Womenwithdisabilitiesvictoria
empowering women

Inquiry into abuse in disability services STAGE 2

Submission to the Victorian Parliamentary Committee on Family and Community Development

30th October 2015

This submission is endorsed by:

CASA Forum
Victorian Centres Against Sexual Assault

South Eastern CASA
Centre Against Sexual Assault & Family Violence

No To Violence
Male Family Violence Prevention Association

Men's Referral Service
1300 766 491

Domestic Violence Victoria
Peak body for domestic violence services for women & children

women's legal service victoria

Women's Health VICTORIA

BARWON CASA Counselling Services

DVRCV
Domestic Violence Resource Centre Victoria

safe steps
Family Violence Response Centre

About WDV

Women with Disabilities Victoria is an organisation run by women with disabilities for women with disabilities. Our members, board and the majority of our staff live a range of diverse disabilities. We take pride in our identity as women with disabilities to speak of our experiences and to represent our members who have are diverse in their experiences, race, ethnicity, age and sexual preference. We are united in working towards our vision of a world where all women are respected and can fully experience life. Our gender perspective allows us to focus on areas of particular inequity to women with disabilities; access to women's health services, gendered NDIS services, and safety from gender-based violence.

We undertake research, consultation and systemic advocacy. We provide professional education, representation, information, and leadership programs for women with disabilities.

Endorsers of this submission

Barwon Centre Against Sexual Assault http://barwoncasa.org/

CASA Forum: Victorian Centres Against Sexual Assault http://www.casa.org.au/

Domestic Violence Resource Centre Victoria http://www.dvrcv.org.au/

Domestic Violence Victoria http://www.dvvic.org.au/

Men's Referral Service http://mrs.org.au/

No To Violence http://ntv.org.au/

Safe Steps Family Violence Response Centre http://www.safesteps.org.au/

South Eastern Centre Against Sexual Assault & Family Violence http://www.secasa.com.au/

South West Carer & Respite Services Network
http://humanservicesdirectory.vic.gov.au/SiteDetails.aspx?SiteID=102799

Women's Health Victoria http://whv.org.au/

Women's Legal Service Victoria http://www.womenslegal.org.au/

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Introduction

We are very pleased that the parliament has seen fit to carry out this critical inquiry into abuse in disability care. We are hopeful that as a result of this inquiry, rigorous prevention and effective victim-focussed response measures are introduced into Victoria.

Women with Disabilities Victoria works closely with other women's organisations who are concerned with violence against women. We are particularly concerned with representing a gendered view of abuse and violence against people with disabilities. We note that gender is given very little recognition in other submissions to this inquiry. We are firmly of the view that gender has significant implications for the way we understand, prevent and respond to the current situation of intolerable violence and abuse of people with disabilities within disability care.

A key principle for all of our work and advice to government is the fundamental importance of addressing the marginalisation of women with disabilities. Research, our programs and our lived experience confirms that this can only occur by giving voice to women with disabilities. This requires all policies, strategies and practices reflect empowerment at their core. This principle informs our submission to the Inquiry.

This submission is endorsed by our partners concerned with men's violence against women with disabilities.

To this day I say, "I was talking. Why wasn't anyone listening to me."[1]

"in some instances the response to the abuse ends up being a greater source of trauma than the abuse itself."[2]

[1] 'Melissa' is a pseudonym. Melissa shared her story in person at the Melbourne hearing of this inquiry.

[2] S. Orchard, 'Royal commission forces sexual abuse 'bystanders' to consider their inaction.' 11th Spt 2015, The Age.

List of Recommendations

Experience of disclosing or reporting abuse reporting abuse

1. That the Victorian Government promote use of empowering language to address power differentials for victims of abuse in state and national legislation and guidelines.

Human rights and safeguards

2. That the Victorian Government support effective, evidence based empowerment programs to rollout across the state.

3. That the Victorian Government increases the powers of the Office of the Public Advocate and the Equal Opportunity Commission to ensure the rights of people with disabilities are better protected.

4. That the Victorian Government advocate for the NDIA to have a legislative commitment to the Convention on the Rights of Persons with Disabilities.

5. That the Victorian Government establish a specialist disability-specific violence program independent of disability services. This program would be victim focused (like the Making Rights Reality Program), referring to and working with existing specialist justice, violence and rights programs. That all disability organisations are mandated to provide information about the victim response service and to provide a referral whenever a disclosure is made.

Independent oversight body

6. That in designing state and national oversights, the Victorian Government stand for rigorous independence, investigation, disability access, responsiveness, resourcing, equal opportunity and data capture.

Disability advocacy services

7. That the Victorian Government ensure that disability advocacy is administered separately from service provision, complaints handling and advocacy provision.

8. That the Victorian government adequately resource advocacy programs which continue to respond to demand geographically, across high risk cohorts and through independent, self, systemic and resourcing advocacy models.

Prevention, screening and accreditation

9. That the Victorian Government develop evidence-based prevention and response strategies to drive effective change in government and disability services to address violence and abuse of people with disabilities. That these strategies are gendered and person centred. That they are developed with a whole of government approach alongside violence response and prevention practitioners and people with disabilities.

10. That the Victorian Government invest in statewide, sustained programs which empower people with disabilities. Programs would be tailored for specific cohorts, such as women and cultural groups. Programs would be focused on employment, leadership, housing, systemic and individual advocacy, group support and local community capacity building.

Professional Development and workforce culture

11. That the Victorian Government require disability service managers to have core competencies in recognising and appropriately responding to violence, neglect and abuse. That the Victorian Government advocate for such core competencies at a national level.

12. That the Victorian Government support paid professional development on person centred, gender equitable service provision.

Mandatory reporting

13. That the Victorian government only introduce mandatory reporting where the victim is unable to make informed decisions about the response they require.

14. That the Victorian Government commission a research review to identify and implement best practice principles in victim empowerment.

15. That Victoria Police and the Victorian Government develop effective protocols around the investigation of crimes in disability services.

16. That The Victorian Government require service providers to collect comprehensive data disaggregated by impairment, relationship and gender that reports violence, abuse, exploitation and neglect. This data should be published, reported to parliament and monitored.

Experience of disclosing or reporting abuse

Q1.1 What experiences have people had when disclosing or reporting abuse?

Being heard and believed
'Beyond Doubt' and 'Voices Against Violence' are among the studies to find that people with disabilities' disclosures of violence are not adequately responded to; victims are left in abusive situations; and perpetrators aren't brought to justice. These systemic failures allow situations to escalate and harm the victims, as exemplified in Melissa's case study below.

> "A victim who discloses the abuse and is believed, supported, and cared for, will often recover well. Victims whose stories aren't believed, or who are dismissed, or even punished, don't fair so well. In fact in some instances the response to the abuse ends up being a greater source of trauma than the abuse itself." Sonia Orchard[3]

Case study: My story by Melissa

"A disability support worker stalked me over a period of 6 months. I was living in a house managed by a large disability service provider (which was not Yooralla). The service used to employ him to come to the house to support another woman who lived there. After he finished working with her, he kept coming back to visit her. Then he started visiting me.

He would come to my house many times, even after I had clearly told him not to. He learnt my schedule and the places I went to and he would follow me around. He left gifts for me which I returned to him. I was scared.

I reported this to the service provider at least 3 times, to my house manager, my key worker and her manager. They did nothing.

After 6 months there were a couple of times when my boyfriend and my mum both witnessed him coming to my house uninvited. My mum reported the problem to the service. It was only then that the service started to see it as a problem. But the service did not offer me any support for the fear I had been feeling.

About a month after that the worker sexually assaulted a woman who is also a client of the service. She has a communication disability and had trouble reporting the assault. After this assault the service stood the worker down.

The service said I should have told them about the problem more clearly. They offered counselling from an in house counsellor. I felt like everything I told the councillor would go back to the service.

Now he is working for another service. I am scared where he is and if he will turn up in my life.

To this day I say, "I was talking. Why wasn't anyone listening to me."[4]

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[3] S. Orchard, 'Royal commission forces sexual abuse 'bystanders' to consider their inaction.' 11th Spt 2015, The Age.
[4] 'Melissa' is a pseudonym. Melissa shared her story in person at the Melbourne hearing of this inquiry.

Despite too many disclosures such as Melissa's, we currently do not have any kind of systemic view of abuse rates or experiences. Some of the reasons for this are:

- Worker's fear of asking questions about sensitive and personal issues.[5]
- Under reporting of crimes to police and other authorities
- Hidden reporting where a victim seeks assistance but does not disclose violence as the reason
- Studies of victim's experiences (such as OPA reports and advocacy organisations' research) have not been large scale
- Different recording requirements across service types, states and territories
- Under-recording due to procedural and reporting variations by authorities and services

Redressing power differences

The barriers to women with disabilities disclosing violence are formidable and well documented in Australian and overseas research.[6] These barriers are clearly compounded by the nature and severity of the impairment, attitudes to that impairment, and attitudes to other aspects of a woman's identity (her cultural background as an Aboriginal woman, for example). But, most importantly, they are compounded by the fact that at the core of the perpetrator's behaviour is the use of fear, control and manipulation over a woman's life. Preventing and responding to abuse of power and control can only be achieved through redressing the extreme power differential that exists between disability workers and services users.

Inadequate response by services, cover ups, minimising of the abuse, use of euphemisms and focus on organisational risk rather than a focus on the needs of the victim are also reported to us by our members. A victim-focussed response is fundamental to an effective and empowering response.

Empowerment of women and girls can also be achieved through providing them with the tools to recognise that what they have experienced is violence. Access to group education and accessible information about rights must be provided as a strategy to prevent and reduce violence and abuse.

Equipping services

South Eastern CASA has developed extensive skills and resources for working with people with disabilities. This has involved building trust and relationships with people with disabilities and disability service providers. Consequently, many clients are referred to SCASA by a disability service supporting them, so there is no doubt that referral to a CASA is a feasible option for all services where there has been a disclosure and where the person would like this. However, CASAs need sufficient funding to be able to provide a service that enables adaptations to be made (such as capacity to provide outreach appointments) that ensure accessibility. It is essential that disability services are aware of the options available to people in order to make appropriate referrals. The IGUANA protocol has excellent guidelines in relation to this area.

Good practice example: Response guidelines

The Inter-agency Guideline for Addressing Violence, Neglect and Abuse (IGUANA) is a good practice guideline developed by the Victorian Office of the Public Advocate in collaboration with people with disabilities and services across relevant sectors, such as family violence and sexual assault.[7]

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[5] L. Healey, 2013, Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities, WDV, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne, p.37.

[6] M. Camilleri, 2009, '[Dis]Abled Justice: Why reports of sexual assault made by adults with cognitive impairment fail to proceed through the justice system', PhD thesis, School of Education, University of Ballarat; Victorian Equal Opportunity Human Rights Commission, 2014, 'Beyond doubt: The experiences of people with disabilities reporting crime – Research findings', State of Victoria, Melbourne; G.Dimopoulos with E. Fenge, 2013, 'Voices Against Violence Paper 3: A Review of the Legislative Protections Available to Women with Disabilities who have Experienced Violence in Victoria', WDV, Office of the Public Advocate and Domestic Violence Resource Centre.

[7] Office of the Public Advocate, 2013, 'The Interagency Guideline for Addressing Violence, Neglect and Abuse' (IGUANA)'.

Barwon CASA remain concerned with the over representation of women with disabilities accessing sexual assault services but yet the low number who report and even lower number who have an evidence brief approved and so on. They report that the situation is very sad and difficult.

The power of language

We commend the committee's use of empowering language as a means of redressing power differentials. Words such as 'disclosing' and 'reporting' recognise the gravity of people's experiences of violence, abuse and neglect. The alternative words, commonly used in the disability sector, 'allegation' and 'incident' discredit people's experiences of violence, abuse and neglect. Researchers such as Paul Cambridge and Dick Sobsey report the latter words are euphemisms which conceal unlawful and unethical acts.[8]

Recommendation 1: That the Victorian Government promote use of empowering language to address power differentials for victims of abuse in state and national legislation and guidelines.

Q1.2 What systems and processes do disability service providers have in place to prevent abuse occurring in their organisation or to respond to any "allegations" of abuse or neglect of people accessing their disability services?

Far too little is in place to prevent abuse in disability services. Improved systems and processes are absolutely essential. But to really prevent abuse we must also address it's drivers, these are power imbalances and demeaning attitudes. Empowering people with information about rights and services, self advocacy skills and links to peer support are fundamental strategies to raise the status of people with disabilities and reduce disability based abuse. Due to the way men and women typically experience different types of abuse and disempowerment, it is important to have gender sensitive prevention programs. Good practice examples of empowering prevention programs follow.

[8] D. Sobsey, 1994, 'Violence and Abuse in the lives of people with disabilities: the end of silence acceptance?' Brooks.

Case study: an example of disempowerment experienced by women with disabilities

Monica* is a young woman with physical disabilities living in supported accommodation provided by Disability Service X. Monica lives in one unit in a of a small unit block which are owned and operated by Service X.

When moving into the unit, the service assured Monica that she would have access to 24/7 support for personal care provided by female support staff. However this has not been the case. There can periods of more than two days when only male staff are on duty to provide Monica's intimate personal support (e.g. showering, menstrual care, catheter care).

Monica says she has been forced to receive personal support from male staff against her wishes and cites an example where she has been made to feel humiliated by a male support worker who was not trained to provide personal care to female client and says there have been times when male support staff are 'rough' while moving her on and off the toilet.

The Service's CEO wrote to Monica, "Whilst we try to accommodate the preferences of our clients, we cannot guarantee that specific staff or gender specific staffing will always be available at our units…Unfortunately, given our staffing ratios it is unlikely that we will be able to change our service to offer gender specific staffing at our units in the foreseeable future."

Monica is currently going without showers for days on end and using her Individualised Support Package (ISP), intended for support in the community to achieve vocational and recreational goals, to purchase showers from an external agency once or twice per week, which means that she has few remaining funded hours to leave the unit.

Monica has told the Service that she 'would rather be dead than live like this forever' and that she has considered 'drowning myself in the bath to make this end'. Her complaints to Service X in the past have been met with denial and one might even say retaliation (e.g. staff on duty, including the House Manager, refuse to take her calls for assistance for personal care leaving her soiled for hours). She has had multiple hospitalisations as a result of poor personal hygiene, particularly from lack of showering causing infections at her catheter site, as well as bowel compaction and obstruction from waiting to go to the toilet for many hours at a time.

Monica would like to have greater control over the hiring of staff who provide personal care, but is not able to while living in supported accommodation. She would like to move into however she requires wheelchair accessible housing which is almost impossible to secure among current private or public housing stock. She feels trapped in service and accommodation models which does not meet her requirements. *Monica is not her real name.

The situation in the case study above is not uncommon - many services say that whilst they will try to provide women workers this is not always possible. This is baffling when you consider that 80% of the staff in the disability sector are women. By not providing female workers, services send a disempowering message to women that their dignity and pride in their sexuality is not valued. Over time such experiences compound so that women believe they have no value and that services cannot be trusted.[9]

[9] D. Woodlock, et al 'Voices Against Violence.' Op cit.

Good practice in sexual assault prevention
Since late 2012, Barwon Centres Against Sexual Assault (CASA) has worked with Nelson Park Special Developmental School in Geelong to implement the **Sexual Assault Prevention Program in Secondary Schools** (SAPPSS) within their school. Together, they tailored the program to meet the learning requirements of students with disabilities. They also worked with the school community to make positive change. Disability services and CASAs could develop cross sector partnerships such as this to implement abuse prevention programs.

Good practice in peer education
The **Living Safer Sexual Lives program** is an example of primary violence prevention in which people with an intellectual disability learn about sexuality, rights in relationships, respectful relationships, supports and services. It uses a 'train the trainer' approach so that people with disabilities are trained as peer educators to work with co-facilitators who are people working in disability, sexual health or educational services.[10] WDV has adopted a gender-based version of this model in our violence prevention program described in Appendix 1.

Good practice in empowerment
WDV's **Enabling Women** is a leadership program for women with disabilities funded through the Portland House Foundation. The program provides training for women with disabilities to become leaders of change within their communities. It is based in local areas so women can establish links with other local groups and women. The 8 two hour facilitated modules cover topics including the identity, human rights and advocacy. The program is run in plain English with Easy English materials. The program has delivered some exciting results, with graduates moving into advocacy roles and employment.

Participants' feedback:
"I felt included, it made us feel important and valued and respected." Amber
"My voice will be louder, it has given me more confidence to speak out, I'll be more vocal around non-disabled people, I have growing leadership skills." Jessie[11]

Good practice example in tailored responses
Making Rights Reality enhances existing services for people who have been sexually assaulted and have a cognitive impairment and / or communication difficulties. South Eastern CASA and Springvale Monash Community Legal Centre enhance existing services to maximise disability access. The project website shares Easy English materials for victims.[12] The program was positively evaluated in 2014.[13] This project shows how the rights to quality services and justice can be supported through referrals to specialist violence response services.

[10] P. Frawley, C. Barrett and S. Dyson, 2012, 'Real People – Core Business. Living safer sexual lives: Respectful Relationships. Report on the development and implementation of a peer led violence and abuse Prevention Program for People with Intellectual Disabilities,' Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.
[11] Enabling Women Program participant evaluations 2014.
[12] http://www.secasa.com.au/services/making-rights-reality-for-sexual-assault-victims-with-a-disability/
[13] P. Frawley, 'Making Rights Reality: Final Evaluation Report.' La Trobe University, 2014.

Human rights and safeguards

Q3.1 How can the rights provided under the Charter of Human Rights in Victoria be maintained for people accessing disability services in the transition to the NDIS once it has been fully rolled out?

Upholding human rights
The State of Victoria is well positioned to resource empowerment of people with disabilities with information about their human rights through programs recommended through in this submission (page 12). Resourcing empowering programs are an essential human rights strategy. However more could be done to improve the effectiveness of these safeguards. For example, greater powers to agencies such as the Office of the Public Advocate and the Equal Opportunity Commission would increase their capacity to protect the rights of people with disabilities.

When we have a nationalised system, we need assurance that services provided in Victoria do comply with the charter of human rights. This would be supported if the NDIA had a legislated commitment to upholding the Convention on the Rights of Persons with Disabilities.

Accessible victim support services
CASAs report stretched capacity to provide appropriate services for victims with significant disabilities. For example, South East CASA has found that outreach is an important way to reach victim/survivors so attendant care and communication support are more easily available, and accessible transport is not required. Through SE CASA's Making Rights Reality Program, Springvale Monash Legal Service provide legal outreach to people with a disability through the Making Rights Reality Project.

Disability services may assist clients by ensuring access to appropriate communication support as needed, as victim/survivors may have only one or two people they are comfortable with when talking about the sexual assault.

It is also important that people have access to information about their right to apply to the Victims of Crime Assistance Tribunal. Many victims, in SECASA's experience, are not aware that this is an option for them, even in instances where there has been a conviction.

Accessible links to specialised support
While little is publically reported about the 1800 Abuse and Neglect Hotline, women report that it has significant shortcomings in responding to their calls for support. Victorians need an avenue to link to local violence response services that has expertise in accessible communication, abuse in disability services and person centred responses.

To ensure victims of violence and abuse receive an empowering response, WDV is of the view that an organisation independent of disability services should be established to receive victim's disclosures. This would provide a victim-focussed response as separate from a risk management response that has been shown to be the primary concern of disability service providers.

Disability service providers must be required to provide information in accessible formats to service users through a variety of methods so that all service users are aware of their rights and know where they can go for help.

New technology such as a specific App could also be utilised in providing fast and accessible methods of accessing the victim response service. This service must have expertise in both disability and in

violence response. The Making Rights Reality is an example of the sort of program that should be set up and resourced to respond 24/7.

Recommendations:

2. That the Victorian Government support effective, evidence based empowerment programs to rollout across the state.

3. That the Victorian Government increases the powers of the Office of the Public Advocate and the Equal Opportunity Commission to ensure the rights of people with disabilities are better protected.

4. That the Victorian Government advocate for the NDIA to have a legislative commitment to the Convention on the Rights of Persons with Disabilities.

5. That the Victorian Government establish a specialist disability-specific violence program independent of disability services. This program would be victim focused (like the Making Rights Reality Program), referring to and working with existing specialist justice, violence and rights programs. That all disability organisations are mandated to provide information about the victim response service and to provide a referral whenever a disclosure is made.

Independent oversight body

Q3.2 During the interim period of transition to the NDIS from 2016 to 2020, should the Victorian Government:

- create a new body under new legislation?
- allocate the responsibilities to a single existing body?
- improve the integration of existing bodies?

This interim period is short, making it difficult to justify the establishment of an oversight body. However we are of the view that responsibilities should be with a single state-based oversight body which continues after the transition to the NDIS. The bolstering of an existing Safeguards bodies would seem to be an appropriate approach.

Recommendation 6: That in designing state and national oversights, the Victorian Government stand for rigorous independence, investigation, disability access, responsiveness, resourcing, equal opportunity and data capture.

Q3.4 Should the state maintain responsibility for some elements of the safeguarding system during and after the transition to the NDIS?

Yes.

Q3.5 If a single oversight body were established in Victoria what governance, accountability and oversight arrangements would need to be established to ensure it is accountable in safeguarding people who access disability services?

The principles that should underpin the body are:

- That it have independence from government, disability support providers and advocacy organisations
- that it report directly to Parliament
- that it is overseen by an advisory body made up of people with disabilities with expertise in human rights, service quality and complaints management
- that it have powers to investigate complaints and own motions
- that it is fast, reliable and committed to the rights of people with disabilities with a 'no falling through the gaps' policy
- that it is well-resourced with qualified staff and continuous quality improvement mechanisms
- that it is committed to providing accessible information and services for people with disabilities, where and how they require it
- that it is an equal opportunity employer, employing a diversity of people with disabilities
- that it collects and publishes disaggregated data.

Disability advocacy services

Q3.6 What would be the most appropriate approach to the administration of funding disability and advocacy services, bearing in mind there are both state and federal funding streams?
Should an existing or new body have responsibility for this role?
Q3.7 In undertaking a comprehensive assessment of advocacy needs, what components of the advocacy system need to be evaluated or reviewed?

As disability services become nationalised, a role for the states in funding disability advocacy is strengthened – to support the independence of advocacy from services and to ensure advocacy in relation to all service systems.

Administration of advocacy programs should be separate to service provision, service complaints and advocacy service provision. An existing body positioned to undertake this work may be the Victorian Equal Opportunity and Human Rights Commission. The administrative body should lead development of the following for disability advocacy services:

- Standards and accreditation
- Resourcing and professional development

Our state based advocacy services are unmatched in other states, with individual advocacy, self advocacy and systemic advocacy and expertise in working with particular cohorts.

There is a critical link between advocacy, peer support and community participation. As a systemic advocacy organisation Women with Disabilities Victoria recognises the need to build women's capacity to be advocates and leaders in asserting their rights. Our members at a recent Women with Disabilities Victoria member's lunch (19/7/2015) argued strongly for peer connections and support as important for reducing social isolation and building confidence in participating in the community.

It is this confidence that assists women in asserting their rights when accessing services. Peer support is an important mechanism for sharing information on services, rights and corrective measures.

Systemic advocacy and representation is able to achieve things which service providers, individuals and individual's advocates cannot. Systemic advocacy creates change so that there is integration of / access for people with disabilities in mainstream services (such as housing, family violence, police, education, legal and health).

We are of the view that simply nationalising disability advocacy would send advocacy in this state backwards. Victorian advocacy services are essential in that they are best placed to provide:

- capacity building for state based services (eg. police, housing, child protection, homelessness, education, health, legal and violence response)
- links between people with disabilities and regional and rural services
- long standing experience in delivering specialised advocacy for particularly marginalised demographic groups (such as CALD, youth and women) and impairment types (such as intellectual disabilities, Deaf Blind and Acquired Brain Injury)
- long standing experience in self, systemic and individual advocacy
- long standing experience in resourcing advocacy through DARU and SARU.

In reviewing state advocacy programs, factors to consider are:

- current expertise, skills and experience are required across different advocacy services
- current demand recorded through DHHS Quarterly Data Collection
- current unmet demand
- increased demand due to NDIS (as a quantity of issues do not qualify for complaints assistance)
- effective resourcing to deliver advocacy to people who are socially isolated and experience serious barriers to service access
- exploration of developing outreach models to provide access to the most socially isolated Victorians
- models that integrate advocacy with human rights bodies and legal resources
- Scope of advocacy services
- Reasonable, effective service outcome measures.

Good practice in self advocacy groups
The Self Advocacy Resource Unit has fostered numerous self advocacy groups. SARU has proven to build empowering connections and political influence for people including parents with intellectual disabilities, people with Acquired Brain Injuries and Deaf-blind people.

Good practice example in advocacy resourcing
The Disability Advocacy Resource Unit runs forums and shares information which supports advocacy services.

Good practice in systemic advocacy
WDV has grown as a membership organisation which employs primarily women with disabilities to undertake systemic advocacy and program implementation. WDV has a demonstrated influencing gendered developments in priority areas which include reducing violence against women with disabilities. Other systemic advocacy organisations have also delivered significantly in their priority areas.

SARU, DARU and WDV receive core funding through DHHS Disability, this is jeopardised under in the transition to the NDIS.

Recommendations:
7. That the Victorian Government ensure that disability advocacy is administered separately from service provision, complaints handling and advocacy provision.

8. That the Victorian government adequately resource advocacy programs which continue to respond to demand geographically, across high risk cohorts and through independent, self, systemic and resourcing advocacy models.

Prevention, screening and accreditation

Q4.1 Should the Victorian Government develop a state-wide prevention and risk management strategy for the Victorian disability workforce from 2016 to 2019? If so, what specific components would comprise such a strategy?

There is a stark and urgent need for state and national strategies which address preventing and responding to abuse of people with disabilities. At present there is no overarching policy framework to address disability-based inequality and gender-based inequality. Such a framework would recognise that the dynamics of power and control are central to all forms of interpersonal violence including gender-based violence, elder abuse and abuse of people with disabilities.

The disability sector does work to address disability abuse, but in doing so makes the mistake of trying to fix the problem in isolation from other sectors. Further, in looking for solutions the loudest voices are heard. Too often these voices belong to service managers followed by staff and then family members. The voice of people with disabilities must be central.

In Victoria we are fortunate to have expertise at hand to develop violence response and prevention strategies. Our state has been a leader, nationally and internationally, in strategies to violence against women. The 2005 reforms integrated responses across family violence services, police, courts and other services. These integrated share practices such as the common risk assessment framework. In a disability services context there is so much we can take from these approaches where expertise is shared across sectors to systemically respond to imbalances in power between individuals.

Victoria has also lead the way in violence prevention. VicHealth report that violence can be prevented through evidence based strategies. In 2007 VicHealth released a gender violence prevention framework based on global evidence. The framework highlights three themes for action:

- promoting equal and respectful relationships
- promoting non-violent norms
- improving access to information and support.

In 2009 a state-wide government prevention strategy complemented the VicHealth framework. The strategy supported practice development. Successive governments then made commitments to prevention. Now the whole community has a growing awareness of preventing violence against women by addressing its causes. This has been increasingly publically discussed, especially lately through the Family Violence Royal Commission.

We could achieve this too with violence against people with disabilities. With a state and national frameworks and strong leadership we can start to really make change. When WDV speak about leaders we are thinking of individuals making a change, like the way Christine Nixon did with family violence. Whole of government leadership is also required.

Expertise in preventing and responding to abuse is available from other sectors. These sectors have developed strategies based on research and prioritising listening to the voices of victims. Some of these well developed person centred approaches are outlined below.

Strategies to prevent and respond to abuse and violence

Cross sector, evidence based approaches

For decades sectors outside the disability system have been researching and practicing violence and abuse prevention and response. State and national frameworks and strategies exist. The disability sector, across government and in services, has nothing to lose by engaging other sector representatives from fields such as Women's Policy, Police, Men's Behavioural Change, Centres Against Sexual Assault. In fact, there is a great deal of evidence based wisdom to be shared around addressing power and control to develop equity and safety. Further benefits result from the disability sector sharing their expertise in working with people with disabilities.

Gendered practices to prevent and respond to violence, abuse and neglect

Disability services and oversights must account for the impact of compounding disadvantage in women's lives. The recent ANROWS State of Knowledge paper on disability by Dr Pastie Frawley reports that this is not currently the case, that generally, disability services have not developed gender sensitive practices.[14] Examples of gender sensitive practice include:

- providing clients with a choice of their support workers' gender
- providing clients with a choice of activities which are not all based on gender norms
- calling out sexist behaviour

WDV calls for a government framework for disability services to be sensitive to women. Services that do not recognise a woman's basic requirements are undignified and humiliating. Women with disability often spend inordinate amounts of their time in day services or residential services and may internalise degrading attitudes toward them that they may experience there.

Reasons to specifically recognise women in disability services and policy include:

- Women with disabilities a large population, nearly 1 in 5 women have a disability. The rate is slightly higher in rural and regional areas and in culturally diverse communities. Nationally 51% of Aboriginal women have a disability.
- Men and women with disabilities may experience different, gendered forms of abuse (see case study below). Recognising this allows us to develop appropriate preventions and responses.
- Compared to other women, with disabilities experience higher rates of violence over long periods of time from multiple perpetrators (see case study below, 'Moira, Multiple perpetrators').
- To recognise gender allows us to tap into a bounty of resources, services, research and expertise to prevent and respond to abuse.

[14] P. Frawley, State of Knowledge, 2015. ANROWS.

Case studies: different ways women and men may experience abuse in disability services
Following are extracts from the County Court of Victoria case (Director of Public Prosecutions v Vinod Johnny Kumar) concerning offences perpetrated against three women and one man between October 2011 and January 2012. All four lived in supported accommodation. Please note, these examples were not chosen to single out Yooralla, they are examples of systemic problems. They are chosen because they are some of the few to have been formally investigated.

'Ruth' has cerebral palsy, a vision impairment and a mild intellectual disability. She uses a wheelchair, and a communication assistant. She requires full assistance with daily living. Kumar assaulted her serially. One rape occurred on the night of the residents' Christmas party whilst Kumar was showering her. As the sentencing judge said: *"You told her to stop moving around, when, as you well knew, her movements were involuntary, the product of the cerebral palsy…You told her to behave herself, accused her of acting like a whore, a tart and a slag…She told you to stop but you did not" [para 20].* Due to fear of Kumar's threats Ruth did not disclose until well after he had been sacked.

'Jacqueline' lived with Ruth. She has cerebral palsy, depression, a history of psychotic episodes and acute scoliosis. She requires a wheelchair and full time care. Kumar assaulted her serially. On one occasion, she waited alone on the toilet for 90 minutes waiting for the night staff to come on duty rather than buzz for assistance from her abuser. She feared not being believed if she disclosed the assaults, although several times she tell other staff that she did not want to be assisted by Kumar.

'Kim' has cerebral palsy, episodic depression, epilepsy, and visual, motor and cognitive impairments. She requires communication assistance from familiar people. Kimberley lived in a different house from Ruth and Jacqueline. Kumar assaulted Kim when he was assisting her with toileting. He threatened her against reporting the assaults, but later offered her money and said she could tell her counsellor if she wanted. He later gave false accounts to a coresident, and then to the home's team leader, saying that Kimberley had breached the house swearing rules. The team leader chastised Kim inappropriate behaviour toward a staff without attempting to hear Kim's side of the story. Kim's responded by disclosing that Kumar had "*touched her private parts and exposed"* [para 38] himself to her. This was recorded as "*a sexual harassment allegation"* [para 39] in a client incident report. Kim was taken to the police station but did not wish to have a medical examination or make a statement until she had spoken to her sister, which occurred on her return to home. The judge commented that these seemed *"reasonable concerns given her level of intellectual disability"* [para 40]. Kumar was stood down. Three weeks later senior management heard his false account and his demand for support with residents breaching who the code of conduct. Management decided Kim's "allegation" was not substantiated in the face of Kumar's denial and the lack of independent witnesses. Kumar returned to work the next day. The sexual assault of Kim was not followed up until a report was made to police relating to other residents.

'Phillip' has cerebral palsy and uses a walking frame. He has intellectual and speech impairments and uses a light writer to communicate. Phillip was the target of Kumar's remorseless teasing, which was all the more humiliating as it occurred in front of Jacqueline, one of his co-residents and herself a target of Kumar's sexual assaults. On one occasion Phillip was coming home and rang the doorbell. Kumar would open the door only to close it in his face before eventually letting him in. Then Kumar repeatedly pulled Phillip's pants down, partially exposing his buttocks and teasing him. Phillip tried pulling his pants up and getting beyond Kumar's reach.

Kumar's abuse of Phillip emasculated and cruelly humiliated in front of a female co-resident. In contrast, Kumar's assaults towards women were to treat them as sex objects. These cases indicate the gendered nature of abuse and violence in keeping with wider studies on violence. [15][16] In these cases, gender based violence is combined with disability based violence.
As the judge said to Kumar, "*The language you used to all three female victims as you sexually assaulted them was disparaging, degrading and belittling, and indicates a serious disrespect for their dignity, their rights and their autonomy. It is impossible on the materials before me to know whether it is indicative of a more pervasive misogyny, or was confined to a contemptuous disrespect for these three profoundly disabled women* [para 54]."[17]

[15] Australian Bureau of Statistics, 'Personal Safety Survey'. 2012. ABS
[16] VicHealth, '2013 National Community Attitudes Survey Towards Violence Against Women.' 2014. VicHealth.
[17] County Court of Victoria's transcript, sentence in the case *Director of Public Prosecutions v Vinod Johnny Kumar*, Case No. CR-13- 00419. 2014. Paragraph numbers in square brackets. All victims' names are pseudonyms.

Trauma informed care
Trauma informed practice has become common in the field of social work. Given the alarming that the prevalence of trauma experienced by people with disabilities is now widely recognised, it is time for the disability sector to take on this approach. Trauma informed care puts the victim at the centre of responses and is empowering for them. Knowing that many people with disabilities will have experienced trauma in the past, being trauma informed would make disability providers conscious not to re-traumatise clients in daily practices.

Recognising family violence
In addition to policies and practices which address violence which occurs in disability services, it is essential to address family violence. This is owning to the fact that family violence is the highest cause of death, disability and disease amongst Australian adult women, and that women with disabilities are at an even more elevated risk compared to other women.[18][19]

Case study: multiple perpetrators of violence against women in different kinds of relationships

'Moira' is a young woman who lives in rural Victoria. She has a cognitive disability and has experienced multiple forms of violence throughout her life at the hands of numerous perpetrators. Her mother was abusive towards her, which prompted Moira to be removed from her care and placed with a foster family. But her mother's boyfriend also sexually assaulted her when she was young and threatened to kill her if she told anyone. She also spent some time living in residential care as a teenager. During this time, three males sexually and physically assaulted her: one was a disability worker, one was a co-resident, and another was the father of a resident.[20]

Bystander approach
Reports of abuse against people with disabilities have shown how many people often witness or suspect the abuse but don't know what they can do. Taking action as a bystander of unacceptable behaviour is an effective strategy to prevention and response. Practitioners of preventing gender based violence promote the bystander approach. This approach shows people what is within their power when they observe derogatory language and abusive behaviour.

"The failure of a group of witnesses to respond to an abuse is called the "bystander effect." It's a social psychological term to measure the empathy, or rather lack of, from a group of witnesses who are in a position to help, but do not. Its known consequences for the victim are devastating.

One of the interesting elements of the bystander effect is that the chance of it occurring is increased according to the number of other bystanders. Calls for help that most witnesses would respond to if on their own, are less likely to get a response, the more witnesses present. There are other variables: the ambiguity around the context of the situation; the cohesiveness of the group, including the feeling of connectedness witnesses feel with the victim; and also diffusion of responsibility, that is, feeling unqualified to help, or thinking, "it's someone else's job"."[21]

[18] VicHealth, 2014, 'The health costs of violence: measuring the burden of disease caused by intimate partner violence.' VicHealth.
[19] L. Healey, 2013, 'Voices Against Violence Paper 2: Current Issues in Understanding and Responding to Violence Against Women with Disabilities,' WDV, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne, p.37.
[20] See D. Woodlock, D. Western and P. Bailey, 2014, 'Voices Against Violence Paper 6: Raising Our Voices – Hearing from Women with Disabilities', WDV, Office of the Public Advocate and Domestic Violence Resource Centre Victoria, Melbourne.
[21] S. Orchard, 'Royal commission forces sexual abuse 'bystanders' to consider their inaction.' 11th Spt 2015, The Age.

Systemic prevention of violence against people with disabilities

Extreme marginalisation of people with disabilities results in higher rates of violence and abuse as well as lower rates of responding. We know that violence experienced by women with disabilities is underpinned by the negative attitudes commonly held about them both as women and as people with disabilities. Such structural barriers must be addressed systemically. If we remain at the margins of society we do not have the financial or personal resources or the networks and services to both prevent and respond to violence.

WDV recommend that the following programs should be resourced to empower people with disabilities:

- **Employment programs** that create targets to increase the employment of people with disabilities in the public service and incentives to business to recognise the value of employing women with disabilities.

- **Leadership programs** for women with disabilities are valuable in giving women confidence to find their voice and advocate in their local communities. The programs that Women with Disabilities Victoria run are currently funded through a philanthropic trust. Women are calling for these programs around Victoria. We see the need for a greater government investment in these programs.

- The **leadership of women with disabilities** must be recognised with the appointment of women to positions of leadership in business and government. The Government's 50:50 Strategy for Women on Boards is an example of where women with disabilities could be encouraged to participate.

- **Universal design housing standards** are required to create housing options for people with disabilities in the private and public markets. This requires leadership from government.

- Sustained **systemic and individual advocacy** for people and also specifically for women with disabilities is critical to bridging the equality gap.

- **Group support** for people and specifically for women is another way that people with disabilities can be empowered. An example of an excellent group program for women with disabilities in regional Victoria is one which is resourced by the Department of Health and Human Services. The program supports women with intellectual disabilities to meet regularly and share their experiences. A lot of those women have experienced disability service abuse, family violence and problems with Child Protection. In a consultations held recently for the Family Violence Royal Commission, those women talked about how the group allows them to build up confidence and trust in others. These women are strong and empowered because they have the support of each other. WDV is of the view that there needs to be many more of these initiatives. They can both prevent, by building women's awareness of their rights. Ultimately they build women's leadership skills to advocate for their rights.

- **Community capacity building programs** are the glue that bind people with disabilities in their local communities, raising awareness of their requirements, for example to their local council. One program that will lose Victorian Government funding with the move to the NDIS is the Rural and Metro Access Program. We believe this program has an important role in the local community.

Recommendations:

9. That the Victorian Government develop evidence-based prevention and response strategies to drive effective change in government and disability services to address violence and abuse of people with disabilities. That these strategies are gendered and person centred. That they are developed with a whole of government approach alongside violence response and prevention practitioners and people with disabilities.

10. That the Victorian Government invest in statewide, sustained programs which empower people with disabilities. Programs would be tailored for specific cohorts, such as women and cultural groups. Programs would be focused on employment, leadership, housing, systemic and individual advocacy, group support and local community capacity building.

Q4.2 In Victoria, what would be the most preferable screening system to establish:
- a legislated disability worker exclusion scheme?
- a legislated working with vulnerable persons check?
- a combined version of an exclusion scheme and a working with vulnerable persons check?

Q4.3 Should a disability worker registration scheme be established, similar to the Australian Health Practitioner Regulation Agency (AHPRA)? If so, should this be a national or state agency?
Q4.4 Should an independent body be established to oversee service standards, accreditation and registration? If so, should this be a national or state agency?

WDV addressed these questions in our submission to Stage 1 of this inquiry. In summary, we support an exclusion scheme and a national independent body for accreditation.

Professional development and workforce culture

Q4.5 Should minimum qualifications be introduced for all disability workers?
- If so, what should be the minimum qualification?
- Should this be a state or national requirement?

Q4.6 Should there be compulsory requirements for professional development for disability workers?
- If so, what core components of ongoing professional development would be required?

Q4.7 What does the Victorian Government need to do to support a disability workforce culture that does not tolerate abuse, neglect or exploitation?
Q4.8 What do Victorian disability service providers need to do to promote and achieve a workforce culture that does not tolerate abuse, neglect or exploitation?

Staff qualifications alone cannot improve disability services. Service cultures are always going to have the biggest impact. Legislation is also a critical factor. WDV make recommendations on compulsory employment requirements in our Stage One submission to this Inquiry.

It is important to state that core competencies for service managers should include the skills to recognise and appropriately respond to violence, abuse and neglect (including by seeking specialist secondary consultation and offering victims referrals to specialist services).

A workforce development schedule must develop workers' capacity to provide equitable, person centred services. This includes recognising people's requirements related to their race, religion, sexuality and gender.

Encouragingly, aged care services have a model along these lines. They are legislatively required to provide sexuality - equitable services. This legislation has translated into workforce development and improved services.[22]

Given the diversity of the workforce and conditions they are in, workers should be paid to attend professional development which is suited to their learning requirements.

Good practice example in Workforce Development
The WDV Gender and Disability Workforce Development Program is designed to change culture across whole organisations, working with clients, staff, managers and executives. This aim is to improve gender equitable service delivery as a strategy for increasing women's well-being and reducing gender based violence. The package is co-delivered by women with disabilities and professionals from relevant sectors. Ongoing communities of practice within the pilot organisations support and sustain the project. WDV piloted program packages throughout 2014/2015 alongside an evaluation process to completed in August 2015. **See evaluation findings in appendix 1.**

Participants' feedback: "I have observed a marked difference in staff approaches to working with women with disabilities, in particular between staff who have completed the training and those that have not. Moving from managing one residential service to another has highlighted this for me."

"We lose insight of gender issues in 'individual person centred planning'. It needs to remain at the forefront." (Disability Service Manager)

"Now when we have conversations, we introduce concepts of gender; it's actually discussed as a point in decision making. There has been a shift in our conversations since the training." (Manager)

"It was confronting and informative." (Disability `Support Worker)

"It opened my eyes. It flicked a switch and made me more aware." (Disability Support Worker)

"Reaffirmed the amount of power we have over our clients and how we must be mindful (constantly) how we use it." (Disability Worker)[23]

Recommendations:

11. That the Victorian Government require disability service managers to have core competencies in recognising and appropriately responding to violence, neglect and abuse. That the Victorian Government advocate for such core competencies at a national level.

12. That the Victorian Government support paid professional development on person centred, gender equitable service provision.

[22] Australian Human Rights Commission, 'A human rights approach for ageing and health - The Aged Care reforms and human rights.'
[23] Written feedback from participant evaluation forms from Yooralla and Gateways managers and staff participating in WDV's Gender and Disability Workforce Development Program, 2014/2015.

Mandatory reporting

Q. 5.7 Should the Victorian Government introduce mandatory reporting of serious or critical incidents to a new independent, oversight body? If so:

- What individuals and organisations should be mandated to make such reports?
- What current functions of the Department of Health and Human Services regarding the management of critical incidents should be transferred to the new body? And should the Department retain any functions relating to critical incident management?

Mandatory reporting is a useful power in some situations but not in all situations. It requires a nuanced framework to ensure reports are not further disempowering people. We are of the view that mandatory reporting should only be utilised in situations where the victim is unable to make informed decisions about the response they require. Furthermore, a research review must be undertaken to identify principles for a mandatory reporting system which is empowering for both children and adults with disabilities who are unable to make informed decisions about the response they require. This may include ensuring that the victim's choice is maximised wherever possible:

- that the victim is given all relevant information about their rights about who receives information on the report
- continued opportunities to make choices through the process
- by being kept informed of the progress of the report,
- about which support services they receive, and through being given access to those support services.

Unfortunately too many reports have emerged of cases where crimes against people with disabilities have been not reported to police, not investigated by police or have had police investigations hampered. This is an area for focus and change. It is not clear if the current protocols being developed between Victoria Police and the Department of Health and Human Services are considering ways to address these deficiencies. This work is important, and would build on the work of Victoria Police's Priority Communities and the Human Rights Commission's Beyond Doubt report.

CASAs value the right of people to make decisions about what is right for them in the context of experiencing sexual assault. The CASA philosophy emphasises empowering victim/survivors, within a Victims' Rights Model. It is the case currently, however, that police are informed about disclosures of sexual assault in DHHS funded disability services, which is a form of mandatory reporting, however victim/survivors do have a choice about whether to make a formal statement. If mandatory reporting to an oversight body were to be introduced across the board, it is essential that principles of empowerment around decision making are included, as navigating the criminal justice system can be re-traumatising for people, and more so when their choice about whether to participate in the process has been taken away.

Victoria Police can, in certain circumstances, override the wishes of the victim when family violence is experienced by both women and children. The Victoria Police Code of Practice for the Investigation of Family Violence may provide some insight into alternative approaches to mandatory reporting that respects victims.

Whatever reporting systems are instituted, these must record the nature of the victim's impairment, relationship between the victim and perpetrator and the gender of the victim and perpetrator. This data should be published, reported to parliament and monitored.

Current deficiencies in data collection:[24]

- The Victorian Department of Health and Human Services reports annually on the number of incidents in their disability services. However, neither the types of incidents that have been reported are described nor the gender of offenders and victims enumerated.[25]
- Most services in Australia do not routinely collect data on disability and violence. This includes the three Minimum Data Sets collected by the Australian Institute of Health and Welfare that includes the Home and Community Care Minimum Data Set, the Disability Services Minimum Data Set and the Specialist Homelessness Services National Minimum Data Set.[26]
- The National Disability Abuse and Neglect Hotline is a potential source of data on violence against women and girls with disabilities but do not provide publically available data.[27]
- *Australian crime: Facts and Figures,* published by the Australian Institute of Criminology, collects no data on disability status.[28]
- The Australian Bureau of Statistics' *Crime Victimisation Australia*, which measures crimes reported to and recorded by police, only reports on the links between mental health and crime.[29]

Recommendations:

13. That the Victorian government only introduce mandatory reporting where the victim is unable to make informed decisions about the response they require.

14. That the Victorian Government commission a research review to identify and implement best practice principles in victim empowerment.

15. That Victoria Police and the Victorian Government develop effective protocols around the investigation of crimes in disability services.

16.That The Victorian Government require service providers to collect comprehensive data disaggregated by impairment, relationship and gender that reports violence, abuse, exploitation and neglect. This data should be published, reported to parliament and monitored.

[24] L. Healey, 'Briefing paper on violence against women with disabilities in disability care,' 2015. WDV.

[26] See L. Dowse, K. Soldatic, C. Frohmader, and G. van Toorn, 2013, 'Stop the Violence: Addressing Violence Against Women and Girls with Disabilities in Australia.' WWDA.

[27] Women With Disabilities Australia, 2011, 'Submission to the UN Analytical Study on violence against Women and Girls with Disabilities,' Rosny Park, Tasmania.

[28] L. Dowse, 2015, 'Complex Intersections: disability, gender, violence and criminalization, Presentation to inaugural Asia-Pacific Conference on Gendered Violence and Violations', UNSW, Sydney, Australia, 10-12 February.

[29] L. Dowse, 2015, *Complex Intersections: disability, gender, violence and criminalization*, Presentation to inaugural Asia-Pacific Conference on Gendered Violence and Violations, UNSW, Sydney, Australia, 10-12 February, available: www.gvrnconference.arts.unsw.edu.au

Other questions

Q5.2 If a new independent oversight body was established, should it have the power to conduct own-motion investigations?

Q5.3 If an independent oversight body is established in Victoria, should that body have responsibility for developing a standard set of guidelines for responding to allegations of abuse and neglect disability services?

Q5.4 In view of the skills necessary in identifying and responding to abuse and neglect, should consideration be given to paid inspectors or paid official visitors in Victoria?

Q5.5 If a paid inspector or paid official visitor role is introduced in Victoria, should they be located with an independent oversight body or other entity? In relation to visiting schemes and the existing community visitor scheme:

Q5.5.1 Should volunteer Community Visitors continue to be part of the safeguarding framework in Victoria?

Q6.1 Should the Senior Practitioner be independent from the Department of Health and Human Services in its role in oversight of restrictive practices?

WDV's response to these questions is **yes**. Some detail is provided in our submission to State One of this Inquiry.

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'Melissa' is a pseudonym. Melissa shared her story in person at the Melbourne hearing of this inquiry.

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Appendix 1

Workforce Development Program on Gender and Disability

Summary Paper of Independent Evaluation Findings

Program Rationale

Increasing women's wellbeing and preventing violence against women with disabilities are strategic priorities for Women with Disabilities Victoria (WDV). A key initiative to support this is the WDV *Workforce Development Program on Gender and Disability* funded through Victoria's Action Plan to Address Violence Against Women and Children 2012-2015.

The need for violence prevention programs tailored for people with disabilities and the disability sector is well supported. The higher risks of violence against women with disabilities is documented in research such as Voices Against Violence and Stop the Silence. Further, the National Community Attitudes Towards Violence Against Women Survey and the Scope 1 in 4 Poll have findings indicating a need for tailored prevention programs on violence against women with disabilities.

About the Workforce Development Program

The *Workforce Development Program on Gender and Disability* is designed to change culture across whole organisations, working with clients, staff, managers and executives. The aim is to increase awareness of how to deliver gender equitable and sensitive services as a strategy for improving women's well-being and status and reducing gender based violence.

As frontline service providers, disability workers and managers are in a key position to support women with disabilities to uphold their right to achieve their goals.

The objective of the program is to improve the quality of gender sensitive practice amongst disability workers by improving their knowledge and skills in regard to:

- Concepts of gender, gender equality, gender relations and sex
- The socio-economic disadvantage of women with disabilities and its impact on social inclusion
- Human rights obligations pertaining to gender and disability
- The relationship between marginalisation, disability, gender stereotypes and violence
- Gender sensitive practice in delivering disability services
- Good practice in health promotion and primary prevention of violence against women

The *Workforce Development Program on Gender and Disability* is a cultural change program that develops robust governance and organisational partner engagement to guide the development and implementation of all program components including evaluation.

Program Components

The Workforce Development Program on Gender and Disability consists of:

1. Co-Facilitator Train the Trainer Programs
2. Delivery of:
   - Disability Support Workers Workshops
   - Service Management Leadership Workshop
   - Senior Executive Leadership Workshop
3. Peer Education/Empowerment Programs for women with disabilities
4. Follow up Communities of Practice (COP)

Co-Facilitation Model

Fundamental to the program is training women with disabilities to co-facilitate the training with violence prevention trainers from women's health and violence prevention and response services. This model demonstrates equitable professional relationships between the co-facilitators.

Piloting of the Program

WDV piloted all Program components with two Victorian disability support organisations (Yooralla and Gateways Support Services) throughout 2014/2015 alongside an evaluation process that was completed in August 2015.

Train the Trainer Programs

- Eleven women with disabilities and eleven prevention of violence against women (PVAW) sector workers trained to deliver to staff of disability support organisations. Ten co-facilitators were contracted to deliver the training.
- Two women with disabilities and three Centre Against Sexual Assault trained to deliver peer education/empowerment program

Human Rights and Quality Services: What does gender have to do with it?" training was delivered to a total of 170 staff from two disability support organisations:

- 91 Yooralla staff and managers
- 79 Gateways Support Services staff

Two follow up COPs were established at each pilot site with four sessions held over a period of 4-6 months. (18 Yooralla and 20 Gateways members which included staff, managers and women with disabilities.

Co-Facilitators Jax Brown and Emma Mahony with Gateways leadership team.

"Women with Disabilities: Our Right to Respect!" Peer Education/Empowerment Program was delivered to eight women with disabilities. The program provides an opportunity for women with disabilities to build understanding of rights, healthy relationships, what violence is and how to seek support to feel safe. At the same time, participants can build confidence and relationships to improve well-being.

Evaluation Framework

Purpose of the evaluation

The evaluation investigated the following questions emerging from a Project Logic.

- What has been learnt about the delivery of the Workforce Development Program on Gender and Disability?
- To what extent and in what ways has the Program achieved its aim of increasing the capacity of disability organisations to deliver safe, respectful services that are gender sensitive and gender equitable?
- How effective is the Program in increasing knowledge, awareness and capacity in gender equitable and gender sensitive service delivery?

Evaluation Approach

Using a formative and impact approach, this evaluation was designed to investigate the following aspect of the Program:

- Governance and organisational partner engagement
- Co-facilitator recruitment process and Train the Trainer program
- Gender and disability learning package and training delivery
- Changes in individual learning, behaviour and practice
- Organisational and cultural change
- Improvement in the lives of women who are users of the service/s

Methodology

Mixed methods; qualitative and quantitative data were utilised:

- Interviews with organisational staff
- Interviews with co-facilitators
- Interviews with WDV staff
- Focus groups with staff attending training
- Focus group with peer education participants
- Observations
- Reflection workshop for the Project Advisory Group and Project Implementation Groups
- Online surveys
- Various program data

Analysis

The Project Logic informed the analysis of data along with Kirkpatrick's[30] framework for evaluating training programs. Kirkpatrick sets out four levels for the evaluation of training programs:

- Reaction - what the participant thought and felt about the training (happy sheets)
- Learning - the resulting increase in knowledge or capability (ascertained through tests and exams)
- Behaviour – the extent of behaviour and capability improvement and implementation/application of the learning
- Results - the effects on the business or environment resulting from the participants' performance.

This evaluation has focused on the latter two levels which are generally the realm of independent evaluators.

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[30] First published in 1959, Donald Kirkpatrick developed a framework for evaluating education programs. See also Kirkpatrick, Donald and Kirkpatrick, James, *Evaluating Training Programs* , 2009, Berrett-Koehler Publishers.

Evaluation Key Findings

Overview

Partnership, organisational commitment, the centrality of women with disabilities and the effectiveness of the co-facilitation model are key strengths of the highly ambitious, Workforce Development Program on Gender and Disability (the Program) developed and delivered by Women with Disabilities Victoria (WDV).

This Final Evaluation Report finds strong evidence to support the continuation of the Program, and offers a range of suggestions to refine and strengthen the Program.

*"The marked difference I have observed in staff approaches to working with women with disabilities, in particular between staff who have completed the training and those that have not. Moving from managing one residential service to another has highlighted this for me." (*Disability Service Manager)

Also widely acknowledged was the skilful, respectful and flexible partnership approach between WDV and the pilot organisations, the members of the PAG and PiG, and women's health, legal, family violence and sexual assault services which underpinned the Program.

The commitment to the Program demonstrated by senior organisational staff in mobilizing resources and championing the training was influential in the successful piloting of the Program.

The centrality and partnership with women with disabilities in the design and delivery of the Program had a powerful impact on participants and is a stand-out success of the Program.

"I wasn't aware of my own opinions and beliefs. It made me, in the workplace and my personal life, be more aware of gender and how it plays out in my life." (Disability Support Worker)

The sharing of their personal experiences made the training 'real' for many participants. The combination of women with disabilities and prevention of violence against women (PVAW) sector workers as co-facilitators resonated strongly with training participants who appreciated the experience and knowledge that co-facilitators brought to the training.

The piloting of the Program has provided a rich environment for testing the Program and delivery method. This has enabled valuable learning in all aspects of the Program including for both pilot organisations. This evaluation finds surprising little difference in the impact of the Program across the two pilot sites.

The evaluation finds that the training had mixed results. The data suggests that some people experienced significant learning; some found the training hard to relate to their circumstances, and a small group had a negative experience of the training.

There is clear evidence of a greater level of awareness of the prevalence of violence against women with disabilities and to a lesser degree the importance of gender sensitive service delivery. This is demonstrated in a greater level of conversation and discussion about these issues across the two pilot organisations.

There is also evidence of changes in practice and organisational cultural and policy changes which is likely to lead to improved gender sensitive service delivery.

The high level of energy and interest in relation to organisational COP also demonstrates the ongoing interest and commitment at an organisational and staff level to continue learning in this area.

Governance and Partnership

Key Findings: Governance and Partnership Approach

- Skilful, respectful and flexible partnership approach between pilot sites and WDV
- Valuable contribution and partnership of women's health and family violence services
- Valuable role of Project Advisory Groups and Project Implementation Group
- Wide ranging expertise of governance groups
- Sustained effort
- Tenacity and flexibility of WDV
- Engagement and leadership of senior staff – mobilising resources and championing training.

WDV established a range of governance structures and mechanisms which have supported the development and delivery of the Workforce Development Program on Gender and Disability including a Project Advisory Group (PAG), Project Implementation Groups (PiG) and memorandums of understanding (MoUs).

The evaluation finds the governance mechanisms, the PAG and PiG, have been valuable in supporting the implementation of the Program including providing advice and problem solving.

The PAG brought together cross sector representatives including those from the pilot sites, primary prevention experts, disability peak bodies and government representatives. The PAG met regularly with six meetings held from October 2013 to July 2015, and was guided by a clear terms of reference. PAG minutes record high levels and regular attendance by members which demonstrates a high level of engagement and interest in the Program.

Gender & Disability Workforce Development Program – Project Advisory Group meeting

Through the PAG, and the commitment of its members in attending and contributing to meetings, a diverse range of expertise and experience assisted in informing and guiding the implementation of the pilot. One PAG member described the Program as *"catching a wave".*

WDV invested heavily in strategic partnership effort with the range of organisations participating in the Program. This includes with key senior staff in both pilot sites, and also with specialist organisations such as women's health, family violence, sexual assault and legal services to build constructive collaborative relationships and to support the delivery of the Program. This assisted in ensuring the Program was developed and supported through specialist knowledge and the participation of skilled trainers.

Fundamental to the design and delivery of the Program has been the strength of partnership between WDV and the pilot site organisations: Yooralla and Gateways. This partnership approach has forged strong, respectful and enduring relationships that have successfully navigated a range of complex and sensitive issues.

Senior organisational staff from the pilot sites commented on the value and strength in partnering with a complementary organisation to implement the training, and that the partnership could be an ongoing one rather than be solely about a one-off project. Senior staff also reported on the responsive, proactive, open and skilful manner in which difficulties or challenges were dealt with by WDV program staff – "*you need a genuine partnership to do that*."

Where changes or modifications were made in response to issues raised, they were described as being made 'in partnership', and through the use of champions within the organisation.

*"It's a test of partnership in working with tight timeframes. Every time I emailed her, she came right back to me. That impresses me in terms of getting good outcomes, commitment and skills." (*Pilot Site Manager)

The commitment by senior organisational staff to mobilize significant agency resources and to prioritise the training has been significant in enabling the pilot to go ahead, and in ensuring a significant number of leadership/management and support staff participated in the training.

The evaluation finds that key to the successes of the pilot program has been the strength of commitment from all participating organisations which has included contributing significant resources, particularly through the participation of staff to support the training.

Key Findings: Impact of Co-facilitation Model

- Strong support for co-facilitation from training participants and co-facilitators
- Co-facilitators learning the role and became more organised and confident during the program
- Powerful exchange of skills and experience by working in co-facilitation teams
- Train the Trainer successful in building strong and respectful relationships between co-facilitators
- More time on the content of the training package required during the Train the Trainer
- Comprehensive and flexible support program for co-facilitators
- Observational element confused roles and had a negative impact for some co-facilitators

The combination of women with disabilities and prevention of violence against women (PVAW) sector trainers as co-facilitators resonated strongly with training participants who appreciated the experience and knowledge that co-facilitators brought to the training.

The centrality of women with disabilities in this Program as co-facilitators and partners is a standout highlight. Training participants frequently cited that the women co-facilitators with disabilities made the training 'real'.

"It made it real; sharing their stories" (Disability Support Worker)

The personal experiences related by women facilitators with disabilities were a key contributor to the engagement of staff in the training. Governance group members and senior organisational staff acknowledged the commitment of WDV to the involvement and partnership with women with disabilities.

"Great it was presented by people with disabilities and hear their take on life." (Disability Support Worker)

The partnerships between WDV and the range of women's health, family violence, sexual assault and legal services was instrumental in ensuring that the pilot was delivered with the support and participation of practitioners with specialist knowledge and expertise. This included partnerships between WDV and the following organisations:

- Barwon Centre Against Sexual Assault
- South East Centre Against Sexual Assault
- Women's Health West
- Women's Health and Wellbeing Barwon South West
- Women's Health Goulburn North East
- Women's Health East
- Women's Legal Service Victoria
- WRISC Family Violence Support

While these partnerships were not formalised, that is, not bound by a partnership agreement or MOU, they were successful in that in each organisation demonstrated their commitment and support to the program by identifying suitable staff and supporting them to participate in the Program. This resulted in the participation of a range of cross sector practitioners at each training session delivered.

The co-facilitators participated in a five-day Train the Trainer Program and were supported through a Reflective Learning Strategy which included, one-on-one and co-facilitation team delivery planning, observation and feedback during the training delivery, pre-training briefing and post-training debriefing, and a Trainers' COP.

The Program has had a significant impact, largely positive, for co-facilitators. The Train the Trainer Program and Reflective Learning Strategy has been influential in creating

strong bonds amongst co-facilitators, developed new skills, and built the confidence of co-facilitators in both content and delivery of the training.

"I learnt that I can do this stuff and that I am worth employing in this sphere." (Co-facilitator)

"We got a certificate that we had completed that training, at end of our last meeting. You can't underestimate the power of what that means. Everyone was very proud to hold it – a lot of blood sweat and tears went in to it. You can't underestimate the validation that that brings."

(Co-facilitator)

Women co-facilitators with disabilities reported gaining significant skills and understanding about violence against women, and PVAW sector co-facilitators reported gaining significant learning and skills about the everyday issues facing women with disabilities.

"I have a deeper understanding about women with disabilities – and will now always include this in whatever I am involved in." (Co-facilitator)

Unintended impacts for co-facilitators include the high level of unpaid time required to prepare for the training. Some modification to the training package to streamline co-facilitation was suggested. The evaluation suggests that the delivery of further training sessions and the pairing of co-facilitators is likely to build strong co-facilitation teams who require less formal support and supervision.

Delivery of Training and Community of Practice

Delivered across two pilot sites, the training program reached a total of 170 participants: 91 at Yooralla (80% women and 20% men), a large state-wide disability support organisation, and 79 (76% women and 24% men) at Gateways Support Services (Gateways), a medium sized disability support organisation based in Geelong. Eight women with disabilities participated in a peer education program trialled in one site.

The Program was delivered by ten co-facilitators, five women co-facilitators with disabilities and five PVAW sector co-facilitators. Pilot site communities of practice (COP), established at the conclusion of training delivery, supported the ongoing awareness and skill development of participants.

Key Findings: Training Program Elements

- High level of impact of prevalence data
- High level of engagement with experiential exercises
- Mixed views about speaker panels
- Engagement with action plans but more support needed to enact them
- Role playing useful in practising skills for some participants
- Positive feedback about training together as a leadership team

On balance the evaluation finds the delivery of leadership team, and support worker training to be an effective approach and one that should be retained. The evaluation data indicates that the training has had the most significant impact in raising awareness of gender inequality and the prevalence of violence against women with disabilities for training participants. Some evaluation participants reported knowing more about the issues from a woman's perspective following the training.

"A better understanding of the prevalence of inequity and violence amongst women, especially those with a disability." (Service Manager)

"Got a big picture of the whole situation and how much it can happen" (Disability Support Worker)

The evaluation finds that the training package could have been more tailored toward the organisational circumstances and range of programs delivered by the pilot organisations. For example, accommodating the needs of support workers from cultural and linguistically diverse backgrounds, demonstrating the relevance for workers who work in gender specific sites (such as a male only, or female only house), and providing more practical examples and resources to assist in the practical application of the concepts.

A revised and more nuanced training package that is tailored to various organisational contexts, is clearer in its key messages and learning outcomes, and that provides additional practical exercise and resources, along with strengthened co-facilitation teams is likely to improve the impact of the training for a greater number participants.

Key Findings: Impact for Training Participants

- Increased awareness of gender equity, the rights of women with disabilities
- Increased awareness of violence against women with disabilities
- Increased confidence in talking about the rights of women with disabilities and gender equity
- Following through with action plans developed during the program

This evaluation finds very little difference in the impact of the Program across the pilot sites. It finds evidence of significant impacts for participants of the training.

Many evaluation participants also reported increased skills and confidence in talking about issues such as gender equality and violence against women with disabilities with their colleagues and managers. Most evaluation participants reported that they would recommend the training to other staff. Some staff also suggested that further training on these issues should be offered to staff.

"I am passionate about it [rights of women with disabilities]. I am trying to be much more aware."
(Disability Support Worker)

"Reaffirmed the amount of power we have over our clients and how we must be mindful (constantly) how we use it". (Disability Support Worker)

Key Findings: Peer Education Program Strengths

- Positive feedback
- Stories about women with disabilities, even where this was upsetting
- The pitch of the course
- Co-facilitation by a woman with a disability
- Participation by CASA service
- Confidentiality of the group so women could talk freely about themselves and their lives
- Potential and support for a locally available ongoing women's group
- Importance of follow-up support

The "Our Right to Respect" program has been well received by women with disabilities. The model is rights based, and aims to empower women and provides interactive information regarding relationships, sexuality and safety. The peer delivered program is evidence based and builds on learnings from similar programs.

The Peer Education Program, trialled in only one site with eight women shows promising results in being a positive experience for some of the small number of participants.

Reasons for low numbers of registrations as well as high number of cancellations include timing and competing activities, lack of information and explanatory support provided to individuals as well as worker and family concern and protectiveness of women being exposed to content that may be upsetting.

Women who participated in the peer education program were very positive about the experience.

*"It's a good idea – women coming together." (*Program Participant)

Based on the evaluation data, there are opportunities to strengthen and improve the program. While the initial results of the peer education program are promising, the evaluation finds that further testing of the peer education model is required.

Given the nature of the content and discussions generated through the program this report suggests that WDV consider a formal partnership with a Centre Against Sexual Assault (CASA) to further develop, deliver and test the program. This would increase the level and proximity of support available to participants should they disclose their experience of violence and or become distressed or upset by the nature of the discussions.

Key Findings: Communities of Practice

- Real opportunity to embed learnings
- High level of energy and interest
- Diversity of topics explored
- Demonstrated commitment to continuing organisational learning and COP

The intention of the COP model, to bring training participants, women with disabilities and other stakeholders together to continue their learning and application of that learning in the workplace, has been well fulfilled.

The COP membership included a 'slice' of organisational training participants, working across a range of levels and services within each organisation and women service users. Importantly, the COP have generated an energy and excitement about ways in which to apply the concepts and learning from the training into practice within each organisation.

The interest in, and potential of the COP was observed by the evaluators, through the wide ranging topics of discussion, participatory process encouraged by the co-facilitators that enabled everyone to have a voice, and the interest in maintaining the COP as expressed by participants.

The COP show real potential to continue to embed learnings and skill development. The level of energy, interest and diversity of topics explored and/or identified in the COP at the pilot sites points to the organisational commitment to keep issues of gender and violence against women with disabilities firmly on the table, and to a need for the COP to continue.

A challenge arising from the implementation is how to keep the COP active, and how to resource the facilitation required given the specialised knowledge and somewhat technical nature of understanding gender equity and violence against women.

Co-facilitators Kristen Sheridan and Colleen Furlanetto facilitating a leadership workshop

Key Findings: Organisational and Cultural Change

- Changes in practice
- Sharing information about the training in general
- Increased discussion of women and human rights
- Increased awareness of violence against women
- A commitment from senior managers to support staff participating in further learning and development such as the COP

Evaluation participants reported that the training has highlighted the need for organisations to improve the knowledge and skills of staff in order to maximise the empowerment and skills of women with disabilities to know their rights and to access support when required. They also reported that there is more work required to improve understanding and skills in supporting women who may be non-verbal and/or may have profound disabilities and limited experiences.

"Now when we have conversations, we introduce concepts of gender; it's actually discussed as a point in decision making. There has been a shift in our conversations since the training." (Disability Support Worker)

The evaluation has found examples of action taken, in response to participating in the training, to directly improve the circumstances for women who are users of services provided by both organisations. This includes:

- Workers advocating for the individual needs of women
- Talking to women directly about an issue of concern;
- Linking individual women into other service providers
- Raising issues about individual women with their manager and/or specialist agency staff such as a CASA worker.

"For me, I am more conscious of behaviour now. In the past if I heard something, I wouldn't really do much. Now I go and have a look and see what their behaviour is. I have seen that change in other staff who have done the training. They do the same thing now." (Disability Support Worker)

Other practice changes include incorporating gender equity discussion as standing agenda item for team meetings and with staff who did not participate in the training; increase in observation skills; taking by-stander action and encouraging respect amongst "customers".

"We put the action plan [developed during the training] into our mission statement for the house." (Disability Support Worker)

"We have tried to include into our quality plans…an element of human rights and zero tolerance for abuse and neglect. It fits with empowering women and role modelling appropriate language and behaviour." (Senior Manager)

Key Findings: Challenging and Unintended Impact

- Understanding of key concepts
- It doesn't involve me - Gender specific sites (e.g. all male or female houses); 'We already treat everyone equally'; and 'We practice individualised care/support'
- No imperative/policy or practice requirement
- Training package insufficiently nuances for audience - English Language proficiency; Working with people with highly complex needs; and Levels of experience and qualifications
- For male participants – acknowledging the impact for men in hearing the statistics and acknowledging the nurturing and caring role that men can play

A range of issues impacted on the ability of some participants to grasp key concepts of gender equity and violence against women with disabilities. Some participants raised concerns about the level of abuse experienced by men with disabilities and felt concerned about the lack of engagement or discussion of this in the training.

A number of participants also reflected that gender did not apply in their circumstances. This appeared to be where the house was an 'all male' or 'all female' house. These participants appeared unable to apply the concepts of the training within their workplace location, and outside the immediate sphere of their workplace location, or within a broader organisational or community context.

This contrasts with those participants who fully engaged with the concepts, were able to relate them to their professional and personal life and for example went on to discuss them with colleagues, friends and family. Co-facilitators did note a shift for some training participants who initially thought that gender was not an issue for them.

A number of participants raised the issue of multiple levels of disadvantage experienced by people with disabilities one of which was gender, and that the training should cover this in more depth. This issue was particularly raised at senior executive/manager level training.

The main concern raised by some participants was that some of the training was not well tailored to the context of the work, and this resulted in a level of disengagement between co-facilitators and training participants. The training package did not respond to the demographics, background and context for a small but significant cohort of disability support workers. For example some training sessions comprised disability support workers from a wide range of cultures and English language proficiency levels, significant differences in levels of experience, qualifications and training.

Some senior staff reported that the training also raised awareness about what it means to demonstrate respect for women and the importance of men in being good role models, although some participants reported that there was little acknowledgement from presenters about the positive role of men. Some men participating in the training reported that they felt uncomfortable being a male in the room at times, and felt that some of the responsibility for the prevalence data was personally directed at them, noting that this was not the case for all men participating in interviews.

Some key challenges experienced in engaging pilot organisations in the program and its administration include:

- Operational and response driven nature of direct service
- Competing priorities within disability sector reform
- Limited resources for learning and development
- Shift work, back fill and little non-contact time for disability workers
- Recruitment to Peer Education Programs
- Many hours of additional (unpaid) work for co-facilitators in order to feel confident and across the material
- High levels of fatigue for women co-facilitators with disabilities
-

Sustainability

There is a need for sustainability planning around two key aspects: the sustainability of the Program, in particular through the strengthening of the co-facilitation team, and the sustainability of organisational cultural change.

There is strong evidence that this ambitious pilot program has ‘turned on the lights’ for the two pilot organisations in relation to gender equality and its impact on gender sensitive service delivery.

The degree to which this can be maintained and the growing awareness of the importance of this issue can translate into ongoing organisational change could be an important area of further investigation and evaluation. The sustainability of the Program and its impact to effect organisational cultural change is constrained by the pilot nature of the Program.

“I will commit to support my team to embrace the changes needed and support them fully in their action plan”. (Team Leader)

Key to sustainability is the need to build the team, capacity and capability of the co-facilitators to deliver the Program. This will require re-engagement of co-facilitators, ensuring they have sufficient opportunity to deliver enough training programs in order to consolidate their skills in both content and co-facilitation.

Further investment is also required to assist pilot organisations to continue their journey toward gender equity and in creating the structures and supports that will result in the delivery of gender sensitive services for all women with disabilities. This might take the form of follow-up or refresher training, further practical resources to assist in applying the concepts, embedding of COP through a program to support the pairing of a program co-facilitator and an organisational member to co-facilitate a longer term or ongoing COP, and other workplace gender equality strategies.

Policy Implications

- Program indicates gender as 'a gap' for disability organisations
- No guiding policy framework or imperative
- Specialist and technical nature of gender equity and violence against women training
- Value of COPS in keeping discussions about gender 'alive'
- Sustainability of program and organisational culture change

Concluding Summary

The piloting of the Program has provided a rich environment for testing the Program and delivery method. This has enabled valuable learning in all aspects of the Program including for both pilot organisations. This evaluation finds surprising little difference in the impact of the Program across the two pilot sites.

The evaluation finds that the training had mixed results. The data suggests that some people experienced significant learning; some found the training hard to relate to their circumstances, and a small group had a negative experience of the training. There is clear evidence of a greater level of awareness of the prevalence of violence against women with disabilities and to a lesser degree the importance of gender sensitive service delivery. This is demonstrated in a greater level of conversation and discussion about these issues across the two pilot organisations.

There is also evidence of changes in practice and organisational cultural and policy changes which is likely to lead to improved gender sensitive service delivery. The high level of energy and interest in relation to organisational COP also demonstrates the ongoing interest and commitment at an organisational and staff level to continue learning in this area.

Summary of Program Strengths

- Highly ambitious program
- Expertise, commitment and sustained effort by WDV
- Importance of partnership, organisational leadership and commitment
- Centrality of women with disabilities; importance and effectiveness of co-facilitation model; and building capacity and capability of co-facilitators
- Elements work well as a package - Use of interactive and engaging training activities and usefulness of resources - though refinement needed
- Positive impact for training participants
- Further testing of the peer education program required
- Communities of Practice

Recommendations

Recommendation 1: That WDV undertake a staged roll out of the Program to disability organisations that demonstrate a willingness to commence a journey towards gender equality, and to partner with WDV in program delivery.

Recommendation 2: That organisations identified as suitable to participate in the Program demonstrate their commitment to a partnership approach including the involvement of the CEO, ability to mobilize resources, and a contribution towards logistics.

Recommendation 3: That WDV continue to maintain active input and partnership with women with disabilities in all aspects of any further roll out of the Program.

Recommendation 4: That the following key elements of the Program be maintained:

- The partnership approach with organisations
- The co-facilitation by women facilitators with disabilities and PVAW sector co-facilitators
- The training and support for co-facilitators
- Training that focuses on both leadership teams and support workers
- Communities of practice.

Recommendation 5: That the peer education program is further tested and the following refinements be considered:

- That WDV formally partner with a CASA (or CASA Forum) to deliver and test the model
- That WDV develop an action research model to further test the peer education program.

Recommendation 6: That WDV continue to work with the co-facilitation team to build their capacity and skills in delivering the Program including:

- Developing co-facilitation teams to build on their growing expertise in co-facilitation
- Providing refresher training for facilitators focusing on refinements to the training package, and extending their skills to facilitate COP
- Providing sufficient support, including paid hours, for co-facilitators in preparing to deliver training.

Recommendation 7: That the recruitment of additional facilitators seek to include male co-facilitators.

Recommendation 8: That the following refinements to the Program be considered:

- That mixed support worker training groups (across a range of service types within the organisation) be trialled
- That the support worker training be reduced to one and a half days (consecutive).

Recommendation 9: That WDV undertake an independent assessment of the training package to consider:

- The accessibility of the language and concepts
- Additional practical exercises and resources
- A reduction in the duration of the support worker training.
- The development of a range of modules that can be selected depending on the context of the organisation.

Recommendation 10: That WDV review the program administration to identify opportunities to streamline processes, and that the future program design incorporate an administrative support component.

Recommendation 11: That WDV consider additional investment in work to foster ongoing cultural change at the pilot sites which might include:

- Follow-up or refresher training
- Practical resources to assist in applying the concepts
- Embedding of COP through a program to support the pairing of a program co-facilitator and an organisational staff member to co-facilitate a longer term or ongoing COP
- Policy development and review, and workplace gender equality strategies.

Recommendation 12: That WDV secure resources to examine the medium and longer term impact of the Program.

Additional findings since the independent evaluation

The outcomes continue beyond the program timeframes and evaluation process.

Reports received by WDV include:

- Increased employment opportunities for co-facilitators
- Co-facilitators making representation on to Victorian inquiries
- Women with disabilities taking court action
- Increase in regional initiatives that focus on prevention of violence against women with disabilities
- Increased gender and disability focus in regional violence prevention plans
- Forming of cross sector collaboration and networks

Cross sector collaboration in action during panel session in disability support worker training.

Next steps

Following completion of the program and these encouraging program evaluation findings, extension of funding was announced in July 2015 by the Hon Fiona Richardson, Minister for Women and Minister for Prevention of Family Violence.

"Advocacy and education through this program are fundamental in promoting and upholding the rights of Victorian women with a disability and reducing the risk of gender-based violence."

WDV will be implementing the evaluation recommendations and offering disability support organisations the opportunity to participate in the next stage of this exciting cultural change program.

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