HELEN: Welcome, everyone. Welcome to the launch of unlearning ableism. This is the first module in an eLearn series developed through partnership between Women with Disabilities Victoria and Safe and Equal. Thank you so much for joining us today. It's really nice to have everyone together online wherever we are.

I'm Helen Freris, Advocacy Lead at Women with Disabilities Victoria. My pronouns are she/her. And I would like to extend a thank you for attending today's online event. We're looking forward to sharing our eLearn module, Unlearning Ableism with you and hearing from family violence and disability practice leads as well about how the eLearn content relates to their work. So I would like to welcome colleagues from everywhere, from Safe and Equal, from Women with Disabilities Victoria, any members of executive leadership teams of both organisations who might be with us, and workers, colleagues from everywhere else.

So Women with Disabilities Victoria, or as will be from now on, WDV and Safe and Equal respectfully acknowledge the traditional owners of the land in which we work and we're all located, the Boonwurrung, Wurundjeri Woiwurrung and Wadawurrung and Dja Dja wurring Peoples of the Kulin nation and we pay our respects to their Elders past and present. We acknowledge custodians of other lands in which people are joining us today and any Aboriginal or Torres Strait Islander participants here with us. WDV and Safe and Equal acknowledge that sovereignty has never been ceded and supports reconciliation, justice and the recognition of the ongoing living culture of all Aboriginal and Torres Strait Islander People. We acknowledge the ongoing strength and resilience of Aboriginal and Torres Strait Islander women with disabilities, as they are 35 times more likely to experience violence.

So I would like to introduce everyone else who is here on the panel. So welcome to our colleagues, as I said. I would like to introduce my colleagues from Women with Disabilities Victoria and Safe and Equal, who will be facilitating today's session. I would like to start with Brigid Evans, pronouns are she/her. Brigid is the senior Policy and Research Officer at WDV. Brittany McCormack is Statewide Disability inclusion adviser at Safe and Equal. Lisa Harrison, pronouns she/her, family violence practice Manager and Susie Muller, pronouns she/her family violence disability practice leader from Central Highlands Integrated Family Violence Committee.

So today you will be hearing people discuss instances of discrimination and violence. These topics can be distressing for some participants. We're aware of that. So if you feel distressed at any time, please feel free to use self‑care strategies that work for you, or take a break if you need to.

On the screen should be now a link to a series of referral and support options and we can provide that in other formats too if that's needed. So please feel free to do whatever you need to to be safe and well today.

On a related matter, just some housekeeping. We welcome our Auslan interpreters Monique and Kym who are highlighted, hopefully, and our live captioner, Helen, and they will be signing and captioning for us today. Today's event ‑ to access the captioning, you can click on a link which is now going to appear to access the live captions. And the Auslan interpreters are there, as I said. This event is in webinar format. So that means that participants can interact with us, presenters, through the Q&A function and this will be monitored by one of us. We welcome your questions via this function and thanks to participants who have already submitted questions. We will be addressing these in the panel during the event.

We're going to record this event for accessibility purposes and in the recording participants won't be visible in the recording, so that's fine. But just be aware that the event is being recorded. So just thinking about confidentiality.

So today we're going to use person‑first language. So women with disabilities. For many people identity first language. So disabled woman is a source of pride. We understand that. We've chosen to use person‑first to give priority to the person. Our references to women throughout this event include women and gender diverse people with disabilities.

We are also going to be using the term "ableism" a lot during this webinar. The title of the module we are launching is unlearning ableism. I recognise this may be a term that's not familiar to everyone here today. This eLearning goes into detail about how it affects people with disabilities in Australia. Briefly for those who may not be familiar with the term, ableism refers to bias, prejudice and discrimination against people with disabilities. It's like racism and sexism, ableism classifies entire groups of people as less than and harmful stereotypes, misconceptions and generalisations about people with disabilities. It includes discriminatory beliefs, processes and practices that privileged people without disabilities and disadvantage and exclude people with disabilities.

People with disabilities experience ableism across various settings and throughout all stages of life, often through systemic barriers, social attitudes and unequal access to opportunities. And ableism manifests at all levels of society too and takes many different forms. So that's just a quick overview of what ableism is. We'll be hearing much more about it as the event goes on.

So let's talk a bit about what you can expect today in this event. So I'll start ‑ I've already started, in fact, but you will have to listen to me for a bit longer as I share something of the background and purpose of the eLearn, Unlearning Ableism and then you will hear from my colleagues, Brigid Evans, Brittany McCormack from Safe and Equal, and they will take you through an overview of what you can expect within the eLearn. We'll then hear from two family violence and disability practice leads, Lisa and Susie, who will discuss their practice in relation to eLearn module content.

So where did the project come from? That's the question to ask. So the eLearn is based, I guess, in the context of the family violence sector. The Family Violence and Disability Practice Leader Initiative aims to strengthen access to specialist family violence and sexual assault services for people with disability at risk of family violence and to ensure that support is inclusive of and tailored to the needs of people with disabilities interacting with those systems. Family violence response sector is precarious and the ongoing funding of the family violence and disability practice leaders support ‑ to support sector capacity effectively cannot be guaranteed, unfortunately.

So these centrally stored eLearns of which the first one is being launched today, will ensure posterity for the current family violence practice leader initiative through dissemination of evidence‑based practice, knowledge, to support practitioner induction and to build and maintain sector capacity. The eLearn modules will be designed to build the capacity of staff within family violence services and frontline staff within the wider community sector who deliver services for women and children with disabilities who experience family violence and abuse. Safe and Equal and WDV have collaborated and will continue to do so to produce up to four eLearn modules that address gaps identified by practice leads. So the first module is being launched today. And then further modules will follow in due course.

So who is the module for? The short answer to that is that it's for everyone and anyone who provides services to or supports women and gender diverse people with disabilities experiencing violence and abuse. Specialist family violence services certainly, sexual assault services, disability advocacy and service providers as well, general clinical, allied health, community service staff and lived experience advocates as well. So it really has universal value across the specialist and generalist sectors and we hope that lots of different professions will take advantage of it.

So in terms of how the module was developed, there was quite a process. The module itself emerged from express needs of family violence and disability practice leads and their colleagues for evidence‑based and accessible content that promotes best practice in disability and gender‑based violence response. For easy access by the range of service providers with whom women with disabilities engage. Alongside evidence from published literature which was used, extensive co‑design and review with WDV's gender and disability Experts By Experience consultants as well as the family violence and disability practice leads, we had consultations with SASVic, Patricia Giles Centre for Non‑violence in WA also supported us for which we're very grateful. The lived experience experts provided essential guidance in content relating to inclusive non‑ableist practice. And the family and disability practice leads were particularly instrumental in co‑designing the content based on recurring themes within the secondary consultations in which they engage with service providers.

So the eLearn that we're launching today is very much based on and supports the response ‑ sector response to violence and abuse against women with disabilities and children. However, very strong links exist between that and primary prevention and we know primary prevention and response are linked.

So although the purpose of the module is to build capacity in the response sector, the rationale is grounded within primary prevention frameworks that address gender and disability inequalities and promoting transformative practice. So the module invites practitioners to directly recognise and challenge ableist norms in their practice and within wider society. It promotes addressing of the wider social context which gives rise to family violence against women and girls with disabilities by naming the issue and inviting practitioners to challenge this in the way that they work.

In so doing, the normalisation of violence against women and girls with disabilities is challenged. By recognising unconscious bias, practitioners will be better equipped to challenge stereotypes and improve their own and others' attitudes towards women and girls with disabilities. The module development has centralised women and girls with disabilities as leaders, experts and autonomous decision‑makers and promotes this as best practice later in the module that Brigid and Brittany will showcase.

Module development has been initiated by Women with Disabilities Victoria, as people might know we're a peak body promoting the rights and safety of women with disabilities in partnership with practice experts ‑ practitioner experts based on evidence as well. Co‑design has been employed and individual and collective strengths of women with disabilities are highlighted in the development of the module and the content that you will see.

Attention to accessibility and the safety of women and girls with disabilities has been central to the way that we develop the content and have uploaded the eLearn.

So when you complete the eLearn, there are certain factors that you will find. So the eLearn is free, first of all. There is no cost. It's accessible, easy to find, and it's self‑paced. So practitioners can move in and out of it as time and priorities allow. It's housed on Safe and Equal's training portal. It's going to be promoted widely and, importantly, it complies with World Wide Web consortium accessibility guidelines. It will take you between 1 and 2 hours' duration to complete the webinar depending on how long you want to spend on some of the activities. Once it's complete, participants can save a copy of a confirmation of completion web page as evidence of completion if you need to do that for accreditation or as evidence for professional learning. And there will be future modules that will be housed on the Safe and Equal training portal as well and promoted through practitioner networks when they are ready.

I'm now going to hand over to my colleagues, Lisa and Susie, for a quick overview of the practice lead initiative. Thank you.

LISA: Thank you very much, Helen, for your introduction. It's Lisa speaking. As Helen mentioned, Susie and I will be sharing the next part of the presentation today providing information about the Family Violence and Disability Practice Leader Initiative, and how the initiative seeks to address ableism and unconscious bias in practice.

Susie and I are two of the eight family violence disability practice leaders who support the initiative in nine Department of Families, Fairness and Housing regions across Victoria. Susie facilitates the Family Violence and Disability Practice Leader Initiative in the Central Highlands region upon Wathaurong and... lands and I look after the region of Wurundjeri Woiwurrung lands. Susie and my presentation today will include a brief overview of the family violence and practice leader initiative. We will speak to how the initiative works to address ableism and unconscious bias in the context of service provision. Later on today and after you've heard more about information ‑ after you've heard more information about the unlearning ableism from bias to best practice eLearn module we will also provide examples of projects and resources that the initiative has created and can also support practitioners and organisations to recognise and challenge unconscious bias and ableism in practice.

An overview of the family violence disability practice leader initiative. The Royal Commission into family violence in 2016 identified that family violence and sexual assault workforces needed more support to work effectively and appropriately with people with disabilities and ensure they are more effectively supported to access the right services and programs of support. The overall aim of the initiative is to reduce barriers of access to specialist family violence services and to provide practice leadership at the intersection of family violence and sexual assault as well as disability. To enhance the accessibility of family violence and sexual assault services, the family violence disability practice leaders provide a capability and capacity building role for the sector. This includes providing secondary consultation, advice on emerging best practice, training and tailored capacity building activities, resourcing and resource development, advocacy and strengthening relationships between key services.

Family violence disability practice leaders do not provide direct service to clients. Rather, work to inform service delivery. Family violence disability practice leader role in practice. Responding to disability family violence. Family violence disability practice leaders provide practice guidance to support risk assessment, risk management and considerations for systems responses to increase perpetrator accountability and to increase safety for people with disability who are experiencing family violence. This work acknowledges that family violence towards people with disability is nuanced and distinct. People with disabilities experience all forms of family violence. However, may experience violence and abuse from a broader range of perpetrators, including intimate partners, other family members, paid or unpaid service providers who are undertaking a caring role or co‑residents in a shared accommodation setting to name a few examples. Violence towards women with disabilities occurs at 40% higher rates than violence towards women without disabilities. Violence towards women with disabilities may also be more dangerous and more sustained as a result of perpetrators taking advantage of ableist attitudes and acceptance of violence towards people with disabilities. Segregation and isolation of people with disabilities in supported accommodation settings and complex service systems that have largely been designed to the exclusion of people with disabilities can also perpetuate risk of violence and abuse towards women with disabilities. Addressing barriers to safety and support. Women with disabilities face additional barriers to escaping family violence because services may not be responsive to their needs. As a part of secondary consultations and capacity building activities, the family violence disability practice leader role involves raising awareness around barriers that are present as a result of ableism and provide advice on actions that practitioners and services can undertake to address these barriers.

This can include drawing upon the models of disability to build awareness of the impact of ableism and reflect on how ableism manifests in complex systems and different service responses. The eLearn module also highlights the importance of the models of disability in informing our practice.

Streamlining referral pathways. To support smoother and more effective referrals to relevant services, stakeholder engagement activities are also undertaken to strengthen relationships and referral pathways to key services. This work includes advocacy for family violence informed and more inclusive service responses to support increased safety from family violence. The family violence disability practice leader role also includes promoting the importance of organisations addressing service inaccessibility and understanding obligations that they have to do this as outlined in legislation. For example, ensuring that information about programs and services is available in accessible formats for people with sensory disabilities or cognitive disabilities. The Family Violence and Disability Practice Leader Initiative can provide information about resources that can support organisations to undertake accessibility audits and develop accessibility plans. I will now hand over to Susie who will provide more examples of practice and activities that the family violence disability practice leaders undertake.

SUSIE: Thank you, Lisa. Practice considerations. The family violence and disability practice lead initiative aims to address ableism and unconscious bias through activities such as disability inclusive practice approaches. Family violence and disability practice leads provide best practice examples and support to practitioners. They model disability inclusive practice approaches through secondary consultations and sharing of practice resources.

Reflective practice and building practitioner confidence. Through working with practitioners in secondary consultations, practice leads build practitioner confidence in disability inclusive practices and providing accommodations to support the best possible service provision. The family violence and disability practice leads work to build the capacity of the practitioner in reflecting on attitudes and unconscious biases. There is an opportunity for development for the practitioner through reflecting on assumptions and biases and considering new and inclusive practice directions. The practice leads provide support and resources to aid inclusive practice.

Tailored capacity building activities. The practice leads provide tailored training and presentations to the sector that address specific local sector gaps. Family violence and disability practice leads build the capacity of practitioners by tailoring capacity building to their identified needs, by gaining feedback on knowledge gaps, and noting themes in secondary consultations.

Resourcing and resource development. Family violence and disability practice leads have created many useful resources as part of their roles. Some examples of these include the disability inclusion and safety resource app; the disability responsive intake process; and the disability inclusion and safety forums. We will talk about these particular examples in more detail later in today's webinar.

Another example of resource development that the practice leaders have been a part of is the unlearning ableism eLearn that we're launching today. I will now hand over to Brittany and Brigid who will talk about the eLearn in more detail.

BRITTANY: Thank you, Susie. Hi everybody. My name is Brittany. And I'm here with my colleague Brigid today. We're part of the project team that have developed this eLearn, unlearning ableism from bias to best practice. As has been noted already this eLearn was created in response to feedback from the practice leaders regarding the need for accessible training and resources that specifically focus on how ableism and other intersecting forms of discrimination impact victim/survivors with disability and the impact this has on service delivery.

So it's our goal that by supporting practitioners to understand and explore the origins of ableism, that they can begin to recognise and challenge biases against people with disabilities and, in turn, work towards an equitable service system where people with disabilities are listened to, their choices are supported, and their needs are respected.

So in this section of the webinar, Brigid and I will provide an overview of the eLearn itself including expected learning outcomes, key concepts and takeaway messages.

BRIGID: Unlearning ableism from bias to best practice is, as we've mentioned, designed for all practitioners and allied professionals who work with victim/survivors of family violence with disabilities. The eLearn aims to provide a comprehensive understanding of how societal norms have fostered attitudes and beliefs that negatively impact people with disabilities and the disability community. With a particular focus on victim/survivors of family violence.

The training aims to build practitioners' confidence in working with people with disabilities by challenging their unconscious bias and building their awareness of how ableism impacts their work. The module is made up of five lessons plus a conclusion. The introduction to unlearning ableism: from bias to best practice provides key terms, concepts, models of disability and sets learning expectations for the module. Lesson 2, understanding ableism and unconscious bias towards people with disabilities, defines ableism and unconscious bias ‑ sorry, explaining where these biases come from specifically within the Australian context. Lesson 3, how ableist attitudes impact people with disabilities. This lesson looks at how ableism and gender inequality intersect to compound disadvantage and discrimination. The lesson also looks at barriers women with disabilities face when accessing services not just within the family violence sector but across a range of different services as well.

Lesson 4, how ableist attitudes impact service delivery when working with victim/survivors with disabilities. This lesson unpacks assumptions around capacity and decision‑making and provides some really practical strategies for offering adjustments and asking questions in a respectful and empathetic way.

Lesson 5, recognising and challenging unconscious bias and ableism. This lesson provides more practical strategies for challenging ableism within our work, this time focusing on recognising and challenging our own privilege and internal biases and challenging them in our work and workplaces as well.

There is then a conclusion that summarises our key messages, provides an overview of the module, and provides some very helpful further readings and resources for those interested.

Through engaging with all of these lessons, it is our aim that by the end of the eLearn you will ‑ Brittany is going to pull it up in a moment ‑ there we go ‑ halfway through a sentence ‑ by the end of the eLearn you will understand the concepts and origins of unconscious bias and ableism; you will develop some strong knowledge of how ableist attitudes impact people with disabilities; it will also have an increased capacity to understand how unconscious bias and ableism affect service delivery for victim/survivors of family violence. You will know how to recognise and challenge unconscious bias and ableism. And you will have access to additional resources to support your continued learning and unlearning in this space.

BRITTANY: Just navigating the spotlights. Okay. So we've learnt through our consultation with member services and feedback from the practice leaders and from speaking with people with lived experience that ableism can show up in service delivery and perpetuate violence towards people with disabilities in many different ways. Namely, people can limit or fail to recognise the capacity of people with disabilities to make decisions, to exercise choice and agency, and to take risks. Sometimes people may limit the autonomy of people with disabilities because they might believe that they're acting in their best interests or maybe protecting them from harm. Sometimes people might think that information needed to make informed decisions will be too complex for people with disabilities to understand. So all of these are paternalistic attitudes and they're rooted in ableist assumptions and a history of segregation, and they continue to prevail today due to the pervasiveness of deficit‑based models of disabilities, such as a charity model and the medical model.

So this eLearn unpacks these attitudes and assumptions and builds on the understanding that the onus is, in fact, on professionals and on services, not the person with disabilities to make the necessary adjustments to mitigate these barriers to service access, to support someone to make informed decisions, and to promote fair and equal access.

So to support practitioners to apply their learnings in practice, the eLearn provides a range of practical support and guidance to practitioners that the titles of those lessons are listed on your slide right now. So the first of these lessons is titled unpacking assumptions around capacity and decision‑making. So this lesson challenges commonly held assumptions about people with disabilities, recognising that misconceptions about the capacity of people with disabilities to exercise agency and make their own decisions can perpetuate patterns of control and violence.

The next lesson is about how to ask questions in a respectful and empathetic way. So this lesson was developed based on the understanding that practitioners might avoid asking questions about disability because maybe they're worried they'll say the wrong thing or they're worried they'll have insufficient knowledge or that maybe their service won't be able to meet someone's needs. In fact, what we've found from the evidence and from speaking to people with lived experience, women with disabilities report that they would prefer a worker ask about their needs as this demonstrates a commitment to working in collaboration with the person, to both understand their needs and to implement strategies to support those needs.

Lastly, we have a lesson that focuses on understanding someone's access needs and offering adjustments to service delivery. So this lesson provides guidance and access to resources that support practitioners to ask relevant questions with clear intentions. This lesson speaks to the importance of offering reasonable and necessary adjustments to service provision to support equal access, recognising that to not do so is a form of discrimination and a breach of legal obligations.

BRIGID: Strategies for recognising and challenging ableism in our work then takes you think a reflective exercise to support you in recognising instances and impacts of ableism within the workplace. After completing the reflective exercise, there are then prompts to support you to consider how to take steps in addressing these tangible impacts of unconscious bias and ableism within your services.

Again, we wanted to make sure that the eLearn was full of practical strategies that you can use to challenge ableism. This particular slide includes a screenshot of just one of the examples of some strategies that we suggest for challenging ableism within your workplace. The coloured tiles on the slide read "actively question assumptions; take time to make decisions; and deliberately bring diversity into decision‑making".

The eLearn, as we've said, is very interactive. So when you go through the eLearn in your own time ‑ and we'll provide a link to the eLearn at the end of this forum ‑ so when you go through it, you'll be able to click through and flip these coloured tiles simply by clicking on them. On the other side there are details about what these strategies involve and why they can help to challenge ableism.

For example, on the back of "take time to make decisions" we explain that unconscious bias often comes to the fore when decisions are made quickly. Little time for reflection. Instead actively taking time to consider different perspectives or taking new and diverse information again enable a space where more inclusive decision‑making comes to the fore instead.

As I have mentioned, the eLearn concludes with some key messaging. These key messages highlight how to support and empower people with disabilities through inclusive, person‑centred and accessible practice. Like the rest of the module, these key messages were developed in consultation with the family violence disability practice leads. Subject matter experts and WDV's lived experience experts.

The first of these key messages is to listen to and value the choices of people with disabilities that you work with. Ask what they need from you to feel safe and supported. Do not assume that you know what is best because you're a practitioner. Elevate and centre the voices of people with disabilities in your work.

The second key message, people with disabilities are people with their own needs. Never make assumptions about someone because of how they present. Work with the whole person. Don't just focus on individual aspects of someone's identity. If we don't understand a person in the context of who they are, then we're not going to be able to support them effectively.

Lesson three ‑ sorry, key message 3, people with disabilities can make informed choices. Our role is to support ‑ to assist with supported decision‑making, and provide reasonable adjustments to make this possible. By taking the time to build rapport and understand someone's needs we are better able to achieve this. Go at the pace of the person you're working with.

BRITTANY: Thanks, Brigid. So the fourth key message is that accessibility is everyone's business. So every service is responsible for being flexible and accessible to the needs of people with disabilities and to provide a service that meets their needs. And lastly, everybody has unconscious biases. It is our job to understand what these biases are and to reflect on where they come from, by challenging our thinking and changing our actions we can reduce ableism against people with disabilities.

Now I'm going to hand back to Susie and Lisa who are going to provide some additional examples of practice resources that focus on disability inclusive practice and support practitioners to understand and challenge ableism and unconscious bias in their work. Thanks, Susie and Lisa.

SUSIE: Thank you. I'm going to talk about the disability responsive intake process. The disability responsive intake process is an example of a practice resource that challenges ableism at the stage of first contact in a family violence or sexual assault setting. CHIFVC developed the Disability Responsive Intake Process in response to feedback about system gaps from women with disability who had accessed family violence services. Importantly, the resource was developed with and endorsed by people with disability.

The Disability Responsive Intake Process is an example of how ableism and unconscious bias can be challenged by seeing diversity as an expected part of human life.

Background. The intake process was created with the intention to help fulfil the human rights obligations of disability inclusion on all services by designing an intake process that is adequately responsive to people with disability who require a family violence service regardless of whether they disclose disability. Reasons for non‑disclosure. The intake process recognises there are many reasons why a person with disability may not want to disclose disability. One of the main reasons being that they have had previous negative experiences with services or with disclosing disability. The eLearn module, along with the responsive intake process, aim to reduce ableist attitudes or unconscious bias that women with disabilities experience when they seek support from a family violence or sexual assault service. Both resources aim to challenge practitioners' perceptions of disability and to increase practitioners' capacity to support the human rights of women with disability.

Social model of disability. The intake process champions the social model of disability, just as the eLearn module we are launching today does. This is the ideal model of disability when considering family violence practice as it focuses on the system as responsible for addressing barriers to women with disability accessing services, not the individual.

Addressing barriers to service access. The intake process places responsibility for dismantling barriers upon services and practitioners, not the person with disability. Through asking questions about support needs, it frames the barriers to service as one that the system is responsible for fixing, not the individual. Which aligns with the social model of disability. As we heard earlier, women with disability are likely to have had negative experiences with support services due to ableist attitudes and often discrimination due to disability. The intake process is empowering for the client and it reduces the emotional load of disclosure as support needs can be met without disclosure of disability. It is also likely to provide the best environment for the client to take in important information and to feel safe enough to disclose information relating to family violence risk.

What was designed. The disability responsive intake process is a series of questions designed to establish accommodations or accessibility needs in order to provide support that meets a person's need without requiring disclosure of disability. The disability responsive intake process does not single out people with a disability. Instead, the resource should be used as though every service user may have a disability or support need. This is actively destigmatising.

Women with disability are not a homogenus group. They have differing intersects and needs and differing experience of violence. The questions in the intake process encourage practitioners to understand and address the personal individual needs, not their diagnosis. This aligns with the eLearn module in challenging practitioners to see the individual instead of seeing impairment, and hearing and honouring the woman's individual experience, not making assumptions about somebody's needs based on how they present.

It is accessible and easy to use in a variety of settings. It is just one example of inclusive practice for women with disability that actively challenges ableism and unconscious bias in a practice setting. The link will be provided in the slides if you would like further information. I will now hand over to Lisa to talk about what practice resources have been developed in her region.

LISA: Thank you so much, Susie. So a couple more examples of resources and capacity building activities that have been developed. As Susie mentioned, these have been developed in the eastern Melbourne region. The Disability Inclusion and Safety Resource Hub has been developed in collaboration with the eastern Melbourne Regional Family Violence Partnership which operates in the inner and outer eastern Melbourne areas. The Resource Hub contains information that can support disability inclusive family violence and trauma informed practice, and has relevance for any practitioner or organisation who supports people with disability who may be experiencing or using family violence. There are dedicated sections for disability services which includes information about free training to increase family violence literacy, and dedicated sections for family violence services to support disability inclusive practice and accessibility action planning and more. For example, an accessible resources section includes information provided in plain language and EasyRead formats to support people who prefer to access information in EasyRead format to assist in understanding what is family violence, their right to be safe from family violence, and information about key services that has a responsibility to support people who are experiencing family violence.

There is a form at the bottom of the Resource Hub home page which invites inquiries and gives opportunity to inform us about a resource that you may be aware of and which could be added to the Resource Hub.

Disability inclusion and safety forums have been established to build capacity of organisations to better respond and reduce barriers of access to services for people with disability who are experiencing or using family violence. Forums aim to build practitioner and organisational capacity to provide more accessible and inclusive service responses; ing strengthen collaboration between key services; and highlight best practice approaches that promote disability inclusive, family violence and trauma informed practice lens to service provision. The disability inclusion and safety forums are a collaboration between FVREE, the eastern centre against sexual assault and the inner east child and Family Services alliance, including Uniting Anglicare and BACCA. Welcome to attend sessions with opportunity to attend in person or online. Forums are also recorded with the recordings made available on the Disability Inclusion and Safety Resource Hub. Agendas and presentations are led by people with lived experience of disability and focus topic expertise.

Please don't hesitate to contact me if you would like to be added to the email list or would like more information about the forums.

As mentioned, we're including links in the slides that will be shared after today's launch event which includes information about the disability responsive intake process and the Disability Inclusion and Safety Resource Hub.

We also have included contact details of the 8 family violence and disability practice leaders which includes Susie's details and my contact details if you would like more information about the respective projects and activities that we've discussed today or if you would like to contact a practice leader in an area where you're working.

You can also find more information about the Family Violence and Disability Practice Leader Initiative on Safe and Equal's website by following the link included in the slides.

Thank you very much and we'll now hand back to Brittany.

BRITTANY: Thank you, Lisa and Susie, for providing those examples. We've come to the time in today's webinar to take about a 10 minute break. We'll return at let's say 11.04. When we return, we're going to start the Q&A section of today's webinar and we'll also share the link to where you can access the eLearn module that we're launching. Just a reminder for everyone that you can ask questions of today's panelists by using the Q&A at the bottom of your screen on Zoom. Questions can also be submitted anonymously if you would prefer. Great. So we'll hopefully see you all back on the call at 11.04 am. Thanks, everybody.

(Short break).

BRITTANY: Hi everybody. Welcome back. Now we will be starting the Q&A section of today's webinar. Again, just a reminder I would encourage anyone to pop a question that you might have for today's speakers in the Q&A function that's available on Zoom at the bottom of your screen.

Thank you to those who have already submitted questions through the registration process. We'll get to as many of those as we can. I just wanted to remind everyone that we're going to be really mindful of the space that we're in today and the purpose of this webinar so we won't be able to give the time and attention that's required to answer questions that relate to specific scenarios or a particular person that you might be working with. These types of questions require secondary consultation. So if you'd like to discuss these questions in depth, you're welcome to ‑ or after today's webinar, you're welcome to reach out to one of the practice leaders in your region or myself, if you don't have a practice leader in your region and we will provide secondary consultation. I will post contact details for both the practice leaders and myself in the chat shortly.

The first question we have in today's Q&A is someone asking, "I would like some resources on supporting women with intellectual disabilities and other co‑occurring disabilities and how past trauma might re‑present eg disclosure of family violence or sexual assault and what to be aware of as frontline workers." Another question I might weave into this one is what services are women with disabilities eligible for?

So I might ask Susie and Lisa to maybe have a go at this question first and then if any of our other panelists want to add in, you're more than welcome to.

SUSIE: Lovely. Thank you. I will answer ‑ well ‑ sorry about that. My microphone was off.

BRITTANY: Sorry, Susie, I think that was my fault. I didn't mean to silence you. Go on.

SUSIE: So we will answer this question from the perspective of family violence disability practice leads. I will separate it into the two parts. First of all discussing what kind of resources might be available. So as practice leads, we would want to understand the barriers that women with disabilities experience when seeking support services and consider strategies both to address those barriers and also ensure that seeking support doesn't cause extra emotional load on a woman with disability. So some of the resources available are communication ‑ accessible communication resources. So we would likely draw on the suite of accessible communication resources available, including the use of plain language and EasyRead booklets. There's a lot of different topics that you can access EasyRead booklets on, as well as communication boards if that was, perhaps, a communication resource that a woman would find useful.

A practice lead's role is in advising specialist family violence sexual assault practitioners on how they could access these accessible resources, but also how they can use them in practice with women with disabilities. So trauma‑informed practice should centre the voice of a person with disability, as per the disability responsive intake process this could involve initially asking about a person's access needs, as well as understanding what they need from your service. There are key resources that have been created and developed by people with lived experience about their experience of accessing family violence services. A great example is the persons with disability Australia building access project which has a handbook that centres experiences of women with intellectual disability and provides useful practice examples, some that relate to trauma.

In the case of past traumas re‑presenting in a practice situation, the key message is to provide opportunities to listen and acknowledge that person's individual experience. The disability responsive intake process provides a person with an opportunity to tell their story and share their experience, if they feel safe to do so. Practitioners validating and believing a victim/survivor's experience provides a trauma‑informed and inclusive practice setting. If past trauma re‑presents practitioners would be encouraged to apply principles of trauma‑informed practice, eg, honouring individual experiences and establishing safety. There is a dedicated section on the Resource Hub with a link to the Blue Knot Foundation resource on trauma‑informed practice with people with disability and, of course, you can get in contact with family violence practice leads as well for further, more specific information on trauma and disability and practice resources. I will hand over to Lisa to discuss services a bit further.

LISA: Thank you very much, Susie. So I'm going to be speaking to what services are women with disabilities eligible for. And I think this speaks to the complexity of our service system because the service system is made up of a range of general or specialist services that people may need to access at one time or another. So it's important to reiterate that all services are required by law to make reasonable adjustments to allow fair and equal access to their service for people with disabilities. For example, a victim/survivor who has a disability is able to access any orange door and specialist family violence services work with all people whether they identify with having a disability or not, and this is the same of many other funded services.

The Disability Inclusion and Safety Resource Hub has a dedicated section that provides information specifically about disabled persons' organisations that are Victorian and nationally based, and there's also information about disability advocacy services who aim to empower people with disability to self‑advocate and provide support to reduce barriers of access to services. And depending on their needs, people with disability may wish to access support through the National Disability Insurance Scheme, or other community health services including home and community care program; the public health system or private clinicians and specialists.

Also in response to this question every person is different with their own unique needs, and family violence disability practice leaders are able to provide information and guidance on relevant services for people with disability who are experiencing family violence and align with their wishes and needs. Again, if you are supporting someone with disability who is experiencing or using family violence, please don't hesitate to contact a practice lead, if one is funded in your region, or you can contact Brittany if a family violence disability practice leader initiative is not funded in your region.

BRITTANY: Thank you, Lisa and Susie. And thank you all for adding your questions through the Q&A function. We've got quite a few coming through. The next one ‑ the next question that's come through registration is how can we best avoid ableism? And I know that obviously the eLearn speaks to this and we've touched on it a bit today. But I'm wondering if maybe Brigid, if you wanted to expand on that a little bit more if you had anything to add that maybe wasn't covered today or if you wanted to reiterate anything that we've discovered. Thank you.

BRIGID: Thanks, Brittany. Yeah, as Brittany's just said hopefully we hope the eLearn as a whole speaks to this question and that the key messages that I went through, and Brittany as well went through, during our section of the presentation, speaks to this. Going to assume that the question is sort of targeting how can we, as individuals, best avoid ableism. So the question how can we as a society avoid ableism is a huge question in and of itself but given our focus today, going to assume it is how we as individuals or practitioners can avoid ableism. So, yeah, I can briefly reiterate our key messages which were to ‑ I have to remember now ‑ ableism ‑ so avoiding ableism starts with listening to and valuing the choices of people with disability instead of assuming that you know what's best. Ask the victim/survivor what they need to feel safe and supported and then act on that input. It's also essential to see people with disabilities as whole individuals, not just through the lens of their disabilities, making assumptions based on how someone presents can lead to ineffective or even harmful responses. So take the time to really understand a person's whole experience. Another one of our key messages was about respecting informed choice. People with disabilities can and do make their own decisions and our role is to support them by offering reasonable adjustments and going at their pace. Building trust is critical to make this possible. We also need to recognise that accessibility is everyone's responsibility. It's not just about physical access. It's about ensuring that all services are flexible, responsive and truly inclusive. From communication methods to the ways that risk is assessed and addressed. Finally, we also said that we all have unconscious biases. It's our job to recognise and challenge them. If we reflect on where our biases come from and actively work to challenge assumptions and our actions then we can help to reduce ableism and create a safer and more inclusive family violence sector. This eLearn is hopefully a great place to start to begin to recognise and challenge our own ableism there. I'm not sure if anyone wants to add anything from outside the module. But that was our key messages that hopefully respond to that question.

BRITTANY: Thank you, Brigid. There's nothing I would add. I think you've summarised that perfectly. Again, don't want to give too much of the eLearn away before people actually go and access it themselves. Thank you for that response. Another question ‑ I might ‑ sorry, there's a few that have come through. There is one that's come through that asks whether ‑ sorry, is there a need for or does one already exist a resource for women with disabilities who may not recognise their experience of family violence or sexual assault? Is there anyone on the panel that wanted to start this question?

HELEN: It's Helen speaking from WDV. I'm happy to take that one. Because a few years ago ‑ there are lots of resources for women with disabilities. There can always be more, of course, but a few years ago, I think 2019 or '20, Women with Disabilities Victoria was funded to undertake a project called our right to safety and respect and we produced a series of resources, a booklet for women with disabilities accompanied by a video and images and things and maybe someone who is quicker than me can find that on the website and we can share the link to it, because it's a guide really that takes women through, you know, what might safety look like? How do you know if you're not feeling safe? So it's a really useful question for us to think about and to find the resources. And if we can't locate them quickly now we can share them with participants later on, perhaps.

BRITTANY: Thank you, Helen. That's a great suggestion. The only thing I might add to that ‑ and I believe Lisa touched on it earlier ‑ but in terms of supporting with psycho‑education around what is family violence and, yeah, as Helen mentioned what is safety, how do you feel safe, there are some easy English and plain English resources out there, some that have been developed by Safe and Equal, some by other services that speak about how to feel safe at home, which we can either link in the chat or I can send through with a copy of the recording. We'll upload them to Safe and Equal's website so they are all in one spot. So, yeah, resources that are adjusted to meet someone's needs. There's also different communication aids such as communication boards. I believe the organisation who developed these is called Speak Up and Be Safe. They've created great communication aids for people who are non‑speaking to be able to communicate their experience of family violence as well. Susie or Lisa, was there anything that I've missed that you want to add to that or not at this stage?

LISA: I would just suggest too that this is a common request for support with secondary consultation made to family violence disability practice leaders. So feel free to reach out to a practice lead or Brittany to further explore resources, information and ways of working to support people that you may be connected with who are experiencing family violence and who have a disability. Thank you.

BRITTANY: Thank you, Lisa. Another question that's come through ‑ not a question but more of a comment ‑ a person who works in the health sector has come across situations whereby family members have been taking advantage of patients' NDIS plans. Just wondering whether your organisations work with NDIS to build their capacity at assisting in responding to family violence. This is a great question. I can see sort of looks of knowing in a lot of the panelists' faces. I might start that one off with Brigid. I know WDV are doing some great work in this space and then from a more frontline practice perspective, maybe one of the practice leaders can add to that response, if that's okay.

BRIGID: Thanks, Brittany. Yeah, I won't speak too long because I know Lisa and Susie will have a lot to add on this. But I will say that in my particular role I do meet with the NDIA monthly ‑ actually I have a meeting coming up on this Friday. So obviously when we are meeting with the NDIA this is one of the core issues that we are continually raising with them and attempting to work alongside family violence practice leads to also share their concerns through that channel that we have directly to upcoming meetings we have. We've requested some updates on the forthcoming agenda strategy that the NDIA have been working on, as well as the LGBTIQA+ strategy as well and the intersections that that has with preventing violence and primary prevention and supporting women and gender diverse people with disabilities. But, yeah, in terms of the wealth of knowledge that Lisa and Susie have to add, I won't take up too much time other than saying yes we are continually pushing the NDIA on this issue.

BRITTANY: Apologies to put you on the spot, Susie and Lisa, but did you have anything to add to this matter related to capacity building with NDIS and the issue or the risks associated with perpetrators taking advantage of patients' NDIS plans?

SUSIE: I might jump in and just say that as practice leaders working around disability and family violence, we do see this a lot and we certainly identify it as themes to reporting back to Family Safety Victoria, et cetera. So we are actually advocating for things like, you know, those key themes to be taken note of. But in relation to capacity building, we're certainly ‑ every contact that we have with, perhaps, NDIS and things like support coordinators or support workers, et cetera, like that, continually building their capacity to respond to family violence and to, I guess, think about family violence in a broader way as well when thinking of disability. So things like family members impacting on plans or exploiting plans, and wider kind of settings of family violence such as support workers, et cetera, like that. So, yeah, continually advocating for that and capacity building. And certainly NDIS have attended presentations and training days, et cetera, that family violence practice leads may put on as well. So it's a continual process with obviously lots to do but we keep on advocating for NDIS to build their capacity in that area to recognise and respond to family violence.

BRITTANY: Thank you, Susie. I've just noticed the time. We've only got about 5 minutes left. So perhaps it's time for us to actually share with you all where you can access the eLearn. Just bear with me while I get the link up with you all. Thank you all so much for taking the time to attend today's webinar. These next few slides are about how you can access the eLearn and other supporting resources. A couple of questions have come through about where to access. So it should now be live on Safe and Equal's website. I will share the link with you shortly once I hand over to Helen. The link to the eLearn will also be sent to the email that you used to register for today's webinar. Shortly it will also be available on WDV's website that will take you through to Safe and Equal's learning management system which is called Canvas. Just to reiterate as Helen mentioned, it is free and it is self‑paced so you can come and go as long as you need. You will be directed to a web page once you've completed that will notify you of completion. It is not a formal certificate. But if you require proof of completion you are welcome to take a screenshot of the web page to show employers or whoever might need that document.

If you have any questions or if there are any issues relating to accessing the eLearn via the online platform you can contact Safe and Equal's training team, a link for which I will also pop in the chat now once I stop speaking. It is also on your screen there, apologies.

Helen, I might hand over to you for the final comments, thank you.

HELEN: Absolutely. Thanks, Brittany. Thanks everyone. So, of course, after you complete the eLearn, as always, you will be sent an email asking you to complete a feedback survey. It's really helpful if you can complete the survey because that will be used by us, the team, to shape future modules. So we really value your feedback and, you know, positive feedback but also if something is not working or something is not clear so we don't repeat anything that doesn't work in the future modules.

So access to these slides, you can see the recording of today's session and the transcript will be available on the Safe and Equal website in the next few days, we will be uploading that. So before we go, lots of thank yous. Thanks to everyone for joining today's webinar. It is a bit of time out of your day and we really appreciate that you could stay with us for the duration. I would like to say lots of thank yous, big ones, to everyone who has supported and contributed to this eLearn. You know, obviously the team, Brittany and Brigid and Lisa and Susie, and all the other disability practice leads, WDV's disability and gender lived experience experts have been crucial to the whole thing being developed and designed the way that it has been. The practice leads generally. The subject matter experts. The others whom we consulted as well. And our colleagues within WDV and Safe and Equal who have supported us along the way to produce the module. We look forward to you taking part and thank you.

BRITTANY: Thank you, everyone. Thanks, Helen, thanks, Brigid, Susie and interpreters.

HELEN: Thank you to interpreters and captioner.