### Women With Disabilties Australia (WWDA)

## Federal Election Platform 2022

**Policy Recommendations Summary** 

The advocacy priorities of WWDA's 2022 Election Platform were informed by WWDA's National Policy Advisory Group (PAG) members, representing different cohorts of women, girls, feminine identifying and non-binary people with disability across Australia.

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Women With Disabilities Australia (WWDA)

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### ABOUT WOMEN WITH DISABILITIES AUSTRALIA

WWDA is the award-winning national DPO and National Women's Alliance (NWA) for women, girls, feminine-identifying and non-binary people with all types of disability in Australia. WWDA is governed, managed and staffed by women and non-binary people with disability, for women, girls, feminine identifying and non-binary people with disability.

WWDA uses the term 'women and girls with disability' (WGwD), on the understanding that this term is inclusive and supportive of, women and girls with disability along with feminine identifying and non-binary people with disability in Australia.

WWDA has affiliate organisations and networks of WGwD in most States and Territories of Australia and is recognised nationally and internationally for our leadership in advancing the rights and freedoms of all women and girls with disability. Our organisation operates as a transnational human rights organisation - meaning that our work, and the impact of our work, extends much further than Australia. WWDA's work is grounded in a human-rights based framework which links gender and disability issues to a full range of civil, political, economic, social, and cultural rights.

For more than two decades, WWDA has initiated and conducted many ground-breaking and critically acclaimed national programs and projects using co-design methods which empower our members to be decision-makers. WWDA has many processes in place to engage with our members and stakeholders, and we utilise a wide range of accessible digital platforms and multi-modal content approaches to maximise communication, consultation, and engagement opportunities.

As the national DPO for women, girls, feminine identifying and non-binary people with disability in Australia, WWDA works on key issues prioritised by our members, in line with WWDA's Strategic Plan. These are:

- Decision-making and agency
- Participation and Leadership
- Prevention of all forms of violence
- Sexual and reproductive health and rights
- Economic security and social protection.

This election platform was informed by these priorities as well as ongoing consultation with WWDA's National Women's Alliance Policy Advisory Group (PAG), made up of individual women with disability, as well as representatives from Women With Disabilities ACT (WWDACT), Women With Disabilities Victoria (WDV) and Women With Disabilities WA (WWDWA).



## Safety From all Forms of Gender-Based Violence

- Establishing and implementing a national framework to prevent and respond to violence against women which utilises the definition of 'gender-based violence' as articulated in CEDAW General Recommendation 35 'Genderbased Violence Against Women' (2017) and is inclusive of the experiences of all women.
- Ensuring that the new National Plan to Reduce Violence Against Women and Their Children 2022-2032 embeds intersectionality across the entirety of its implementation, including prioritising women and girls with disability, CaLD women, migrant and refugee women, women living on temporary visas, Aboriginal and Torres Strait Islander women, LGBTIQA+ people, sex-workers and criminalised women.
- Developing national principles on coercive control that embed the needs and experiences of women with disability, Aboriginal and Torres Strait Islander, CaLD women, migrant and refugee women and women living on temporary visas.
- Addressing the methodological restrictions and limitations of the National Personal Safety Survey (PSS) and the Survey on Disability, Ageing and Carers, Australia (SDAC), in order to ensure a more accurate and comprehensive picture of gender-based violence in Australia to inform prevention, early intervention, response and recovery policy and practices for women and girls with disability. All research about women and girls with disability must use consultation and co-design.
- Endorsing and providing resourcing for a two-year extension of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, on the basis that COVID-19, along with other restrictive

factors, have prevented the Commission from adequately investigating all forms of violence, abuse, exploitation and neglect experienced by people with disability.

- Ensuring that all of the recommendations that come from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability are fully implemented, in consultation and co-design with people with disability and their representative organisations.
- Ensuring that the full list of recommendations from the Royal Commission into Aged Care Quality and Safety Report are fully implemented; in particular recommendation 72 and 73 which apply to aged care for older people with disability, and recommendation 74 which ensures younger people with disability are not inappropriately placed in the aged care system.
- Establishing and implementing a national, time bound strategy and framework that prohibits the use of restrictive practices against people with disability in all settings and contexts.
- Establishing and implementing a national, time bound strategy and framework for the closure of all segregated and closed settings for people with disability, including those operated by non-government and private sectors.

"Until this country is prepared to address the segregation, seeing people with disability as 'other' then we will never ever stop this epidemic that is violence and abuse against women and girls with disability."

- Carolyn Frohmader, WWDA Executive Director





## The National Disability Insurance Scheme (NDIS)

- Expanding the NDIS to include more than 10% of people with disability, through a major review on the eligibility criteria that excludes some neurodivergent people, people with chronic illness, people on temporary visas and people over 65.
- Developing a NDIS Gender Strategy, in consultation with women, girls and LGBTIQA+ people with disability and their representative organisations.
- Implementing mechanisms that regularly monitor the NDIS participation rates of women, girls, non-binary and gender diverse people.
- Commissioning the development of an NDIS Sexuality Policy that addresses the support needs that women and girls with disability may need related to their sexuality and sexual and reproductive health.
- Commissioning a review of NDIS systems to ensure that a trauma-informed approach is embedded across the Scheme, including the implementation of a gender-based violence assessment toolkit.
- Adequately resourcing and equipping the NDIS Quality and Safeguards Commission to respond to all reports of violence and abuse from NDIS services and to develop mechanisms to prevent abuse from occurring.





## Sexual and Reproductive Health and Rights

- Developing and enacting national, uniform and legally enforceable legislation prohibiting the sterilisation of children, and the sterilisation of adults in the absence of their prior, fully informed and free consent.
- Addressing the widespread practice of forced contraception of women with disability through policy and legislative reform, including introducing mechanisms to end the high rate of use of Depo-Provera amongst women with disability in the absence of their prior, fully informed and free consent.
- Implementing a national redress scheme for victim-survivors of egregious forms of sexual and reproductive violence, such as forced sterilisation, forced abortion, forced adoption and child removals. This redress scheme must address both historical and contemporary violations, including those enacted against First Nations women since colonisation, and should include redress measures for victim-survivors including compensation, access to rehabilitation and trauma recovery, alongside structural and community-based redress such as apologies, memorialisation and community education.
- Commissioning a national inquiry into the legal, policy and social services environment that gives rise to the removal of babies and children from parents with disability, at a rate at 10 times higher than non-disabled parents. This inquiry must centre First Nations communities.
- Implementing and enforcing mandatory disability access policies and training for all providers of sexual and reproductive health services, including hospitals, prisons, obstetrics and gynaecology specialists, family planning clinics, maternity services and GP clinics.

 Developing a national strategy, in consultation with people with disability and their representative organisations, to improve access to, and implementation of comprehensive, equitable, accessible, and disabilityinclusive sexual and reproductive health education and information, with a particular focus on improving the access to such information for women and girls with disability, regardless of the setting in which they work, live or study.

> "I got sterilised at 18, my mum said I had to – she said that if I ever had a child, she'd probably have to help look after it. She said: "I went through hell bringing you up and I will not do it again". It's more than 30 years now since I was sterilised and the pain is still unspeakable. It is the biggest regret of my life."

> > Anonymous, WWDA Member



## Climate Change, Emergency Planning and Disaster Mitigation

- Taking meaningful action on climate change, acknowledging the lifethreatening consequences climate-induced disasters pose to women with disability, particularly Aboriginal and Torres Strait Islander women with disability.
- Developing a National Plan and Roadmap to deliver disability inclusive disaster preparedness, resilience and recovery, co-designed with people with disability and their representative organisations.
  Investing in multi-sector targeted responses underpinned by collaborative and inclusive research, including person-centred information, resources, emergency planning tools, services and supports by and for people with disability and their representative organisations.
- Urgently improving information and communications related to disasters, emergencies, and pandemics to ensure they are made accessible to all people with disability, particularly those in segregated settings.
- Ensuring the continuity of support by disability support workers for people with disability during and in recovery from disasters, emergencies, and pandemics.
- Providing free and accessible access to personal protective equipment (PPE), especially N95 or P2 face masks, as well as other medical supplies including pulse oximeters, anti-viral medications, and RATs on an ongoing basis for both people with disability, their support workers and carers.

- Ensuring priority access to ongoing COVID-19 vaccinations, as well as priority access and processing of PCR tests for people with disability, their support workers and carers. This must include the provision of at home vaccinations and testing for people with mobility impairments and/ or sensory issues.
- Resourcing and expanding Telehealth services on an ongoing basis, alongside developing a strategy to improve access to Information Technology and Connectivity for people with disability who may otherwise be unable to access Telehealth appointments.
- Developing a Long COVID strategy that addresses the needs of people with disability, and includes MBS item numbers specific to Long COVID GP consultations and any relevant treatments.

"It occurred to me that it would probably not be safe for me to go to an emergency shelter, if I needed to evacuate because all of my assistive technology and supplies are set up permanently in my house."

- Ricky Buchanan, WWDA Member





### **Economic Security**

- Implementing data collection tools for DSP applicants and recipients, as well as under the *Workplace Gender Equality Act 2012* (Cth), that can provide information on the economic situation of women and girls with disability in Australia.
- Permanently increasing the rate of social security payments including the DSP, JobSeeker, Youth Allowance and ABStudy to reflect the increasing cost of living and lift recipients above the Henderson poverty line.
- Immediately abolishing income control programs such as the Basics Card and Cashless Debit Card.
- Abolishing the eligibility tests used to access the DSP based on the Medical Model of disability, and reframing the definition of disability under the DSP to reflect the Human Rights Model of Disability.
- Removing provisions that exclude applicants from being eligible for the DSP based on the income of their partner.
- Removing discriminatory rules around the DSP, including the 10-year qualifying residence period for migrants with disability and time-bound DSP suspension arrangements for incarcerated people with disability, recognising these rules as being in contravention of the CRPD.
- Recognising that expectations of people with disability to engage in job ready programs are unrealistic and abolishing the Program of Support (POS) and mutual obligations requirements for people with disability, regardless of age or disability status.

- Increasing funding to disability advocacy and community legal services that support women and girls with disability to apply for income support and appeal Centrelink decisions.
- Recognising Australian Disability Enterprises (ADEs) and other segregated models of employment as being in contravention of the CRPD and ceasing the continuation of any government process that endorses ADE participation or the Supported Wage System (SWS).
- Developing and implementing a national, time bound strategy to transition workers with disability out of segregated employment, into open, inclusive and accessible forms of employment and that ensures equal remuneration for work of equal value; that incorporates recommendations from previous employment inquiries, such as the *Willing to Work Inquiry*; and that contains targeted gender, age and culturally specific measures to increase workforce participation and address structural barriers.

"Many of us have the added burden of medical expenses and transport costs. We struggle to make ends meet let alone have any sort of quality of life. Not all pensioners are aged, entitled to NDIS or live in government housing."

- Anonymous, WWDA Member





# Leadership and Decision-Making

- Abolishing substituted-decision making regimes and mechanisms that deny women and girls with disability the opportunity to make their own decisions or recognise their legal capacity.
- Implementing a supported decision-making framework for women and girls with disability.
- Adequately and sustainably funding and resourcing DPO's constituted by, of, and for women with disability (including core support and resources for capacity building) to ensure women with disability have basic human rights, opportunities for leadership and building personal and community capacity.
- Increasing the accessibility of political processes, including through the provision of accessible information on political candidates and parties in Easy Read, Auslan and other languages, increased options for voting that don't require attendance at a polling booth, and opportunities to access training, mentorship or leadership development for becoming a government representative.





#### Women With Disabilities Australia (WWDA)

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Women With Disabilities Australia (WWDA) has Special Consultative Status with the Economic and Social Council of the United Nations.

#### Awards

Winner National Human Rights Award 2001

Winner National Violence Prevention Award 1999

Winner Tasmanian Women's Safety Award 2008

Nominee UNESCO Prize for Digital Empowerment of Persons with Disabilities 2021

Nominee French Republic's Human Rights Prize 2003

Nominee UN Millennium Peace Prize for Women 2000

Certificate of Merit Australian Crime & Violence Prevention Awards 2008

Nominee National Disability Awards 2017