a negative one. Taunts which focus on lack of ability, or physical deformity amount to severe harassment, for which the only defence is to withdraw from the activity. Women with disabilities are also vulnerable to violence and abuse, and are not physically or emotionally able to defend themselves against such onslaughts. Once such exploitation is experienced, the individual naturally has little inclination to try participation in another activity.

The Sex Discrimination Act (SDA) and the Disability Discrimination Act (DDA) should be useful for individuals to bring charges against offenders. However, when the onus is on the individual to bring a case to the Human Rights and Equal Opportunity Commission (HREOC), and the responsibility to meet all pre-settlement costs also rests with them, mounting such actions are virtually impossible. It could be that high profile test cases would bring matters to the attention of the wider public, and eventually bring about attitudinal changes. However, such occurrences are of an *ad hoc* nature.

In the interim, government incentive programs for development of integrated and inclusive communities are needed.

iv. the effectiveness of current state and federal grant programs that encourage women to participate;

WWDA does not have access to data on the effectiveness of current State/Territory and federal grant programs that encourage women to participate. However, anecdotal evidence suggests that there are insufficient targeted programs for women with disabilities.

Governments need to dedicate more funding to accessible, community based programs rather than those at the elite level.

v. the retention and attrition trends of grass roots participation, including comparisons with male athletes at a similar level;

WWDA does not have access to data on the availability of programs for men with disabilities, or to the comparative attrition rates. Anecdotal evidence is that there is a lack of targeted, or inclusive mainstream community programs for both women with disabilities and men with disabilities. Similarly WWDA does not have data on the relative participation rates for women with disabilities and men with disabilities at the elite level.

In both cases, there is a need to monitor the situation to ensure that gender equity is maintained. In all research and monitoring, gender disaggregated data must be collected, analysed and steps taken to eliminate any identified disparities.

vi. the remuneration, recruitment, retention and attrition of elite female athletes, including comparisons with elite male athletes;

WWDA does not have access to data to enable comment on this point. However, as noted above, the situation should be regularly monitored, and disaggregated data collected etc.

- vii. *retention of athletes competing in senior and open age state and national sporting competitions, with possible strategies to retain female competitors in elite and sub-elite competition;*
- viii. *opportunities and barriers for national team members and competitors in international competition; and*
- ix. *the financial status, success and viability of women's national league competitions, including strategies to improve these factors;*

WWDA's comments on (i) to (vi) above highlight the lack of programs for women with disabilities at a community level. WWDA is most concerned that the number of programs and participation rates should increase. Participation should be encouraged and should be more available and accessible across all age groups and in all locations.

Participation in the areas outlined in (vii) to (ix) above is not our primary concern. However, it is essential that any programs for sporting competitions take into account the needs of women with disabilities, and develop strategies to recruit and facilitate retention of women with disabilities.

4. Portrayal of women's sport in the media

Women with disabilities are generally not portrayed positively in the media. At the time of the 2000 Paralympics there was some coverage of women athletes with disabilities. The major part of that coverage was directed to disability organisations, rather than mainstream media. Since that time, coverage has been virtually limited to the achievement of Louise Sauvage, and following her retirement has decreased to zero. In general, no Paralympic sport for women gets media coverage. Coverage of men's sport is minimal and once again limited to high profile achievers such as Michael Milton, or to high contact sports such as Quad Rugby.

- i. *the role of the government to regulate and review the coverage of women's sport in the media (print, radio and electronic);*

All governments need to have strategies in place to monitor and review the coverage of women's sport including the minimal amount in which women with disabilities participate. Once again incentive programs to encourage all media outlets to include coverage of women's sport and that of women with disabilities are needed. Commercial drivers still skew all media types to concentrate on men's sport.

- ii. *the influence of pay television on the coverage of women in sport;*

It is difficult to imagine a situation where a focus on women with disabilities in sport, fitness and recreation programs would cross the screen of a pay television station. A quantum leap in altruism may be needed to change this situation. However, WWDA can see a great role for government to actively assist people with

disabilities to run their own programs in community radio and television, such as the 'No Limits'³ television program, broadcast in Victoria..

iii. the promotion and publicity of women's National League competitions;

iv. the financial status and success of women's national leagues;

Once again, WWDA emphasises its concerns about the participation of women with disabilities in sport, fitness and recreation programs at a community level.

v. strategies to improve the amount and quality of media coverage for women's sport.

See comments on (i) and (ii) above.

5. Women in leadership roles in sport, including

i. the number and proportion of women in coaching, administrative and officiating roles;

ii. the issues associated with women in leadership roles in both elite and grass-roots activities;

iii. trends and issues for women in organisational leadership roles; and

iv. strategies to improve the numbers of women in coaching, administration and technical roles.

At the community level, there is a dearth of women with disabilities involved in any leadership roles, including roles in sport, fitness and recreation. There is a great need for training of women with disabilities in all the roles outlined in (i) to (iv) above. Such programs need to concentrate on provision of leaders, coaches and trainers who can work at a community level. For example, a WWDACT member has recently completed a course at the Australian Institute of Fitness and has qualified as a Fitness Instructor and Personal Trainer. WWDA believes she is the first wheelchair user to complete such a course, and who will be applying her training at a community, rather than elite, level. Her participation in the course was supported with an ACT government Sports & Recreation Grant. In addition the Institute showed its willingness to move towards more inclusive practices by immediately granting a scholarship, and by indicating it would improve wheelchair access to its premises. This example indicates that there is a great need for government commitment to support women with disabilities in training, and for commercial establishments to similarly commit to development of inclusive practices, including the adaptation of premises. The benefits of having women with disabilities undertaking training in mainstream courses is in the opportunity it affords for consciousness raising on disability considerations for all involved in the courses – administrators, instructors, and students.

³ 'No limits' may be accessed online at: <http://www.nolimits.org.au/about.html>

RECOMMENDATION 3: That a Federal Government incentive scheme be instigated to encourage programs which enable women with disabilities to train as leaders, coaches and fitness instructors.

RECOMMENDATION 4: That a Federal Government sport inclusion incentive program be instituted. This program could be similar to the Prime Minister’s Community Business Partnership Awards scheme, and must include a component for inclusion of women with disabilities.

RECOMMENDATION 5: That States and Territories institute similar programs, which must include a component to recognise inclusion of women with disabilities.

A summary of recommendations follows.



Summary of Recommendations

RECOMMENDATION 1: Pro-active programs targeting women with disabilities are needed which cater for sport, fitness and recreation activities at a community level.

RECOMMENDATION 2: A publicity campaign is instigated to encourage commercial fitness establishments and community groups to develop integrated sport, fitness and recreation programs for women with disabilities.

RECOMMENDATION 3: That a Federal Government incentive scheme be instigated to encourage programs which enable women with disabilities to train as leaders, coaches and fitness instructors.

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RECOMMENDATION 5: That States and Territories institute similar programs, which must include a component to recognise inclusion of women with disabilities.