

# **Women's Health Services**

## **Disability Audit Tool**

**Services and Participation**

**Communication**



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# Women's Health Services Disability Audit Tool

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## 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.

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# 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

### Services and Participation

This tool covers inclusive engagement, interactions, service delivery and participation of women with disabilities within the context of your organisation. The questions apply to the multiple contexts in which women with disabilities may interact, including accessing events and consultations, as visitors, volunteers and employees.

### Communication

#### Questions

The questions below relate to the way in which the organisation communicates with its staff, users and partners via a range of media, and its portrayal of women through its messaging.

#### Reflective question:

**How accessible and inclusive do you think your organisation's communications are for people with disabilities?**

#### **Question 1:**

What information is available to staff regarding accessible communication methods and expectations?

#### **Notes:**

This relates to the availability and promotion within your organisation of procedures specifying commitment from leadership and staff to communication using a wide range of media, and guidance to ensure communications reflect gender inclusiveness and meet accessibility standards. Further ideas regarding the development of procedures and advice in accessible communication is available at <https://www.accessibility.sa.gov.au/>.

**Response:**

**Timeframe for Resolution:**

**Question 2:**

Does your website comply with WCAG2.1 Standards?

**Notes:**

These standards have been designed to ensure the accessibility of online environments for people with diverse disabilities. Adherence to these standards benefits other internet users, particularly those accessing content via mobile devices or whose access to the internet is limited by low speeds or connectivity. The language in which the standards are written can be daunting to anyone without expertise in web design. A simple guide to the basic requirements of the standards in plain language can be found at <https://www.and.org.au/pages/a-beginners-guide-to-accessible-content.html>. Alternatively, more technical advice, useful when communicating with web designers can be found at: <https://www.w3.org/WAI/tutorials/>. You may find women web designers by consulting directories specialising in listing women's businesses.

**Response:**

**Timeframe for Resolution:**

**Question 3:**

Do you have access to a hearing loop?

**Notes:**

A hearing augmentation system, more commonly referred to as a hearing loop, allows for audio content broadcast through microphones or speaker systems to be transmitted directly to a person's hearing aids. Different systems are available for hire or permanent installation and there are signage requirements to signify their availability within a public venue. Further information is available from: <https://www.deafnessforum.org.au/resources/signage-guide-for-hearing-augmentation-systems/>. Hiring or owning hearing augmentation facilities is another way of publicly promoting the independence and autonomy of women with disabilities.

**Response:**

**Timeframe for Resolution:**



**Question 4:**

How is the hearing loop promoted to potential users? See the resource listed for the question above.

**Response:**

**Timeframe for Resolution:**

**Question 5:**

In what formats is agency material disseminated?

**Notes:**

This question refers to the formats in which the organisation's internal and external documents are produced. The use of a range of formats ensures that the material produced by your organisation is easily read and understood by staff and external stakeholders. Using a range of on- and off-line formats for your organisation's communications increases the likelihood of independent access by all women, including women who are isolated due to violence and abuse. Further guidance is available at: <https://www.vic.gov.au/accessibility-guidelines-government-communications>.

**Response:**

**Timeframe for Resolution:**

**Question 6:**

What materials are produced in plain English?

**Notes:**

Plain English is a writing style enabling understanding of written content regardless of disability or English language literacy. This format is another means of promoting the independent engagement of women with a range of cognitive and other disabilities, or who have experienced barriers in gaining literacy. Further guidance is available at:

<https://guides.service.gov.au/content-guide/writing-style/#plain-english>

**Response:**

**Timeframe for Resolution:**

**Question 7:**

How is visual material made accessible?

**Notes:**

This relates to verbal description or other methods to ensure that visual material is accessible for users who are blind or vision impaired. Visual material includes pictures, diagrams, graphics, films/videos, including material which is subtitled. Providing text-based or verbal representation of this material promotes women’s independent access, challenging gender norms of family or carer facilitated access. More information containing verbal descriptions of images in social media can be found at <https://www.and.org.au/articles.php/43/how-to-write-more-accessible-social-media-posts>. The concepts are equally applicable to offline content such as promotional videos and documents containing photographs and diagrams.

**Response:**

**Timeframe for Resolution:**

**Question 8:**

How is PowerPoint slide content conveyed accessibly?

**Notes:**

This relates to techniques and additions to PowerPoint slides to ensure they are accessible to users with sensory disabilities, such as outlined in the guide at <https://support.office.com/en-us/article/make-your-powerpoint-presentations-accessible-to-people-with-disabilities-6f7772b2-2f33-4bd2-8ca7-dae3b2b3ef25>. Women attending your presentations will be able to access slide content independently, engaging fully with your presentation.

**Response:**

**Timeframe for Resolution:**

**Question 9:**

What considerations guide the selection of IT and web design services?

**Notes:**

Though cost considerations can exert strong influence in the choice of communication and IT infrastructure, some organisations also challenge gender norms by favouring companies whose workforces comprise women/people with disabilities. Such companies may be listed in women's or disability business directories.

**Response:**

**Timeframe for Resolution:**

**Question 10:**

What formats and methods are used to convey information about the organisation's services/activities?

**Notes:**

This relates to the formats used by your organisation to communicate internally and externally about activities and services. Accessible formats such as plain English, large print, audio online formats and braille are accessed by people with a range of neurological and sensory disabilities to access information. Provision of information in a range of formats minimises women's dependence on others to access information and ensures access despite barriers to safe online environments. Further guidance is available from <https://www.vic.gov.au/accessibility-guidelines-government-communications>.

**Response:**

**Timeframe for Resolution:**

**Question 11:**

How is the accessibility of the organisation's documents and media monitored and reviewed?

**Notes:**

It is best practice to monitor accessibility of information and media through consultation with people with disabilities and their organisations and referring to resources such as those listed in this document.

**Response:**

**Timeframe for Resolution:**

**Question 12:**

What remuneration is available to community members consulted on organisational communication?

**Notes:**

Providing meaningful remuneration for women with disabilities' users testing your organisation's communications indicates acknowledgement of the value of their expertise and challenges gendered stereotypes of the perpetual voluntarism of women with disabilities.

**Response:**

**Timeframe for Resolution:**

**Question 13:**

How is accessible communication promoted in agency policy?

**Notes:**

Stating commitment to accessible communication in your organisation's policy and procedures indicates commitment from leadership and promotes this commitment to staff, partners and the public. It also contributes to the positive acknowledgement of women with disabilities as part of your organisation's community. Procedures for implementing accessible communication can be modelled on some of the resources listed in this tool or gathered through internet searches.

**Response:**

**Timeframe for Resolution:**

**Question 14:**

How are women with disabilities portrayed in the organisation's communication media?

**Notes:**

An organisation's values and attitudes concerning women with disabilities is reflected in their portrayal in the organisation's media in language and visual imagery. Such portrayal can range from invisibility, depiction of a limited range of disabilities or in poses or language signifying a spectrum of dependence and power relationships, e.g. women with disabilities always being photographed with a carer. Positive portrayals of women with disabilities (obtained with informed consent) assist in fostering affirmative personal identities and challenge gender stereotypes and roles.

The following resource offers further suggestions:

<http://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/Physical%20activity/EveryoneWins-ssa/OFD35%20-%20Positive%20portrayal%20of%20people%20with%20a%20disability.aspx>.

**Response:**

**Timeframe for Resolution:**

Best practice occurs when information is delivered via a range of formats which meet accessibility standards, with explicit mention made of the organisation’s commitment to accessible communication in policies and procedures endorsed by board and management, with depictions of women with disabilities through language and imagery promoting positive identities and challenging gender norms to show autonomy, agency and decision making. More information and technical advice can be found in this section and the references and resources at the end of this publication.

**Summary**

The questions above relate to the way in which the organisation communicates with its staff, users and partners via a range of media, and its portrayal of women through its messaging.

**Audit Response Summary**

**Future Actions**



## Recommendations

Short Term:

Medium Term:

Long term:

## Key Learning

For (name of organisation):

For other partner organisations (if relevant):

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