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Family &  
Community  
Services

# Addendum to the Standards in action manual: Women with Disability

This addendum is designed to provide further guidance on the application of the NSW Disability Services Standards to the particular needs of women with disability and is an extension of the Standards in action manual (2012).



# Document approval

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# 1 Introduction

## 1.1 Purpose

This *Addendum to the Standards in action manual: Women with Disability* is designed to provide further guidance to service providers on the application of the NSW Disability Services Standards (NSW DSS) in relation to the particular needs of women with disability.

## 1.2 Background and policy links

The disability service system in NSW currently faces new opportunities and challenges, particularly with the launch of the National Disability Insurance Scheme (NDIS). Current reforms under *Ready Together* are focused on ensuring that people with disability and service providers are well placed for this new environment - where people with disability can exercise more choice, control and flexibility over how their supports and services are delivered.

The *Disability Inclusion Act 2014* (DIA) and the *Disability Inclusion Regulation 2014 (the Regulation)* commenced on 3 December 2014. The NSW DSS still apply, just like they did before the DIA commenced. The only change is that the standards are now specifically captured in legislation as outlined in the Regulation<sup>1</sup>. The Act also confirms that all Family and Community Services, Ageing Disability and Home Care (ADHC) funded providers must continue to have their performance against the standards independently verified<sup>2</sup>.

The DIA contains general principles which align with the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD) and acknowledge the human rights of all people with disability<sup>3</sup>. It also includes principles recognising the needs of particular groups, such as Aboriginal and Torres Strait Islander people with disability, people with disability from culturally and linguistically diverse (CALD) backgrounds, women with disability and children with disability<sup>4</sup>.

The DIA replaces the *Disability Services Act 1993* (DSA) and aims to better recognise the human rights of people with disability and directly references support of the UNCRPD<sup>5</sup>. The DIA has two main roles:

- Committing the NSW Government to making communities more inclusive and accessible for people with disability now and into the future. These commitments will continue even when the NDIS is operating across NSW.

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<sup>1</sup> See *Disability Inclusion Act 2014* (NSW) s.20 and s.31(2) and *Disability Inclusion Regulation 2014* reg 8 and Schedule 1

<sup>2</sup> *Disability Inclusion Act 2014* (NSW) s.31(1).

<sup>3</sup> *Disability Inclusion Act 2014* (NSW) s.4

<sup>4</sup> *Disability Inclusion Act 2014* (NSW) s.5

<sup>5</sup> See *Disability Inclusion Act 2014* (NSW) s.3(e).

- Regulating specialist disability supports and services for people with disability in NSW and introducing better safeguards for these services until the change over to the NDIS.

As the NSW DSS meet the general principles of the DIA<sup>6</sup>, service providers will need to continue to implement the NSW DSS in order to meet their obligations under the DIA and Disability Inclusion Regulation. Providers must still refer to the Standards in action manual as a practical guide.

While the Standards in action manual provides guidance on working with people with disability from Aboriginal and Torres Strait Islander and CALD backgrounds, there is a need to build on this advice in regard to women with disability and children with disability. This addendum provides an overview of some of the issues and resources that may help providers in working with women with disability. This addendum is not aimed at being a prescriptive document but has been developed to assist service providers in having regard to the principles of the DIA when providing supports or services to women with disability. For additional guidance to support services with applying the NSW DSS and giving regard to the principles of the DIA when working with children with disability, please refer to the *Guide for services working with children and young people with disability and their families*.

The DIA outlines the following principles recognising the particular needs of women with disability:

- (4) Supports and services provided to women with disability are to be provided in a way that:
- (a) recognises that women with disability may face multiple disadvantage and are potentially more vulnerable to risk of abuse or exploitation, and
  - (b) addresses that disadvantage and risk, and the needs of women with disability, and
  - (c) is informed by consultation with women with disability.<sup>7</sup>

### 1.3 Women with disability

It is important to firstly acknowledge that women with disability are considered among the most marginalised in society, with the girl-child with disability being considered the most at risk<sup>8</sup>. As outlined in the UNCRPD<sup>9</sup>, women with disability are subject to multiple layers of disadvantage and discrimination and face stigmas associated with both gender and disability. Women with disability from Aboriginal and Torres Strait Islander and CALD backgrounds may experience additional stigmas that exclude them on the basis of culture and

<sup>6</sup> The general principles are in s4 of the *Disability Inclusion Act 2014* (NSW)

<sup>7</sup> Disability Inclusion Act (2014) (NSW) s 5 (4)

<sup>8</sup> Women with Disabilities, Women Watch: Information and Resources on Gender Equality and Empowerment of Women, United Nations 2011

<sup>9</sup> *United Nations Convention on the Rights of Persons with Disabilities* Preamble Paragraphs (p), & (q), and Article 6

heritage. As such, it is important to combat stereotypes, prejudices and harmful practices relating to women with disability in all areas of life<sup>10</sup>.

Women with disability are also disproportionately more at risk of suffering from all forms of abuse<sup>11</sup> and within the Australian context, women with disability are the most high risk group for domestic violence<sup>12</sup>.

Women with disability in Australia may also experience disadvantage in the following areas<sup>13</sup>:

- violations and denials of their sexual, reproductive and parenting rights;
- inadequate access to healthcare service and information, particularly in the areas of sexual, reproductive and mental health;
- disadvantages in gaining and maintaining paid employment, or equal levels of pay;
- inadequate access to appropriate housing or greater likelihood of being institutionalised;
- poor access to education and training opportunities; and
- lower levels of participation in decision making processes, and lower participation levels in political and public life.

While by no means an exhaustive list, such factors contribute to overall diminished socio-economic outcomes for women with disability. In response, there is a need for systemic action to address the barriers that women with disability experience and a need to incorporate a *gender perspective when promoting the full enjoyment of human rights*<sup>14</sup>. Action is required to promote the development, advancement, empowerment and exercise and enjoyment of fundamental freedoms for women with disability<sup>15</sup>.

Therefore, it is necessary for service providers to recognise the particular issues that may be encountered by women with disability when delivering disability support services. Careful consideration and planning is required to develop strategies to address the particular needs of women with disability.

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<sup>10</sup> CRPD Article 8 (1.b)

<sup>11</sup> Abuse and Neglect Policy and Procedures, ADHC 2014

<sup>12</sup> Women with Disabilities Australia (WWDA), Think Piece Document for the Development of the National Framework to Prevent Violence Against Women, WWDA 2015

<sup>13</sup> Women with Disabilities Australia (WWDA), Submission to the National Inquiry into Equal Recognition Before the Law and Legal Capacity for People with Disability, WWDA 2014

<sup>14</sup> CRPD Preamble (s)

<sup>15</sup> CRPD Article 6

## 2 Scope and application

This document is applicable to FACS operated and funded service providers and should be read in conjunction with the *Quality Policy for ADHC funded services* and the *Standards in action manual*.

## 3 NSW Disability Services Standards (NSW DSS)

In complying with the NSW DSS, service providers will also demonstrate having regard to the disability principles and the principles recognising the needs of particular groups in the delivery of services. While the *Standards in action manual* contains some practice examples that focus on the particular needs of women with disability, this addendum provides further practice examples and tips to guide providers on how a gender perspective can be incorporated in implementing the NSW DSS when providing supports or services to women with disability.



### 3.1 NSW DSS and DIA disability principles – recognising the needs of women

| NSW DSS   | NSW DSS Practice Requirement (PR)  | Issue  | DIA Tip  |
|---|--|--|--|
| <p><b>1. Rights</b></p> <p>Each person receives a service that promotes and respects their legal and human rights and enables them to exercise choice like everyone else in the community</p> | <p>PR1: Each person is aware of their rights and can expect to have them respected</p> | <p>When addressing the rights of people with disability it is important for services to recognise that women may face multiple forms of disadvantage and are potentially more vulnerable to risk of abuse or exploitation<sup>16</sup>.</p> <p>There is a need to actively combat the harmful attitudes and practices that may be limiting a woman with disability to achieve her rights.</p> <p>Service delivery should be focused on ensuring that any disadvantages or risks identified are addressed directly by the service and/or in partnership with other relevant services.</p> | <p>Service providers make available accessible information to women with disability that increases awareness and understanding of their rights and how to recognise infringements of their rights.</p> <p>In providing information, service providers should also take into consideration the culturally diverse needs of women.</p> |

<sup>16</sup> *Disability Inclusion Act 2014* (NSW) s.5(4)

| NSW DSS  | NSW DSS Practice Requirement (PR)  | Issue  | DIA Tip  |
|--|--|--|--|
|  | PR2: Service providers are to uphold and promote the legal and human rights of each person                                 |  | Service providers are encouraged to develop or make information and training available to all their staff on ways to recognise, respond and provide support to women with disability experiencing abuse or violence.   |
| <p><b>2. Participation and inclusion</b></p> <p>Each person is encouraged and supported to contribute to social and civic life in their communities in the way they choose</p> | PR1: Each person is actively encouraged and supported to participate in their community in ways that are important to them | Women with disability are less likely to participate in the community in meaningful ways due to prejudices about their capabilities. There is a need to recognise and promote, that women with disability have the right to actively participate and feel included within the community in the same way as others. This includes, but is not limited to participation in employment, education and motherhood. | <p>Service providers are encouraged to ensure that all options are explored to inform women of the many ways they are entitled to and can participate fully within the community. Innovative channels could be explored to demonstrate to women with disability that they have the right to be included. For example, service providers could utilise different social media platforms and their formats such as YouTube (video), Twitter (short character messages) or Instagram (images) to raise the profile of women with disability and promote their rights.</p> <p>Service providers should also be conscious of the particular access requirements of women when looking at ways to support active</p> |

| NSW DSS | NSW DSS Practice Requirement (PR)   | Issue | DIA Tip   |
|---------|---|-------|---|
|         | <p>PR2: Service providers develop connections with the community to promote opportunities for active and meaningful participation</p> |       | <p>and meaningful participation and inclusion within their services in the community. For example service providers could make sure to note that all personal care considerations are addressed and these facilities are available to women with disability when engaging with community based services.</p> <p>Service providers are encouraged to explore opportunities for women with disability to connect with one another through formal and informal groups if requested.</p> <p>For example, if it is expressed there could be opportunities to help mothers with disability to connect with others with disability or with community based mother's groups.</p> <p>Service providers are encouraged to develop awareness raising initiatives that target the community as a whole; with the aim to change attitudes, reduce stigma, challenge the status quo and disregard stereotypes. Service providers have a shared responsibility in ensuring</p> |

| NSW DSS  | NSW DSS Practice Requirement (PR)                              | Issue   | DIA Tip  |
|--|--|---|--|
|  |  |   | the women they support have the same opportunities and choices to engage in their chosen community in a way which is equal to all other Australians.   |
| <b>3. Individual outcomes</b><br>Each person is supported to exercise choice and control over the design and delivery of their supports and services | PR1: Service providers maximise person centred decision making | <p>Women with disability are less likely to be involved in meaningful decision making processes due to the lack of understanding of their rights. There is opportunity for service providers to build the capacity of women with disability through targeted programs and information.</p> <p>There is also a need to recognise how gender has impacted the situation of the individual woman with disability and to incorporate this into the support and services planning process.</p> | <p>Service providers could develop or link people with disability to capacity building and human rights training or workshops to empower women with disability to participate in the decision making process.</p> <p>Services could encourage and/or provide opportunities for female clients with disabilities to have direct input and control about the design and delivery of the services they receive. These opportunities can include direct interviews with clients, focus groups about service design, surveys, opportunities for clients to join the service's management committee and /or promote an open invitation to clients for their ongoing input.</p> |
|  | PR2: Service providers undertake person centred approaches to  |   | The support planning process needs to take into account the gender and   |

| NSW DSS   | NSW DSS Practice Requirement (PR)  | Issue  | DIA Tip  |
|---|--|--|--|
|   | planning to enable each person to achieve their individual outcomes                |  | diversity factors of the woman and how that has impacted her opportunities and how to enhance these.   |
| <p><b>4. Feedback and complaints</b></p> <p>When a person wants to make a complaint, the service provider will make sure the person's views are respected, that they are informed as the complaint is dealt with, and have the opportunity to be involved in the resolution process</p> | PR1: Each person is treated fairly by the service provider when making a complaint | There is a need for active targeting and consultation of women with disability to gain their feedback and complaints. Women with disability are often under-represented in consultation procedures and considered effort should be made to ensure women with disability know they have the right to complain, feel safe to speak up and have their concerns addressed. | <p>Service providers could develop targeted materials for women with disability in accessible formats on information about how to make a complaint and how to recognise situations where they might want to make a complaint.</p> <p>In developing targeted materials for women, service providers are encouraged to also take into account the culturally diverse needs of women.</p> |
|   | PR2: Each person is provided with information and support to make a complaint      |  | Service providers could link women with disability with relevant resources and avenues, such as complaint capacity building training to assist them in the process of making a complaint.  |

| NSW DSS   | NSW DSS Practice Requirement (PR)  | Issue   | DIA Tip   |
|---|--|---|---|
|   | PR3: Each service provider has the capacity and capability to handle and manage complaints |   | <p>Women with disability may feel scared to make a complaint so it is important to establish a number of avenues through which complaints can be made.</p> <p>Women with disability may not feel comfortable talking to a male staff member about their concerns, so service providers are encouraged to ensure that there are a range of options for women with disability to communicate and that they are made aware of this.</p> <p>Ensure each woman making a complaint is supported in a way which reflects her individual, cultural and linguistic needs to assist her to participate in the complaint handling process.</p> |
| <p><b>5. Service access</b></p> <p>Each person is assisted to access the supports and services they need to live the life they choose</p> | PR1: Service providers make information available about their services                     | There is acknowledgement that there is a general lack of gender-specific and disability-specific information for women with disability. Particularly when it comes to accessing healthcare and health services regarding sexual and reproductive, | Service providers could ensure that their promotional materials are inclusive of women with disability and include images of women from diverse cultural backgrounds engaging in a wide range of activities.  |

| NSW DSS | NSW DSS Practice Requirement (PR)   | Issue   | DIA Tip  |
|---------|---|---|--|
|         |   | <p>parenting and mental health issues.</p> <p>This highlights an opportunity for the disability services sector to ensure that women with disability are supplied with adequate information about what services they can access and how. This could be achieved</p> | <p>Service providers could ensure that promotional materials are catered specifically to target CALD women with disabilities in a range of community languages. Promotional content should also be developed that specifically targets and is accessible to Aboriginal women with disabilities.</p>  |
|         | <p>PR2: Service providers have clearly defined processes to access services</p>                       | <p>either through developing materials or working to establish links with community groups to ensure that women with disability have access to targeted information they need regarding their health and wellbeing.</p>   | <p>Service providers could consult women in community forums or through community groups to understand how to improve the accessibility of their service.</p> <p>Service providers could specifically identify gaps in services or barriers that may exist to accessing current services for different groups of women with disabilities through the consultation process.</p> |
|         | <p>PR3: Service providers work with other organisations to increase each person's support options</p> |   | <p>Service providers are encouraged to make links with mainstream community services to ensure that the needs of women with disability are being adequately addressed, particularly in regards to the promotion of health services.</p> <p>For example, there are opportunities</p>  |

| NSW DSS   | NSW DSS Practice Requirement (PR)  | Issue   | DIA Tip   |
|---|--|---|---|
|   |  |   | to partner with antenatal clinics, postnatal support groups, child and family health groups and breastfeeding associations to improve health care access for women with disability and engage in cross-promotion of services.   |
| <p><b>6. Service management</b></p> <p>Service providers are well managed and have strong and effective governance to deliver positive outcomes for the people they support</p> | <p>PR1: Each person receives quality services which are effectively and efficiently governed</p> | <p>For positive outcomes to be achieved management should acknowledge that women with disability are an important group that require particular attention and consideration in their organisational development process.</p> <p>Management effort is required so that the needs and concerns of women with disability are on its agenda for service delivery improvement. Management should consider and explore ways in which women with disability could be consulted. Staff training and skill development is also required so that the organisation has the capacity to recognise and address the needs of women with disability.</p> | <p>Ensure that women with disability are included, consulted, addressed and considered as an important service user group in board member discussions and planning about service development.</p> <p>Service providers are encouraged to include women with disability or people with expertise in caring for women with disability as board members of their organisation or develop mechanisms for them to support the decision making process for board members of an organisation.</p> <p>For example, women with disability could be invited to sit on the selection panel for the hire of staff to work with women with disability in the organisation.</p> |



| NSW DSS | NSW DSS Practice Requirement (PR)   | Issue | DIA Tip  |
|---------|---|-------|--|
|         | <p>PR2: Each person receives quality services that are well managed and delivered by skilled staff with the right values, attitudes, goals and experience</p> |       | <p>Adopt and implement not only equal employment opportunity, but also affirmative action policy as part of organisations' human resources practices, in order to work towards increasing the workforce participation rate of women with disability.</p> <p>Service providers are encouraged to raise awareness about the issues facing women with disability by training staff to understand that women with disability face multiple levels of disadvantage and develop strategies to recognise and address these in service delivery.</p> |

## 4 Case Studies

### 4.1 Practice example – Sylvie’s story

Sylvie is in her late twenties and is known to be highly social and well-liked. She has been living with her grandmother since she was very young through a model of care which engaged centre based respite and some emergency respite services as required. However, as her grandmother’s health was declining and there were no other family members available to provide care, Sylvie was quickly transitioned to supported accommodation nearby. She is now living in a group home with three other housemates, all of whom are young women with an intellectual disability.

Sylvie is not entirely happy with this arrangement as she is not used to being around male carers, especially when it comes to matters of personal care. She is also having clashes with one of her housemates who keeps taking and using Sylvie’s belongings without her consent. She is unsure of who to talk to about her situation and is scared of complaining. As an outlet for her frustrations Sylvie has started experimenting with drinking as a social activity with her housemates and they frequent the pub for their Friday night counter meal. There she meets a young man named Ben and their friendship develops quickly into a relationship over a few weeks.

Sylvie has been told by a staff member that she is not allowed to invite Ben to visit her at her group home as it will impact on the other residents. Sylvie started going missing from the activities and the work shifts that she is meant to attend, including visits to see her grandmother. The service discovered that Sylvie has been going off to see her boyfriend. Sylvie’s grandmother was informed about Ben and Sylvie was asked to stop seeing him. Sylvie becomes increasingly unhappy and decided to run away to live with Ben. The service reported Sylvie as missing and the matter was referred to a case manager for further investigation.

It was identified that Sylvie was not adequately engaged in her process of support planning and that her needs and rights were largely ignored when she was transitioning to supported accommodation. It was also found that Sylvie was not consulted and provided with an orientation regarding her right to make complaints about other service users or the service when she first began living in the group home. She was not given a choice in the types of care she received and who she received care from. Most of her needs had been relayed to the service by her grandmother and were based on a plan that was established when she was in her teens.

To rectify this problem, Sylvie was provided with the opportunity to take part in a new assessment and support planning process which included funding which she was able to self direct. Sylvie was also encouraged and supported to make a formal complaint against the accommodation service.

Sylvie requested to live with Ben. This put a lot of strain on her relationship with her grandmother, who tries to make a case against Sylvie. The issues raised by Sylvie’s grandmother are the risks of abuse, exploitation and violence from Ben, his family and friends, Sylvie’s sexual and reproductive health, the risk of her falling pregnant

and her and Ben's overall capacity to live a healthy lifestyle. These concerns were discussed with Sylvie and she was assisted to identify the potential risks and supported to develop safeguards to address these risks.

Sylvie and Ben were both provided with information on abuse, violence and sexual health, with a particular focus on ensuring Sylvie knows about her rights and avenues for seeking help. Sylvie was linked with life skills courses to build her capacity to live independently and Ben was also educated on caring for a person with intellectual disability. Sylvie's support package has been tailored so that she can live as independently as possible with Ben. Sylvie hopes that as time progresses her grandmother can accept her choices and that they can repair their relationship.

### Key message

People with disability, particularly women with disability, are often denied access to the decision-making process about their lives, particularly decisions which involve some level of risk. While it is important to ensure there are appropriate safeguards, women with disability have the right to take reasonable risks to meet their life's goals including risks such as engaging in relationships and sexuality.

Service providers are encouraged to focus on safeguards that build the capacity of the woman with disability to understand her rights to be free from abuse, recognise instances of abuse and to know where to report any incidences. Providers should also focus efforts to help women with disability understand their rights and the procedures to provide feedback and make complaints regarding the services they receive.

Reference to NSW DSS: Standards 1, 2, 3, 4

### Further information

The National Plan to Reduce Violence against Women and their Children 2010 – 2022

<https://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children-2010-2022>

Domestic and Family Violence Framework for Reform

[http://www.women.nsw.gov.au/violence\\_prevention/Domestic\\_and\\_Family\\_Violence\\_Reforms](http://www.women.nsw.gov.au/violence_prevention/Domestic_and_Family_Violence_Reforms)

Domestic Violence: Disability/Disabilities

[http://www.domesticviolence.nsw.gov.au/what\\_are\\_my\\_options/what\\_are\\_my\\_options/i\\_have\\_a\\_disabilitydisabilities](http://www.domesticviolence.nsw.gov.au/what_are_my_options/what_are_my_options/i_have_a_disabilitydisabilities)

Responding to Women with a Disability (Domestic Violence)

<http://nswlhd.health.nsw.gov.au/about/domestic-family-violence/responding-to-women-with-a-disability/>

## 4.2 Practice example – Robyn’s story

Robyn is an Aboriginal woman in her early fifties who enjoys living on her own. Since the onset of multiple sclerosis in her mid thirties her extended family and the local Aboriginal community have given her support and help with the things she found hard to do in times of need. Due to this Robyn has largely been able to live independently in her own apartment and continues to work full time as an office manager for a busy, local building contractor, in between episodes of the disease. Things were going well until early in the year when Robyn had a stroke and was hospitalised. The resulting muscle weakness has impacted her general mobility. After her condition was stabilised, Robyn was discharged with a plan from the hospital including an appointment with a local support planner to discuss her needs.

Robyn was given an appointment with Liam from her local disability Organisation B for support planning. She was not informed that she was able to bring members of her family along to this meeting. Robyn tried to find more information about Organisation B but all she could find was a dated website. This raised concerns for Robyn about whether she will be given adequate support. Robyn expressed that it is a priority for her to be able to live a life where she is largely able to stay in her own home within her community, with minimal assistance. It is also very important to Robyn to have paid work in some capacity. Robyn’s employer made her feel that it is not practical to integrate her back into her old role given the demands of the work and her diminished capacity to travel, so she resigned.

In assessing Robyn’s needs Liam found that Robyn’s apartment block had no lifts and would be difficult to modify given its size. Liam sourced a place in some pre-modified cluster accommodation where Robyn could live in a house nearby other people with disability. However, in moving she will no longer be within walking distance of her friends and family. Liam sold the move to Robyn by highlighting that she is able to remain living on her own in a place that is ready for her to move in and that additionally she can be around other women with disability. Thinking that this was the only option for her to remain independent, Robyn accepted the move.

Liam then linked Robyn up with a local employment agency but they found that the only organisations willing to engage with Robyn were those in hospitality or domestic services. Robyn was offered a role taking food orders at a local Reserve Leagues Club, with the concession that it allows her to remain mostly seated.

At a follow up physiotherapy appointment at the hospital, her therapist Carol, noticed that Robyn wasn’t her usual cheerful self. Robyn told Carol about her upcoming move and new job. Carol reminded Robyn that she has the right to speak up if she is not happy with the services Liam has provided. Carol also informed Robyn that she has the right to involve her family in her support planning process. She encouraged Robyn to contact the management of Organisation B. Carol also advised Robyn that there are multiple sclerosis and Aboriginal disability peak bodies that can provide additional support and advocate on behalf of Robyn and her family.

With the support of the Aboriginal disability organisation, Robyn and her family got in touch with Organisation B regarding her dealings with Liam. A meeting was set up with Robyn and her family in the home of a local elder to discuss her feedback with Organisation B.

Robyn expressed that she faced challenges in finding information about Organisation B's services. Management acknowledged that it had simply assumed that everyone knew about the organisation and its services as it had been in the community for some time. Robyn relayed that she felt forced to choose the support options presented to her due to her unfamiliarity with disability support services and that Liam did not really make an effort to support her in ways that reflected all her needs.

Upon looking into Robyn's situation, the management of Organisation B discovered that due to the demands of being the main local service provider, that they had not kept their systems and records up to date. Furthermore, in being new to the organisation, Liam had not attended any of the diversity awareness training that had been previously delivered. Organisation B also had no system to monitor staff training; had this been in place it could have identified that it may not have been culturally appropriate to assign Liam as Robyn's support planner.

Organisation B had not been proactive in informing individuals that they had the right to provide feedback and make complaints, or that they could request changes to who supported them. The organisation had also stopped investing in fostering new community networks and was reliant on existing local options for service delivery. Liam admitted that he had not taken the time to familiarise himself with the additional supports which could have been sourced from the local community and surrounding areas. He had focused on what Robyn had expressed were her main goals of independent living and employment and did not take the opportunity to determine if Robyn could also benefit from additional social support and community engagement services. Liam also had not checked in with Robyn to see if Robyn was happy with the support she received.

Six months down the track Robyn and her family are now happily working with a new support worker, Samantha, from Organisation B. Robyn is receiving support from a disability employment service agency to adapt her previous workplace. Her employers were not aware of Robyn's right to employment and were notified of their inappropriate conduct. She has been receiving support to travel to work and works from home two days a week. Robyn has been able to remain in her own home with the assistance of a drop in support service which assists her to be able to leave her home, continue to work and also live within her community. Robyn is also using some of her funding to attend arts and entertainment events in a neighbouring town, something she thought she had to give up given her mobility challenges. Robyn is looking forward to exploring more ways to get involved in social and community activities.

Organisation B is working to address the gaps in their service delivery and have engaged a third party to help them develop a system of continuous quality improvement. Liam has received the appropriate cultural awareness training and is being mentored by an experienced support planner in the organisation to develop his skills.

### Key message

It is important for service providers to understand that women with disability can face multiple layers of disadvantage and societal barriers. The United Nations highlights perceptions of “gender, race, age, language, ethnicity, culture, religion or disability” as amongst some of the challenges that can impede a woman’s access to appropriate, care, education, housing, training and employment. This can impact a woman’s capacity to engage in community life in a meaningful way. Service providers need to strive for continuous improvement, innovation and collaborative partnerships with the community and with the people that are important to each individual, such as family members. This is important to ensure positive outcomes for people with disability, particularly women with disability.

Reference to NSW DSS: Standards 2, 3, 4, 5, 6

Further information

JobAccess

<http://www.jobaccess.gov.au/>

Disability Employment Services

<http://www.humanservices.gov.au/customer/services/centrelink/disability-employment-services>

Workplace Gender Equality Act 2012

<https://www.wgea.gov.au/>

Ageing, Disability and Home Care Aboriginal Policy Statement (2010).

[www.adhc.nsw.gov.au](http://www.adhc.nsw.gov.au)

Support for Aboriginal people with disability: Shoulder to shoulder: Information for Aboriginal families who have a child or young person with a disability

[http://www.adhc.nsw.gov.au/\\_data/assets/file/0003/228675/Shoulder to Shoulder Booklet 1-8-08.pdf](http://www.adhc.nsw.gov.au/_data/assets/file/0003/228675/Shoulder_to_Shoulder_Booklet_1-8-08.pdf)

Carers and respite: Aboriginal carers support guide (PDF) available from

[http://www.adhc.nsw.gov.au/\\_data/assets/file/0011/228674/Aboriginal Carers Support Guide April2012.pdf](http://www.adhc.nsw.gov.au/_data/assets/file/0011/228674/Aboriginal_Carers_Support_Guide_April2012.pdf)



### 4.3 Practice example – Maria’s story

Maria is 19 years old with a vision impairment and mild intellectual disability. She lives at home with both her parents and younger siblings. She receives support from Alyssa, her key worker who has known Maria since she had started high school. Maria discusses most things with Alyssa. Alyssa noticed that Maria has been less talkative and a lot more withdrawn since starting college and wondered if she is coping with her study schedule. Alyssa asked Maria about how things were going at school and she told Alyssa that her classmates go out and date a lot. Maria would also like the opportunity to meet people and go dating but she is scared of what her parents will think and if they would let her. She asked Alyssa for her advice and help.

While Alyssa was initially taken aback as the request came out of the blue, as a first step she tried to better understand Maria’s situation. She also used the discussion as an opportunity to identify if there are other areas where Maria would like to make changes. Alyssa found out that while Maria is enjoying her studies, she feels her social life is limited and that a lot of support is focused on her education. Maria is interested in music and dance and would like to find more activities to get involved in with a view to meeting new friends and also meeting a partner. She expressed that she wants to know more about going on the pill and would one day like to get married and have children.

When Maria’s wishes were discussed with her parent’s, they relay their concerns over her safety while dating. They feel they do not have time to ensure she is safe while out and to accompany her to the activities and events that she wants to attend. They admit that they are uncomfortable with the thought of Maria having sex and children and it was not something they saw for her future. They are happy for her to take the oral contraceptive pill if that prevents her from ever having children and happy to have that arranged immediately.

Alyssa explained that while their views are important it is ultimately Maria’s right to have her needs met in all areas of her life. Alyssa firmly informed them that forced contraception is a form of abuse and that Maria needs to have a say on when she starts and stops taking the pill in a discussion with her doctor. She offered to take Maria and her parents through all the available resources and supports regarding dating with disability, as well as motherhood with disability. She also informs them, that if requested, she could also link Maria and her family with social and community support groups of people with disability and their families in similar situations to help support them with their decision making.

Alyssa explained that similar to the assistance she receives for school, there is funding for a variety of options to ensure that Maria can get to her chosen activities safely. She informed Maria’s parents that should Maria request it, a support worker can be arranged to accompany her to the speed dating event for people with disability that she wants to attend.

After working through all the options and information, Maria’s parents grew to have a better understanding of her needs. Maria agreed that she wanted to be supported to travel to her activities and events and was able to request that Alyssa accompany her on occasion. Six months later Maria has moved up a level in her community dance classes and is enjoying getting out to social dancing events and gigs with her

new friends. She has been on a few dates with connections she's made through the speed dating event and through her dancing. Maria is feeling confident about making decisions about her future.

### Key message

A holistic view of life stages and gender based needs should be considered by service providers when working with people with disability. Women with disability should be given opportunities to fully exercise their rights to participate and feel included in the community, including the right to information and services to support them with sexual health and parenthood. Service providers are encouraged to draw upon and link with a range of specialist and community based supports and activities.

Reference to NSW DSS: Standards 1, 2, 3

Further information

Being a Healthy Woman (disability)

[http://www0.health.nsw.gov.au/pubs/2010/being\\_healthy\\_woman.html](http://www0.health.nsw.gov.au/pubs/2010/being_healthy_woman.html)

NSW Health Women's Health Framework (2013)

<http://www.health.nsw.gov.au/women/Pages/womens-health-framework-2013.aspx>

Physical disability and sexuality

[http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Physical\\_disability\\_and\\_sexuality?open](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Physical_disability_and_sexuality?open)

Intellectual disability and sexuality

[http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Intellectual\\_disability\\_and\\_sexuality?open](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Intellectual_disability_and_sexuality?open)

Online dating with a disability

<http://www.divine.vic.gov.au/main-site/lifestyle/relationships/online-dating;storyId,0919>



## 4.4 Practice example – Lu Lu’s story

Lu Lu is a 23 year old female who arrived in Australia from a refugee camp in Malaysia with her siblings and other extended family members on a humanitarian visa. Lu Lu’s family are from the Kachin ethnic group which has been persecuted by the Myanmar Government. The family fled Myanmar to a refugee camp in Malaysia in 2006.

Lu Lu has always been considered different and problematic and was often withdrawn and awkward, seemingly preoccupied with ‘odd’ behaviour. In observing Lu Lu, the medical service in the camp diagnosed her with Asperger’s Syndrome. The family not knowing what that meant had attributed Lu Lu’s condition to mental illness. Despite the diagnosis, the camp’s medical services were lacking resources and did not consider Lu Lu’s case a priority and left her family to deal with her as it saw fit. After 8 years in the refugee camp, Lu Lu and her family were resettled in Australia in an area with a growing number of Kachin families. As part of the settlement process, the family went for health checks. After a range of appointments, Lu Lu was referred to a disability service provider for support planning.

Melissa is a disability support worker and planner and her organisation has recently started working more with Kachin refugees. She was introduced to Lu Lu and her family and arranged to visit them with a Kachin language interpreter. She found that while they were greeted and welcomed politely, Lu Lu’s family members seemed reluctant to discuss the issues and work through possible solutions. Melissa tried to build a rapport with the family and continued to make regular visits to spend time with Lu Lu. After spending some weeks getting to know Lu Lu, she observes that she is quite bright and eager to interact. Melissa suggested to Lu Lu’s family to enrol Lu Lu into a variety of education and community participation programs with a view to her successfully completing studies in a vocation of her choice.

Lu Lu’s father indicated that he was not happy about her leaving the house for fear of the community finding out about her. He asked Melissa to concentrate her efforts on helping his other children who are “more worthy of help” and to suggest things for Lu Lu to do at home with her mother, as this is where she is considered most useful.

Melissa took note of the family’s concerns and consults the Kachin interpreter to learn more about the Kachin culture. Melissa learns about how the family unit is structured in Kachin culture and about the perceptions of a woman’s role and people with disability. She decided to make some changes to her approach and recognised that she had initially been underprepared. She decided to engage in a more collaborative process where she brings Lu Lu’s family in on the activities they do together. Through these interactions she has been able to demonstrate Lu Lu’s skills and potential. Melissa gradually built the case for Lu Lu to engage with a community group of other young adults with disability. Lu Lu’s parents were surprised that such groups even existed but agreed to let her attend the group.

A year on from the initial meeting with Melissa, Lu Lu is actively engaging with other young people with disability and has started to attend language classes offered by a specialist multicultural disability network. Lu Lu has made some good friends through the group and is enjoying going out with them to explore their local neighbourhood. Melissa has grown in her understanding of Kachin culture. She has used the

opportunity to suggest an expansion of services for the Kachin and other refugee communities to her board of management. Recognising there is a need for this, the board has given Melissa the project of developing a range of information to assist disability service providers to understand the needs of Kachin people with disability particularly women. She is working to help other families in the community and establishing links with organisations in other regions. Melissa was able to show Lu Lu's family the opportunities that are available to her and is continuing to work with Lu Lu and her family to ensure that she is able to ultimately achieve her desired outcomes and engage in activities that give her fulfilment.

### Key message

Women with disability are subject to multiple forms of assumptions, stereotypes and prejudices from a variety of sources. It is important to reflect on this and plan adequately when offering support. While it is necessary to directly address these inequalities it is also important to do so in a sensitive manner, particularly when dealing with different cultural perspectives regarding women and disability.

Reference to NSW DSS: Standards 1, 2, 3, 6

### Further information

Ageing, Disability and Home Care. (2010) Cultural Diversity Strategic Framework 2010-2013

[http://www.adhc.nsw.gov.au/data/assets/file/0019/234307/848\\_ADHC\\_CALD\\_Framework\\_020412\\_web.pdf](http://www.adhc.nsw.gov.au/data/assets/file/0019/234307/848_ADHC_CALD_Framework_020412_web.pdf)

Ageing, Disability and Home Care (ADHC) CALD Language Services Fact Sheets  
[http://www.adhc.nsw.gov.au/publications/adhc\\_publications\\_in\\_your\\_language](http://www.adhc.nsw.gov.au/publications/adhc_publications_in_your_language)

Translating and Interpreting

[www.immi.gov.au](http://www.immi.gov.au)

## 5 Legislation and related policy drivers

Disability Inclusion Act 2014 and Disability Inclusion Regulation 2014 can be found at

- <http://www.legislation.nsw.gov.au/maintop/view/inforce/act+41+2014+cd+0+N>
- <http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+751+2014+cd+0+N>.

The NSW DSS are outlined in the Standards in action manual, available at <http://www.adhc.nsw.gov.au> under 'For service providers' then Quality.

United Nations Convention on the Rights of Persons with Disabilities

<http://www.un.org/disabilities/convention/conventionfull.shtml>