

2012
REPORT

STRONG WOMEN GREAT CITY

A snapshot of
findings from
a survey of
ACT women
with disabilities



Acknowledgements

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About Women With Disabilities ACT

Women With Disabilities ACT (WWDACT) is a systemic advocacy and peer support organisation run by women with disabilities for women with disabilities. Established in 1995, WWDACT adheres to a human rights philosophy, based on the Convention on the Rights of Persons with Disabilities and works with government and non-government organisations to improve the status and lives of women with disabilities in the ACT and surrounding region. WWDACT, through its membership, has strong links to relevant ACT advocacy organisations and also has a close association with Women With Disabilities Australia (WWDA), the peak organisation for women with all types of disabilities in Australia. The success of WWDACT relies heavily on the volunteerism of its members who are committed to improving the status of women with disabilities in the ACT. WWDACT is funded by Disability ACT.

About Women's Centre for Health Matters Inc.

The Women's Centre for Health Matters Inc. (WCHM) is a community based organisation which works in the ACT and surrounding region to improve women's health and wellbeing. WCHM believes that the environment and life circumstances which each woman experiences affects her health outcomes. WCHM focuses on areas of possible disadvantage and uses research, community development and health promotion to provide information and skills that empower women to enhance their own health and wellbeing. WCHM undertakes research and advocacy to influence systems change with the aim to improve women's health and wellbeing outcomes. WCHM is funded by ACT Health.

The findings and discussion presented in this report are those of WWDACT and WCHM, and not necessarily those of Disability ACT or ACT Health Directorate.

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It is our hope that our research—of which this report is a summary—will help to promote the voices of ACT's women with disabilities and make Canberra a truly great city for all to live in.



Introduction

Disability is a part of the human condition, likely to affect most individuals temporarily or permanently throughout their own lives or through their families.¹ In the ACT there are 31,542 women with a disability, who make up 56.4% of the total population with disabilities.² This number is not only a substantial proportion of the population with disabilities in the ACT, but is a significant proportion of the ACT female population too. It is therefore important to know about women with disabilities' experiences, so that policies, community initiatives and services can respond well to their needs.

¹ World Health Organization and The World Bank, *World Report on Disability*, World Health Organization, Geneva, 2011

² Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of findings 2009*, Cat no: 4430.0, Commonwealth of Australia, Canberra, 2012, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02009?OpenDocument>



This report presents a snapshot of findings from a survey conducted in early 2012 of women with disabilities who live in the ACT by Women With Disabilities ACT (WWDACT) and the Women's Centre for Health Matters (WCHM). The survey was undertaken with two aims in mind: firstly, to complement existing disability data, and secondly, to highlight areas of need where data does not currently exist, particularly ACT specific data disaggregated by sex and disability.

The survey covered three main areas: health and wellbeing, participation in social life and participation in economic life. Between these three areas the main priorities of WWDACT and WCHM are represented: to create the conditions necessary for all ACT women to make informed decisions about and manage their health and wellbeing; to improve women's social participation and thereby reduce the likelihood of isolation or marginalisation; and to work to improve the social determinants of women's health through advocating for (among other things) improved access to education and employment. These three areas are also priorities of the ACT Women's Plan, which seeks to ensure the social, economic and environmental contribution of women in the ACT, in particular women with disabilities. The Plan also makes a commitment to addressing existing gaps in sex disaggregated data.³

The survey was intended to be a 'snapshot in time' taken from February to April 2012 to create a general picture of the experiences and opinions of women with disabilities in the ACT. We received 183 completed responses.

Of course there are many experiences and concerns that are shared between women and men with disabilities. However, there are some experiences and concerns that either affect men and women differently, or affect only one or the other. This is because gender influences how we are in the world, the kind of experiences we will have, and how others respond to us. Disability has this influence as well. It is for this reason that we have endeavoured to compare all of the major findings presented in this report to those two groups: non-disabled women and men with disabilities.

More often than not, the data necessary to make these comparisons, and therefore to have a meaningful understanding of different population groups in the ACT, does not exist. Although in these instances we have compared our findings to data available on the other relevant population groups, the absence of ACT specific disaggregated data limits the advocacy work conducted by organisations such as ours.

³ ACT Community Services Directorate, *ACT Women's Plan 2010-2015*, ACT Government, Canberra, 2010

Despite the absence of necessary comparator data this summary report includes several key findings, which provide important insights into women with disabilities in the ACT. These include:

- Negative societal attitudes create a barrier to the full enjoyment of life for women with disabilities
- Informal carers provide the majority of assistance to women with disabilities; on average, respondents receive less formal assistance than they need
- 1 in 3 respondents have carer responsibilities
- More than half of all respondents assess their own physical and emotional health and wellbeing as fair to poor, and their fitness level as medium to low
- 1 in 5 respondents are not satisfied with their level of social interaction, do not have a support network to call on in a time of crisis and do not feel that they are recognised for their contribution to the community
- Three quarters of respondents do not have their disability-related requirements met in their current employment
- One in four respondents experiences a lack of employment opportunities or employment-related discrimination

These findings demonstrate that there are tangible measures that can be taken to ensure that the Territory is more inclusive for women with disabilities. For example, awareness raising campaigns can help to improve women with disabilities' enjoyment of life, while removing barriers to health literacy, information and services could improve the way women with disabilities assess their own health and wellbeing. The findings also show that women with disabilities need better access to employment, particularly flexible employment that caters to their particular needs.

The findings of the research will be used into the future to assist WWDACT and WCHM to:

- Provide ongoing feedback to service providers on how to improve services for women with disabilities
- Provide ongoing feedback to ACT Government on how policy planning and evaluation can be better tailored to the needs of women with disabilities
- Improve inter-sectoral and intra-sectoral understanding and co-ordination
- Highlight areas of need for disability data in general, and sex disaggregated data in particular

The reasons for these actions are real and many. People with disabilities continue to experience inequalities, which can result in poorer health outcomes, lower educational attainment, less economic security, higher rates of poverty, and social exclusion or isolation.⁴

It is our hope that our research—of which this report is a summary—will help to promote the voices of ACT's women with disabilities and make Canberra a truly great city for all to live in.

⁴ World Health Organization and The World Bank, *World Report on Disability*

Methodology

The *Strong women, great city* survey was conducted via a self-enumerated questionnaire created using the online survey tool Survey Monkey. Because self-enumeration is a barrier to participation for some women with disabilities, we welcomed responses completed by proxy and received a total of 27 responses this way. We acknowledge the difficulty—as researchers who value highly giving each woman voice—in permitting another to “speak for” our respondents. However, the alternative would surely have been to miss out on hearing from the few respondents with more limiting conditions, a portion of the population of women with disabilities who we typically do not access through our research.

The link to the survey online was circulated throughout the WWDACT and WCHM membership and email networks, and was promoted on the WWDACT and WCHM websites. There were also hard copies available upon request, which were posted to the respondents with a reply-paid envelope.

Assistance in distributing the survey was requested from over ninety disability, health or women’s organisations in the ACT or surrounding region. Forty-eight organisations agreed to assist by: promoting the survey via a poster; distributing the link electronically to their members; promoting the survey on their websites or in their newsletter; or by hosting hard copies of the survey to promote directly to their clients and workers. There were also a small number of ACT and Commonwealth government agencies that assisted in promoting the survey to their employees. The help of these organisations was invaluable and assisted in promoting the survey far and wide—one woman reported that she had received an invitation to participate in the survey from an organisation in Western Australia!

The data collection ran from February 6 – April 27 2012. To encourage participation a Body Shop hamper valued at \$250 was available for one respondent. The winner of the survey was selected at random once the survey had closed.

As with all surveys conducted to date by WWDACT and WCHM, we used a non-probability convenience sample. This means that the survey was widely promoted and all women with disabilities were welcome to participate. In addition we did not define disability in the questionnaire, instead opting to have respondents self-identify. As a result, the breakdown of disability type and level of restriction for the women in our sample does not reflect the population of women with disabilities as a whole and is therefore not representative. Rather, the findings laid out in this report provide an indication of the issues that exist for women with disabilities in the ACT, as well as the measures that could be taken to address these.

The data presented in this report were analysed using IBM’s SPSS Statistical software. Because of the small number of completed responses, the findings are descriptions (frequencies, percentages or averages/medians) of the data gathered only. Cross-tabulation has been kept to a minimum because of the skewed nature of our sample.

Comparisons are made throughout this report to existing data from the Australian Bureau of Statistics (ABS). For the purpose of their own data collection the ABS defines disability as “any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months”.⁵ Unless otherwise specified the age range of the ABS data matches the age range of our respondents.

⁵ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings 2009*

**“I live a quality life
despite my disabilities
but still marvel at the
difficulties that exist to
access so many events.
More thoughtful provision
in architecture and
landscape design etc would
be greatly appreciated.”**



Chapter 1: The women who responded to our survey

There are 31,542 women in the ACT with disabilities who make up 17.8% of the total female population (177,200). Women with disabilities in the ACT make up a larger number of the total female population than in the Northern Territory and Queensland—a point made to highlight the significance of women with disabilities to the ACT community.⁶ Men with disabilities, by contrast, number 25,200 and make up 14.4% of the total male population (175,000) a smaller proportion of the total male population than any other Australian state or territory.⁷

This chapter provides a breakdown of the demographic characteristics of our survey respondents including their age, living arrangements, accommodation, relationship status and whether or not they provide care for another person. The purpose is for the reader to know more about the day-to-day characteristics of the women who responded to our survey, which will provide the context necessary for interpreting the findings throughout the rest of the report.

As mentioned already our sample is not representative of women with disabilities in the ACT, and this chapter will demonstrate how and why this is the case. We will do this by comparing—wherever possible—the demographic characteristics of our respondents to data that exists for women with and without disabilities in the ACT. Sometimes these comparisons are not possible, and so we have used data about other population groups where it provides insight into our own findings. The absence of available comparator data in this chapter is important evidence of the need for more and better sex disaggregated disability data in the ACT.

⁶ *ibid.*

⁷ *ibid.*



Age

The following table shows the age breakdown of our survey respondents. In the second column is an age breakdown of the population of people with disabilities in the ACT; we have included these figures because ACT disability data disaggregated by age and sex is not available. In the third column is the age breakdown of non-disabled women in the ACT.

Our survey sample is overrepresented in the 35–64 years age groups when compared to both the population with disabilities as a whole and non-disabled women. The same is true when we compare our age breakdown to the national figures for women with disabilities. Most significantly, our sample does not include any women from the 75 years and over age group and yet these women make up 24.6% of all women with disabilities at the national level.¹⁰

Table 1: Age

Age	Our survey	People with disabilities in the ACT ⁸	Non-disabled women in the ACT ⁹
15–24 years	14%	6%	16%
25–34 years	12%	8%	17%
35–44 years	21%	12%	15%
45–54 years	26%	16%	14%
55–64 years	22%	17%	11%
65–74 years	5%	13%	6%
75+ years	No responses	Not published	5%

Percentages are rounded

⁸ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: State Tables for the Australian Capital Territory 2009*, Cat no: 4430.0, Commonwealth of Australia, Canberra, 2011, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02009?OpenDocument>

⁹ Australian Bureau of Statistics, *Australian Demographic Statistics*, Cat No: 3101.0, Commonwealth of Australia, Canberra, 2012, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Mar%202012?OpenDocument>

¹⁰ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of findings 2009*

Living arrangements

One quarter of our respondents reported living alone. If this number is at all indicative of the population of women with disabilities in the ACT it would suggest that a far greater number of women with disabilities live alone than non-disabled people in the ACT.

Table 2: Living Arrangements

	Our survey	People with disabilities in the ACT ¹¹	Non-disabled people in the ACT ¹²
Lived with other people	60%	74%	93.3%
Lived alone	25%	21%	6.6%

Accommodation

Sixty percent lived in privately owned accommodation.

Of the remaining respondents:

- 29% lived in privately or publicly rented accommodation
- 5% in supported accommodation

Unfortunately we are unable to compare our respondents' accommodation type to the population of people with disabilities in the ACT because the figures for individuals living in cared accommodation have not been published. If we compare our findings to the national population of people with disabilities, however, we do find a comparison with 94% of all people with disability living in a private dwelling (owned, rented or otherwise) and 4% living in cared accommodation.¹³

This does not, however, give us a real sense of the type of accommodation in which people with disabilities actually reside, because 'private dwelling' as defined by the ABS can include many types of housing such as privately owned, privately or publically rented, social, or other types of housing such as caravans. This is important considering that households which include a person with a disability are more likely to be tenants than home owners and that individuals with disabilities are concentrated in social housing.¹⁴

¹¹ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: State Tables for the Australian Capital Territory 2009*

¹² *ibid.*

¹³ *ibid.*

¹⁴ Australian Housing and Urban Research Institute, 'The housing careers of people with disabilities and their carers', *AHURI Research and Policy Bulletin*, Issue 107, 2009, <http://www.ahuri.edu.au/publications/projects/p40427/>

In addition, different types of disability are likely to be associated with different patterns of housing tenure. For example, people born with mobility impairment are under-represented in home purchase and have long periods living in the parental home, while those with accident-acquired disability who have received insurance compensation are likely to have housing tenure patterns similar to the general population.¹⁵ People with psychiatric disability, by contrast, report the greatest disadvantage in relation to inadequate accommodation and housing instability and are more likely to report periods of homelessness and living in marginal accommodation such as caravan parks.¹⁶

Relationships status

We are unable to compare data about our respondents' relationship status with other published data because the data available defines a couple relationship as two people who usually live with one another in the same dwelling.¹⁷ By contrast, our respondents could nominate their relationship status as partnered even if they do not live (permanently or usually) with their partner.

Table 3: Relationship Status

	Our survey	People with disabilities in the ACT	Non-disabled women in the ACT
Single	50%	Not available	Not available
Partnered	46%		

¹⁵ ibid.

¹⁶ ibid.

¹⁷ Australian Bureau of Statistics, 'Couples in Australia', *Australian Social Trends*, Cat no: 4102.0, Commonwealth of Australia, Canberra, 2009, [http://www.abs.gov.au/Ausstats/subscriber.nsf/0/6F761FF864FAA448CA2575830015E923/\\$File/41020_couples.pdf](http://www.abs.gov.au/Ausstats/subscriber.nsf/0/6F761FF864FAA448CA2575830015E923/$File/41020_couples.pdf)

Carers

There are 18,800 female carers in the ACT who make up 10.7% of the total female population.¹⁸ Nationally, however, 33% of all carers reported having a disability. This finding is important because it highlights the close relationships between caring and disability; carers have a higher rate of disability or long-term health conditions than people who are not carers.¹⁹

32% of our respondents have carer responsibilities. This is significant as it represents one in every three of the women who participated in our research. Considering that women constitute over half of the disability and carer populations in the ACT, this finding demonstrates the urgent need for ACT disability data disaggregated by sex and carer status.

Table 4: Carers

	Our survey	People with disabilities in the ACT ²⁰	Non-disabled people in the ACT ²¹
Had caring responsibilities	32%	20.8%	9.7%

¹⁸ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: State Tables for the Australian Capital Territory 2009*

¹⁹ Australian Bureau of Statistics, *Caring in the Community 2009*, Cat no: 4436.0, Commonwealth of Australia, Canberra, 2011, <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4436.0Main%20Features22009?opendocument&tabname=Summary&prodno=4436.0&issue=2009&num=&view>

²⁰ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: State Tables for the Australian Capital Territory 2009*

²¹ *ibid.*

Chapter 2:

Discussing and defining disability

One of the main aims of conducting this survey was to obtain data that would complement existing data, particularly from the ABS. This meant that we had to include a set of questions to determine and measure each respondent's disability. Measuring disability was never, in itself, an intention of the questionnaire. Rather, this set of questions was included so that we would be able to detect trends between groups of women with particular disabilities, and further investigate those trends with existing data from the ABS.

The questions we included about disability are informed by the bio-psycho-social model of disability.²² The bio-psycho-social model of disability is based upon human rights principles and informs national disability policy in Australia.²³ This model recognises that attitudes, practices and structures are as disabling as an individual's impairment and can prevent people from economic and social participation and experiencing equitable outcomes.²⁴ Disabling barriers can include: inadequate policies and standards; negative attitudes; lack of services; problems with service delivery; inadequate funding; lack of accessibility; lack of consultation and involvement; and lack of data and evidence.²⁵ For example, when public health service funding does not account for the additional time required to deliver services to people with disabilities, public health providers who treat people with disabilities are disadvantaged, creating a tension that may ultimately exclude people with disabilities from public health services.²⁶

Because we wanted our data to complement ABS data, we asked our respondents to identify their disability type. The ABS collect data on disability through interviewing, which means that while they categorise disability into intellectual, physical, psycho-social and sensory, they use a range of questions to determine which of these types of disability an individual has. The scope of our study was too small to accommodate a comprehensive set of questions with which to determine disability type, so we simply asked our respondents to select from the list of four. Respondents could of course select more than one disability type.

The next two questions were intended to measure level of disability caused by personal capacity and level of disability caused by environmental and attitudinal factors. To do this we turned to the International Classification of Functioning, Disability and Health (ICF), which is the World Health Organization's (WHO) framework for measuring disability and health and which is endorsed by the United Nations.²⁷ The ICF is also used as the framework for disability data collection at the ABS.²⁸

²² World Health Organization and The World Bank, *World Report on Disability*

²³ COAG Reform Council, *National Disability Agreement: Baseline performance report for 2008–09*,

Australian Government, Sydney, 2010, http://www.coagreformcouncil.gov.au/reports/docs/disability_agreement_report_2008-09_exec_summary.pdf

²⁴ Australian Institute of Health and Welfare, 'Australia's Welfare 2011', *Australia's Welfare*, Series No. 10, AIHW, Canberra, 2011

²⁵ World Health Organization and The World Bank, *World Report on Disability*

²⁶ *ibid.*

²⁷ *ibid.*

²⁸ *ibid.*

Disability type

46% of our respondents said that they have a physical disability, 21% a sensory disability, 20% a psycho-social disability and 13% an intellectual disability.

Table 5: Disability Type

	Our respondents	Women with disabilities nationally (15 years and older)²⁹
Intellectual	13%	7.1%
Physical	46%	56.2%
Psycho-social	20%	11.8%
Sensory	21%	19.6%

Compared to the rates of these four disability types in the national population of women with disabilities our sample was underrepresented in the physical disability category and overrepresented in the intellectual and psycho-social disability categories. Unfortunately ABS data on disability type disaggregated by sex has not been published for the ACT.

Disability measured through personal capacity

On average our respondents (irrespective of disability type) had:

- No difficulty with communication, learning and applying new knowledge or self-care

but had

- Mild difficulty with domestic life (such as cooking and cleaning), education, employment, general everyday tasks (such as shopping), interpersonal interactions and relationships, leisure activities and mobility

Disability measured through environmental factors and societal attitudes

On average our respondents (irrespective of disability type) reported that:

- Attitudes of care providers and health professionals create no barrier

but that

- Attitudes of society create a mild barrier to their full enjoyment of life

In regard to environmental factors, on average our respondents said that:

- Information provided in limited formats, public infrastructure (such as footpaths and lighting) and public transport create a mild barrier to their full enjoyment of life

²⁹ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of findings 2009*

Assistance received

Many individuals who do require assistance often receive that assistance from informal care providers, known as carers, which can include partners, family, friends or neighbours. The WHO recommends that disability services be adequate and state-funded, because informal care can be unavailable, inadequate or insufficient.³⁰ In 2011 the Australian Institute of Health and Welfare (AIHW) reported that the majority of support provided for self-care, mobility, health care, household chores, property maintenance, reading and writing, meal preparation and private transport was informal.³¹

As mentioned in the previous chapter, there are 34,900 carers in the ACT who overwhelmingly carry responsibility for providing support and assistance to people with a disability. Currently, 80% of care for people with disabilities is provided by carers rather than by formal services.³² It is estimated that nationally carers provide 1.32 billion hours of unpaid care every year.³³

We asked our participants to nominate if they had received assistance in the four weeks prior to completing the survey and if so, from whom. Respondents could choose as many responses as were relevant.



Assistance
from carers

85%



Assistance
from formal
providers

45%

**Overall, almost all respondents
who required assistance were
relying to some degree on
informal carers.**

In the ACT generally only 30% of individuals had their need for assistance fully met.³⁴ Of these 42% received assistance from informal carers, while only 27% received assistance from formal providers.³⁵

This is supported by national findings that around 1 in 3 people eligible for specialist disability services need more formal assistance than they receive.³⁶ Men tend to access disability services more than women (28% compared to 19%).³⁷

³⁰ World Health Organization and The World Bank, *World Report on Disability*

³¹ Australian Institute of Health and Welfare, 'Australia's Welfare 2011'

³² Productivity Commission, *Disability Care and Support Inquiry Report*, Australian Government, Melbourne, 2011, <http://www.pc.gov.au/projects/inquiry/disability-support/report>

³³ Carers ACT, *What Carers Want! Disability*, Carers ACT, Canberra, 2012

³⁴ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: State Tables for the Australian Capital Territory 2009*

³⁵ *ibid.*

³⁶ COAG Reform Council, *Disability 2010–11: Comparing performance across Australia*, Australian Government, Sydney, 2012, <http://www.coagreformcouncil.gov.au/reports/disability.cfm>

³⁷ *ibid.*

For gender disaggregated data we can look to the year 2007–08 where:³⁸

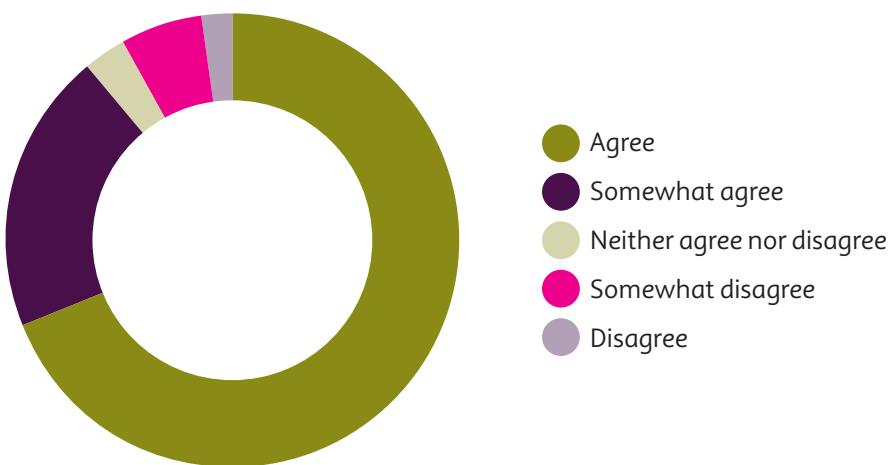
- 1,260 women compared to 2,402 men accessed services out of an estimated population of 6,054 women compared to 5,928 men

Participation in decision making

We wanted to know if our respondents felt that they have a say in the main decisions about their lives. This is important because when individuals with a disability are involved in decisions about the support they receive, they have maximum control over their lives.

The majority of respondents felt that they do have a say in the main decisions about their lives:

Graph 1: Participation in Decision Making



Measuring participation in decision making is difficult and is not yet done in a systematic way, or in sufficient successive surveys that would enable us to compare data between our own sample and other population groups.

³⁸ Steering Committee for the Review of Government Service Provision, 'National Agreement performance reporting: National Disability Agreement', *Register of National Minimum Data Sets*, Standing Council on Federal Financial Relations, Canberra, 2010, http://www.federalfinancialrelations.gov.au/content/national_minimum_data_sets.aspx#Disabilities

**“When having tests
I usually have to transfer
from my wheelchair to
an ordinary chair as their
examination equipment
is not accessible
to wheelchairs”**



Chapter 3: What about health and wellbeing?

The WHO defines health as: "a state of physical, mental, and social wellbeing and not merely the absence of disease or infirmity".³⁹ Good health is therefore a prerequisite for participation in a range of activities, including education and employment. To cement the relationship between good health and participation, Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD) states it is the right of people with disabilities to attain the highest standard of health, without discrimination on the basis of disability.⁴⁰

Despite this, people with disabilities experience an array of barriers when accessing primary healthcare, which include: not being taken seriously, or not having their support workers taken seriously; having health issues confused with disability issues; not being offered the same screening programs as the general population; not being able to access examination equipment; and not being able to access relevant and appropriate health promotion materials.⁴¹

In general, there has been an assumption that people with disabilities do not require access to health promotion and disease prevention. One important gendered example of this is that fewer women with disabilities receive screening for breast and cervical cancer compared with non-disabled women.⁴² Unfortunately we are not able to identify the extent of this problem or find ways to prevent it because national screening programs in Australia are not required to collect data about disability.⁴³

Overall women with disabilities experience a range of health inequalities compared to non-disabled women. In particular, women with disabilities are more vulnerable to violence than non-disabled women, experience less control over what happens to their bodies and face discrimination and prejudice in determining their reproductive rights.⁴⁴ We have not explored these issues in the current study, but are aware of and advocate for further research and action in these areas.

³⁹ World Health Organization and The World Bank, *World Report on Disability*, pg. 57

⁴⁰ *ibid.*

⁴¹ *ibid.*

⁴² C Frohmader, *Women With Disabilities and The Human Right to Health: A Policy Paper*, Women With Disabilities Australia, 2010, <http://www.wwda.org.au/WWDAPolicyPaper2010.pdf>

⁴³ *ibid.*

⁴⁴ *ibid.*

Access to health screening and services in the ACT

Some comments from our respondents about barriers to accessing health screening and services:

“When service providers treat me like a number or as if they have already decided what is wrong with me when I walk through the door and don’t listen to me. These attitudes stop me from seeking health in the first place.”

“Information about how to pro-actively manage my conditions so as to maximise and maintain comparative good health status for my disability group.”

“Lack of awareness of just what programs I can access and how I go about it.”

“Health professional’s lack of understanding of disability.”

“Lack of information, particularly in regard to sexual health.”

We asked our respondents to identify the barriers they experience in accessing health screening. Being unable to access facilities or information did not emerge as a barrier to accessing health screening and checks. Rather, the three main barriers were:

- Cost
- Being too busy
- Lack of appointments

When asked about barriers to accessing general health services, respondents listed the same three barriers.

This is consistent with findings from research conducted in 2009 by WCHM and published in *It goes with the Territory! The views of ACT Women with Disabilities about Health and Wellbeing Information* where respondents listed waiting times, cost and lack of bulk billing as the three main barriers to accessing general practitioners.

Health insurance and health care cards

Of our respondents:

- 54% had a health care card
- 58% had private health insurance

From the comparisons made to other population groups below, it appears that our respondents have a similar take up rate of private health insurance to non-disabled people. It also appears that respondents with health care cards were overrepresented in our sample. Unfortunately, data specific to the ACT disaggregated by sex is not available.

Table 6: Health Insurance and Health Care Cards

	Our respondents	National population of people with profound or severe limitation	National population of people with other disabilities or restrictive long-term health conditions	National population of non-disabled people ⁴⁵
Private health insurance	58%	35.9%	49.7%	56%
Health care card	54%	25.5%	16.7%	11%

Physical health and wellbeing

Looking at national data, people with disabilities regularly self-report poorer health status than non-disabled people. It is important to keep in mind that “self-assessed health status can depend on a person’s awareness and expectations about their health”,⁴⁶ meaning that it may be affected by access to health information and services and health literacy, which can be lower for people with disabilities.

When we asked our own respondents to self-assess their physical health and wellbeing, a sizeable minority (22%) rated it fair to poor. From the comparisons made below it appears that our respondents assess their own physical health and wellbeing in a way similar to the national population of people with mild to moderate limitations and restrictive long-term health conditions. We can predict that women with more limiting disabilities would assess their own health more poorly than our respondents. Again, data specific to the ACT disaggregated by sex is not available for self-assessed physical health and wellbeing.

⁴⁵ Australian Bureau of Statistics, *National Health Survey: Summary of Results*, Cat no: 4364.0, Commonwealth of Australia, Canberra, 2010, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4364.0Main+Features12007-2008%20%28Reissue%29?OpenDocument>

⁴⁶ Australian Institute of Health and Welfare, *Health of Australians with disability: health status and risk factors*, Bulletin 83, AIHW, Canberra, 2010, <http://www.aihw.gov.au/publication-detail/?id=6442472401>

Table 7: Physical health and wellbeing

	Our respondents	National population of people with profound or severe limitation	National population of people with other disabilities or restrictive long-term health conditions	National population of non-disabled people ⁴⁷
Excellent/ very good	41%	17.4%	38.5%	68.8%
Good	37%	22.6%	36%	25.8%
Fair/Poor	22%	59.9%	25.5%	5.5%

Emotional health and wellbeing

The results were similar for self-assessed emotional health and wellbeing, with 20% of respondents selecting fair to poor. We were not able to compare these findings to existing data because data gathered by the ABS measures psychological distress (established through using the psychological assessment tool Kessler 10) rather than asking individuals to assess their own mental health. Nevertheless, with only 41% of our respondents assessing their own emotional health and wellbeing as excellent or very good, there is a clear need for more data exploring the relationship between mental health and disability.

Women With Disabilities Australia (WWDA) recognises that higher levels of depression, anxiety and low self-esteem could be caused by the lower social status often associated with disability.⁴⁸ A great deal more research is needed in this area, not only to explore the intersection of disability and mental health, but also to unravel how we talk about mental health and wellness for people with disabilities when mental illness can itself be defined as a disability.

Graph 2: Emotional health and wellbeing



⁴⁷ Australian Bureau of Statistics, *National Health Survey: Summary of Results*

⁴⁸ K Howe & S Salthouse, *Lack of Data Means Lack of Action – A clinical examination of access to health services for women with disabilities*, Women With Disabilities Australia, 2004, <http://www.wwda.org.au/hreocsumm.htm>

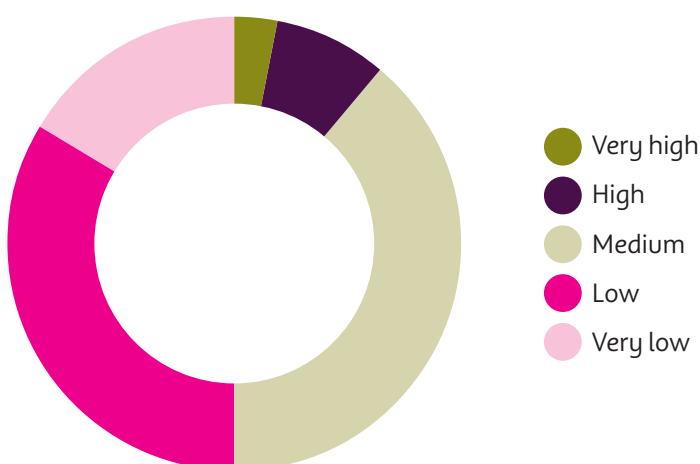
Fitness

The WHO identifies physical inactivity as a considerable risk factor for people with disabilities developing chronic health conditions.⁴⁹ We know, however, that there are considerable structural and social barriers in place that prevent women with disabilities maintaining good fitness through exercise. These barriers can be created by: poverty or insufficient resources; disability-unfriendly exercise environments including inaccessible facilities and equipment; inadequate professional knowledge, education and training in exercise facilities; perceptions and attitudes of others; insufficient opportunities; insufficient support to overcome lack of confidence; and, as mentioned above, insufficient access to information about the value of physical activity.⁵⁰

When asked to assess their fitness level, 49% of our respondents selected low to very low, and a further 38% selected medium.

While not a direct comparison, data from the Australian Health Survey reveals that 72% of all people in the ACT with profound or severe core activity limitation and 65.7% of those with another disability or restrictive long-term health condition are sedentary or exercise at low levels.⁵¹

Graph 3: Fitness



⁴⁹ World Health Organization and The World Bank, *World Report on Disability*

⁵⁰ J Rimmer et al., 'Physical Activity Participation Among Persons with Disabilities: Barriers and Facilitators', *American Journal of Preventive Medicine*, 26(5), pp. 419–425; J Rimmer, 'The Conspicuous Absence of People With Disabilities in Public Fitness and Recreation Facilities: Lack of Interest or Lack of Access?' *American Journal of Health Promotion*, 19(5), pp. 327–329

⁵¹ Australian Bureau of Statistics, *Australian Health Survey*, Cat no:3464.0, Commonwealth of Australia, Canberra, 2012, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.02007-2008%20%28Reissue%29?OpenDocument>

**“I’m really lonely.
It’s nice to be able to
pick up a computer and
interact with people,
but I miss having friends
that I can interact with
face-to-face. To have an
excuse to go somewhere.”**



Chapter 4: Participation in social life

Social inclusion is an important prerequisite to all individuals reaching their full potential, and leading happy, healthy and fulfilling lives. When individuals are excluded from the opportunities they need to build the lives that they want, they can become trapped in a cycle of disadvantage, leading to lower education, less employment and poorer health outcomes.⁵²

Social connectedness and social inclusion are also key determinants of mental and physical health. It is recognised that some groups in society are at greater risk of social isolation, and therefore at greater risk of experiencing poorer health outcomes combined with the multiple disadvantages described above. People with disabilities are one of these groups.⁵³

To be socially included people must be given the opportunity (among other things) to: Connect with family, friends, work, personal interests and local community, deal with personal crises and have their voices heard.⁵⁴

Although people with disabilities in Australia have fairly similar rates of participation in social life to non-disabled people, the rates are still lower. Findings from the 2009 Survey of Disability, Ageing and Carers conducted by the ABS revealed that:

- In the ACT 75% of people with disabilities have regular face-to-face contact with people living outside of their households compared to 77.3% of non-disabled people
- In terms of sex, 80% of women with disabilities in the ACT had face-to-face contact with people outside of their household compared to only 75% of men with disabilities
- However, 15.3% of women with disabilities report that they do not leave home as often as they would like because of their disability compared with only 7.7% of men with disabilities in the ACT⁵⁵

⁵² Australian Social Inclusion Board, *Social Inclusion in Australia: How Australia is faring*, Australian Government, Canberra, 2010, http://www.socialinclusion.gov.au/sites/www.socialinclusion.gov.au/files/publications/pdf/SI_HowAusIsFaring.pdf

⁵³ *ibid.*

⁵⁴ Australian Social Inclusion Board, *Social Inclusion Principles Explained*, Australian Government, Canberra, 2008, <http://www.socialinclusion.gov.au/sites/www.socialinclusion.gov.au/files/publications/pdf/social-inclusion-principles.pdf>

⁵⁵ Productivity Commission, *National Disability Agreement Indicators*, Australian Government, Melbourne, 2012, <http://www.pc.gov.au/gsp/national-agreements/disability>

Perceptions of social connectedness

We wanted to explore how satisfied our respondents were with the amount of social interaction they have because we believe that different individuals require different levels of social interaction in order to feel socially connected. This means that the findings presented in this section cannot be compared to existing data on social participation, which establishes an individual's level of social connectedness through amount of time spent with others and types of activities participated in.

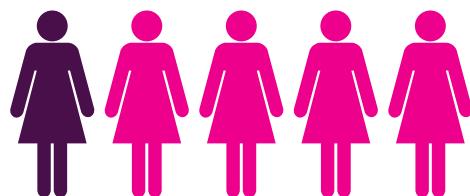
72% of our respondents were either somewhat satisfied or satisfied with their amount of social interaction and a further 64% were satisfied or somewhat satisfied with their ability to be socially connected.

Of our respondents:

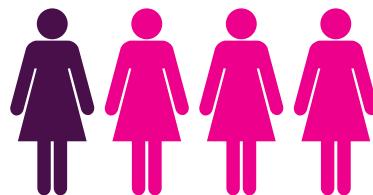
- 38% worry to some extent about becoming socially isolated
- 81% of respondents have a support network to call on in a time of crisis.
- 53% of respondents agreed that they are recognised for their contribution to the community.

If we look at the responses in the opposite way, we realise that:

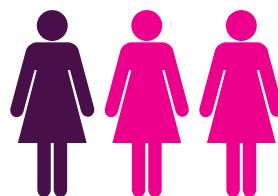
1 in 5 women (20%) are not satisfied with their level of social interaction, do not have a support network to call on in a time of crisis and do not feel that they are recognised for their contribution to the community



1 in 4 women (24%) worry about becoming socially isolated



1 in 3 women (31%) are not satisfied with their ability to be socially connected



Our respondents felt that they could be better supported to maintain their social connection through:

- Greater support and programs from services
- Improving social attitudes toward disability
- Improving the frequency, availability and cost of public transport



Some of the comments included:

“I’m supported great with my work and family. Would like to see and have my friends be supportive.”

“It would be good if people in the community could be more understanding.”

“Reliable people in my life who don’t run for the hills when I need support.”

“Good, reliable public transport would be the most helpful thing for me.”

“Transport is the key to connectedness, but for those who are unable to use buses, things become increasingly difficult.”

“Provision of a Usable wheelchair & a practical lift to get it in the car, so I can go out without so much difficulty & also visit my family interstate sometimes.”

“By maintaining permanent staff in the group home. Casuals are not experienced to make social outing enjoyable.”

Connecting through the Internet

A growing number of people with disabilities use the Internet as a means of connecting to others. The difficulty is that websites and applications continue to be rife with issues that prevent access for people with disabilities.⁵⁶ Testing conducted in 2011 found that every popular social networking site was inaccessible: LinkedIn scored highest with 29% accessibility, Facebook scored 9%, and Twitter zero, with every element of its website considered inaccessible.⁵⁷ Some online accessibility issues include lack of captioning and vital functions being invisible to assistive technology.

Despite these online challenges, technology has enormous potential as an enabler of social connection, as it can overcome the barriers posed by physical inaccessibility.⁵⁸ We wanted to know if our respondents were part of online communities, in particular social networking communities, and what they sought from these communities.

Eighty-seven percent of our respondents used the Internet in the week prior to completing the survey. Of these, 69% had used it every day, and a further 15% had used it every couple of days. As you can see from the table below, this compares well to the general population in the ACT.

⁵⁶ S Hollier, ‘Social media helps find work (and delivers cheap pizza)’, *Ramp Up*, ABC Online, 2012, <http://www.abc.net.au/rampup/articles/2012/03/23/3462327.htm>

⁵⁷ *ibid.*

⁵⁸ Australian Social Inclusion Board, *Social Inclusion Principles Explained*

⁵⁹ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: State Tables for the Australian Capital Territory 2009*

⁶⁰ Australian Bureau of Statistics, *Household use of Information Technology, Australia, 2010–11*, Cat no: 8146.0, Commonwealth of Australia, Canberra, 2011, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/8146.02010-11?OpenDocument>

Table 8: Whether respondents used the Internet and where

	Our respondents	People with disabilities in the ACT ⁵⁹	People with and without disabilities in the ACT ⁶⁰
Home only	31%	17%	n/a
Both home and away from home	49%	48.6%	n/a
Away from home only	None reported	5.2%	n/a
<i>Total accessed the Internet</i>	87%	71%	88%
Did not use the Internet	13%	29%	11%

Of the respondents who did use the Internet:

- 86% used it for personal or private reasons
- 51% used it for health or wellbeing information
- 47% used it for work
- 44% for education or study

63% of respondents who used the Internet used social media. Of these:



66% used Facebook



14% used Twitter

The remaining responses included a mix of other well known social networking sites and chat rooms. The majority of respondents who used social media used it to stay in contact with friends and family, whether in Canberra or not.



Safety

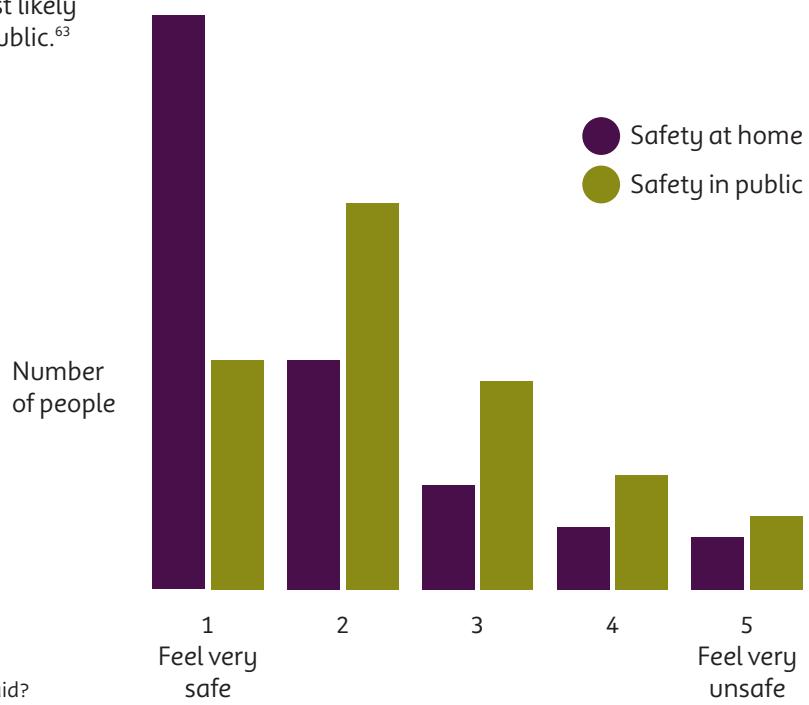
Our sense of safety impacts upon our health and wellbeing. Feeling unsafe can affect an individual's participation in social life by influencing the way they socialise or causing them to avoid social activities. Although feelings of safety are shaped by personal experience of crime, they are also shaped by personal characteristics such as gender and disability status.⁶¹

We wanted to know our respondents' sense of safety both at home and in public in order to identify potential barriers to social connectedness. The ABS reports that nationally women are more likely than men to feel unsafe alone in public (37% compared to 14%) despite the fact that men are more likely to be victims of crime.⁶² This finding reveals women's greater sense of personal vulnerability—vulnerability compounded for women with disabilities who are least likely to report feeling safe at home or in public.⁶³

It is difficult to compare our findings to existing data. This is because we asked our respondents to rate their feelings of safety in public and at home without specifying time of day or asking our respondents to think about being alone as opposed to with others. Feelings of safety measured by the ABS by contrast, relate specifically to being at home or in public *alone after dark*.

We asked our respondents to rate their sense of safety in public and at home on a scale of 1 to 5, with 1 being very safe and 5 being very unsafe. As you can see from the graph below our respondents felt safer at home than they do in public. Only a small minority of respondents felt very unsafe both at home (5%) and in public (7%).

Graph 4: Safety



⁶¹ Australian Bureau of Statistics, 'Who's Afraid? Feelings of personal safety', *Australian Social Trends*, Cat No: 4102.0, Commonwealth of Australia, Canberra, 2010, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features40Jun+2010>

⁶² *ibid.*

⁶³ Australian Bureau of Statistics, *Social Participation of People with a Disability 2001*, Cat No: 4439.0, Commonwealth of Australia, Canberra, 2011, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4439.0main+features72011>

We knew that merely asking questions about our respondents' sense of safety would not reveal the factors that have contributed to these feelings. For example, some respondents may feel unsafe in public because of the physical environment while others may feel unsafe because of other people.

So we decided to ask our respondents what factors contribute to their sense of safety both at home and in public:

- 42% of respondents nominated the behaviour of others, either positive or negative, as being in turn either a positive or negative influence on their sense of safety
- 23% said the physical environment and infrastructure impacts upon their sense of safety, including having an appropriate environment both at home and in public



“I’ve been out of work due to (disability) symptoms for about 5 years. No idea how to get back into the workplace or explain my absence without revealing my illness, which, I’ve learned, is the kiss of death when employers know about it.”



Chapter 5:

Participation in economic life

Access to economic resources has a significant impact on the health and wellbeing of an individual and their community, as it determines peoples' ability to access goods and services. Poor access to paid employment is an additional pressure on people with disabilities, especially women. Not being able to secure long-term paid employment means that people with disabilities rely heavily upon government income support, and as a result suffer in other areas of their lives.⁶⁴

People with disabilities have lower rates of economic participation compared to the non-disabled population. Nationally and in most states and territories, lower rates of participation in employment by people with disability has remained constant.⁶⁵

The labour force participation rate of women with disabilities aged 15–64 years in the ACT is 65.1%, compared to a participation rate of 80.1% for men with disabilities.⁶⁶ Unfortunately data on the labour force participation rate for non-disabled women in the ACT is not available, however, for non-disabled people the participation rate is 86.6%.⁶⁷

People with disabilities are also more likely to be unemployed than non-disabled people. In the ACT data is not available that enables a comparison between men and women with disabilities or between women with and without disabilities, however, the unemployment rate for people with disabilities in the ACT is 4.3% compared to 3.5% for non-disabled people.⁶⁸

Part time employment is also more common for people with disabilities who are in the labour force than for non-disabled people. Nationally (because data for the ACT is not available) 56% of employed women with disabilities are part time workers, as opposed to 22% of men with disabilities. This compares to 47% and 16% for the populations of non-disabled women and men respectively.⁶⁹

In addition to these inequalities, where people with disabilities are employed they commonly earn less than their non-disabled counterparts, and women with disabilities in the workforce tend to earn less than men with disabilities.⁷⁰ People with disabilities also report restrictions in the type of job they can perform, difficulty changing jobs or getting their preferred jobs and restrictions in the number of hours they can work.⁷¹

Employment—and workplace—accessibility is about removing the social and environmental barriers that inhibit people with disabilities leading rewarding working lives. This includes ensuring that individual employees have the physical environment modified to suit their needs. It also includes flexibility, understanding and the assurance that individuals will have their health and disability needs accommodated.⁷² The extent to which an individual's disability negatively impacts their level of productivity is determined as much by the type of work they do and their working environment as it is by their actual disability.⁷³

Ensuring that people with disabilities can engage in paid employment benefits the whole community, not only by maximising human resources but by promoting human dignity and social cohesion.⁷⁴

⁶⁴ Attorney-General's Department, *National Human Rights Action Plan: Baseline Study*, Australian Government, Canberra, 2011, <http://www.ag.gov.au/Documents/ILHRD++NHRAP++Baseline+Study++Final%2805Dec2011%29.pdf>

⁶⁵ COAG Reform Council, *Disability 2010–11: Comparing performance across Australia*

⁶⁶ Productivity Commission, *National Disability Agreement Indicators*

⁶⁷ *ibid.*

⁶⁸ *ibid.*

⁶⁹ Australian Institute of Health and Welfare, 'Australia's Welfare 2011'

⁷⁰ World Health Organization and The World Bank, *World Report on Disability*

⁷¹ Australian Institute of Health and Welfare, 'Australia's Welfare 2011'

⁷² A Skinner, 'Work wise', *Link Disability Magazine*, 20(4), pp. 28–9

⁷³ World Health Organization and The World Bank, *World Report on Disability*

⁷⁴ *ibid.*

Education

The majority of our respondents (63%) had a post high school qualification such as a diploma, bachelor degree or postgraduate degree.

In order to compare our own findings to existing data we have broken our responses into two groups: those who have received a non-school qualification such as a certificate, diploma, and bachelor degree or above, and those without a non-school qualification. Although data is not available to compare the educational attainment of men and women with disabilities in the ACT, it is clear that our respondents on average had higher educational attainment than the population of people with disabilities.

Table 9: Education

	Our respondents	People with disabilities in the ACT⁷⁵	Non-disabled people in the ACT⁷⁶
No non-school qualification or level not determined	37%	45.5%	36.8%
Non-school qualification (certificate, diploma, bachelor degree or above)	63%	54.4%	63.2%

⁷⁵ Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: State Tables for the Australian Capital Territory 2009*

⁷⁶ *ibid.*

Employment

Fifty-five percent of our respondents were employed at the time of the survey. In the ACT where the labour force participation rate for women with disabilities is 65.1%, this represents a low success rate in achieving employment status.

Of those respondents who were employed, the majority (19%) were employed on a permanent part time basis, which is consistent with national trends of overrepresentation of women with disabilities in part time employment. Of the remaining respondents, 17% were permanent full time employees, 14% were working casually or as a contractor and 5% were self employed.

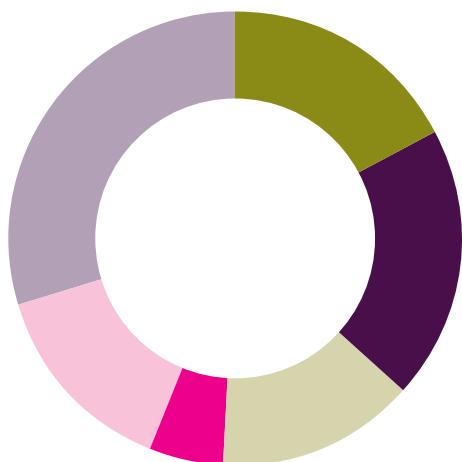
Fourteen percent of our respondents were unemployed and 29% were not in the workforce (retired, studying full time, parenting full time, etc.).

We wanted to be able to compare our respondents' actual employment status with their preferred employment status, to investigate whether there is a high proportion of women with disabilities who cannot access the kind of employment they want.

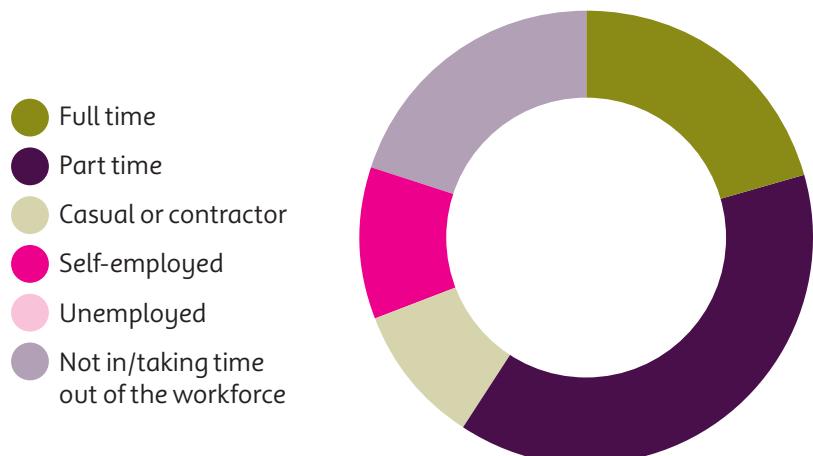
Here is what we found:

- 21% of respondents would prefer to be in full time employment compared to the 17% of respondents actually in full time employment
- 39% of respondents would prefer to be in part time employment compared to the 19% of respondents actually in part time employment
- 11% of respondents would prefer to be self-employed while currently only 5% are self-employed
- While 29% were not in or taking time out of the workforce, only 20% said that they do not wish to be in the paid workforce

Graph 5a: Actual employment status



Graph 5b: Preferred employment status



Our respondents felt that their most important employment requirements are:

- Supportive colleagues
- Flexible hours
- Transport assistance

However, only one quarter (28%) of respondents felt that their employment requirements were being met in their current workplace. A further 19% felt that they were being met to some extent.

Of the 148 respondents who had experienced barriers to employment:

- 26% experienced insufficient opportunities
- 24% experienced discrimination
- 10% felt that there was insufficient support for employers

Some of the comments included:

“Stress in the workplace and exclusion from meaningful work is exacerbating my condition and extending my recovery from severe depression.”

“I’m just about ready to give up any hope of ever finding a job in which I can use my abilities. I am highly educated and have achieved excellent results throughout my last degree...I find the prospects of employment for someone such as myself as poor. I have tried graduate programs, but found these were prohibitive due to several factors. For example, most programs were full-time only... The recruitment process I went through was hopelessly inadequate. They expected me to be able to perform in a group work with strangers for two hours, then do an interview, then complete a computerised test—all on the same day. Now, I have a neurological disorder which makes it exhausting and hard for me to interact with people over long periods of time, but the agency wouldn’t hear of splitting up the process into three days...I had to drop out of the process because it was impossible for me to do this. It seems that all I am fit for is unskilled work.”

“Lack of willingness to be flexible. Employers rant on about workplace flexibility but when you ask for some, they run. Seems to be a one-way flexibility.”

“I want a permanent-part-time job at my level and there are few Public Service Departments that believe that tasks at my level can be done on a part-time basis.”

“I would like to keep a job and be treated with respect.”

Income

Compared to other households, households that include a person with a disability tend to have lower incomes, less wealth, greater reliance on government pensions and allowances, and higher incidence of financial stress.⁷⁷

Almost half the population with disabilities in Australia lives in or near poverty: In 2009 the median gross weekly income for people with disabilities was \$306, about half the earnings of non-disabled people, at \$614.⁷⁸

We asked our participants to nominate their personal and household weekly income:

- The median gross personal income for our respondents was \$400–\$599
- The median gross household income for our respondents was \$800–\$999

The chart below compares gross weekly personal income to gross weekly household income. The bold numbers that run horizontally across the graph indicate the incomes of those respondents who live alone.

Table 10: Income

		Household weekly income													Total
		Negative income	Nil income	\$1–\$149	\$150–\$249	\$250–\$399	\$400–\$599	\$600–\$799	\$800–\$999	\$1000–\$1299	\$1300–\$1599	\$1600–\$1999	\$2000 or more per week		
Personal weekly income	Negative income	3													3
	Nil income		5	1								3	2	4	15
	\$1–\$149			5	1	2	2	1	1	1	1		1		14
	\$150–\$249				10	1	1	1				1		2	17
	\$250–\$399					15	3	1	1	3	2	1	2	2	28
	\$400–\$599						12		1	2	2	3	4		25
	\$600–\$799							7	1	1	3	1	1		14
	\$800–\$999								6	2		2			10
	\$1000–\$1299									4			6		10
	\$1300–\$1599									1		4	1	4	10
	\$1600–\$1999											7	7		14
	\$2000 or more per week												5		5
	Total	3	5	7	11	17	18	12	10	13	16	17	36	165	

⁷⁷ Australian Institute of Health and Welfare, ‘Australia’s Welfare 2011’

⁷⁸ COAG Reform Council, *Disability 2010–11: Comparing performance across Australia*

Fifty-eight percent of our respondents had received government assistance in the four weeks prior to completing the survey, which included payments such as the Disability Support Pension (DSP), Mobility Allowance, Aged Pension, Austudy, Carer Allowance or Payment, Rent Assistance, compensation payments and a range of family support payments.

More specifically, 35% of our respondents received the DSP. In order to compare our findings to existing data about the populations of men and women with disabilities in the ACT, we have limited calculating the rates at which our respondents received the DSP to those aged between 16 and 64 years.

As you will see from the table below, women with disabilities who receive the DSP were overrepresented in our sample. Also in the graph below you will note that in the ACT a higher proportion of men with disabilities receive the DSP than women with disabilities.

Table 11: Disability Support Pension (DSP)

	Our respondents	Women with disabilities in the ACT⁷⁹	Men with disabilities in the ACT⁸⁰
Receives DSP	35%	19.5%	22%

⁷⁹ Productivity Commission,
National Disability Agreement Indicators

⁸⁰ *ibid.*

“Thank you for letting us participate and for you to learn about our living arrangements – it gives us confidence that you care about women like us!”



Conclusion

This report has presented the major findings from the WWDACT and WCHM survey *Strong women, great city*. In presenting these findings we hope to have achieved two things: firstly, to add detail to the outline of the population of women with disabilities in the ACT, and secondly, to highlight the great amount of research and data generation yet to do before we can fill the outline in.

Gender and disability are important determinants of health and wellbeing and social and economic participation; they inform how we think of ourselves as well as how others respond to us. It is only through considering the needs that arise from such personal characteristics that policy, planning and service delivery can really be responsive to them. And to really know what individuals' needs are, we must be able to access high quality data disaggregated by sex and disability in the first place.

This research is a step toward greater understanding of the day-to-day reality of women with disabilities and insight into their specific experiences and concerns. It is only a starting point. The findings will be used by WWDACT and WCHM to continue our work to ensure that women with disabilities in the ACT are able to make informed decisions about and manage their health and wellbeing, be actively involved in and recognised by the community, and enjoy appropriate and flexible employment and education opportunities.

This work is now more important than ever. As the ACT population ages, health and community services will be working with a greater number of women with disabilities. We want to make sure that women's voices are included in shaping Canberra's future, so that it will be a truly great city for all to live in.



“By completing this survey I realise I am very fortunate. There are many women with disabilities in the ACT who I know are not so fortunate. I can only hope this survey can reach this group of women. I found this survey was very well written and organised. Thank you.”



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