Women’s Health Services

Disability Audit Tool

# Premises

# Approach and Access

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## Women’s Health Services Disability Audit Tool

### Acknowledgements

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• 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.

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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 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/>.

### Approach and Access

### Questions

The questions below can assess the ease by which people with disabilities can travel to, locate and approach the outside of your building or event space. Considering women’s approach and access to your building increases perceptions of safety and reduces the need for reliance on informal supports to facilitate access. Enhancements to your organisation’s location may be limited by resource constraints and leasing contracts in the short term. However, access considerations can be factored into accommodation decisions if your organisation plans to relocate in the longer term. The below questions can also assist you to assess the accessibility of spaces used for your organisation’s public events or meetings where external stakeholders are engaged.

**Reflective questions:**

**How easy do you think it is for people with disabilities to travel to and approach your building or event space?**

**Question 1:**

What is the distance from the closest main road to your building/event space (in metres)?

**Notes:**

Accessibility is enhanced if your building or event venue can be easily located by anyone travelling on foot, via private vehicle or public transport. If this is not currently feasible, a clear description of the route between the closest main road and your building avoids the frustration of being unable to locate the building.

**Response:**

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**Timeframe for Resolution:**

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**Question 2:**

What is the distance from the building/event space to the closest form of public transport (in metres)?

**Notes:**

Accessibility is enhanced if your building is in close proximity to public transport, requiring minimal travel between the transport stop and your building. This is particularly important to consider when booking event venues. Disability may impact on a person’s capacity to walk long distances due to factors such as fatigue, pain and orientation. Providing clear information regarding the distance of your building or event space to the closest public transport stops allows visitors with disabilities to plan how they will travel to your building. It is most useful to express proximity in distances rather than estimates of walking time, as these will vary for each individual.

**Response:**

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**Timeframe for Resolution:**

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**Question 3:**

What are the closest public transport options to access the building?

**Notes:**

Greater accessibility is achieved if a number of public transport options are available close to your building or event venue. It is useful to make available maps and verbal descriptions of the public transport options available and directions to and from your building.

**Response:**

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**Timeframe for Resolution:**

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**Question 4:**

How frequent are the public transport services nominated above? (in minutes, on weekdays and weekends)

**Notes:**

Long waiting periods to access public transport can deter people with disabilities from accessing a building or event venue, particularly if they are concerned for their physical safety. Planning events to align with public transport schedules is useful if frequent public transport is unavailable close to your venue.

**Response:**

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**Timeframe for Resolution:**

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**Question 5:**

Are the vehicles accessible? (not all public transport vehicles comply with accessibility standards)

**Notes:**

The Disability Standards for Accessible Public Transport 2002 <https://www.legislation.gov.au/Details/F2011C00213> outline the minimum accessibility requirements for new transport infrastructure, and the staged process for compliance of older vehicles. Older transport stock purchased prior to the first iteration of the standards in 2002 may not be compliant, so not accessible for passengers with disabilities. You may wish to investigate the types of vehicles servicing your building or event venue, and advise participants regarding the availability and/or frequency of accessible vehicles. This is often listed on timetables produced by Public Transport Victoria.

**Response:**

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**Timeframe for Resolution:**

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**Question 6:**

Distance from parking options to building (in metres)?

**Notes:**

Parking options close to your building or event venue minimise the need for prolonged walking for participants. It is helpful to describe parking options and their distance from your building or venue when promoting your organisation’s event.

**Response:**

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**Timeframe for Resolution:**

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**Question 7:**

Number of disability parking bays?

**Notes:**

Australian standards set the proportion of accessible parking bays according to building type and function: <https://www.disabilityaccessconsultants.com.au/faq/how-many-disabled-car-parks-do-i-need/>. This is a consideration when planning and promoting events.

**Response:**

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**Timeframe for Resolution:**

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**Question 8:**

How is accessible parking indicated?

**Notes:**

Clearly signposted accessible parking minimises frustration of people with disabilities searching for parking, and clearly indicates the purpose of these parking bays to the community.

**Response:**

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**Timeframe for Resolution:**

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**Question 9:**

How is the use of accessible parking monitored to ensure its availability for people with disabilities?

**Notes:**

Local government authorities often monitor parking and administer local laws regarding traffic management and infringements, including car parking in disability parking bays without a permit.

**Response:**

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**Timeframe for Resolution:**

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**Question 10:**

Distance from closest drop-off point to building/event space? (in metres)

**Notes:**

Some people with disabilities may travel to your organisation via taxi, rideshare service or private vehicle driven by someone else. They may not require parking in these instances, but require a drop-off point from which the passenger may receive assistance to alight and locate the building. Having designated drop-off points avoids drivers infringing parking laws in order to assist a passenger to access your organisation or event venue.

**Response:**

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**Timeframe for Resolution:**

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**Question 11:**

Is the lighting in car park and outside areas consistent and even (reflected downward; without pooling or producing glare)?

**Notes:**

Lighting assists people with vision impairments and other disabilities to safely navigate and locate the entrance to your building.

**Response:**

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**Timeframe for Resolution:**

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**Question 12:**

How is parking information/metering indicated?

**Notes:**

Parking information concerning metering is often maintained by local government. The clarity of this information avoids unintended parking infringements resulting in fines.

**Response:**

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**Timeframe for Resolution:**

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**Question 13:**

How high are ticket machine controls? (in metres)

**Notes:**

Controls positioned at a height able to be operated by someone seated or standing ensures accessibility for users of wheelchairs or people who are short statured.

**Response:**

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**Timeframe for Resolution:**

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**Question 14:**

Number of steps or curbs between parking and the main building entrance?

**Notes:**

The pathway from drop-off or parking areas to the building’s main entrance needs to be free of steps, but can contain kerbs with ramps. A flat pathway provides optimal access to the building entrance for anyone walking or using a mobility aid such as a wheelchair, scooter or walking frame.

**Response:**

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**Timeframe for Resolution:**

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**Question 15:**

How wide is the pathway to the building entrance? (in metres)

**Notes:**

An accessible pathway is wide enough to accommodate a user of a wheelchair and someone passing alongside them.

**Response:**

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**Timeframe for Resolution:**

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**Question 16:**

Does the width of the pathway to the entrance allow room for a wheelchair to turn?

**Notes:**

Adequate turning space on an entrance path facilitates a person in a wheelchair turning to access the entrance while remaining on the path.

**Response:**

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**Timeframe for Resolution:**

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**Question 17:**

Is it free of hazards such as bollards, rubbish bins, outward opening windows and doors or overhanging foliage/projections?

**Notes:**

Such obstacles can pose hazards for pedestrians at sitting or standing height.

**Response:**

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**Timeframe for Resolution:**

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**Question 18:**

Is the lighting of the pathway to the building entrance consistent and even (reflected downward - without pooling or producing glare)?

**Notes:**

Appropriate lighting leading to your building’s entrance ensures that pathways can be safely navigated.

**Response:**

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**Timeframe for Resolution:**

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The questions above cover basic access, with technical guidance found in:

<https://sport.vic.gov.au/publications-and-resources/design-everyone-guide/index-elements/approaches-onsite-roadways-and> and <https://sport.vic.gov.au/publications-and-resources/design-everyone-guide/index-elements/lighting-and-contrasts>. Although no specific standards exist for some aspects, such as proximity to public transport, best practice guidance can be found in the reference and resource list at the end of this publication. Access is best achieved if premises are located in close proximity to accessible public transport and main roads, allow for designated disability parking areas, are easily identifiable from the main road, have drop off areas and unobstructed and accessible pathways to the main entrance, thus facilitating the greatest independence of access.

### Summary

The questions above assess the ease by which people with disabilities can travel to, locate and approach the outside of your building or event space. Considering women’s approach and access to your building increases perceptions of safety and reduces the need for reliance on informal supports to facilitate access.

#### Audit Response Summary

#### Future Actions

#### Recommendations

Short Term:

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Medium Term:

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Long Term:

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### Key Learning

For (name organisation):

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For other partner organisations (if relevant):

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