

## ***Working from our Strengths***

In commencing, I would like to acknowledge the Wurundjeri people, the Traditional Custodians of this Land. I pay my respects to the Elders both past and present and emerging of the Kulin Nation and extend that respect to other Indigenous Australians present.

I personally wish to thank Dr Christine Walker, Executive Officer – Chronic Illness Alliance, for allowing me the opportunity to play a very small part in the development of the ***Working from our Strengths*** training suite - the funding of which, would not have been possible, without the generous support of the Victorian Women's Trust.

So, why was ***Working from our Strengths*** considered important and worthy of development? The simple answer is there was an unmet need! This presentation will outline just some of the social factors still impeding upon women with disability considering entering or re-entering the paid or volunteer work arena.

This presentation will not labour on statistics but I will include this one to set the scene. Two (2) million women with disabilities live in Australia, making up 20.1% of the population of Australian women.

In preparing for today's presentation, I was drawn to beginning with the Victorian Women's Trust Vision Statement: -

***Full gender equality = a world where women and girls take up all of life's opportunities with respect, safety and dignity.***

In reflecting upon this statement I find myself a little disheartened that organisations such as the Victorian Women's Trust must still have such a strong and definitive guiding statement, 19 years into this millennium! Have we not learnt anything from the past? Why are 'girls and women' still requiring specific statements regarding opportunities, respect, safety and dignity, amidst the equity changes that have supposedly been afforded within developed countries?

To explore this a little further it seems we must still return to the basics of defining *gender* and it's differences.

According to a UNESCO report of 2000, *gender* refers to the social differences and relations between men and women that are learned, vary widely among societies and cultures and, change over time. The term *gender* is used to analyse the roles, responsibilities, constraints, opportunities and needs of women and men in all areas and in any given social context. Gender roles are learned behaviours in a given society, community or other social group. They condition what activities, tasks and responsibilities are perceived as male or female. Gender roles are affected by age, disability, class, race, ethnicity and religion, and by the geographical, economic and political environment.

There are some who would argue that ***even today*** - girls and women roles are far more balanced now [with the roles of boys and men] than in previous times. Sadly, many recent studies conducted across the industrialised world, including Australia - are *still* identifying significant areas of gender imbalance.

I am truly indebted to *Women With Disabilities – Australia* for many of the details that are to follow. The information relates to a study undertaken – comparing the gender imbalance experienced between girls and women with disability and, boys and men with disability. (Refer: <http://wwda.org.au> Un-dated, No author identified.)

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### **Women with disabilities - family responsibilities:**

- All women, [with or without disability] shoulder the greatest responsibility for unpaid work both within and external to, their own family unit
  - Cooking, cleaning, caring for children and/or,
  - Caring for ageing parents and/or relatives.
- Women with disability from ethnic or indigenous communities are more likely to have to contend with factors that exclude them on the basis of gender as well as disability, culture and heritage.
- Women who acquire a disability in their married life, are at higher risk of divorce than disabled men and often experience difficulty maintaining custody of their children

### **Violence toward girls and women with disabilities:**

- Family violence;
- Sexual assault/rape in and of itself, is a **cause** of disability in women;
- Girls and women, within & outside the home, experience higher occurrences of violence, injury, abuse, neglect/negligent treatment, maltreatment or exploitation [9];
- Women with disabilities are more vulnerable as victims of crimes from both strangers and people who are known to them, yet these crimes are often never reported;

Studies continue to show: -

### **Financial disadvantage and poverty:**

- People with disabilities in the community in general are much more likely to live in poverty however, women with disabilities are likely to be poorer than men with disabilities;
- Women with disabilities are more likely to be sole parents, to be living on their own, or in their parental family than disabled men.

Each of these factors contribute to inequities in ...

### **Housing:**

- Women with disabilities, are particularly vulnerable to living in insecure or inadequate housing;
- More likely than disabled men, to be affected by the lack of affordable housing, due to: -
  - Major gaps in overall economic security across the life-cycle, and,
  - Gender-based violence which leads to housing vulnerability, including homelessness [27];

... And still further studies add weight to the imbalance for women with disabilities ...

Two (2) less evident, but undeniably important, areas of disadvantage for women with disabilities include: -

### **Media images:**

- Continued presumptions that the bodies of women with disabilities are unattractive, asexual and outside the societal ascribed norms of 'beauty'. (For example: the clothing industry still fail many women with disabilities attempting to look stylish).

### **Political participation:**

- Lower levels of participation in voter registration and election of women with disabilities, in party politics and thus, in governance and decision making at all levels compared to men with disabilities;

... and then there's the additional overlay of chronic illness: -

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### **Overlay of chronic illness:**

'Chronic conditions' refers to a broad range of chronic and complex health conditions across the spectrum of illnesses, including: -

- Mental illness,
- Trauma,
- Disability and,
- Genetic disorders.

They are by their very nature: -

- Complex with multiple causes;
- Life altering
- Generally long-term and persistent,
- Often lead to a gradual deterioration of health and loss of independence.
- The most common and leading cause of premature mortality.
- Occur across the life cycle, (becoming more prevalent with older age); and,
- Can compromise quality of life and create limitations and disability.
- Chronic illness can occur across the life cycle – becoming more prevalent with ageing

Aboriginal and Torres Strait Islander people experience poorer health and have worse health outcomes than other Australians, with a burden of disease 2-3 times greater than the general Australian population. In addition, they are more likely to:

- die at a younger age (death rates are around 5 times that for non-Indigenous people in the 35-44yrs age group);
- experience disability

The onset/diagnosis of a chronic illness for women particularly, can result in: The realisation that life is for ever altered including: -

- Lengthy medical testings, hospitalisations and medical interventions
- Loss of marriage/partnerships, family and friendship connections;
- Loss of family and societal status directly to you to increasing debilitation
- Loss of employment and career opportunities;
- Functional and emotional fatigue;
- Social isolation;
- Reduced ability to fully participate in the community as was once experienced
  - Sporting and other personal interest activities.

In turn, these factors can contribute varying degrees of grief/loss responses: -

- Denial
- Depression
- Anger
- Fear for the future
- Longing for previous capabilities and life

Returning generally to women with disability: -

### **Employment of women with disabilities:**

- Men and women with disabilities experience different economic opportunities, with disabled women less likely to be in the paid workforce than disabled men;
  - Even when in employment, women with disabilities are paid less
  - Superannuation savings are as much as 50% less for women with disabilities due to gaps in the employment for child rearing or elderly parent care

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- Gender biases in labour markets have resulted in women with disabilities productivity being concentrated more on informal, subsistence and vulnerable employment;
- Women with disabilities are less likely to receive vocational rehabilitation or gain entry to labour market programs than men with disabilities.
- Employment of women with disabilities in the Australian public sector shows an employment rate of approximately 2.8%, compared to that of men with disabilities of 3.9%

With the backdrop of all of these factors and forces upon women with disability, the ***Working from our Strengths*** training suite was developed.

This three-step course is based primarily upon personal reflection of personal strengths, research of paid or volunteer opportunities and, practical application of insights learned and skills acquired.

It begins with **Unit 1** that provides opportunity for personal reflection as to whether paid or volunteer work is the 'best fit' at this early stage. It supports the setting of goals, checking of work-readiness and uncovering strengths.

**Unit 2** encourages the exploration preferred work areas and applying strengths and skills to writing a resume and applying for jobs.

**Unit 3** promotes opportunities and confidence to practice skills through mock interview scenarios.

In developing this tool ***Working from our Strengths***, it is hoped many women with disability will dare to begin the exciting journey of discovery to personal satisfaction of volunteer work and/or, realise new or renewed financial independence and security that paid work can provide.

***Working from our Strengths*** alone cannot eliminate the social damage of family violence, discrimination, or social exclusion for all women with disabilities. ***Working from our Strengths*** alone cannot eliminate poor housing, poverty throughout Australia or discriminatory views of women with disabilities.

***Working from our Strengths*** can and will - improve positive self-worth through personal reflection, skills attainment and resources – one woman with disability, at a time.

Thank you.

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Paper presented at the launch of ***Chronic Illness Alliance's*** – '***Working from our Strengths***' training suite.

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