



Women With Disabilities ACT

Submission to the

ACT Women's Plan 2016-26 Third Action Plan Consultation

28 February 2023

**Pippa Newman
Policy Officer, WWDACT**

Women With Disabilities ACT acknowledges and pays respect to the Ngunnawal peoples, the traditional custodians of the ACT Region, on whose land our office is located. We pay our respects their Elders past, present and emerging. We acknowledge their spiritual, social, historical, and ongoing connection to these lands and the contribution they make to the life of the Australian Capital Territory. Sovereignty was never ceded.

About WWDACT

Women With Disabilities ACT (WWDACT) is a systemic advocacy and peer support organisation for women, girls, feminine identifying, and non-binary people with disability in the ACT region. Established in 1995, WWDACT follows a human rights philosophy, based on the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Elimination of (All Forms Of) Discrimination Against Women (CEDAW). It works with government and non-government organisations to improve the status and lives of women* with disabilities in the ACT and surrounding region. Our priority areas include violence prevention, sexual and reproductive health, and healthcare.

WWDACT is a Disabled People's Organisation, governed by women, feminine identifying, and non-binary people with disabilities. WWDACT acknowledges the assistance of the ACT Government under the Office for Disability in making it possible to undertake our work.

Women with Disabilities ACT (WWDACT) can be found at:

Building 1, Pearce Community Centre

Collett Place, Pearce

ACT, 2607

Email: info@wwdact.org.au

Published February 2023

Prepared and written by Pippa Newman, Policy Officer

Approved by Kat Reed, Chief Executive Officer

© Women with Disabilities ACT

Notes on language used

WWDACT uses the term women* throughout this submission to denote women, girls, feminine-identifying, non-binary people, or anyone who has experienced or is currently experiencing gendered oppression.

Content Warnings

This submission contains some sensitive descriptions in the following areas: ableism, sexism, medical trauma, violence against women* with disabilities (including intimate partner violence).

Endorsements

This submission is endorsed by:

ACT Council of Social Service



Contents

Contents.....	4
Our submission	5
Recommendations	5
Violence against women*	10
Health and Wellbeing	12
Accessibility of health services.....	12
Attitudes of professionals in healthcare.....	15
Access to menstrual, sexual, and reproductive health information and services	17
Maternity services and parenting support	20
Access to individual advocacy	21
Support for wellbeing, caring and work/life balance	22
Safety and inclusion	23
Transportation	23
Safe and accessible public spaces	26
Access to Domestic and Family Violence Services.....	28
Inclusion of gender diverse people	31
Leadership and workforce participation	31

Our submission

Women With Disabilities ACT (WWDACT) is grateful for the opportunity to make a submission to the *Third Action Plan* consultation, and for the support of the Office for Women in facilitating consultations with our membership.

This submission is informed by in-depth guided conversations with our Policy Advisory Committee (PAC), and by a conversation facilitated by the Office for Women with our broader membership. WWDACT also hosted a survey for members who preferred to contribute written suggestions – we received three responses through this platform. This qualitative evidence base is complemented by a literature review, confirming that the issues raised in our consultations are felt by a significant population of people across the ACT.

Recommendations

Violence Against Women*

- Include violence against women* as a priority focus area in the Third Action Plan.
- Create and fund an ACT Strategy to End Violence against Women* and Children.

Health and Wellbeing

- Fully implement all recommendations from the 'I have to ask to be included' report, published by Women's Health Matters.

- Plan for a greater distribution of specialists, increasing coverage across the ACT and reducing the need for women* with disabilities to travel large distances to access healthcare.
- Consider changes to transportation to Canberra Hospital in Woden, including increased frequency of public transport, easily accessible transport information, a diversity of options including accessible shuttle or taxi services, and a permanent shuttle bus to facilitate moving from carpark to hospital.
- Fund accessibility upgrades to existing health information resources and websites, to ensure that accessible and comprehensive health information is available to women*. Information should be available in multiple languages, including Auslan translations; and have easy English translations and resources available. Information should also be made available in locations where online literacy or access to internet is limited.
- Continue to support telehealth and introduce incentives for practices to bulk bill telehealth appointments. Access to GP and telehealth appointments should remain flexible where appropriate, with clients given the option depending on their needs for each session.
- Consider measures to boost the mental health care workforce and increased funding for disability-informed services, to reduce wait times and allow women* with disabilities to access these supports when they require them.
- Ensure low-sensory environments are provided in all healthcare settings, especially in hospitals, to mitigate sensory overload and traumatic responses to overwhelming environments.

- Provide disability awareness and trauma awareness training to frontline health services staff across the Territory.
- Fund a Disability Liaison Officer within Canberra Health Services, to assist and advocate for patients with a disability, especially women*.
- Provide disability awareness and trauma awareness training to fertility health staff.
- Increase the scope of funded fertility treatments to include non-heterosexual families.
- Fund a subsidised, disability-aware fertility health clinic in Canberra.
- Fund new disability-informed educational materials around menopause and perimenopause, including Easy English versions.
- Ensure that supported decision making is the default for sexual and reproductive health matters, and introduce strong safeguards against coercion and abuse.
- Increase funding to community organisations for their work around perinatal care and mental health. Provide training to perinatal and maternity staff around postpartum psychosocial conditions and complex mental illness, enabling maternity wards to recognise the signs and provide appropriate care for new parents.
- Work with and increase funding for individual advocacy organisations, to ensure all women* with disabilities are supported in their interactions with the healthcare system and have autonomy to make their own decisions.
- Consider incentives or policy to ensure reasonable adjustments are made for women* with disability in medical settings, including extended consultation times at no extra cost.

- Investigate childcare options in Canberra medical centres, to allow parents of young children to access medical appointments confidentially.
- Continue to support and promote flexible working arrangements, including work-from-home opportunities.

Safety and inclusion

- Review wheelchair ramp installations on ACT busses and upgrade to a higher weight capacity, expanding access to public transport.
- Increase frequency of bus services including in non-peak times, in the evening and in suburban areas. Ensure that the ongoing construction of the light rail extension does not impact current useability of the public transport system for women* with disabilities.
- Consult with people with disabilities to adapt bus routes to ensure their accessibility.
- Urgently review lighting, accessibility, visibility, and safety concerns for all ACT bus stops.
- Fund salaried accessible driver roles in the ACT, with incentives for female drivers, to create reliable transportation options for women* who use a wheelchair.
- Review the Taxi Subsidy scheme and make all taxi trips free and uncapped for those on the scheme.
- Fund accessibility audits and safety upgrades to all public spaces to ensure they are accessible to all Canberrans and safe for women*: including functional ramps, wide and well-kept paths, accessible bathrooms and change facilities, ample seating, good visibility, sufficient lighting, and CCTV camera coverage.

- Prioritise violence prevention and the creation of a cohesive ACT-wide strategy.
- Conduct research into barriers preventing women* with disabilities from accessing violence prevention resources and crisis services.
- Increase funding to ACT crisis services and crisis accommodation to increase in capacity and improve accessibility.
- Provide funding to ACT crisis services to employ Disability Liaison Officers to ensure services are accessible to women* with disabilities.
- Fund expansion of physical crisis service locations, with new locations to be co-located with other service institutions such as Centrelink or Access Canberra.
- Increase funding to organisations providing individual advocacy, to ensure that women* experiencing violence are supported in accessing safety and justice.
- Provide violence awareness training for all front-line ACT government workers, including healthcare and welfare, and strengthen mandatory reporting systems.
- Fund a ACT government-wide Strategy to End Violence against Women* and Children.
- Explicitly state that the Third Action Plan is inclusive of feminine-identifying and non-binary people, and ensure that the needs of all people who experience gender oppression are considered when implementing the Plan.

Leadership and workforce participation

- Develop an ACT government procurement policy to include positive incentives for employment of women* with intellectual and/or cognitive impairment, as called for nationally by WWDA.
- Encourage organisations to maintain options for flexible working arrangements in leadership roles.
- Conduct a review into workplace environments and mandate provision of reasonable accommodations to ensure women* with disabilities are safe in their office environments.
- Encourage organisations to adapt their recruitment procedures through the principles of universal design to ensure they are accessible to women* with disabilities.
- Recognise the contribution that unpaid work makes to the ACT, and that women* disproportionately participate in this unpaid care work and are under supported.

Violence against women*

WWDACT would like to highlight that violence, despite its prevalence and its devastating impacts on women* in the ACT, is not addressed as a priority area in the ACT Women's Plan, nor the Third Action Plan. Australia-wide, 1 in 2 women* experience sexual harassment in their lifetime, 1 in 4 women* experience emotional abuse by a partner, and 1 in 5 women* experience physical or sexual violence by a partner.¹

Women* with disabilities experience the same forms of violence that all women* experience, such as family and domestic violence and sexual assault. They also experience forms of violence unique to the intersection of gender and disability, and are at higher risk for all forms of violence² (in

particular, women* with disabilities are twice as likely to experience violence by a cohabiting partner as women* without disabilities)³.

Violence comes in many forms, including physical, sexual, psychological and economic violence and abuse as well as institutional violence, chemical restraint, forced or coerced sterilization, forced contraception, forced or coerced psychiatric interventions, medical exploitation, withholding of or forced medication, violations of privacy, forced isolation, seclusion and restraint, deprivation of liberty, denial of provision of essential care, humiliation and harassment.⁴ Women* with disabilities are too often deprived of their rights under the United Nations *Convention on the Rights of People with Disabilities* (CRPD); this deprivation of human rights is another form of violence against women*.

Many of the stories and experiences outlined below under the current priority areas are instances of violence; where women* with disabilities are denied rights such as their autonomy, their sense of safety, their health and wellbeing, their use of public spaces, and their right to parent. We urge the Office for Women to consider the prevalence and importance of violence prevention in their Third Action Plan, and to highlight it as a priority. There is additionally an urgent need for a whole-of-government response to violence prevention and support provision, and an overarching strategy and action plan would allow all parts of the ACT government to work together more effectively towards this goal. Though it may be out of scope for the Third Action Plan, we also strongly recommend that the ACT Government funds a new Strategy to End Violence Against Women* and Children at a territory level.

Recommendations

- Include Violence against women* as a priority focus area in the Third Action Plan.
- Create and fund an ACT Strategy to End Violence Against Women* and Children.

Health and Wellbeing

Women* experience healthcare and wellbeing differently to men. Their experience is impacted by social determinants like education, employment, income, access to health services, safe and affordable housing, and domestic and sexual violence.⁵ Gender bias and gendered discrimination in healthcare results in unequal outcomes for women*. For women* with disabilities, their experience is further compounded by the intersection of gender discrimination and disability discrimination.⁶ This group of women* face distinct barriers in accessing healthcare services and maintaining good health and wellbeing. Research and consultations have shown multiple areas where improvements could be made in the ACT to support the health and wellbeing of women* with disabilities.

Accessibility of health services

When the Women's Centre for Health Matters conducted research into health and wellbeing of women* with disabilities in 2022, they found multiple barriers rendering health services inaccessible in the ACT.⁷ The most-cited issues included affordability of services (particularly for 25-34 year olds), lack of appointment availability, long wait times, need to travel to access services, and a lack of formal care services⁸.

Many of WWDACT's discussion participants reported difficulties accessing health services due to the need to travel for services. They mentioned difficulties travelling around the ACT to access specialists, especially those who were parents and needed to bring young children with them to their appointments. The lack of transportation options to Canberra Hospital in Woden was also raised – participants mentioned a lack of information about public transport options, and unreliable or unsafe taxi services in the area. The distance between the hospital and the car park was also raised as an accessibility issue, as well as renovations around health buildings which limit footpath access.

Women* with disabilities also struggle to access the health information they need. Often this information is not provided in an accessible format – resources are located across multiple locations, may not include large text and images, and may only be located online. Websites may not be screen-reader friendly, and translations into easy English or Auslan may be missing.

Access to mental health care in the ACT was consistently raised as an issue, particularly considering the impacts of COVID as waitlists dramatically increased and access to services was difficult. One member raised the usefulness of the extra 10 free mental health services through Medicare, and difficulties in accessing mental health care since this was rolled back.

For many women* with disabilities, remote access to healthcare is important as there are significant barriers to accessing in-person consultations with healthcare practitioners. Travel may be difficult, painful, or costly; navigating public services may be emotionally challenging; or work and parenting responsibilities may limit ability to attend in-person.

The rise of remote services such as telehealth during the COVID-19 lockdown period went some way in addressing these barriers. However, discussion participants also raised the importance of having the option for in-person healthcare, particularly for neurodivergent patients who may find it more difficult to interact with health professionals over video.

Women* will often incur an additional cost of having to secure appropriate childcare when they access healthcare and medical appointments. One member raised that they often end up bringing their children to their doctor's appointments, meaning they cannot talk to their doctors about sensitive topics. Including free or subsidised childcare facilities in medical centres could alleviate this issue for parents with disabilities.

Some discussion participants raised the lack of safe sensory environments in healthcare and hospital settings – for women* with sensory requirements or medical trauma, a hospital environment can be extremely triggering and overwhelming. One participant reported often pushing to discharge themselves from hospitals before they were ready, as they felt unable to remain in the hospital environment.

Recommendations

- Fully implement all recommendations from the 'I have to ask to be included' report, published by Women's Health Matters.
- Plan for a greater distribution of specialists, increasing coverage across the ACT and reducing the need for women* with disabilities to travel large distances to access healthcare.
- Consider changes to transportation to Canberra Hospital in Woden, including increased frequency of public transport, easily accessible transport information, a diversity of options including

accessible shuttle or taxi services, and a permanent shuttle bus to facilitate moving from carpark to hospital.

- Fund accessibility upgrades to existing health information resources and websites, to ensure that accessible and comprehensive health information is available to women*. Information should be available in multiple languages, including Auslan translations; and have easy English translations and resources available. Information should also be made available in locations where online literacy or access to internet is limited.
- Continue to support telehealth and introduce incentives for practice to bulk bill telehealth appointments. Access to GP and telehealth appointments should remain flexible where appropriate, with clients given the option depending on their needs for each session.
- Consider measures to boost the mental health care workforce and increased funding for disability-informed services, to reduce wait times and allow women* with disabilities to access these supports when they require them.
- Ensure low-sensory environments are provided in all healthcare settings, especially in hospitals, to mitigate sensory overload and traumatic responses to overwhelming environments.

Attitudes of professionals in healthcare

A well-documented experience for women* with disabilities is ill-informed or discriminatory attitudes from medical professionals, leading to poor health outcomes. Women* with disabilities reported that medical professionals often focus on impairments rather than the health issues needing attention, treating their disability as the main concern to the

detriment of other health issues⁹. Women* have reported that their experience with health professionals focused on weight loss and exercise whilst dismissing their other needs, and they were not likely to be believed about their pain and symptoms¹⁰. Their practitioner was not trauma-informed and did not understand or believe the impact of their trauma on health or wellbeing. This reduces the effectiveness of healthcare.

WWDACT discussion participants with a mental health diagnosis reported physical health problems being overlooked or ignored by medical practitioners, instead passed off as 'all in your head'. Moreover, they reported a paucity of disability-informed mental health care.

Women* with disabilities also report being overlooked for health screenings, and face discrimination in relation to screening for conditions including breast cancer and cervical cancer.¹¹

These experiences were echoed by members of our discussion groups, who cited many instances where they were misunderstood by medical staff, spoken down to by male doctors, experienced medical misogyny, and had their symptoms discounted. Members reported being denied the opportunity to give informed consent by male doctors, and having treatments and procedures decided on their behalf; this is a clear infringement of their autonomy and rights, and an act of violence.

ACT medical professionals lack disability and trauma awareness training and have gaps in their understanding of the interactions between disability and healthcare. Members report that their perception of their own pain is not believed, and that they are less medicated for their pain than men or non-disabled women*. Their pain is seen as less valid due to their disability.

Discounting women's* symptoms or pain can lead to extreme consequences. One member reported they were discharged early from a procedure, with ongoing symptoms being dismissed. This led to them requiring immediate admission to ED and short stay.

Our members mentioned the need for Canberra Health Services to have a Disability Liaison Officer to advocate on behalf of patients with a disability. They could be contacted to assist and advocated for patients, help women* with disabilities to be heard, believed, and understood during their stay, and assist those who may have specific difficulties communicating with healthcare professionals. They would also be useful in assisting people with disabilities in navigating the complex healthcare system and connecting them to services and supports. This could be modelled from currently existing services such as the Veterans Liaison Nurses or Indigenous Liaison Officers within Canberra Health Services, or peer support workers in the mental health system.

Recommendations

- Provide disability awareness and trauma awareness training to frontline health services staff across the territory.
- Fund a Disability Liaison Officer within Canberra Health Services, to assist and advocate for patients with a disability, especially women*.

[Access to menstrual, sexual, and reproductive health information and services](#)

There is a great need for sexual and reproductive health services that fulfil the needs of women* with disabilities. These services should be

appropriate and available and should be promoted widely with regards to the needs of women* with disabilities in their diversity¹².

Women* with disabilities are often desexualised¹³ – they are not recognised as sexual beings and are denied access to information and services which allow them to make free and informed choices. Women* with disabilities have the right to sexual pleasure, expression, relationships, equity, privacy, freedom, autonomy, and self-determination. The discrimination of women* with disabilities in areas of sexual and reproductive health rights is in violation of multiple provisions of the *Convention on the Rights of People with Disabilities (CRPD)*¹⁴.

In particular, specialised resources and services are required to inform women* with intellectual disability about their sexual and reproductive rights.

Members have reported on the inaccessibility of fertility health services within the ACT. A participant with a genetic disorder reported complications accessing treatment, leading requiring legal waivers to proceed. These services did not seem to have encountered many or any women* with disabilities, restricting their ability to provide accessible and disability-informed treatments. Women* accessing fertility treatments are already vulnerable and may be experiencing desperation – more counselling options should be offered.

Furthermore, members experience trouble accessing fertility services as the eligibility of subsidized services is limited to heterosexual couples. The nearest government-subsidised fertility services are located in Sydney, requiring significant travel which is infeasible for most families.

Participants also mentioned traumatic experiences with long-acting reversible contraceptive (LARC) surgery. When hospital staff are not

disability-informed, accessing these reproductive options is an unsafe option for women* with disabilities.

Participants discussed the lack of information and education around menopause and perimenopause in the ACT. One participant had never received any information about menopause, even as they were experiencing its effects. Another was not informed about the interaction between their disability and menopause, only realising the link when finding it mentioned in a book.

When accessing sexual and reproductive health services, all women* with disabilities should make autonomous decisions about their own bodies and these decisions should be made free from coercion and abuse. Supported decision making should be the default, and there should be safeguards in place to protect women* with disabilities from violations of their reproductive rights¹⁵.

Recommendations

- Provide disability awareness and trauma awareness training to fertility health staff.
- Increase the scope of funded fertility treatments to include non-heterosexual families.
- Fund a subsidised, disability-aware fertility health clinic in Canberra.
- Fund new disability-informed educational materials around menopause and perimenopause, including Easy English versions.

- Ensure that supported decision making is the default for sexual and reproductive health matters, and introduce strong safeguards against coercion and abuse.

Maternity services and parenting support

Improvements across the ACT are needed to ensure access to high-quality, disability-sensitive maternity services and parenting support.

Participants reported that perinatal services in the ACT were not informed or equipped to deal with postpartum psychosocial conditions including psychosis, and maternity ward staff did not recognize or respond to it.

Awareness campaigns and planning such as Perinatal Mental Health Week does not typically mention disability, nor does their conception of mental health extend beyond depression and anxiety. Members recommended a more intersectional and informed approach to perinatal health campaigns to ensure that women* with disabilities are included and their specific needs recognized.

Recommendations

- Increase funding to community organisations for their work around perinatal care and mental health. Provide training to perinatal and maternity staff around postpartum psychosocial conditions and complex mental illness, enabling maternity wards to recognise the signs and provide appropriate care for new parents.

Access to individual advocacy

All too often, women* with disabilities are left out of decision-making processes concerning their own bodies, health and wellbeing. The ACT government should work with relevant community organisations and service providers to improve access to high-quality individual advocacy in the ACT¹⁶. This would help support women* with disabilities in their decision making, and assist in their navigation through the complex and often fragmented healthcare system.

In addition, changes should be made to ensure that all women* have adequate consultation time with medical professionals to be heard and understood, regardless of their disability. Discussion participants highlighted that some women* need more time with doctors to be heard and to understand – it is frightening and traumatic for women* if they cannot fully understand what is happening while they are rushed through the system. Providing additional time for appointments at no charge is a reasonable adjustment for someone's disability, and can prevent medical violence and increase autonomy.

Recommendations

- Work with and increase funding for individual advocacy organisations, to ensure all women* with disabilities are supported in their interactions with the healthcare system and have autonomy to make their own decisions.
- Consider incentives or policy to ensure reasonable adjustments are made for women* with disabilities in medical settings, including extended consultation times at no extra cost.

Support for wellbeing, caring and work/life balance

Participants in our consultations reported a lack of support in managing unpaid work and caring responsibilities, echoing findings in the literature that carers with a disability do not have consistent, positive support to rely on to provide this care¹⁷. Members reported a 'more than doubling' of unpaid work and caring hours due to the pandemic, with little to no support for schooling and childcare whilst maintaining employment and attending medical appointments.

Participants mentioned the flexibility that working from home provided (for those who were not essential workers). It allowed them to better manage paid employment and caring responsibilities, reduced the need for travel, and gave greater flexibility with medical appointments.

Participants reported struggles in maintaining any work/life balance, as a combination of paid employment and unpaid responsibilities took up the majority of their time. Women* with disabilities can also struggle to access community activities such as community sport. A lack of childcare options and cost barriers prevent women* from accessing these fitness and community engagement activities.

Recommendations

- Investigate childcare options in Canberra medical centres, to allow parents of young children to access medical appointments confidentially.
- Continue to support and promote flexible working arrangements, including work-from-home opportunities.

Safety and inclusion

Safety and inclusion are paramount for women* with disabilities. Much of the public infrastructure in the ACT has not been designed with the needs of women* or people with disabilities in mind, leading to accessibility issues limiting the participation of women* with disabilities in the ACT community.

A lack of access to public spaces compounds over time, leading to isolation from the ACT community. In 2012, 1 in 5 women* with disabilities in the ACT were not satisfied with their level of social interaction, did not have a support network to call on in a time of crisis, and did not feel like they were recognised for their contribution to the community¹⁸.

Transportation

Women* with disabilities often struggle to access transportation options to move around Canberra; to travel to appointments, employment, leisure, or community and social events. We heard a range of barriers from discussion participants, ranging from accessibility and frequency of public transport, a limited accessible taxi system, cost, and safety threats.

Public transport in the ACT is inaccessible for many women* with disabilities. For many this is due to physical accessibility requirements not being met - one discussion participant raised that electric wheelchairs are not able to be used on ACT busses, as the weight of the wheelchair and equipment exceeds the ramp weight limit. However, the reduced frequency of services, changing routes and timetables, access to bus stops, and patchy reliability are additional factors which render public transport inaccessible.

In 2014, the Health Care Consumers Association found that people with a disability experienced barriers in organising transport to health appointments, and that ‘public transport was often too infrequent or inappropriate for the consumers’ condition’¹⁹. The recent reduction of the frequency of inter-suburb services outside of ‘peak hours’ to only once per hour, further reduces the usefulness and accessibility of public transport to access health appointments.

However, public transport is useful beyond providing access to healthcare, and is a key factor in allowing women* to be socially included in the Canberra community. Transport is used by women* to travel to work, access shopping centres, get children to and from school and childcare, and transit to community spaces; and often this travel is done out of ‘peak’ times²⁰. Being able to get around the city reduces social isolation for women* with disabilities.

Women’s Health Matters found that the ACT’s transport infrastructure failed to meet the needs of many women* with disabilities – bus stops were located far away from residences, down steep slopes, with badly maintained footpaths and poor lighting²¹. For women* who don’t drive, this vastly reduces their access to community and public spaces in the ACT, increasing social isolation.

Moreover, research has reported women* feeling unsafe using the ACT public transport network²². Women’s Health Matters conducted an audit of 40 ACT bus stops, finding that many had insufficient lighting of the bus stop itself and nearby paths, many were isolated and out of line of site to residential areas, and had possible areas of entrapment²³. With the reduced frequency of night-time services as at 30 January this year, the safety and perceived safety of women* is threatened as they may wait up

to an hour for a connecting bus service. For women* with disabilities who are significantly more vulnerable to violence, this may prevent them from feeling safe to go out at night at all.

If women* are unable to use public transport networks, they are often reliant on taxi or rideshare services. Our discussion participants reported difficulties getting access to wheelchair accessible taxis, with the impact of COVID reducing the taxi workforce more generally across Canberra. One member reported waiting an hour for a taxi in Woden, whilst another occasionally employs an accessible taxi driver as a support worker in order to have consistent transport access. Suggestions were made for salaried accessible driver roles in Canberra, to guarantee an accessible taxi service is available for women* who need it.

The safety of taxi and rideshare transport services is also an issue for many women*. The high proportion of male drivers makes many of the discussion participants feel uncomfortable and unsafe. Some members reported that rideshare services were not an option for them as they felt unsafe around men in an enclosed space.

For those requiring accessible taxis, the workforce is overwhelmingly male, which can be confronting for women* with past trauma who are reliant on accessible taxis. When riding an accessible taxi, women* who use wheelchairs may need to be locked in position by the male driver, and then be trapped alone in the car with the driver for the duration of the journey. As women* with disabilities are at high risk of violence, this situation can understandably feel traumatic and unsafe.

Moreover, only approximately one return trip per week is subsidised under the Taxi Subsidy Scheme in the ACT. An urgent review of the scheme is needed to ensure people who are unable to use public transport are able

to get around Canberra. Everyone should be able to leave their homes more than once a week.

Recommendations

- Review wheelchair ramp installations on ACT busses and upgrade to a higher weight capacity, expanding access to public transport.
- Increase frequency of bus services including in non-peak times, in the evening and in suburban areas. Ensure that the ongoing construction of the light rail extension does not impact current useability of the public transport system for women* with disabilities.
- Consult with people with disabilities to adapt bus routes to ensure their accessibility.
- Urgently review lighting, accessibility, visibility, and safety concerns for all ACT bus stops.
- Fund salaried accessible driver roles in the ACT, with incentives for female drivers, to create reliable transportation options for women* who use a wheelchair.
- Review the Taxi Subsidy scheme and make all taxi trips free and uncapped for those on the scheme.

Safe and accessible public spaces

Research has demonstrated the key features of a safe and accessible space, following the principles of universal design so that public spaces can be used by all Canberrans. These include functional ramps, accessible bathrooms and change facilities, wide and well-kept paths, ample seating, good visibility, and sufficient lighting²⁴. Our participants also highlighted that CCTV camera coverage, areas being populated with

other people (particularly women*), and police or transport authority presence also contributed to their feelings of safety in public spaces. It should be a matter of priority to make these small yet significant changes to public spaces so that all Canberrans, including women* with disabilities, feel comfortable and safe in their local spaces.

WWDACT would like to note that many women*, including women* with disabilities, report never feeling safe any in public spaces. Participants in our discussion reported feeling unsafe taking bins out at night on their street, feeling unsafe in Civic whilst shopping for groceries, and feeling unsafe during the night time or whilst walking alone. As long as women* with disabilities continue to experience high rates of violence and assault, and experience microaggressions and a lack of social safety, they will continue to feel unsafe in all public spaces. Funding towards violence prevention and a cohesive ACT-wide strategy is of utmost importance and will have the most impact in helping women* to feel safe in public spaces.

Recommendations

- Fund accessibility audits and safety upgrades to all public spaces to ensure they are accessible to all Canberrans and safe for women*: including functional ramps, wide and well-kept paths, accessible bathrooms and change facilities, ample seating, good visibility, sufficient lighting, and CCTV camera coverage.
- Prioritise violence prevention and the creation of a cohesive ACT-wide strategy.

Access to Domestic and Family Violence Services

Some discussion participants commented that use of the term 'Domestic and Family Violence' (DFV) was a barrier to recognising and accessing services. For many women* with disabilities, their experience of violence is unique and differs from a mainstream understanding of 'Domestic and Family Violence'. They may experience violence from a carer; or may experience violence from a partner in the form of withholding care. They may experience violence from a partner who does not reside with them domestically. They may live in group homes, colleges, dormitories or sharehouses – situations that, although domestic, are often absent from DFV discourse. Because violence and living situations look different for women* with disabilities, this is a barrier to recognising the applicability of DFV services.

Several of our members mentioned not knowing that they were in a violent situation while they were in it. They were not able to recognise the signs, nor were the people around them able to identify these signs. Several mentioned that their disability (including psychosocial factors such as depression) was a barrier to identifying violent situations. One discussion participant only realised the extent of the violence they were subjected to in their relationship after they had exited the situation.

It is clear that further awareness, research and education is required in the ACT to remove barriers to accessing violence prevention information and services.

When violence occurs against women* with disabilities, they experience additional barriers to escaping the violent situation²⁵. Economic barriers impact women* with disabilities very strongly, as they are less likely to have a stable income and face higher costs of managing their disability.

Women* may be dependent on others for care needs, and potentially may be dependent on a violent partner or carer for this care. Alternative accommodations may not be accessible or affordable, and crisis services may not be able to meet accessibility needs or facilitate accessible communication. In addition, there may be a perceived lack of credibility for women* with disabilities, making them less likely to be believed. There may be insurmountable barriers to accessing the criminal justice system – a long, retraumatising and arduous process that is often inaccessible.²⁶

Discussion participants had several suggestions for improving access to the services. They raised the importance of co-location of crisis services with other services such as Centrelink or Access Canberra. Members raised that abusive partners may track locations, and being able to make up a cover story if crisis services are collocated with other services is an important safety option. Having multiple locations for these crisis services across Canberra is also essential to ensure everyone has access if needed.

Members raised the need for accessible accommodation and accessible escape plans to accommodate accessibility needs of women* with disabilities. They also highlighted the importance of crisis accommodation allowing for pets.

Members also raised the importance of training to identify signs of violence in system such as healthcare or welfare. Service providers who have undergone this training would be able to report signs of violence and support the victim in accessing help. In hospitals, having a Disability Liaison Officer who is trained to look for the signs of violence could assist with streamlining mandatory reporting within the healthcare system. It is also imperative that services such as Domestic Violence Crisis Service

and Canberra Rape Crisis Centre have sufficient funding to train responders in disability awareness, and to support paid staff such as Disability Liaison Officers to ensure services are accessible to women* with disabilities.

WWDACT again reiterates the need for a united ACT Government strategy to prevent violence against women* with disabilities.

Recommendations

- Conduct research into barriers preventing women* with disabilities from accessing violence prevention resources and crisis services.
- Increase funding to ACT crisis services and crisis accommodation to increase in capacity and improve accessibility.
- Provide funding to ACT crisis services to employ Disability Liaison Officers to ensure services are accessible to women* with disabilities.
- Fund expansion of physical crisis service locations, with new locations to be co-located with other service institutions such as Centrelink or Access Canberra.
- Increase funding to organisations providing individual advocacy, to ensure that women* experiencing violence are supported in accessing safety and justice.
- Provide violence awareness training for all front-line ACT government workers, including healthcare and welfare, and strengthen mandatory reporting systems.
- Fund a ACT government-wide Strategy to End Violence against Women* and Children.

Inclusion of gender diverse people

WWDACT and several discussion participants request that the Third Action Plan explicitly considers the needs of all people who experience gendered oppression. This includes using inclusive language by explicitly stating that non-binary and feminine identifying people are included in the scope of the plan, or adding an asterisk to women* to denote that non-binary and feminine identifying people are included. The Third Action Plan's stated goal, to work towards gender equality in the ACT, should be inclusive of gender diverse and non-binary people and the specific needs of these people should be considered when implementing the plan.

Recommendations

- Explicitly state that the Third Action Plan is inclusive of feminine-identifying and non-binary people, and ensure that the needs of all people who experience gender oppression are considered when implementing the Plan.

Leadership and workforce participation

Nationally, 49.4% of women* with disabilities are in the workforce compared to 71.6% of all women*²⁷. Most of these women* work part time, and 16% experience insufficient employment opportunities. Women* with disabilities are also at a higher risk of workplace sexual harassment²⁸.

Women* with disabilities have cited the most important employment requirements as supportive colleagues, flexible hours, and transport assistance²⁹. There have also been recommendations for free specialized legal and advocacy support services for women* with disabilities who experience discrimination at work or when looking for work.³⁰ Developing

an ACT government procurement policy to include positive incentives for employment of women* with intellectual and/or cognitive impairment could also increase the number of women* with disabilities who are participating in the workforce³¹.

Discussion participants raised that the ACT still has a long way to go with improving workforce inclusion and participation of women* with disabilities. They reported that their experience of disability is invalidated by their colleagues, being told in the workplace that they are 'not disabled enough', 'not sick enough' or 'not autistic enough'. There is a need to move beyond the 'diversity check box' and meaningfully create organisational change to ensure women* with disabilities are valued and supported in the workplace.

Research shows that women* with disabilities are subject to discrimination in employment or promotion due to incorrect and pessimistic assumptions about their capacity to work full time, their qualifications for the role, or the costs of reasonable accommodations³².

When considering how to increase the number of women* with disabilities in leadership positions, members raised the importance of flexible working opportunities remaining available to those in leadership positions. Leadership opportunities in organisations are often designed for full time workers and are inaccessible to some women* who are restricted from taking on full time work due to their disability. If flexible work arrangements are not available for those in leadership positions, women* with disabilities may be locked out of promotions and opportunities for which they are capable and qualified. One discussion member reported that they were explicitly denied leadership opportunities because they could only work part time.

The impact of having women* with disabilities in leadership positions in the workplace cannot be overstated. When women* with disabilities are not seen as holding high level positions in the workforce, it may confirm social biases that they cannot or should not lead, that they are ‘separate’ or ‘inspirational’, rather than valued contributors and leaders of organisations.

There is also an acute need for more accessible workplace environments. For women* with sensory needs, an open office design (that is commonly seen across public service offices in the ACT) is potentially inaccessible. It offers no control over noise and lighting levels, and can be overwhelming. One discussion participant reported feeling as though they had to mask a lot more in a shared environment, which is an exhausting and unreasonable expectation. People with disabilities are rarely offered a say in their office space, despite this being a reasonable accommodation for sensory and disability needs.

Adjustments can also be made to the recruitment process to make these processes more accessible. For women* with psychosocial disability, providing interview questions in advance reduces anxiety and makes a job interview more accessible. For some neurodivergent women*, an interview may not be an accurate indicator of their skills or suitability for a position, and alternative recruiting methods would be more accessible.

Women* with disabilities are capable and talented, and should be afforded every opportunity to participate in the workforce if they wish to. It is important to note that there is significant value attached to paid work in the ACT and in Australia, and this cultural value fails to accommodate those who cannot or do not work. Workforce participation should not be the default goal or seen as the most important attribute of one’s life – no

woman should feel pressured to work due to these cultural expectations. All women* have inherent value whether they participate in the workforce or not. Women* with disabilities are also likely to be carers and do unpaid work, which should be recognised in the Third Action Plan.

Recommendations

- Develop an ACT government procurement policy to include positive incentives for employment of women* with intellectual and/or cognitive impairment, as called for nationally by WWDA.
- Encourage organisations to maintain options for flexible working arrangements in leadership roles.
- Conduct a review into workplace environments and mandate provision of reasonable accommodations to ensure women* with disabilities are safe in their office environments.
- Encourage organisations to adapt their recruitment procedures through the principles of universal design to ensure they are accessible to women* with disabilities.
- Recognise the contribution that unpaid work makes to the ACT, and that women* disproportionately participate in this unpaid care work and are under supported.

-
- ¹ Australian Bureau of Statistics (2016). *Personal Safety, Australia* (statistics release). <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#experience-of-partner-violence>
- ² Women With Disabilities ACT. *WWDACT Position Statement 1: Prevention of Violence against Women* with Disabilities*. <https://d35ohva3c1yycw.cloudfront.net/wp-content/uploads/2021/11/09121529/WWDACT-Position-Statement-One-Prevention-of-Violence.pdf>
- ³ Australian Bureau of Statistics (2021). *Disability and Violence – In Focus: Crime and Justice Statistics*. <https://www.abs.gov.au/statistics/people/crime-and-justice/focus-crime-and-justice-statistics/disability-and-violence-april-2021>
- ⁴ Women With Disabilities ACT. *WWDACT Position Statement 1*.
- ⁵ Women's Health Matters. *Women's Health Facts & Stats Canberra ACT*. <https://www.womenshealthmatters.org.au/resources/facts-stats/>
- ⁶ Women's Health Matters (2022). *"I have to ask to be included...": The views of ACT women with disabilities about their health and health needs, access to services, supports and information, and barriers to maintaining health*. <https://www.womenshealthmatters.org.au/wp-content/uploads/2022/02/Womens-Health-Matters-Women-with-disability-health-and-wellbeing-report-February-2022.pdf>.
- ⁷ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ⁸ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ⁹ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ¹⁰ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ¹¹ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ¹² Women's Health Matters (2022). *"I have to ask to be included..."*.
- ¹³ Shewan Stevens, Hannah (2021). *Disabled and Sexual: How the Historical Desexualising of Disabled People Still Impacts Our Sexuality Today*. The Unwritten. <https://www.theunwritten.co.uk/2021/03/06/disabled-and-sexual-how-the-historical-desexualising-of-disabled-people-still-impacts-our-sexuality-today/>.
- ¹⁴ Women With Disabilities ACT. *WWDACT Position Statement 2: Sexual and Reproductive Health Rights*. <https://d35ohva3c1yycw.cloudfront.net/wp-content/uploads/2021/11/09123201/WWDACT-Position-Statement-2-Sexual-and-Reproductive-Health-Rights-2.pdf>.
- ¹⁵ Women With Disabilities ACT and Advocacy for Inclusion (2022). *Inquiry into abortion and reproductive choice in the ACT: Joint Submission*. <https://d35ohva3c1yycw.cloudfront.net/wp-content/uploads/2022/08/30131613/Joint-submission-Inquiry-into-abortion-and-reproductive-choice-in-the-ACT-22-August-2022-002.pdf>.
- ¹⁶ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ¹⁷ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ¹⁸ Women With Disabilities ACT and Women's Health Matters (2012). *Strong Women Great City: A snapshot of findings from a survey of ACT women with disabilities*. <https://www.wwdact.org.au/wp-content/uploads/2018/04/Strong-Women-Great-City-A-snapshot-of-findings-from-a-survey-of-ACTs-women-with-disabilities.pdf>.
- ¹⁹ Health Care Consumers Association (2014), *Primary health care in the ACT: Consumer experiences*. https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjB8t2ipqP9AhXO-jgGHYD-A7sQFnoECACQAQ&url=https%3A%2F%2Fwww.aph.gov.au%2FDocumentStore.ashx%3Fid%3D02344196-beb1-473f-be08-c556d379677c%26subld%3D252668&usg=AOvVaw3b_24hg6x8EKsXpjy-a6Kn
- ²⁰ Paterson, Marisa (2021). *'Her Way' Recommendation Report: Supporting women in Canberra's south who want to make greater use of public transport and active travel*. <https://www.marisapaterson.com.au/media/twncltcn/her-way-recommendation-report-dr-m-paterson-mla.pdf?fbclid=IwAR04XEjWQwsJJJmrmKK11CZyXg4OoOyC9h9li1xdrohqtPa5fKU9ulTqMsk>.
- ²¹ Women's Health Matters (2022). *"I have to ask to be included..."*.
- ²² Paterson, Marisa (2021). *'Her Way' Recommendation Report*.
- ²³ Women's Health Matters (2019). *Making ACT bus stops work for women: Women's perceptions of safety from recent changes to some of ACT's bus stop locations*. <https://www.womenshealthmatters.org.au/wp-content/uploads/2020/10/Making-ACT-bus-stops-work-for-women-FINAL.pdf>

-
- ²⁴ Women's Health East (2020). *Creating Safe and Inclusive Public Spaces for Women*. <https://whe.org.au/wp-content/uploads/WHE-Creating-Safe-and-Inclusive-Public-Spaces-for-Women-Report-V2-September-2021.pdf>.
- ²⁵ Women With Disabilities ACT (2017). *Submission to Discussion Paper: Domestic and Family Violence – Policy Approaches and Responses*. https://www.wwdact.org.au/wp-content/uploads/2018/04/20170922_Ad_DfV-Submission.pdf.
- ²⁶ Women With Disabilities ACT. *WWDACT Position Statement 1*.
- ²⁷ Australian Bureau of Statistics (2018). *4430.0 – Disability, Ageing and Carers, Australia: Summary of Findings, 2015* (statistics release). <https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Main+Features1022015?OpenDocument>.
- ²⁸ Women with Disabilities Victoria (2019). *Submission to the Australian Human Rights Commission's National Inquiry into Sexual Harassment in Australian Workplaces*. https://humanrights.gov.au/sites/default/files/2019-05/submission_312_-_women_with_disabilities_victoria.pdf.
- ²⁹ Women With Disabilities ACT and Women's Health Matters (2012). *Strong Women Great City*.
- ³⁰ Women With Disabilities Australia (2021). *Submission: National Disability Employment Strategy Consultation Paper*. https://engage.dss.gov.au/wp-content/uploads/2021/06/WWDA_NDES_May2021_FINAL.pdf.
- ³¹ Women With Disabilities Australia (2021). *Submission: National Disability Employment Strategy Consultation Paper*.
- ³² Bonaccio, S., Connelly, C.E., Gellatly, I.R. et al. (2020) "The Participation of People with Disabilities in the Workplace Across the Employment Cycle: Employer Concerns and Research Evidence." *J Bus Psychol* 35, 135–158. <https://doi.org/10.1007/s10869-018-9602-5>.