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Disability and Community Policy  
ACT Health - ACT Government  
via email: [acthdisabilityandcommunity@act.gov.au](mailto:acthdisabilityandcommunity@act.gov.au)

1 August 2023

Dear Disability and Community Policy Team,

Thank you for the opportunity to provide feedback on the public draft of the ACT Disability Health Strategy.

Women with Disabilities ACT have been active participants in the Health Strategy Steering Committee over the past year, and wish to echo in this submission some feedback already provided in the steering committee that is not currently reflected in the draft. To inform this submission, we consulted with our Policy Advisory Committee (PAC) made up of women\* with lived experience of disability who are consumers in the ACT healthcare system.

Our members were glad for the opportunity to be consulted on the Disability Health Strategy and raised the importance of such strategies as a framework for action. Many alluded to their own negative experiences in the healthcare system and hoped that the Health Strategy could drive concrete change to improve healthcare for women\* with disabilities in the ACT.

However, they noted the difficulty of providing feedback on this strategy without seeing an associated action plan that articulates specific and actionable goals. Although they recognized the importance of a broad strategy, it was difficult to see how some of the principles and focus areas would play out in practice, and thus our members found it difficult to provide useful feedback. WWDACT notes that this sentiment is shared by other organisations with connections to the disability community and reiterates the importance of releasing the First Action Plan for public consultation before the Strategy is finalised.



## Feedback and recommendations

The overwhelming feedback from members was that the strategy document as it currently stands is difficult to read and inaccessible. They raised that the format was hard to follow, information was unnecessarily dense, and diagrams were confusing. They also indicated issues with the 'principles' section on pages 9 and 10. Having a set of definitions offered on these pages which is then replicated in the glossary at the end of the document was confusing and was described by members as "like two glossaries which gave different definitions".

Members also were concerned that the focus of the strategy was on healthcare services and neglected to engage with a wholistic healthcare experience. Many people with disabilities are regularly in contact with the healthcare system, meaning that support communities within healthcare, relationships with service providers, and continuity of care become just as important as provision of services themselves. They hoped to see a greater focus on these areas in an action plan.

Our members strongly felt that the strategy did not give enough thought to intersectionality and acknowledging the different needs of people with disabilities who come from different intersectional groups. They felt that women\* and Aboriginal and Torres Strait Islander people with disabilities particularly needed specific mentions in the strategy. Members felt that the approach to intersectionality represented a 'check-box' approach by listing the intersections rather than integrating them throughout the strategy, and were concerned that none of the focus areas took an intersectional approach. Without consideration of how intersecting marginalised identities affect people's interaction with the healthcare system, the strategy cannot hope to address the diverse needs of intersectional groups in our community.

Members also took issue with the way that the medical and social models were presented in the strategy. They raised that the diagram in the glossary presented a skewed and inaccurate representation of the social model of disability. They were also confused by the framing of 'moving from the medical model to the social model' - and thought that for a 10-year guiding strategy, it was important to fully commit to a social model of disability from the outset.

Overall, members were glad that a strategy is being developed, but the overwhelming sentiment was ambivalence or frustration with the strategy. Many felt that it was 'not written for them' - that the complexity and inaccessibility of the document, coupled with no real commitments to action, made it difficult to understand or provide useful feedback for.



When we asked our members what they would like to see in the First Action Plan, they hoped to see specific and new investments in healthcare. They raised the example of funding a Disability Liaison Officer in Canberra Health Services – similar to the existing Veteran’s and Indigenous Liaison Officers at CHS– something which our PAC and which WWDACT had called for in the 2023 ACT Budget. They were also hopeful to see a funding commitment to fulfilling the items in the action plan to ensure that the Health Strategy is able to make an impact.

We look forward to participating in the development of the First Action Plan, and hope that this plan can also go out for public consultation to allow our membership to consider how the strategy is being implemented and give stronger feedback.

With regards,

A handwritten signature in black ink, appearing to be "Kat Reed", with a long, sweeping tail extending to the right.

**Kat Reed**

CEO, WWDACT