

Towards a New Women's Strategy – SUBMISSION to Office of Women NSW

Women with Disability

Forty-five per cent of people with a disability in Australia live in or near poverty, more than double the OECD average of 22%.

OECD. (2009). *Sickness, Disability and Work: Keeping on Track in the Economic Downturn – Background paper.*

It is widely recognised within the community sector that women with disability throughout Australia experience poverty disproportionately compared to men with disability and women without disability. This includes being at risk of or having lived experiences of financial disadvantage, social isolation, violence, discrimination, inadequate health care and access to services, and lack of opportunities to community participation and inclusion.

About Multicultural Disability Advocacy Association (MDAA)

Since 1995, MDAA has been advocating for the rights of people with disability from **culturally and linguistically diverse (CALD)** and **non-English speaking (NES)** backgrounds, their families and carers for better outcomes and improved access to services, opportunities, and participation in the disability sector. MDAA provides the following services:

- **National Disability Insurance Scheme (NDIS)** appeals- individualised support and advocacy for consumers who have been disadvantaged or maltreated by the NDIS system
- **Disability Royal Commission (DRC)** advocacy- individualised support and advocacy for consumers who are disclosing stories of abuse, neglect, sexual violence and/or exploitation; and systemic advocacy through reporting and collaboratively partnering with the Royal Commission to overhaul systemic issues relating to NDIS, housing, health, education, employment, and any other societal structures that may have deeply embedded practices of discrimination, neglect, abuse and exploitation.
- capacity building and support team- individualised support and advocacy for consumers in their everyday lives
- and policy and project work- any work that aims to affect policy and practice changes which can make lasting, improved outcomes for consumers

In this submission, two perspectives will be provided: MDAA's as a service provider and MDAA consumers' as a collective group of service users. Out of the three Pillars outlined in the Towards a new NSW Women's Strategy discussion paper, the submission will focus on responding to the questions under Pillar 2, Health and Wellbeing.

PILLAR 2 Health and Wellbeing

4. How did the COVID-19 pandemic affect key areas of your life?

MDAA

The COVID-19 pandemic prompted service providers such as MDAA to adapt and innovate. During the lockdown period, management and staff worked from home and provided services via teleconferences and online methods. There were certain processes such as intake and referral which proved more challenging than usual due to consumers experiencing technological barriers. There were other issues that persisted which directly correlated to the pandemic. For example, MDAA management and staff had to keep abreast of the rapidly changing Public Health Orders to help inform consumers. Additionally, executive management and IT staff had to ensure that everyone was set up correctly at home. Lastly, MDAA faced a significant increase in phone calls and emails from consumers who needed urgent assistance.

Majority of enquiries and service requests encountered by MDAA's administration and intake staff related to food insecurity and social isolation. Consumers requested food hampers and/or grocery vouchers. MDAA utilised their partnerships to meet demand, for example, Oz Harvest supplied food hampers, and referrals were made to services such as Red Cross and St Vincents de Paul for services for non-Australian citizens. Consumers also requested help for their social isolation. The intake officer either encouraged them to join MDAA's Women's Network and/or join weekly meetings over Zoom. The weekly Zoom meetings provided social connection and consisted of guest speaker presentation and online activities such as storytelling and recreational quizzes. Some consumers were also referred to external counselling services. After lockdown, MDAA successfully received small grant funding, one was from a local council to set up a Coffee Club for consumers, and the other was from Multicultural NSW called Community Empowerment. The latter funding assisted 190 consumers through information sessions between November 2021 and March 2022. The sessions provided information on the COVID pandemic including vaccines and boosters, and mental health care. One of the sessions was provided over Zoom while the other seven sessions were held face-to-face.

MDAA's **Capacity Building and Support Officers (CBSO)** who provided individual advocacy stated that their consumers presented with any one or a combination of the following issues particularly during the lockdown period:

- food insecurity
- financial hardship
- social isolation
- confusing health messaging such as the Public Health Order
- lack of access to technology which prevented consumers from participating online such as poor or no internet connectivity, or absence of smart phones, computers, or tablets.
- lack or absence of technological skills on the use of computer, tablet, and/or mobile phone
- and access barriers, for example, consumers with vision impairment who were unable to use a **Rapid Antigen test (RAT)**, those with physical and children with disability who were unable to queue up for long hours in a crowded public testing site

CONSUMER

People with disability from CALD backgrounds who were already experiencing multiple disadvantages faced other layers of drawback such as financial/food/housing insecurity, social isolation, lack of timely access to information such as the Public Health Order, lack of access to technology, lack or absence of technological skills, and access barriers.

The following groups of consumers proved more vulnerable during the lockdown period:

- those who were living on their own and were socially isolated
- those who fully relied on paid and unpaid carers and faced service disruptions due to geographical restrictions
- those who previously had mental health issues and those who developed depression and anxiety
- those with language barriers and spoke little to no English
- and new migrants, particularly those with little to no support network

Some consumers disclosed to MDAA staff that they experienced anxiety in varying degrees. They admitted their anxiety was heightened due to fears of hospitalisation and inability to recover from COVID once contracted, food scarcity and deprivation, and destitution and homelessness from soaring house prices and grocery and utility bills. In recent times, despite the end of lockdown in NSW, some consumers felt ill-equipped to cope with the false sense of normality and they were concerned with people not masking up in public including indoor venues.

For parents or carers of children with disability and carers of frail and elderly people, they felt unsupported particularly during the lockdown period. One consumer described caring for three young children in a two-bedroom unit, and one of the children has a disability and showed behaviours of concern. She felt unable to cope with the pressures that the lockdown brought. Another consumer had full vision impairment and showed concern for the inaccessibility of the current RAT test. She also had difficulty taking all her children, including one with disability, and wait in a long queue at a public testing site.

Consumers mentioned the housing crisis. Some acknowledged that their anxiety persisted due to their inability to afford the increasing rent/house prices and household bills. One consumer disclosed that she has been on the waiting list for public housing for the last eight years. The consumers MDAA consulted for this submission unanimously agreed that the ever-increasing cost of living is causing them great concern.

5. How has COVID-19 changed your priorities?

MDAA

MDAA swiftly pivoted their service delivery methods from face-to-face to online and telephone methods. Regular COVID information updates were provided to consumers through the bimonthly newsletters, social media and via telephone. Advocacy levels increased to defend and address consumer's most urgent needs such as food and housing services and mental health services. COVID magnified these long-term issues and made them more pervasive and persistent. MDAA will continue to advocate for people with disability and the damaging impact of these systemic issues on their lives.

Advocacy organisations like MDAA have long experienced insecure, unstable funding particularly with the onset of NDIS. Under the market-based model of NDIS operation, consumers receive individualised funding, as opposed to service providers receiving block funding. During the COVID pandemic, MDAA again proved the necessity for long-term and continuous funding for services like them. They represent the most vulnerable group, people with disability from CALD/NES backgrounds, who are often excluded from policy and practice due to multiple barriers they

experience. MDAA are in a strategically sound position to create a lasting influence on consumers' lives through the provision of these important services:

- NDIS appeals- individualised support and advocacy for consumers who have been disadvantaged or maltreated by the NDIS system
- DRC advocacy- individualised support and advocacy for consumers who have stories to disclose (of abuse, neglect, sexual violence and/or exploitation) to disclose, and systemic advocacy through the reporting and collaborative partnership with the Royal Commission to overhaul systemic issues such as NDIS, housing, health, education, employment, and any societal structure that has deeply embedded practices of discrimination, neglect, abuse and exploitation.
- CBSO team- individualised support and advocacy for consumers in their everyday lives
- and Policy and project work- any work that aims to affect policy and practice changes and capacity building which will make lasting, improved outcomes for consumers

CONSUMER

MDAA consumers prioritised their most urgent needs and sought assistance for food, housing, and mental health services. During the lockdown period, these immediate needs took precedence over and above other needs such as education and employment. Many of them used MDAA as a first port of call. For example, MDAA have long been assisting consumers who were victimised by systemic issues such as the housing crisis. A considerable number have already shared their stories of abuse, neglect, sexual violence, and exploitation to the DRC team who assisted them with the process and converted their stories into submissions.

The consumers MDAA consulted for this submission, Towards a new Women's Strategy, unanimously agreed that the Australian government needs to prioritise the housing crisis and develop strategies on adequately and efficiently meeting the needs of people with disability, older people, and carers particularly those from CALD backgrounds.

In rehabilitating and innovating the housing system, the relevant government agencies need to investigate and support housing providers. Some suggestions include but are not limited to investigating if housing providers are managed well and putting adequate systems in place to make them more accountable for the funding they are receiving; and demanding full transparency from Australian government with regards to government-owned lands and exploring whether they are suitable and can be made available for new public housing development.

6. To improve your health and wellbeing, what support do you need the most?

MDAA

Information on anxiety and depression and referral to mental health services was pertinent particularly with the sharp decline in mental health among consumers due to the COVID pandemic. While MDAA offers an array of services with advocacy as the core service type, they supported consumers through information and referral as well as offering social support opportunities. The DRC team supported consumers who were willing to share their stories with the Royal Commission, and they referred consumers who needed external counselling services, YourStory legal services and any other relevant services.

MDAA believes that mental health services need to be readily available and accessible for people with disability from CALD backgrounds, particularly women with disability. There also needs to be a focus on early prevention rather than crisis management.

CONSUMERS

MDAA consumers were in most urgent need of emergency food, housing, and mental health services during the COVID pandemic. Consumers shared stories asserting the intensity of social isolation and the food and housing crisis they experienced during the pandemic. They added that these issues are still current despite the end of the lockdown period. Their experiences verified the need for timely and coordinated support system for people with disability from CALD backgrounds, particularly women with disability. They demanded that various government agencies collaborate and put them in the centre of service provision. They explained the importance of resolving systemic issues such as housing and the increasing cost of living in tandem with the provision of mental health services.

7. Which health issues would you like to see more research and information on for women?

MDAA

MDAA recently witnessed a significant increase in demand for food and housing services as well as mental health services. Consumers including women with disability, older people and carers were particularly more likely to experience these.

MDAA proposes a more person-centred, flexible, and coordinated approach among government agencies and government-funded service providers which puts the consumer at the centre of decision-making. This means implementing an intuitive and strategic, 'no wrong door' approach in partnership with the consumer, so that they can receive timely and appropriate services that better meet their short term to long term needs. It also means greater investment into their education and employment opportunities including lifting attitudinal and systemic barriers.

When it comes to women's health issues, MDAA believes that it is imperative to invest in research and information on women's mental health and any other diseases where women are more significantly at risk such as breast/cervical/ovarian cancers and Alzheimers.

CONSUMERS

Women with disability were more vulnerable during the COVID pandemic. An overwhelming proportion of consumers who were consulted disclosed anxiety as the most common mental health issue they experienced. The next most common issue consumers experienced was depression. Those who lived alone or lacked family or social networks felt socially isolated and unsupported. Some described the intense fear they experienced when they had no one to turn to for emergency situations.

Besides research and information on women's health issues, they articulated that they would like the government to arrange more timely, useful, and relevant support services. Many of them expressed the need for more accessible and inclusive services system, one that provides timely and appropriate types and levels of support when needed, and one that recognises their strengths to build their capacity not to be dependent on services, wherever possible.

8. How well do workplaces manage health and related issues for women?

MDAA

MDAA partnered with Benestar, an **Employee Assistance Program (EAP)** for management and staff. EAP is a flexible, responsive service which helps employees with their health and related issues. MDAA also provides flexibility in the workplace to accommodate personal needs such as medical appointments and self-care activities. Flexible work practices include accumulation and use of Time in Lieu (TIL) hours and paid leave. During the lockdown period, management and staff worked from home and provided continuity of service to consumers.

At MDAA, there is an informal and friendly work culture which fosters and supports good mental health. Staff and management feel welcomed regardless of their cultural backgrounds. Different cuisines are celebrated at work lunches. These inclusive and culturally responsive practices encourage sound mental health and wellbeing.

Consumers

MDAA consumers are diverse, some are employed while others are not. Those who participate in the workforce are faced with different settings and conditions. Consumers expressed the importance of workplaces with the 'right attitude,' and this includes employers and colleagues who are empathetic to and supportive of their needs.

There are many distinct types of disability and two persons with the same disability may have unique needs. Some disability means that their needs are episodic, and others are more constant. Some female consumers also have caring responsibilities. Those from CALD backgrounds may be caring for multiple generations living in the same household, and this context requires responsive and supportive work environments. One consumer suggested adequate training for HR practitioners so that they can plan for and support a flexible workplace including rearranging tasks and modifying the workstation to better suit someone's abilities. Majority of consumers consulted nominated a workplace with the 'right attitude' from management and colleagues as most important.

9. What else could be done to create safe and respectful workplaces that support gender equality?

MDAA

Upon consulting with management and staff, suggestions received were diverse ranging from embedding disability-friendly and inclusive elements into policy to wide implementation.

Gender equality training can be arranged for management and staff at the quarterly Staff Development and Networking (SDN) days. It can be delivered as a standalone training or as a training package in combination with cultural competency, and disability inclusion and access.

Consumers

The foremost suggestion from consumers was for employers including HR to acknowledge the numerous roles played by women with disability and carers. They nominated flexible work practices

which help boost gender equality such as reduced days and/or hours, job share, inclusive recruitment and training processes, and modified tasks and workstations.

Consumers stated that the government need to encourage and support employers including providing financial incentives, raising the profile of role model employers, and demanding more accountability from disability employment providers.

Consultation participants:

MDAA*- representatives from the governance committee, management, and staff

**a considerable number also have lived experiences of disability, chronic illness and/or caring responsibilities*

MDAA consumers- participants from the Women’s Network, EnCompass co-design, and My Rights workshops; people with disability or carers of people with disability who are consumers of MDAA services