

Submission to:

ACT Budget Consultation

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Submission to ACT Budget Consultation 2011/12

December 2010

www.wchm.org.au

The Women's Centre for Health Matters acknowledges the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT and we pay our respects to the Elders, families and ancestors.

We acknowledge that the effect of forced removal of Indigenous children from their families as well as past racist policies and actions continues today.

Submission to the ACT Government 2011/12 Budget
Women's Centre for Health Matters Inc.
December 2010

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1. About the Women's Centre for Health Matters

The Women's Centre for Health Matters Inc. (WCHM) is a community-based organisation that works in the ACT and surrounding region to improve women's health and wellbeing.

WCHM believes that health is determined not only by biological factors, but by a broad range of social, environmental and economic factors known as the 'social determinants of health'. We acknowledge that the environment and life circumstances that each woman experiences have a direct impact on her health, and in many cases, women's poor health is rooted in social disadvantage. For these reasons, WCHM is committed to taking a 'whole of life' and social approach to women's health, that is also firmly situated within a human rights framework.

WCHM focuses on groups of women who experience disadvantage and uses social research, community development, advocacy and health promotion to

- provide women with access to reliable and broad ranging health-related information which allows informed choices to be made about each woman's own health and wellbeing, and
- advocate to influence change in health-related services to ensure responsiveness to women's needs.

2. Executive Summary

The Women's Centre for Health Matters recognises the pressures facing the ACT Government as it looks to bringing the ACT Budget into balance. We recognise that the ACT Government needs to find additional savings of \$25 million to return the ACT Budget to surplus while also aiming to maintain essential services to priority areas, and invest in growth. Despite this we have identified some areas of need and recommendations within the WCHM submission which may require additional resourcing.

From our work with a wide range of women's services, health services, disability, mental health, disability, CALD, carer and youth services, the Women's Centre for Health Matters also recognises the pressures facing the community sector which provides essential support to women and their families in the ACT community.

The Women's Centre for Health Matters also believes that any increase in cost for service, or introduction of a fee for service where there has not previously been a cost, needs to take into account the impact on women experiencing disadvantage and poverty, as this would add further to their disadvantage and poverty, and their access to essential support and services. Financial disadvantage is particularly an issue for disadvantaged women in the ACT who are more likely to be unemployed, underemployed, or being paid inadequate wages to enable them to pay additional money for services.

In making decisions about new policy and programs in the ACT it is imperative that ACT Government Departments:

- look at how gender is considered in the planning, development and implementation of new or changed policies, programs and services and in workplace practices; and
- build in gender sensitive and disaggregated data and reports from the development stage.
- The Women's Centre for Health Matters has outlined a number of ideas in our submission, and we hope that the ACT government considers the full content of this submission when determining priority funding areas for the 2010-11 Budget. We look forward to continued discussions with ACT Government in the coming months.

Recommendations

In response to the Budget consultation questions, WCHM has the following recommendations:

- That the ACT Government recognise the need for developing capacity in emerging groups and sustaining small organisations with no funding that have been formed to represent marginalised groups that have unmet needs and that are not addressed by other organisations in the ACT – specifically funding Women With Disabilities ACT (WWDACT) and Women And Prisons Group ACT (WAP) who rely solely on women as volunteers to gain evidence to advise and advocate to Government to address their unmet needs;
- That the ACT Government continue to support NGOs which provide infrastructure, training and capacity organisational development to support smaller and newer organisations;
- That the ACT Government maintain the departmental efficiency dividend to assist in reducing the Budget deficit, but that public sector efficiency dividends should not impose an inequitable burden on female employment in the sector and should not impede progress in relation to pay equity;
- That the following funding areas be exempted from the efficiency dividend and recurrent expenditure (+CPI) be maintained for:
 - Funding to not-for-profit community services supporting or providing services to women, people with disabilities, their carers, older people, those living with mental health issues; and other marginalised people;
 - Funding for services which support women in crisis or at risk of family violence and homelessness and for mental health services;
 - Funding for services supporting people caring for others; and
 - Funding to direct service areas in community health care and to health promotion services funded through ACT Health.
- That the ACT Government review expenditure to those areas which do not provide direct support to, or benefit for, marginalised populations in the ACT, especially women;
- That the ACT Government consider greater whole of government collaboration and joint funding approaches in order to improve collaboration, reduce costs of duplication of effort and services, and contribute to a more efficient community service response in the ACT;

- That ACT Government consider investment in new approaches and models, and alternative settings such as outreach services, to meet the needs of disadvantaged and marginalised groups of women as these have the potential to generate greater cost efficiencies through reduced longer term reliance on health and social services; and
- That ACT Government ensure that for any suggestions for new programs or initiatives under the ACT Budget 2011-12:
 - there is evidence of unmet need in the community;
 - these do not duplicate existing or planned Commonwealth funded programs or initiatives, and
 - consideration be given to extending current resources for existing organisations for delivery rather than creating small and unsustainable organisations.

WCHM has the following recommendations from our research about specific groups of women in the ACT and their unmet needs and gaps in services:

That the ACT Government's women's health focus include:

- the specific collection of ACT women's experiences of violence;
- improving community supports that are currently available for women and children experiencing violence, particularly adequate resourcing of crisis accommodation and refuges, especially for women with disabilities and those who are not yet Australian residents; and
- women's health services be funded to research and explore new ways of working to meet the needs of ACT women escaping violence.

That the ACT Government considers ACT Health and other departments as workplace settings for the policy implementation and capacity building for violence prevention initiatives.

That the ACT Government

- provides adequate support for the existing community based legal, advocacy and other support services; and

maintains the resources for outreach efforts such as Street Law to increase awareness and connect women living with mental health issues to available legal and advocacy services

That the ACT Government addresses the transport issues that impact on older women's ability to participate, particularly for those reliant on public or community transport in the ACT.

That:

- English classes be expanded from the focus from everyday life skills to also incorporate bridging language and skills for vocational courses at CIT;
- Greater integration occur between departments, e.g. English to include programs with childcare and parenting, cooking, health, media, ICT, etc; and
- Resources for partnerships with NGOs be considered to mentor English language students in specific vocational areas, e.g. aged care, disability, community development

That ACT Government provides appropriate access for women in the AMC to rehabilitation, education and training so that their post-release prospects are improved, their barriers to re-entry are minimised and their prospects of relapse and recidivism are reduced.

That the ACT Government :

- Ensures a strengthened health care system that not only covers the Department of Health but also includes a whole of Government approach to the provision of suitable housing, affordable child care, adequate income support, and better community and public transport systems in terms of accessibility and social isolation;
- provide greater investment in outreach support to marginalised and disadvantaged women;
- support and strengthen the health promotion and early intervention work of community health services to target populations facing particular disadvantage, as well as life course approaches;
- continues to provide community based and coordinated services close to where people live, work and play, including access strategies such as assisted and affordable transport, and low or no cost services for the most disadvantaged; and
- ensures that women's health services and community services are not disproportionately disadvantaged by any cost saving measures taken by the government.

That the ACT Government:

- Undertakes research about the health needs of the ACT women prisoner population; and
- Assess the impacts of current AMC practices on the smaller population of women and their access to appropriate health services.

That the ACT Government recognises the importance to health outcomes for women from new and emerging communities of humanitarian entrants/refugees by funding:

- the early provision and availability of interpreter services for new and emerging communities;
- the provision of culturally appropriate and timely information for new and emerging communities about ACT health services and other health programs and resources that are available;
- the need for outreach efforts as the most effective response to reach new arrivals from new and emerging communities to connect them with health and support services in the ACT; and
- the provision of culturally appropriate support or self help groups for women to enable shared experiences and the development of social connectedness.

That ACT Health and the ACT Department of Disabilities, Housing and Community Services develop pathways to available, affordable, accessible and appropriate information for women with disabilities, which addresses:

- the availability of health and wellbeing information in different formats;
- the need to provide health promotion and illness prevention messages in a way that will reach women with disabilities; and
- the responsiveness of ACT health and social services to the needs of women with disabilities.

That the ACT Government has an early focus on older women so that ACT services focused on health and wellbeing can be influenced and adjusted early to meet the needs of the ageing female population; especially to account for women's multiple roles and choice to stay in their own home.

That the ACT Government addresses the feedback about the barriers and disincentives older women face in participating in decision making about how services are delivered (such as involvement in planning, participation, program and policy development and evaluation).

That the ACT Government develops the capacity in Women With Disabilities ACT (WWDACT) to advocate for a marginalised group that has unmet needs which are not addressed by other funded organisations in the ACT so that they do not need to rely solely on women as volunteers to advise and advocate to Government.

That the ACT Government develops the capacity in the Women and Prisons (WAP) Group ACT to advocate for a marginalised group that has unmet needs which are not addressed by other funded organisations in the ACT so that they do not need to rely solely on women as volunteers to advise and advocate to Government.

3. Background: Women in the ACT

Women comprised 50.7% of the total ACT population in 2006. (ABS 2007, 2006 Census Tables, Cat. No. 2068.0, ABS, Canberra). Changes to the size and composition of the ACT female population are having implications for the focus of ACT government spending particularly in the demand for health and other social services, because of the shift towards an older population, increases in life expectancy and changes to lifestyle which will result in increases in the number of women with age-related chronic conditions.

Overall ACT women are generally better educated, have higher incomes, and have higher housing standards than women nationally. While overall women have a greater life expectancy than men, for many women social and economic factors result in poorer health outcomes and a lower quality of life.

'Social and economic advantage often masks pockets of disadvantage' (*The Australian Capital Territory Chief Health Officer's Report 2010*) and there are a significant number of women who are marginalised and isolated from their community and its wider standard of living. This comes at a great cost to their health and wellbeing.

According to the report *Locating Poverty in the ACT*, by the National Centre for Social and Economic Modelling in 2002, 'financially disadvantaged Canberrans are more likely to be women.' Specifically, the report indicates that 56.9% of the ACT population who experience poverty are women.

The private rental market in the ACT is competitive and difficult to access, with rent rates in the ACT amongst the highest of all the major capital cities. High average incomes for some ACT residents distort the figures of affordability, and hide the inaccessibility of the private market for disadvantaged women when long waiting lists make public housing difficult to access.

According to the report *Health Status of Women in the ACT (Population Health Research Centre, ACT Health (2008))*

- Women are traditionally over-represented in the lower socio-economic groups (low wages, single parents).
- ACT women had lower average earnings than men.
- One in ten ACT females reported that they had times when food ran out and there was no money to buy more.
- Women were more likely than men to report having a mental health condition such as depression and anxiety, and were also more likely to report high to very high levels of psychological distress.
- The ACT female population is increasing most rapidly in the 50 to 69 year age group.

We know from the ABS Census in 2006 that:

- women outnumber men in older age groups, especially at very old age - by age 80, women outnumber men by 50% in the ACT, and by age 90, there are two women for every man in ACT; and
- 24% of people over 65 are living in lone households, with the majority of these being female households.
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In the ACT, 75% of women with a disability that results in core-activity limitation are over 45 years of age (*Australian Bureau of Statistics, Disability, Ageing and Carers: Australian Capital Territory, ABS Cat. No. 4430.0, 2003*).

While the ACT had the lowest rate of homelessness nationally, around 47% of the people who experience homelessness in the ACT each year are women. (*Australian Bureau of Statistics, Australian Census Analytic Program: Counting the Homeless, ABS Cat. No. 2050.0, Canberra: Australian Bureau of Statistics, 2001*).

Social disadvantage is associated with potentially avoidable poor health outcomes. In the ACT, indicators of material disadvantage have been linked to poorer health status, and lower levels of service utilisation and service access.

Creating good health in the ACT means acting on the social determinants of health — the factors, conditions, actions and environments that shape health, but which lie outside the health care system. Health for women in the ACT depends on supportive work, home and community environments, developing personal skills, and ensuring that health services are geared to women's needs.

ACT women are facing challenges as they try to manage their own and their family's health in the current environment which is changing around them. We know through our research that women are generally the primary seekers of health care and health and wellbeing information in the ACT, not only for themselves, but for their children and other family members. Women use health care services more than men, and use the health care system differently from men.

ACT women's lives are different from those of men. Overall, women have less financial security, but more responsibility for caring for others. These differences also affect women's health, their use of the health care system, and their ways of responding to the care.

4. Overview

The WCHM welcomes the ACT Treasurer's invitation to interested community and business groups, organisations, and individual Canberrans to share their views and suggestions on Budget expenditure and priorities, savings and efficiency measures that the Government may consider in framing the 2011-12 Budget.

The WCHM supports the ACT Government's vision that, in the ACT, women and girls realise their potential, are recognised for their contribution and share in the benefits of our community and the Government's commitment to the principles that women and girls have a right to:

- dignity and respect;
- freedom from discrimination or stereotypical portrayals;
- be valued for their diversity;
- participate in and enjoy the benefits of family and community life;
- be valued for their contributions to family and community life and their contributions to improving the welfare of the whole community;
- economic independence;
- equitable opportunities for representation in leadership and decision making roles;
- access information and services to meet their needs;
- equitable opportunities in all aspects of their lives to achieve their aspirations; and
- be safe and secure in their home and in the community.

In 2010 the Women's Centre for Health Matters has contributed the following submissions:

- Submission to the ACT Women's Health Plan;
- Submission to the Whole of ACT Government Statement on Family Violence;
- Submission on the ACT Preliminary Model of Care for the Adolescent and Young Adult Mental Health Inpatient Unit (AYAMHIU), and the ACT Secure Adult Mental Health Inpatient Unit (SAMHIU);
- Submission to the ACT discussion paper *Maximising Potential: improving life transitions for young people in care*;
- Submission to the Independent Review of the Alexander Maconochie Centre (AMC);
- Submission to the ACT Review of Taxes;

- Submission to the Review of the ACT Mental Health (Treatment and Care) Act 1994;
- Submission to the ACT Comorbidity Strategy; and
- Submission to the National Carer's Strategy discussion paper.

The Women's Centre for Health Matters is also currently working on the following:

- Submission to the ACT Carers Charter;
- Submission to the ACQSHC Patient- and Consumer-Centred Care Discussion Paper; and
- Submission to the ACT Primary Health Care Strategy.

The Women's Centre for Health Matters has also released the following reports during 2010:

- The preliminary findings from a survey of women mental health carers in the ACT;
- *'It goes with the Territory! ACT Women's Views on Health and Wellbeing Information'*;
- *'Out of Reach - Women living with mental health issues in the ACT: What hinders their access to legal support?'*
- A report on the findings of the WCHM project *Cultural Awareness Training for ACT Women's Services*; and
- A report on the findings of a WCHM Roundtable and survey about older women in decision making aspects of service provision in the ACT.

We are also finalising the following:

- *'It Goes With the Territory – ACT Women with Disabilities' Views about Health and Wellbeing Information'*;
- *'It Goes With the Territory – Young ACT Women's Views about Health and Wellbeing Information'*;
- *'It Goes With the Territory – The Views of ACT Women of Aboriginal and/or Torres Strait Islander Descent about Health and Wellbeing Information'*;
- *'It Goes With the Territory – The Views of ACT Women who are mental health carers about Health and Wellbeing Information'*;
- *'It Goes With the Territory – The Views of ACT Older Women about Health and Wellbeing Information'*;
- *'It Goes With the Territory – The Views of ACT CALD Women about Health and Wellbeing Information'*; and
- *'Navigating a Whole New World: Access to Health Care and Utilization of Health Services by Southern Sudanese Women in the ACT.'*

With the development of these responses and research reports, and the many changes occurring across the women's sector and health sector as a result of changes to Australian Government and ACT policy and funding, the Women's Centre for Health Matters believes a whole of government approach to the issues of ACT women is more important than ever in order to achieve more efficient and better coordination of service delivery and a commitment to community sector development.

The health and wellbeing needs of women in the ACT require a 'whole of government' response, and funding for programs, policies and services, which are designed to ensure that women are able to fully participate in all aspects of life in the ACT, must be a government responsibility, rather than fall to specific areas of government such as the Office for Women or ACT Health. A greater focus on including key areas of the social determinants such as transport, housing, urban planning and sport and recreation in the design, planning and implementation of women's health policy and services needs to be implemented in the ACT.

One of the common issues is that of Government funding patterns and the conditions for these which can often dictate how a service works within a sector, and which does not include the resources for collaboration across boundaries. This can create problems for services in collaborating within and across sectors to support an individual or a group of women. Despite this, women who are marginalised or isolated invariably have complex issues and support needs that require a collaborative and holistic approach, across sectors. This needs to be included in on-going core funding rather than services for women in the ACT needing to apply for discretionary grant funding to conduct their core business.

This is particularly relevant for the ACT Government to recognise in its Budget deliberations in relation to the key role of community sector organisations in contributing to the Commonwealth health reform and family violence priorities at the local policy, planning and service delivery levels and the impacts this has on current capacity and resourcing.

5. Development of the Women's Centre for Health Matters 2011/12 ACT Government Budget Submission

Our Submission is based on the following:

- The priority areas highlighted in the WCHM Strategic Plan 2008-12;
- The issues raised at consultations with ACT women, WCHM members and partner organisations; and
- Findings from WCHM's current research about the issues for women in the ACT, and their needs.

Our submission focusses on the areas of unmet need and emerging issues which we have identified for ACT women (particularly for those who are marginalised and socially isolated), and which are not adequately responded to by current policy and service responses.

The submission covers the following themes:

- Justice and Safety;
- Education, work and economic independence;
- Health, wellbeing and community connectedness; and
- Representation and Equity.

We have also collaborated in the development of two separate joint submissions:

- *Achieving equality in the ACT for women with a disability* - a joint submission with Women With Disabilities ACT; and
- A joint submission with the Women And Prisons (WAP) Group ACT.

In preparing the Submissions we considered the following Budget consultation questions:

- *What services do you believe are most important for the Territory?*
- *Should the Government maintain its current suite of services?*
- *Is the Government delivering current services in an effective and efficient way?*
- *Do you have any ideas about how services could be delivered more efficiently and/or effectively?*
- *Are there any services you think the community should make a direct contribution to (a fee for service)?*
- *Are there any services you think could be provided by the private sector rather than by the public sector?*

- *The Government needs to find additional savings of \$25 million to return the Budget to surplus. Which services could be targeted for reduction or cut?*

6. Overall Recommendations

In response to the questions, WCHM has the following recommendations:

- That the ACT Government recognise the need for developing capacity in emerging groups and sustaining small organisations with no funding that have been formed to represent marginalised groups that have unmet needs and that are not addressed by other organisations in the ACT – specifically funding Women With Disabilities ACT (WWDACT) and Women And Prisons Group ACT (WAP) who rely solely on women as volunteers to gain evidence to advise and advocate to Government to address their unmet needs;
- That the ACT Government continue to support NGOs which provide infrastructure, training and capacity organisational development to support smaller and newer organisations;
- That the ACT Government maintain the departmental efficiency dividend to assist in reducing the Budget deficit, but that public sector efficiency dividends should not impose an inequitable burden on female employment in the sector and should not impede progress in relation to pay equity;
- That the following funding areas be exempted from the efficiency dividend and recurrent expenditure (+CPI) be maintained for:
 - Funding to not-for-profit community services supporting or providing services to women, people with disabilities, their carers, older people, those living with mental health issues; and other marginalised people;
 - Funding for services which support women in crisis or at risk of family violence and homelessness and for mental health services;
 - Funding for services supporting people caring for others; and
 - Funding to direct service areas in community health care and to health promotion services funded through ACT Health.
- That the ACT Government review expenditure to those areas which do not provide direct support to, or benefit for, marginalised populations in the ACT, especially women;
- That the ACT Government consider greater whole of government collaboration and joint funding approaches in order to improve collaboration, reduce costs of duplication of effort and services, and contribute to a more efficient community service response in the ACT;

- That ACT Government consider investment in new approaches and models, and alternative settings such as outreach services, to meet the needs of disadvantaged and marginalised groups of women as these have the potential to generate greater cost efficiencies through reduced longer term reliance on health and social services; and
- That ACT Government ensure that for any suggestions for new programs or initiatives under the ACT Budget 2011-12:
 - there is evidence of unmet need in the community;
 - these do not duplicate existing or planned Commonwealth funded programs or initiatives, and
 - consideration be given to extending current resources for existing organisations for delivery rather than creating small and unsustainable organisations.

7. Other recommendations from WCHM Research for consideration

The following pages focus on specific findings and recommendations from our research about specific groups of women in the ACT in relation to:

- Justice and Safety;
- Education, work and economic independence;
- Health, wellbeing and community connectedness; and
- Representation and Equity

These are consistent with the ACT Women's Plan 2010-15 and its focus on economic, social and environmental aspects. From WCHM's findings the needs of women in the ACT relate to:

- inequality of access to the services that support health and wellbeing due to cost, physically inaccessible services and services not being culturally appropriate or gender sensitive;
- inequality of access to the social and economic resources necessary to achieve and maintain good health such as education, income, employment, transport and a safe place to live; and
- inequality between different groups of women because of their life circumstances and experiences.

7.1 Justice and Safety

Women Who Have Experienced Violence

Preventing violence against women is essential to ACT women's health, as the impacts of domestic violence can include temporary or permanent disability, injury and in some cases death. A study by the Department of Human Services in Victoria, *The Health Costs of Violence-Measuring the Burden of Disease Caused by Intimate Partner Violence* (200) found domestic violence to be a greater contributor to poor health outcomes than the more well known risk factors such as high blood pressure, smoking and obesity.

Domestic violence also has wide ranging emotional and psychological consequences including anxiety, depression and emotional distress, physical stress, sleep disturbances, suicide attempts, loss of self esteem, and social isolation.

The ACT Government needs to take a holistic approach to domestic and family violence, and ensure adequate resourcing for refuges and ensuring access is available to all women fleeing domestic violence, including women who have a disability or those who are not yet Australian residents.

In 2009 WCHM's conducted a joint project with the Domestic Violence Crisis Service (DVCS) and Women With Disabilities ACT (WWDACT) to assist domestic violence/crisis services in the ACT to better support women with disabilities who are escaping domestic and family violence. *'Despite the high incidence of violence experienced by women with disabilities, services are frequently non-existent, inaccessible or inadequate to meet the needs of these victim/survivors.'* (Strachan 1997).

And 'It is recognised that women with disabilities are more likely to be subjected to abuse or violence than are other women. It is also acknowledged that discrimination, lack of access to financial and other resources to enable independence, and a lack of accessible services makes escaping abuse or violence extremely difficult.' (Domestic Violence Resource Centre, Victoria).

The project found that while services for the most part were physically accessible to women with disabilities and their children, overall the services *did not have*

- information about the service's accessibility that would allow for women with disabilities to know if the facilities were appropriate to their needs;
- the full range of assistive communication devices available;
- data of service use of women with disabilities experiencing violence; and
- a Disability Action Plan in place.

Most of the services also identified areas of need for, and an interest in, training of staff to meet the needs of women with disabilities accessing the service.

Migrant, refugee and asylum seeking women who do not hold permanent residency or citizenship status are particularly vulnerable to the effects of domestic violence. They cannot access public housing, income support and other social supports until their immigration status has been determined, and because of the time consuming nature of proving a case, these women are often supported in refuges for up to 2 years without income.

There is also a need to integrate violence prevention into all government portfolios and not just health, community services and justice and police.

Recommendations

That the ACT Government's women's health focus includes:

- the specific collection of ACT women's experiences of violence;
- improving community supports that are currently available for women and children experiencing violence, particularly adequate resourcing of crisis accommodation and refuges, especially for women with disabilities and those who are not yet Australian residents; and
- women's health services be funded to research and explore new ways of working to meet the needs of ACT women escaping violence.

That the ACT Government consider ACT Health and other departments as workplace settings for the policy implementation and capacity building for violence prevention initiatives.

Access to legal services for women with mental health issues

Legal problems “are not problems that should concern only lawyers and those charged with civil law policy development. They are problems that should be of general concern since they relate to and impact on health, education, housing, welfare, commerce, citizenship, policing and communities. They are, in sum, problems that should not be associated narrowly with civil law, but broadly with social justice”. (Tanya Plibersek, Minister for the Status of Women, ‘*Budget 2009-10: Women*’ (Ministerial Statement, 14 May 2009))

Despite the fact that ACT women are considered affluent in comparison to the rest of the Australian population, there are a significant number who are marginalised and isolated from their community and its wider standard of living. This is at a great cost to their mental health and wellbeing. Women living with mental health issues experience discrimination and marginalisation as a result of their gender; their illness; their socio-economic disadvantage; and their social isolation.

Research shows that people who are already disadvantaged or socially excluded are more likely to experience legal problems than other people, and legal issues can bring about a range of social, economic and health problems and social exclusion. Social determinants such as gender, access to secure housing, caring responsibilities, and relationships all have the power to support or impede a woman’s ability to access her legal rights. And women’s financial and educational circumstances also have a significant impact upon their mental health and their ability to access and engage with legal services.

The results of WCHM’s research in the report ‘*Out of Reach - Women living with mental health issues in the ACT: What hinders their access to legal support?*’ reinforced that the extent of disadvantage experienced by ACT women living with mental health issues in accessing the legal system goes beyond those immediately associated with having a mental illness (that is their symptoms). In fact mental health care system-related legal issues or legal issues that relate to their experience of mental illness were only one aspect of the legal issues faced by women in the ACT living with mental health issues.

They tended to face legal issues relating to matters such as domestic violence, family law matters, care and protection of children, housing issues, Centrelink issues, and financial issues. As a result they accessed a number of non-legal services, for legal matters relating to financial assistance, housing assistance, and other welfare assistance.

The report highlighted the important role that women focussed community legal centres and advocacy services play in the ACT in providing access to justice and addressing disadvantage, despite their low funding levels and the large demand for services.- they take into account the social and legal needs of women and the interaction between the two.

It also highlighted the importance of encouraging legal services to make their services more accessible through outreach, and through better linkages and increased coordination with non-legal gateways. And the need to support legal service providers by raising their awareness of the needs of women living with mental illness. A gender sensitive approach is likely to produce the best outcomes for most women within the ACT.

The impact of unresolved legal problems represents a significant cost to government and the community. In the ACT there are a variety of community legal services that cater for the vast majority of legal issues that women living with mental health issues may encounter (i.e. Legal Aid for criminal law representation; family law from the Women's Legal Centre; the Tenants Union for legal issues associated with housing; debt and income support through Welfare Rights.) The new Homelessness Legal Service also has the capacity to provide support to homeless women at outreach locations and make appropriate connections with other services providers.

Recommendations

That ACT Government:

- provide adequate support for the existing community based legal, advocacy and other support services; and
- maintain the resources for outreach efforts such as Street Law to increase awareness and connect women living with mental health issues to available legal and advocacy services.

Older Women

Older women are a particularly vulnerable social group, due to a range of factors associated with ageing. The ACT has one of the fastest-growing populations of people aged 60 years and over in Australia. This is expected to grow from 15.8% in 2010 to 19.6% by 2020, and to 22% by 2030. While living arrangements for men and women up to the age of 65 years are similar in the ACT, it varies in later years, and women are more likely to live alone in their old age, due to a greater life expectancy and the experience of widowhood and divorce. Research shows that living alone may be linked to the development of depression, as well as increased isolation and reduced participation in community life.

Over the past six months WCHM have been undertaking research into older women's social connectedness and its impact upon their health and wellbeing. Our research showed that the major factors negatively influencing older women's social connectedness were transport, health status, financial status, caring responsibilities, retirement, widowhood, safety and relocation.

A survey which we conducted of older women in the ACT in September 2010, found that safety and perceptions about safety have an impact upon the level of connectedness older women have with their community. Thirty-two percent of respondents felt that age has a somewhat negative affect on how safe they feel within their community, and 39 percent felt that their gender impacts their safety somewhat negatively. Overall, 28 percent agreed that as they age they feel less safe within their community. Having to rely on public transport is one of the key contributing factors to older women not participating in social activities, particularly at night, when they feel that their safety is at risk.

Recommendation

That the ACT Government addresses the transport issues that impact on older women's ability to participate, particularly for those reliant on public or community transport in the ACT.

7.2 Education, work and economic independence

Women From Emerging Refugee Communities

Research commissioned by WCHM highlighted the fact that ACT Culturally and Linguistically Diverse (CALD) women are experiencing increased social, cultural, political, and economic marginalisation, and an overall reduced standard of living which is impacting on their health and wellbeing (Sarah Maslen, 2008, *Marginalised and isolated women in the Australian Capital Territory*, WCHM; Canberra.).

Recurrent themes have emerged from these studies identifying significant factors which influence barriers to how these women access and interact with services and information. Ethnic groups which are particularly vulnerable are those who have entered under the Humanitarian Program, as they are usually highly traumatised, and often have little or no English skills. This contributes to the magnification of a variety of complex support needs and issues for these women, with the additional risk of them falling through gaps in service provision.

Meeting the communities' growing expectations and being responsive to changing community needs is a challenge for all community services and government agencies.

There is great complexity in the lives of humanitarian refugees in their ongoing settlement experience as they negotiate complex health and lifestyle adjustments, the high priority for them of the needs of their families both in Canberra and in their homelands, and the competition for their time to engage outside of their communities, including in work and education.

CIT is the key institution that refugees are engaged with to gain the opportunities of education and training for successful inclusion into Australian society. NGOs like Companion House and others such as CatholicCare are involved in this process as are other training and education institutions. CIT, however, is the most significant instrument in the ACT because it can offer the women options for a vocational path and a tertiary path.

CIT already has a profile in the Sudanese, Mon and Karen communities mainly through English language classes. Participants in our research highlighted the need for more specific services for refugees once they have a modicum of English language, to enter education and training pathways, stay in them, and to direct themselves through these pathways appropriately where these opportunities lie through CIT courses.

The Mon, Karen and Sudanese communities also highlighted the issue of young people of high school age facing serious barriers to acquiring education and training in Canberra, due to either no prior education or such limited prior education that they cannot join in high school classes. The method of placement described by the women was that these youth undertake English classes for 6 months, then are placed in high school at the age level they would expect to be had they proceeded as usual through an education system. Still not fully fluent in English and without even the basics of education in their own country, large numbers of them flounder. The women gave examples of such young people, particularly males, who find it demoralising and exit having lost confidence and motivation for education and training and are then unable to work in anything but unskilled occupations. CIT does provide courses for such youth such as Access 10. However, the women spoke of the delays in learning about such training and education options for their children and themselves, and the difficulty for them getting help to find a pathway through the necessary training, and subsequently in securing jobs.

Another gap identified by the women concerned what may be basic information to many Australians eg information relating to health and coping with problems such as drinking and gambling was not known to them. It was suggested that one way to get more information to refugee students was to use the avenue of weaving this type of information throughout the Certificate IV courses in English, rather than presenting this information mostly at the commencement of their English training and at a time when they understood little and were overwhelmed by their multiple and complex settlement adjustments. By this time refugees may have sufficient English to understand material presented around, for example health promotion information and the various community services available to them.

Recommendations

That:

- English classes be expanded from the focus from everyday life skills to also incorporate bridging language and skills for vocational courses at CIT;
- Greater integration occur between departments, e.g. English to include programs with childcare and parenting, cooking, health, media, ICT, etc; and
- Resources for partnerships with NGOs be considered to mentor English language students in specific vocational areas, e.g. aged care, disability, community development.

Women In the Criminal Custice System

The ACT Women and Prisons Group, supported by the ACT Womens Services Network and WCHM, held a Prison Forum focussing on the issues for women prisoners in Alexander Maconachie Centre (AMC) to inform a submission to the Independent Review of the AMC for ACT Corrections.

The feedback from service providers and the women prisoners was that fewer rehabilitation, education and training opportunities exist for women prisoners than for men in AMC. The training variety is very limited for the women prisoners because of their low numbers, and is mainly focused on OH&S, barista and hairdressing training. The men have more choices.

The training provision is focused on vocational training and so is not flexible to individual needs or differences in skills or ability of the women. There is also no system to assess the needs and education profile of women at induction in terms of training. Women often have numeracy and literacy issues but these are not identified upfront in a standard assessment.

Recommendation

That the ACT Government provides appropriate access for women in the AMC to rehabilitation, education and training so that their post-release prospects are improved, their barriers to re-entry are minimised and their prospects of relapse and recidivism are reduced.

7.3 Health, wellbeing and community connectedness

Accessible and effective primary health services are important in the ACT, given they are often a first point of contact when people seek support for health issues.

In addition to general practitioners, primary health care services need to involve a range of health care providers including nurses (such as general practice nurses, community nurses and nurse practitioners), midwives, allied health professionals, allied health assistants, pharmacists and dental professionals and assistants.

In WCHM's research, ACT women expressed preparedness to use new models of care that do not involve a GP at the centre of the care—they recognised they could all contribute to deliver health care and promote wellness. Women expressed preferences for community based and gender sensitive approaches to complement the mainstream medical system of GPs and hospitals, that is services closer to home that provide a range of choices and so that their only option is not to go to a GP or to a hospital for treatment.

They recognised the importance of being able to access early intervention and prevention services because of their importance in lessening or avoiding future chronic health conditions, and expressed interest in accessing services such as nutrition advice, financial counselling, stress management programs, parenting and communication skills programs, and physical activity programs, as well as alternative therapies.

But for many of the ACT women, there was not enough awareness about the other options/services/alternatives that would allow them to trust them as much as GPs, or to find them as convenient as pharmacists. There was uncertainty about the quality, reliability and currency of the information available to them overall. They wanted better navigation tools to assist them to find their way around the ACT health system and to access services in and outside the health system that lead to good health outcomes.

The internet is rapidly surpassing other mediums as a preferred and utilised source of information for ACT women; however, women admitted they accessed their GPs to check the information they get from the Internet. There is a need for tools and support for Internet literacy for ACT women. This will enable women to navigate the Internet more effectively and is essential for better access to appropriate health services. By enabling women to access trusted information they will be able to make more rational and informed health decisions without needing to access GPs every time.

Lifecourse information in particular was raised as hard to find in the ACT (more preventative information available to inform them of what they may need to know at particular life stages, and that women can draw on when they enter a new life stage) particularly around sexual health and menopause for older women, having a baby in Canberra, and information about eating disorders. There was also a need for appropriate information sources about health services for new arrivals to Canberra. Transport in the ACT is considered a barrier to accessing good health care for many women—this related to closure of local services, and the lack of available options in close proximity, and the time requirements for women, as individuals and carers, travelling to necessary health care services.

In relation to accessing services issues of affordability, availability, proximity and timeliness need to be addressed to ensure equity of access.

Community health services and women's health services play a pivotal role in health promotion and prevention and early intervention, and community-based women-specific services play an important role in responding to the specific health needs of women. Currently women-specific health services are available in few locations and not all services, programs and policies are gender sensitive.

Outreach services are also critical for those vulnerable groups of women such as those who are homeless or those with a mental illness.

Increased resources are required to support and strengthen the health promotion and early intervention work of community health services. Health promotion in the ACT should target populations facing particular disadvantage, given these communities are at higher risk of developing chronic diseases, and also life course approaches, which recognise that certain stages of life give rise to health inequalities and are thus points for intervention to reduce health inequalities.

Recommendations

That the ACT Government :

- Ensures a strengthened health care system that not only covers the Department of Health but also includes a whole of Government approach to the provision of suitable housing, affordable child care, adequate income support, and better community and public transport systems in terms of accessibility and social isolation;
- provide greater investment in outreach support to marginalised and disadvantaged women;
- support and strengthen the health promotion and early intervention work of community health services to target populations facing particular disadvantage, as well as life course approaches;
- continues to provide community based and coordinated services close to where people live, work and play, including access strategies such as assisted and affordable transport, and low or no cost services for the most disadvantaged; and
- ensures that women's health services and community services are not disproportionately disadvantaged by any cost saving measures taken by the government.

Women In The Criminal Justice System

Women who are or have been incarcerated represent one of the most marginalised groups in our community. They are disproportionately affected by homelessness, violence, sexual assault, mental illness, substance abuse, and poverty. The discrimination they suffer as a result of the stigma associated with incarceration further undermines their ability to integrate back into the community.

Because of their gender, women prisoners have different health needs. They require care that addresses their reproductive health, histories of abuse and status as primary providers and carers of children.

The AMC currently houses approximately 200 male and 20 female prisoners and emphasises human rights principles and adherence to the 'Healthy Prison' concept.¹ As women only make up a small proportion of the total prison population, the prison focusses many of its procedures on male prisoners and the gender-specific needs of women are overlooked.

Health services in the prison are delivered by a number of different agencies, which makes it difficult for the women prisoners to receive holistic care from one central source, e.g. Corrections Health provides primary health care, Corrective Services provides health promotion and prevention and counselling; and Forensic Mental Health diagnoses and treats mental health issues.

Health and wellbeing issues do not often occur in isolation and currently one service treats drug and alcohol dependency, another hepatitis, and another mental health issues - when these three issues can occur simultaneously.

The availability of personnel because of demands in other parts of the prison means that female prisoners are often not taken to their appointments, and that health professionals who attend the prison are not able to see their female patients.

¹ The AMC aims to meet the objectives of the 'Healthy Prison' concept which emphasises respect, safety and preparation for release. <http://www.cs.act.gov.au/page/view/867/title/operating-philosophy>

While the health issues associated with the overall prisoner population are well documented, there is no database specific to ACT prisoners, and in particular women prisoners. Therefore research is required to determine whether the health needs of the ACT women prison population differs in significant ways from that of other Australian jurisdictions and from the male population.

Recommendations

That the ACT Government:

- Undertakes research about the health needs of the ACT women prisoner population; and
- Assess the impacts of current AMC practices on the smaller population of women and their access to appropriate health services.

Women From Emerging Refugee Communities

Newly arrived communities, particularly newly emerging communities, are faced with many difficulties in accessing effective health care when settling in ACT. Cultural, language and financial constraints, lack of awareness of available services, and lack of understanding by health providers of the complex cultural concerns of refugees can all contribute to limiting access to health care. Women are particularly at risk of suboptimal health care due to the impact of these factors combined with the effect of resettlement stresses and their ability to assimilate and establish connections.

Research about the issues impacting on access to health services by Sudanese women in the ACT was undertaken by WCHM between February and September, 2009.

The Sudanese community is one of a number of the emerging refugee communities in the ACT, and there is a lack of literature relating to the experiences of Sudanese women in relation to their health services access experiences. The growing number of refugees and humanitarian entrants from Sudan has placed demands on settlement and other services including health services to adapt their service provision to the particular needs of this group of people. The presence of Sudanese refugees and humanitarian entrants has required appropriate responses and modification of service provision and is critical in the development and delivery of services that are culturally sensitive and responsive to the needs of those clients. Overall, Sudanese women are not using and are unaware of most local health services and other health programs and resources available to them.

Language and communication are significant barriers to accessing health services by Sudanese women immigrants, and while interpreter services are available, they do not sufficiently meet the needs of the women. Interpreter services are faced with problems including the inadequacy, non utilisation and quality issues, and as a result this is supplemented by the use of other community or family members.

The women believed that low access to health services is largely due to socio-cultural barriers to information seeking, and inadequate or inappropriate types of information sources and lack of culturally appropriate information. The Sudanese women had a very limited understanding of the operation of the ACT health system and in some instances the women utilise the health care services as a last resort, after exploring other options.

There is limited awareness and recognition of their rights to health care by the Sudanese women, and the low access identified in this project also suggested that there is an increasing need to implement adequate and appropriately targeted health care. With the dynamic flux of new communities, outreach efforts must be continuously renewed and re-oriented to reach new arrivals and connect them with services.

Another critical factor identified by all of the women was the lack of social support (e.g., the ability to visit family, to have a good family environment and support from family, and the ability to visit friends). Social and support networks for Sudanese women were very weak, with a heavy reliance on informal networks.

Recommendations

That the ACT Government recognises the importance to health outcomes for women from new and emerging communities of humanitarian entrants/refugees by funding:

- the early provision and availability of interpreter services for new and emerging communities;
- the provision of culturally appropriate and timely information for new and emerging communities about ACT health services and other health programs and resources that are available;
- the need for outreach efforts as the most effective response to reach new arrivals from new and emerging communities to connect them with health and support services in the ACT; and

- the provision of culturally appropriate support or self help groups for women to enable shared experiences and the development of social connectedness.

Women With Disabilities

Disability will touch the lives of many Canberrans at some point, so it is essential that the needs of people with disability be considered in any policy or program development by government and by government funded organisations.

With an ageing population, disability levels are likely to increase and the type of care needed may change. There is a need for an improved understanding of both the level of unmet need and under-met need and how this is likely to change over time.

Women with disabilities face significant barriers to accessing health services, programs and opportunities available for other people without disabilities. This can occur for a range of reasons that may include inadequate or inappropriate buildings and infrastructure, financial cost, and discrimination.

Not being able to access a range of information in an appropriate format is also a significant barrier for women with disabilities. Not being able to access a diverse spectrum of information in a variety of formats can limit the extent to which a woman with a disability can make informed decision about her health. Considering that women are often the primary information seekers and decision makers for their families health as well, not being able to access the information they need in the most appropriate format can have far reaching consequences

Recommendations

That ACT Health and the ACT Department of Disabilities, Housing and Community Services develop pathways to available, affordable, accessible and appropriate information for women with disabilities, which addresses:

- the availability of health and wellbeing information in different formats;
- the need to provide health promotion and illness prevention messages in a way that will reach women with disabilities; and
- the responsiveness of ACT health and social services to the needs of women with disabilities.

Older Women

According to the ACT Government's ACT Strategic Plan for Positive Ageing 2010-2014, the ACT has one of the fastest-growing populations of people aged 60 years and over in Australia, and this is expected to grow from 15.8% in 2010 to 19.6% by 2020, and to 22% by 2030.

The ACT female population is increasing most rapidly in the 50 to 69 years age group. During the ten years from 1996 – 2006 the size of this age group increased by 5.3% per annum compared to an overall population increase of 0.9% per annum. In addition, one in four older people in the ACT are living in lone households, with the majority of these being female households. One in five older people in the ACT require care.

For ACT females, there is a life expectancy of 81.3 years. Since the incidence of many chronic illnesses and disabilities increases with age, and is linked to social isolation and disadvantage, there a need to look for ways to adjust current thinking and approaches within the ACT to help older women maintain and improve their health and wellbeing, assist them to connect with the community and raise the quality of their lives.

Recommendation

That the ACT Government has an early focus on older women so that ACT services focused on health and wellbeing can be influenced and adjusted early to meet the needs of the ageing female population; especially to account for women's multiple roles and choice to stay in their own home.

7.4 Representation and Equity

Older Women

WCHM undertook a project which aimed to:

- Develop an understanding of the issues about including older women in all aspects of service provision including but not limited to planning, participation, program and policy development and evaluation; and
- Identify strategies that could lead to an increase in the: number of older women involved in decision making roles in stakeholder organisations; and participation of older women in stakeholder organisation services.

The results of the project reinforced that:

- older women have a wealth of wisdom, skills and knowledge that can and should be utilised to improve services, policy and planning; and
- it is important that older women have access to information that enables them to make informed choices and to be included in making decisions about their lives, and in the planning and delivery of services for older people. (This is consistent with the findings from the ACT Strategic Plan for Positive Ageing 2010-2014 - 'the need for better coordinated information and communication emerged as the most important issue for older people.')

Overall, only 27.2% of the women survey respondents agreed that "older women in the ACT are provided opportunities to be included in making decisions about how organisations provide services".

Caring responsibilities were cited as one the major hindrances to older women being volunteering their time and capacities and attending certain activities. The impact of negative perceptions about older women and the lack of recognition and valuing the contributions of older women was another hindrance. In addition, transport impacts significantly upon older women's ability to participate, particularly for those reliant on public or community transport.

The issues which were identified by service organisations as impacting on older women's participation were:

- A lack of consistency in government funding to maintain services in a way that meet older women's needs.
- Lack of understanding by organisations of how to adapt and what were the key issues for older women.
- Most government services have a clear idea of what they plan to do - they may have community consultations but frequently older women feel undervalued and intimidated in this forum.

Recommendation

That the ACT Government addresses the feedback about the barriers and disincentives older women face in participating in decision making about how services are delivered (such as involvement in planning, participation, program and policy development and evaluation).

8. Achieving equality in the ACT for women with a disability

(See separate joint submission with, and seeking recurrent funding for, Women with Disabilities ACT (WWDACT))

WCHM has co-operated with WWDACT in a joint submission for recurrent funding for *Achieving equality in the ACT for women with a disability*.

Number of ACT Women with a Disability²

ACT women with a profound or severe core-activity limitation	6% (n= 9600)
Total ACT women with a disability	16.9% (n=27,040)

In the ACT, 75% of women with a disability that results in core-activity limitation are over 45 years of age. In 2006, the General Social Survey reported that 19.9% of people in the ACT with a core-activity limitation had contact with family or friends living outside the household everyday, and 7.4% did not feel they could get support from persons outside the household in a time of crisis. In terms of service access, 8.4% of people with a core-activity limitation could not, or had difficulty getting to the places they needed to go, compared with 1.4% of the population without a disability, and 29.3% of people with a core-activity limitation had problems accessing service providers, while this figure was only 14.2% for ACT residents without a disability or long-term health condition.

Women with a disability suffer the dual disadvantage related to their gender and their disability and evidence shows that income poverty, social isolation, and access to health and other service are a problem for women in this cohort. Some of the key issues in the ACT that require urgent attention include

- a lack of gender awareness amongst disability advocacy services and disability service providers;
- a lack of awareness of women with disabilities amongst health, community and women's services;
- a need for information for women with disabilities in appropriate formats, for example, sexual health;
- a need for improved access to health services and access to personal care;
- a lack of leadership opportunities for women with disabilities;

² Australian Bureau of Statistics, *Disability, Ageing and Carers: Summary of Findings*, ABS Cat. No. 4430.0, (Canberra: Australian Bureau of Statistics, 2003),19.

- a prevalence of violence for women with disabilities which is not reflected in access to services; and
- a prevalence of social isolation among women with disabilities.

For the past 15, WWDACT has been supporting women with disabilities in the ACT and engaging in systemic advocacy to address the disadvantage experienced by women with disabilities. WWDACT has done this through peer support, representation on advisory committees, input into consultations, and participation in the design, implementation and evaluation of research and projects relating to people with disabilities.

The development of WWDACT as a representative voice in the ACT for women with disabilities has been achieved almost entirely through small grants and the volunteer input of a small core of women with disabilities who are committed to improving the status of women with disabilities in the ACT. The extent to which this is done on a voluntary basis is detrimental to the health and wellbeing of women with disabilities in the ACT and women with disabilities in the ACT are not getting adequate access to government. WWDACT is unable to continue as an unfunded organisation, especially when they are attempting to operate at the same level as a number of other funded disability and health consumer organisations, which focus on the overall disability population rather than women's needs.

WWDACT has been unfunded prior to this year, when WWDACT successfully received one-off funding from ACT Health and Disability ACT Health for an auspicing arrangement by WCHM. This funding comprises supporting the employment of a part-time Policy/Administrative Officer, funding for regular meetings of constituents and improving feedback to Disability ACT and other agencies regarding the impacts of policy, service gaps and emerging needs, so that evaluation and planning can be better tailored to the needs of women with disabilities.

This is interim funding, and WWDACT needs to seek recurrent funding in order to be able to operate properly as an organisation advocating for women with disabilities in the ACT, and to limit reliance on the volunteers which is unsustainable.

As the needs of women with disabilities are still not being met, the role of WWDACT in analysing policy and practice through a gender and disability lens and communicating the experiences of women with lived experience of disability to policy makers and service providers cannot be underestimated. Advocacy to ensure responsiveness to women's needs is increasingly important in the context of the ACT's ageing population as the incidence of disability increases with age. Women also make up the majority of this ageing population.

WCHM supports the need for recurrent operational funding which would enable WWDACT to increase its advice and input into Government and substantially empower women with disabilities to undertake further systemic advocacy work about the particular unmet needs of women with disabilities in the ACT.

WCHM is committed to continuing to support this small organisation with accommodation, administration and managerial support in order to capitalise on the ACT Government funding already provided for infrastructure and service delivery improvement in the ACT for women.

Recommendation

That the ACT Government develops the capacity in Women With Disabilities ACT (WWDACT) to advocate for a marginalised group that has unmet needs which are not addressed by other funded organisations in the ACT so that they do not need to rely solely on women as volunteers to advise and advocate to Government.

9. Joint submission with, and seeking recurrent funding for, Women and Prisons group (WAP)

WCHM has co-operated with WAP in a joint submission for recurrent funding for the organisation.

Women who are or have been incarcerated represent one of the most marginalised groups in our community. They are disproportionately affected by homelessness, violence, sexual assault, mental illness, substance abuse, and poverty. The discrimination they suffer as a result of the stigma associated with incarceration further undermines their ability to integrate back into the community.

Because of their gender, women have different needs. Female prisoners are different to male prisoners because of biological and life circumstances. They require care that addresses their reproductive health, histories of abuse and status as primary providers and carers of children.

As women only make up a small proportion of the total prison population, prisons are often designed to contain male prisoners and the gender-specific needs of women are overlooked.

The AMC, which currently houses approximately 200 male and only 20 female prisoners, is unique in that it was designed with human rights principles and legislation in mind. Many aspects of the AMC, such as the cottage-style accommodation, specifically cater for women. But findings from consultations with women inmates and the WAP Prison Forum indicate that women prisoners are falling through the service provision gaps. Some issues highlighted by women in the prison include staff shortages in the women's area resulting in frequent lockdowns; no extra nutritional supplements, lack of assistance in preparing to go to hospital to give birth for pregnant women and a lack of educational and work opportunities for women compared to men.

Catering for women and other minority groups in prison poses significant challenges to government and the community sector, but failure to do so has enormous social and financial costs for individuals, their families and the wider community. Progress has been made to improve the situation for women prisoners; however, many issues remain unresolved.

By advocating for the needs of women prisoners around the social determinants and providing social, instructional and emotional assistance through peer support, WAP has played an essential role in highlighting health inequalities for women prisoners as a minority.

It is the involvement of women with lived experience of incarceration in WAP that places the organisation in such a unique position. Women with lived experience are able to identify issues that affect women inside the AMC and in their transitions out of prison and are better able to identify barriers for service providers in connecting with these women.

This information informs WAP's advocacy work and WAP provides a mechanism through which issues raised by women with lived experience inside and outside the prison are communicated to government and other agencies. The value of these links in developing government policies and practices that are humane and that work cannot be underestimated.

The recent tender for the Women's Exiting Prisons Program (WECP) provided by the Department of Disability, Housing and Community Services (DHCS) recognises the WAP role and expertise and the Request for Tender (No. 13964.110) requires that the Service Provider cooperate with the ACT Women and Prisons Group to ensure that services work collaboratively and without overlaps in service delivery. While WAP's role in the WECP has been formally recognised by DCHS, this has not been funded, and the group is facing significant challenges such as potential burnout by key individuals and will struggle to meet these expectations without recurrent funding.

As the needs of women involved in the justice system are still not being met, WAP plays an important and unique role and cannot be underestimated in the context of a new prison in the ACT and a correctional system and supporting services outside the prison which are still not meeting the needs of women prisoners.

The majority of WAP's work is currently carried out by women who contribute their time voluntarily and is driven by their desire to improve conditions for women prisoners, who are passionate because of the profoundly negative impact incarceration has had on their own lives.

WAP has evolved despite only having funding support from small grants and from the support and commitment of key individuals and organisations such as the ACT Council of Social Services and the Women's Centre for Health Matters, and organisational members of WAP.

Without recurrent funding WAP will be unable to contribute effectively and advise Government on policy and service delivery issues or to advocate with, and educate, service providers about the needs of women in prison and transitioning into the community. They will also remain limited in the peer support approach they can provide to women prisoners and those exiting prison in the ACT, and which allows WAP to collect data to inform their systemic advocacy commitments. WAP needs recurrent funding in order to be able to operate more effectively as an organisation advocating for women involved in the justice system, and to limit reliance on volunteers which is unsustainable.

Recommendation

That the ACT Government develops the capacity in the Women and Prisons (WAP) Group ACT to advocate for a marginalised group that has unmet needs which are not addressed by other funded organisations in the ACT so that they do not need to rely solely on women as volunteers to advise and advocate to Government.

10. Conclusion

In conclusion, this submission aimed to highlight issues from the perspective of women in the ACT. WCHM looks forward to participating further in the consultation process, and the development of the ACT Budget 2011-12.