

Women's Health Services Disability Audit Tool

Premises

Emergencies and Evacuation



Published by Women with Disabilities Victoria
Level 9/255 Bourke Street, Melbourne, Victoria 3000
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The Workforce Development Program on Gender and Disability is supported by the Victorian Government.



Women's Health Services Disability Audit Tool

Acknowledgements

Women with Disabilities Victoria acknowledges:

- The Victorian Aboriginal people as the First Peoples, Traditional Owners and custodians of the land and water on which we rely.
- The contribution of Women's Health Services and Women with Disabilities staff to the development of this tool.
- The Victorian Government, through the Office of Women, for funding the development of this tool and for its commitment to progress towards violence prevention in Victoria.

Introduction

Women with Disabilities Victoria (WDV) is the peak body of women with disabilities in Victoria.

Women with Disabilities Victoria:

- Provides systemic support, advocacy and resources to women with disabilities in leadership roles.
- Works with community services and organisations to ensure they are inclusive of women with disabilities.
- Ensures services for people with disabilities consider a gender perspective that is responsive to women with disabilities.
- Works in partnership with other disability and women's organisations.
- Encourages and undertakes research on issues affecting women with disabilities.
- Provides a voice for women with disabilities to influence government policy and legislation.

Our Vision, Mission and Values

We are an organisation of women with disabilities in Victoria with a diverse and growing membership. Our members have a range of disabilities, backgrounds, lifestyles and ages.

Our Vision

A world where all women are respected and can fully experience life.

Our Mission

To advance real social and economic inclusion for women with disabilities in Victoria, we will:

- Be a voice for women with disabilities.
- Create opportunities for women with disabilities to be visible and to be heard in their communities.
- Build partnerships to deliver the best results for women with disabilities.
- Engage the community to challenge attitudes and myths about women with disabilities.

Contents

Women’s Health Services Disability Audit Tool	3
Acknowledgements	3
Introduction	3
Our Vision, Mission and Values	4
Our Vision	4
Our Mission	4
Women with Disabilities Victoria’s Prevention of Violence Capacity Building Project	6
Context	6
Key Facts About Disability and Gender	7
Who Are Women with Disabilities?	7
What Barriers Do We Face?	7
Key Facts About Disability and Violence Against Women.....	8
The Women’s Health Services Disability Audit Tool	9
Guiding Principles	9
Audit Scope.....	11
Data Collection and Presentation.....	12
Audit Instructions	12
Prevention of Violence Against Women Disability Audit	13
Premises.....	13
Emergency and Evacuation	13
Questions	13
Summary.....	23
Key Learning	24
References	26

Women with Disabilities Victoria's Prevention of Violence Capacity Building Project

Context

Women's Health Services (WHS) are required to develop the capacity of local and regional partners (for regional WHS), and relevant state wide and other relevant sector partners (for state wide WHS), to further strengthen their current work in preventing family violence and all forms of violence against women.

The Victorian strategy on violence prevention, 'Free from Violence' (2017) notes that while violence against women and family violence have their origins in gender inequality and discrimination, "inequalities resulting in racism, ageism, ableism and heterosexism can also, on their own or in combination, influence patterns of violence perpetrated in society" (State of Victoria 2017). Women with Disabilities Victoria (WDV) observes that geography can further exacerbate these patterns, due to differential availability of infrastructure and social isolation.

WDV is undertaking a project to increase the capacity of women's health services (WHS) to include the rights, perspectives and participation of women with disabilities in to their current and future prevention of violence against women (PVAW) activities. The project responds to three key issues in relation to PVAW and women with disabilities:

1. Intersecting factors of gender and disability inequality are key drivers for women with disabilities who experience violence at a higher rate than women without disabilities.
2. Regional primary prevention of violence against women strategies and plans can be strengthened to address both the gender and disability drivers of violence and avoid marginalising women with disabilities.
3. Women with disabilities and disability organisations can be engaged in regional primary prevention planning efforts, increasing the effectiveness and reach of strategies.

The project undertakes capacity-building work with identified WHS and their local government partners. WDV in partnership with WHS project participants supports shared learning across the remaining women's health services through communities of practice (CoP) and networks, resources and other activities, including the piloting of tools and resources for subsequent sharing with

Victoria's women's health sector and their local and regional organisational partners.

Key Facts About Disability and Gender

Who Are Women with Disabilities?

Nearly one in every five Victorian women has a disability. We are every woman. We are doctors, lawyers, health and community service workers, playwrights and teachers.

We are mothers and carers, actively sexual and celibate, lesbian, bisexual, transgender and heterosexual. We live on farms, in regional communities, in urban high rise and in the suburbs. We follow football and dance, go to TAFE and university. We value public transport and accessible buildings.

We are religious, from many faiths and non-religious, from many perspectives. We are diverse in our ideologies, but passionate about our right to be recognised as ordinary women... with a disability.

What Barriers Do We Face?

We encounter discrimination on many levels, each of which restricts our opportunities for equal participation in economic, social, educational and political life.

Some women with disabilities experience multiple layers of discrimination based on their race, age, gender and sexual orientation, as well as their disability. We are often ignored in government legislation, policies and programs and our needs are not adequately recognised within community organisations and services.

We have traditionally been excluded from the mainstream women's social movement, whilst issues of concern to women with disabilities have not been addressed by the broader disability advocacy movement.

On all measures of social and economic participation (housing security, income, employment and education), women with disabilities are disadvantaged compared to women and men without disabilities. We also experience higher levels of disadvantage than men with disabilities when it comes to employment and income levels. As women with disabilities, we lack access to adequate health care and other services for ourselves and our children, particularly when health centres fail to provide a welcoming, inclusive environment with accessible parking, accessible toilets and accessible examination tables.

Women with disabilities are targeted by people who use violence, including by intimate partners. We are also less likely to know about or have access to services responding to violence against women.

Key Facts About Disability and Violence Against Women

- Gender-based and disability-based discrimination doubles the risk of violence for women and girls with disabilities as compared to women without disabilities.
- Women with disabilities experience all types of violence at higher rates, with increased severity and for longer than other women.
- Men who use violence often target women who they see as less powerful, such as women with barriers to communicate to others what has happened to them and those restricted in their physical movement.
- Over one-third of women with disabilities experience some form of intimate partner violence.
- Many women experience social isolation as both a risk factor for, and a consequence of, violence. Some perpetrators use social isolation as a form of controlling behaviour in itself.
- Isolation can be compounded for women living rurally or remotely, women who are culturally isolated and for older women.
- Women with Disabilities Victoria's research and contribution to the recent Royal Commission into Family Violence ensured the voices and experiences of women with disabilities were heard. Women with Disabilities Victoria continues to work with community organisations and all levels of government to ensure the recommendations of the Royal Commission are implemented.

The Women's Health Services Disability Audit Tool

The Women's Health Services Disability Audit Tool presented below is part of a suite of resources produced by Women with Disabilities Victoria to support women's health services to build their capacity to include the rights and perspectives of women with disabilities in to PVAW initiatives. In tandem with accompanying disability and Prevention of Violence Against Women (PVAW) needs analysis tools, it has been designed for use by staff of women's health services engaged in the design, implementation and review of programs to prevent violence against women initiated by their organisations or region. It has been piloted by Women's Health East and Women's Health Loddon Mallee through their participation in the Violence Prevention Capacity Building Project in partnership with WDV, funded by the Victorian Government's Office for Women, for whose assistance WDV is very grateful.

Guiding Principles

The Women's Health Services Disability and PVAW Capacity Building project is grounded in a gender transformative approach to change gender norms, structures and practices for a more equal society (Our Watch 2015; Keel et al 2016). It takes an intersectional approach to address the drivers of violence against women and the multiple systems and structures of oppression and discrimination which affect women with disabilities by upholding a human rights approach to disability, as required by the Commonwealth Disability Discrimination Act 1992 and the United Nations Convention on the Rights of people with Disabilities 2006.

The Women's Health Services Disability and Prevention of Violence Against Women project frames its activities within essential actions to prevent violence against women, as advocated by Our Watch (2015). In undertaking the disability audit below, women's health services can shift their communications, processes, operations and physical infrastructure in ways which will:

Challenge condoning of violence against women.

Promote women's independence and decision-making in public life and relationships.

Foster positive personal identities and challenge gender stereotypes and roles.

Strengthen positive, equal and respectful relations between and among women and men, girls and boys.

Promote and normalise gender equality in public and private life (Our Watch 2015).

In 2017, WDV produced the Inclusive Planning Guidelines for Prevention of Violence Against Women. These guidelines specify a series of actions conducive to inclusive PVAW activities and processes by women's health services. The auditing toolkit addresses the first guideline, Organisational Readiness through Planning and Development (Women with Disabilities Victoria 2017).

Organisational readiness requires focus and reflection on internal processes, systems, culture and work plans. It involves critical examination of the internal environment and external messaging, as well as recognition of the long-term nature of change to transform social structures, organisational culture and processes and physical infrastructure. Similar to gender equality, disability inclusion within organisations will only be achieved by deliberate actions to implement long-term change. It is suggested that the auditing tools and needs analysis tools inform an ongoing process of disability inclusion, using the following strategies:

- Enlisting the support of senior leaders.
- Researching current inclusion activities, systems and resources.
- Developing a vision of what your inclusive organisation and PVAW activities will look like.
- Accessing resources, information and support.
- Communicating throughout your organisation about disability inclusion.
- Building knowledge of disability, barriers to inclusion and prevention of violence against women with disabilities within your organisation.
- Determining priorities for action and incrementally removing barriers to inclusion.
- Improving policies and procedures to reflect disability inclusion.
- Making small changes which will achieve large impact.
- Maintaining momentum and reinforcing the message.
- Role modelling inclusion.
- Building disability inclusion in to expectations of organisational performance.
- Promoting inclusion through internal events and activities.
- Evaluating progress to guide future action (adapted from VicHealth 2018).

The auditing toolkit has been designed to enable reflection on women's health services capacity to create an environment in which disability inclusive PVAW initiatives can occur, as well as identifying existing barriers to inclusion and planning for their removal. In tandem with the needs analysis tools, the auditing tools can assist women's health services to research existing inclusion activities

and systems, guide policy development, future planning and evaluation. In undertaking the audit, women's health services can not only increase the inclusivity of their own organisational practices but also role model inclusion for regional partners with whom they work.

Audit Scope

The auditing tool includes material covering an organisation's interactions with staff, partners and the community through events, communications and its role as employer and agent of change, and on the accessibility of an organisation's physical infrastructure and event spaces. The audit structure reflects a staged approach to the transformation necessary for the creation of truly inclusive cultures, practices and environments, with shifts in organisational operations and communications requiring less financial outlay than changes to physical infrastructure, and thus likely to receive greater organisational support in the short to medium term. Furthermore, the suggestions and resources offered throughout the text invite the examination by women's health services staff of aspects of inclusion through a gender lens, assisting organisations to determine priorities for change and implement short-term changes while devising strategies for longer-term transformation.

The auditing tools present a series of questions on themes of physical access, events, communications, personnel practices and attitudes towards disability. The responses of users of these tools can be used to assess each women's health services' current disability inclusion capacity, strengths and needs, and guide the design of requests for tailored technical assistance and resource provision from WDV if requested in the future.

Disability inclusion is multi-faceted, covering a wide scope of physical infrastructure, organisational processes and systems. It is suggested that rather than tackling the audit in its entirety, women's health services review the topics covered in the auditing tool, and identify areas which they wish to address as part of a staged process of accessibility review, planning and change. This will ensure manageable and realistic action over time. The tool's checklist format allows for multiple forms of utilisation by WHS and other organisations. The audit can be undertaken as an individual written exercise, or via a workshop format. Questions within the toolkit can also be used as guides to organisational discussion, planning and evaluation of disability inclusion.

By responding to the questions within the toolkit, WHS staff can generate an overview of the current state of inclusiveness of their organisation or events in a range of criteria, including physical access and inclusive attitudes and practices. The tool can be used to produce base-line data and to monitor and plan

progress towards inclusivity over time, in recognition of the long term nature of much disability inclusion and PVAW work.

The auditing toolkit has been produced in both printable pdf and in accessible MS Word format, the latter to enable its completion electronically by all users, thus modelling an example of accessible document creation.

Data Collection and Presentation

Users of the auditing tool are able to generate their own snapshot report using the template provided in each section of the toolkit, and determine and plan to fill gaps in current organisational systems, processes and infrastructure according to their organisational and regional strategic priorities and resources.

Audit Instructions

The auditing toolkit comprises a series of self-contained topic areas, in which questions on various aspects of accessibility for people with disabilities are posed, alongside suggestions and resources to improve accessibility in the area under discussion. These topic areas are listed in separate resources for convenience. The resources have been derived from freely available online Australian government and non-government sources, with information from commercial publications only being cited if deemed to contain material applicable to the Women's Health Services context. All links were operable at the time of this toolkit's compilation.

Answers to each question can be entered in to the first column below each question, with N/A entered if the question does not apply to your organisation. If applicable, in the second column, please enter a response indicating a timeframe for the issue's resolution.

The reflective questions in each topic area are designed to encourage thinking about your organisation's current level of accessibility. They do not need to be answered within the tool. Rather, responses to the questions in the checklist will allow an assessment of the organisation's actual accessibility compared to respondents' initial reflections.

Respondents are also invited to develop a summary of findings derived from the completed topic areas, and complete the sections asking about the current situation and future planning to enhance disability inclusion.

Prevention of Violence Against Women Disability Audit

Premises

This tool can be used to audit the premises from which your organisation works, or facilities where events and other community engagement initiatives are convened. Physical access to premises can be technically specialised. Therefore, the below auditing tool reviews basic accessibility, with additional resources provided for more technical information and requirements pertaining to access standards at the end of this tool. Organisations may wish to invest in the services of an access consultant who can provide advice regarding current accessibility and planning for improvement to premises. The accessibility consultant industry attracts both men and women, the latter often entering the industry through previous experience in occupational therapy or other allied health professions. You can find out more about access consultants at <https://www.access.asn.au/>.

Emergency and Evacuation

Questions

The questions below relate to the emergency procedures applicable to your service premises and event spaces. Your organisation can immediately improve the accessibility of emergency and evacuation procedures by ensuring that emergency procedures are communicated clearly to all staff and visitors to your building, and staff made available to assist anyone with disabilities in an emergency. In the longer term, personal emergency evacuation plans can be developed with staff and volunteers with disabilities.

Reflective questions:

How accessible are your emergency procedures for people with disabilities?

Question 1:

Describe the emergency warning alarm?

Notes:

Greater accessibility is achieved when the emergency alarm can be perceived by people with a range of sensory disabilities. In practice, this means using visual as well as audible alarm systems, such as those described at <https://www.and.org.au/pages/evacuation-procedures.html>.

Response:

Timeframe for Resolution:

Question 2:

Where are emergency exits located?

Notes:

Organisations may not have control of the location of emergency exits within the building from which they rent. If the exit is some distance from your working or event space area, you may wish to consider ensuring staff assistance is available for people with disabilities exiting the building.

Response:

Timeframe for Resolution:

Question 3:

Describe how the emergency exits are accessed?

Notes:

Best workplace safety and accessibility are achieved when pathways to emergency exits remain clear of furniture and other items:

[https://www.ohsrep.org.au/fire_escapes_what_are_the_rules.](https://www.ohsrep.org.au/fire_escapes_what_are_the_rules)

Response:

Timeframe for Resolution:

Question 4:

How are emergency exits signposted?

Notes:

Accessible signage ensures that emergency exits can be easily located by everyone in the building. See previous sections on signage.

Response:

Timeframe for Resolution:

Question 5:

Where are internal and external refuge/assembly areas located?

Notes:

Best accessibility is achieved when all building occupants can evacuate to external assembly points, with internal refuge areas made available if occupants require the assistance of emergency services to evacuate. This latter practice is controversial, as it does not offer people with disabilities the same opportunity as other building users to quickly evacuate the building:

<https://egressability.com.au/2018/12/08/refuge-areas-an-australian-experience/>.

Response:

Timeframe for Resolution:

Question 6:

Describe the evacuation procedures?

Notes:

These usually consist of procedures to evacuate the building and assemble occupants in a safe area. Best accessibility is achieved when building occupants with disabilities can evacuate using the same methods and at the same time as other building users.

Response:

Timeframe for Resolution:

Question 7:

Who is responsible for managing emergency evacuation?

Notes:

Accessibility is achieved when a designated person has overall management of emergency procedures, and they are aware of the need to assist building occupants with disabilities to evacuate.

Response:

Timeframe for Resolution:

Question 8:

Do personal emergency evacuation plans exist for people with disabilities accessing the building?

Notes:

These plans are tailored to the needs of each regular occupant of the building with disabilities, and outline the actions and support each person will require in an emergency: <https://www.and.org.au/pages/evacuation-procedures.html>.

Response:

Timeframe for Resolution:

Question 9:

How frequent are evacuation drills?

Notes:

Evacuation drills allow for trialling of evacuation procedures safely, prior to an emergency occurring.

Response:

Timeframe for Resolution:

Question 10:

How is the safety of evacuation routes monitored and maintained?

Notes:

Accessibility is achieved when evacuation routes are kept clear of furniture and other items.

Response:

Timeframe for Resolution:

Question 11:

What is the procedure for maintaining emergency warning devices?

Notes:

Visual and audible alarms will alert occupants to an emergency if they are maintained regularly.

Response:

Timeframe for Resolution:

Question 12:

How is the presence of people with disabilities in the building indicated to the emergency/fire warden?

Notes:

It is best practice to record the number of occupants to the building with disabilities, and this information to be conveyed to the person responsible for coordinating emergency procedures.

Response:

Timeframe for Resolution:

Question 13:

Has the emergency/fire warden been trained to assist people with disabilities during emergencies?

Notes:

Accessibility is achieved when the fire warden/emergency manager is aware of occupants of their building with disabilities, and the best methods of offering assistance: <https://www.and.org.au/pages/evacuation-procedures.html>.

Response:

Timeframe for Resolution:

Question 14:

How are people requiring assistance identified?

Notes:

It is suggested that building users with disabilities be identified to ensure that they receive assistance to comply with emergency procedures.

Response:

Timeframe for Resolution:

Further information and technical advice is available from <https://www.and.org.au/pages/evacuation-procedures.html> and other references and resources at the end of this tool. Best practice in emergency management occurs when people with disabilities are guaranteed safe and respectful emergency procedures. This allows women with disabilities to exercise agency and autonomy within the boundaries imposed by an emergency situation, and counters gendered expectations of their status as recipients of rescue.

Summary

The questions above relate to the emergency procedures applicable to your service premises and event spaces.

Audit Response Summary

Future Actions

Recommendations

Short Term:

Medium Term:

Long Term:

Key Learning

For (name organisation):

For other partner organisations (if relevant):

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