Australian NGO Cooperation Program (ANCP) Research Project:

An analysis of ANCP partner organisations' engagement on disability inclusion and recommendations for future progress.

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together we can do more

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Acknowledgements

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Front cover photo: © CBM Australia, Photographer: Elena Down.

Photo of participants at the ANCP validation and discussion forum held in June 2014.

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Glossary of Abbreviations

ACFID Australian Council for International Development

ADDC Australian Disability and Development Consortium

ANCP Australian NGO Cooperation Program (funded by the Australian Department of Foreign Affairs and Trade)

ANGO Australian non-government organisation

APAC ANCP Partner Agency Collaboration

ANO Australian National Office

DFAT (Australian) Department of Foreign Affairs and Trade

DPO Disabled People's Organisation (a representative organisation of, managed by, and which advocates for, people with disabilities)

HR Human resources

IDDC International Disability and Development Consortium

IT Information technology

KPI Key performance indicator

NGO Non-government organisation

UNCRPD United Nations Convention on the Rights of Persons with Disabilities

"We're not a disability specific organisation...but we can be a disability inclusive organisation..." [1]

Executive summary

Introduction

Australian development NGOs are key implementers of aid and development programs, operating in a variety of sectors and regions, and focusing on a range of international development issues. Disability inclusive development has become an explicit focus within the Australian aid program particularly since the launch of Australia's first disability inclusive development strategy *Development for All* in 2008, and remains a key development priority for the Australian Government. [2]

Networks for sharing experiences and disseminating good practice have been developed, including the Australian Disability and Development Consortium, [3] and the (October 2010) ACFID Code of Conduct requires Australian Development NGOs to be disability inclusive. [4]

In 2013, the ANCP Partner Agency Collaboration (APAC) members engaged CBM Australia carry out a series of activities supporting ANCP Partner NGOs in Australia to reflect and learn from their own and each others' engagement on disability inclusive development.

The focus of these activities was to broadly examine organisational engagement in disability inclusive development (DID) – encompassing programming and other areas such as corporate and communications. Agencies had the opportunity to reflect on, assess and document their journey on disability inclusion, and present their perspectives and experiences on key issues, questions and gaps that need to be addressed to enable strengthening of disability inclusion.

Objectives

Disability inclusion is recognised as an evolving concept. The intent of this project was to identify key themes enabling and hindering engagement in disability inclusive development, both within and across agencies. It was anticipated that the research process itself would also assist in awareness and engagement around disability inclusive development.

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[1] Participant, facilitated discussion.

[2] Australian Government (2008) *Development for All: Toward a Disability Inclusive Development Strategy 2009-2014* http://aid.dfat.gov.au/Publications/Pages/8131_1629_9578_8310_297.aspx *;* Minister for Foreign Affairs and Trade, Julie Bishop MP Speech to the High Level Meeting on Disability in New York, 23 September 2013 http://foreignminister.gov.au/speeches/Pages/2013/jb_sp_130923.aspx?ministerid=4. Senator Brett Mason, *Media Release: International Day of People with Disability* 3 December 2013. http://ministers.dfat.gov.au/mason/releases/Pages/2013/bm_mr_20131203a.aspx?ministerid=5.

[3] See http://www.addc.org.au.

[4] See http://www.acfid.asn.au/code-of-conduct, Clause D.5.4

CBM Australia led a process between December 2013 and July 2014 to explore the following questions:

- how is 'disability inclusion' conceptualised in ANCP Partner organisations?

- what are organisations currently doing to achieve disability inclusion?

- where would organisations like to be as best practice organisations – and how do we get there?

- what are the things that might help or inhibit that process and that we need to proactively address?

- how can we as individual organisations and as a sector make progress?

The process incorporated facilitated discussions, development and testing of a tool for organisational self analysis, a workshop to test findings, seeking feedback on proposed recommendations, and assisting organizations to develop case studies for wider sharing and learning. The findings emerging from these activities are presented in this report. Organisational change theory has been drawn upon to help analyse the findings and to provide a list of key recommendations that the sector can utilise to support increased organisational engagement on disability inclusion.

Key Findings

Participants identified that disability inclusion is not just a development programming issue, but is relevant to all elements of an organisation's operations and culture – including its corporate and human resources (HR) functions, governance, communications, advocacy and fundraising. Disability inclusion should be a part of everyday work for all staff and ensures that people with disabilities participate at all levels of an organisation as well as being beneficiaries of development programs.

Important triggers for increased disability inclusion within organisations have included:

- internal drivers such as individuals as change agents and champions;

- shifts in the mandate of Australian development organisations towards development that is rights-based and reaches 'the most marginalised';

- increased awareness, training and education; and

- external drivers such as the need for compliance with donor requirements.

Significant challenges to disability inclusion identified by respondents have included:

- a lack of awareness of disability inclusion in the wider organisation outside of programming;

- a perceived lack of commitment by senior management (including a lack of resource allocation to the issue);

- lack of skills and knowledge in how to implement disability inclusion actions and unclear pathway for change;

- time required to see real change in the field and incongruence with donor pressures; and

- low representation of people with disabilities in the development workforce.

The enablers for disability inclusion identified by respondents are grouped into six key themes:

- a whole-of-organisation approach with senior management support;

- policies, structures and processes;

- dedicated roles;

- awareness raising and technical skill development;

- partnerships and collaboration; and

- allocation of time and resources.

Recommendations

The ideas and proposals raised by participants from the Australian NGO development sector and suggested by the findings of this process have been grouped into three levels:

- individuals within the organisation (skills, responsibilities and accountabilities);

- the organisation internally (governance, policy, systems, processes, programming);

- the organisation externally through external partnerships (influencing, partnering and capacity building).

A full list of recommendations is set out on pp.33-37 directed to:

- individual Australian development NGOs;

- the wider development sector; and

- DFAT/donors.

A. Background and purpose of this research

Disability inclusive development became a key development priority for the Australian Government from 2008 with the launch of the *Development for All* strategy.[5] It remains an ongoing priority under the Australian Aid Framework[6] and Benchmarks, and the Australian Government has committed to launching a new disability inclusive development strategy to apply for the period 2015-2020.[7] The ACFID *Code of Conduct* provisions on disability for Australian Development NGOs are provided in Appendix A.

The Australian aid program provides support to a large number of development programs through the Australian NGO Cooperation Program (ANCP).[8] Of the Australian NGOs who receive funding through this program, ten of the largest organisations are ANCP 'partners' (see Appendix B for organisation contact details):

- CARE Australia
- Caritas Australia
- CBM Australia
- ChildFund Australia
- Fred Hollows Foundation
- Oxfam Australia
- PLAN International Australia
- Save the Children Australia
- TEAR Australia
- World Vision Australia.

Each of these partners is provided with a budget to contribute to policy and knowledge development for the wider development sector.

During an ANCP partners' meeting in 2013, partners agreed that they would like to explore the nature and extent of engagement with disability inclusion across their organisations, and that CBM Australia with its expertise in this area would be ideally placed to lead this process.

The purpose of this project was to explore the experiences of people working in the partner organisations, in particular what they thought were the barriers and enablers of organisational engagement with disability inclusion. Through facilitating a process of self reflection, CBM sought to capture a snapshot of where organisations have come from, where they would like to go and how they would like to get there. Critical

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[5] Australian Government (2008) *Development for All: Towards a disability Inclusive Australian aid program 2009-2014*, http://aid.dfat.gov.au/Publications/Pages/8131_1629_9578_8310_297.aspx.
[6] http://aid.dfat.gov.au/aidpolicy/Pages/home.aspx.
[7] http://aid.dfat.gov.au/aidissues/did/Pages/new-did-strategy.aspx.
[8] See http://aid.dfat.gov.au/ngos/ancp/Pages/home.aspx.

reflection on practice assists organisational change around disability inclusion.[9] CBM also developed and tested a tool for organisational self analysis of disability inclusion, supported organisations to write case studies and produced a report on findings for wider sector sharing and learning.

B. Approach taken by the research team

This was an exploratory exercise aimed primarily to encourage and facilitate people within ANCP organisations to express their views. Consent to participate in discussions was obtained and information from the discussions was recorded with the permission of all participants. Confidentiality was maintained to promote a safe space for this reflection to occur.

CBM chose to adopt a range of activities to assist this inquiry outlined below:

i. Facilitated discussions within each organisation

A project focal point was recruited from each organisation during December 2013 by ANCP focal points. An invitation to participants was provided to the project focal point with a plain language statement about the exercise. Project focal points were asked to recruit participants from different parts of the organisation (e.g. programming, HR, corporate, media and communications, policy and advocacy) for a facilitated discussion session.

Between December 2013 and February 2014, the authors (two CBM staff from the Inclusive Development Department) conducted a series of reflective group discussions with each partner organisation at their offices, with a total of 75 participants from across 10 partner organisations. Following consent from participants, the discussions were recorded with an audio recording device to assist transcription and analysis. Two sign language interpreters were present at each discussion to meet access needs of one of the CBM facilitators (and any other participants who required interpreters).

The discussions were semi-structured, whereby the participants were asked a series of questions about disability inclusion based on the identified topic areas (see Appendix C for questions). In addition, 65 participants individually completed a written task at the end of the discussion that was then returned to the facilitators.

Transcripts were provided back to the project focal point from each organisation and they had an opportunity to clarify, delete or add information and/or utilise the information for internal learning purposes.

The researchers identified key themes emerging from the data and, through a process of iteration, used the themes to organise the data and summarise the main patterns of responses and any important outliers. In writing the report, all identifying information about staff and organisations has been removed and only statements about general themes are provided. Excerpts from transcripts have been presented in the report

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[9] CBM, 2011; IDDC, 2013.

where they provide illustration of a pattern of responses.

ii. Evaluation by organisations of an *Organisational Engagement on Disability Inclusion Tool*

At the end of each focus group, each participant was given an *Organisational Engagement on Disability Inclusion Tool* to take away and complete either in a group or individually**.** An evaluation survey was sent to participants. Two organisations completed the survey and returned it to the investigators.

iii. Development of case studies

The project focal point from each organisation was asked to work with CBM to develop one or more case studies that exemplified an activity towards increasing disability inclusion and which could be shared with other organisations. Nine of the ten ANCP organisations completed the case study and provided it to the investigators. These demonstrate the breadth of experiences and are included at Appendix D to this report.

iv. Workshop to validate findings with ANCP participants.

Each organisation was invited to send five participants to a workshop held on 5 June 2014 in Melbourne where the main themes drawn from the facilitated discussions were presented by the authors. The findings were member-checked with the participants and a number of small group activities were conducted to generate recommendations based on the findings. Twenty-five participants attended the workshop from nine of the organisations.

v. An invitation to ANCP participants to comment on draft recommendations.

Each organisation was offered the opportunity to review draft recommendations and provide comment or feedback via email. Recommendations were further refined following analysis and review and are presented on pages 33-37 of this report.

vi. Practitioner Interest Forum to share findings and recommendations with the wider Australian development sector

The Australian Disability and Development Consortium (ADDC), CBM Australia and the Australian Council for International Development (ACFID) collaboratively organised a Practitioner Interest Forum on "NGO experiences in disability inclusion". This free workshop was held from 9.30am to 1pm on Thursday 20 November 2014 at the Melbourne Multicultural Hub - 506 Elizabeth Street, Melbourne. The workshop was promoted by ACFID and by ADDC through its networks, and by email to all organisational focal points for this project. This workshop marked the end of this project and aimed to give Australian development NGOs ideas for how to monitor progress towards disability inclusion across their organisations.

The objectives and the outcomes of this forum are set out at Appendix E to this report and informed final tweaks to the recommendations to incorporate this feedback.

C. Findings emerging from this process

The findings of this process are presented in the following section arranged according to the research questions with key themes identified for each. (The order does not necessarily indicate any order of priority or prominence.)

1. How do we see ourselves and where would we like to be?

Most participants reported that their organisations were "*very far away*" and "*not yet at that transition*" of achieving disability inclusion. However, most also reported that "...*we are talking more about disability inclusion...*" (Program Officer) and that "...*we have come a long way...*" (Senior Program Officer), indicating that while it is still a very cognitive process for most individuals and organisations, a journey has begun and some successes have been experienced.

The concept of disability inclusion was not defined by the facilitators in this study, instead participants were asked to describe what 'disability inclusion' would look like if it was being 'done well' in an organisation. There was considerable consensus and all groups were able to provide a vision of what inclusion could/should look like. Most participants identified aspiring to a future where disability inclusion is a part of everyday development work, whereby nothing special needs to be done and it is a "*natural*" and "*comfortable*" part of practice for all staff in the organisation.

Features of 'best practice' disability inclusion identified were:

- A diverse workforce with people with disabilities as active participants at all levels of the organisation;

- Accessible communications and physical environment;

- That nothing 'special' needs to be done, the organisation is already designed to meet and respond to different people's needs;

- Everyone behaves in a disability inclusive way as part of their everyday work;

- People with disabilities are participants in and beneficiaries of development programs;

- That all people felt comfortable to work in/visit the organisation and express their needs;

- That the talents and abilities of all staff are valued and utilised by the organisation.

2. Identification of triggers for disability inclusion in organisations

Both internal and external factors have been triggers for organisational engagement in disability inclusion.

One participant's contribution summed up a number of triggers that were indicated in the discussions:

I think there's been a confluence of things happening in a number of different arenas. [The NGO's disability advisor] was absolutely amazing and pulled a lot of us together and as with many of these kind of marginal issues it often rests on the shoulders of one very passionate person and to get connected in an organisation ... But the confluence of other things – I mean the UNCRPD came out and that was massive and Australia signed up to that and AusAID signed up to it so all of a sudden we were getting these directives from AusAID that we need to be including disability as a cross-cutting issue in our programming and that kind of triggers things elsewhere, so in the countries that we fund projects in, they were required to start thinking about disability issues [as well].(International Program Field Officer)

Individuals as change agents

Participants frequently identified that a key trigger for disability inclusion in their Australian offices has been internally driven and, for most, disability inclusion continues to be the work of key individuals, as initiators (identifying a need/gap), champions (keeping it on the agenda and maintaining interest in the issue over time), or in a few cases, through an official role responsible for managing the change process (i.e. disability inclusion focal point or disability advisor): *"...an individual saw a gap and raised a need..."*(Program Officer).

Champions were characterised as being passionate people, who were strategically opportunistic in moving disability inclusion forward, for example having *"...corridor conversations..."* with CEOs (Program Director), running organisational awareness-raising events, *"...singing loudly and making sure that we are still talking about it..."* (Policy and Advocacy Officer), and being the *"...someone asking the right question at the right time..."* (Volunteer Coordinator). Individuals championing the issue of disability was in almost all cases evident in programming, but not in other functional areas of the organisation.

These individuals or champions often had a professional interest, sometimes linked to having received training in disability inclusive development. Others were people who had personal experience of disability – either themselves, or through exposure to people with disabilities such as:

...a family member or child or someone with a disability in their family and so they're much more aware and helping their teams to include people with disabilities. (Program Officer)

Others simply recognised a gap in the community in terms of beneficiary groups:

We've got some partners that are really sort of trend leaders ... who have gone: what are we missing? And gone looking for those groups of people... (Program Officer)

In some organisations, informal working groups on disability in programming have been established, comprising interested individuals and often led by a disability focal point. In some cases, a passionate individual has been a 'disability focal point' on a voluntary basis and then subsequently been formally appointed as disability advisor

within the organisation, with accountabilities to manage the change process towards increased disability inclusion in programming.

It became clear that whilst individuals can assist in bringing attention to the issue of disability inclusion and initiating some activity, where organisations have not implemented more systemic or formal mechanisms to build on and maintain such initiatives, there has been slower progress. Reasons include: champions not having the time or resources to put to the issue among other competing responsibilities, going on leave, or leaving the organisation:

> *Well it [disability working group] hasn't met since [the disability focal point] left – other than a few informal coffees. So, yes, without a person allocated time on disability inclusion, the working group hasn't been particularly functional at all.* (International Programs Field Officer).

Sector shift and relationships

All participating organisations identified external drivers as significant in triggering the need to consider disability inclusion. The broader transitioning from a welfare or charity approach to a rights-based approach, consistent with the development sector shift to supporting duty bearers and rights holders, has been a contextual trigger for engagement on disability inclusion.

Most groups discussed that as their organisational mandate has shifted towards a rights-based approach and/or reaching the most vulnerable, inclusion of people with disabilities has received increased focus in their organisation's programmatic work. One participant described a shift towards using rights-based language when discussing their mandate, i.e. "...*we're starting to talk child rights language...*" (Program Officer). Others reported that organisations that previously would not have considered disability inclusion have found themselves needing to do so:

> *...when I started in 2010 nobody wanted to know about it, now everyone knows about it and wants to address it.* (Policy and Program Development Coordinator)

A growing realisation of human rights as an integral part of development means that:

> *[There is more] eagerness to work in marginalised spaces which includes working better in disability...more a part of our mission ... it will be an interesting couple of years going forward in this space.* (Monitoring and Evaluation Officer)

A small number of participants also identified that the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the World Report on Disability provided information about the situation of people with disabilities that was a 'shock' and generated sector-wide attention to disability inclusion.

Some participants reported historical factors that influenced the Australian Government to take a leadership role in disability inclusion in development, which then in turn acted as an external driver for all the organisations. They attributed shifts within the sector towards disability inclusion to collaborative actions of cross-organisation

champions and formation of the Australian Disability and Development Consortium (ADDC). ADDC formed out of the ACFID disability inclusion working group in 2007, ADDC lobbied the Australian government to take a position of international leadership on disability inclusive development, and supported its introduction of the *Development for All* strategy for Australian aid. Many participants noted their organisations work with others in the sector who have a focus on disability inclusion, which created triggers for thinking in their own organisation:

> *Maybe the most powerful thing is engaging with partner organisations that are really focused on disability as their ... daily work and learning from them, being influenced by them.* (Program Officer)

The movement towards addressing disability inclusion exemplified:
> *the rise of disability as a key cross cutting issue in the sector and now we're a part of a broader group of organisations here ... it transitioned from being a non-issue to being an issue – and we were influenced by that.* (International Programs Officer)

Donor requirements

All of the groups discussed that a significant trigger for disability inclusion work within agencies has been Australian aid program ANCP requirements for donor recipients to include disability inclusion as a cross-cutting issue in programs, and to begin to report data on beneficiaries disaggregated by disability. Compliance measures have resulted in organisations "...*talking more about disability in programming...*" (Policy and Advocacy Officer).

Some participants identified that compliance around disaggregation of data has raised awareness of disability inclusion, by illuminating the magnitude of exclusion problems and leading to the discovery that people with disabilities do not benefit from their programs, *"...so now all our projects need to be collecting data and I think that it's been important in identifying where there is access issues..."* (Program Officer). The use of world estimates on disability prevalence (15–20 per cent) triggered redistribution of resources in some instances:

> *...my local program manager is saying we should expect the numbers to be 20 per cent or higher – I've got estimated beneficiary numbers which are less than 2 per cent ... it helps you realise you the need to allocate more resources to the issue – so i think the compliance issue has helped.* (Senior Program Officer)

The impact of external drivers like compliance management support and commitment are evident: "...*with that [ANCP accreditation] we got executive management support for having a disability inclusion agenda, we got compulsory training for project staff and budget ...*" (Quality and Effectiveness Coordinator). Where organisations were already engaging in advocacy efforts towards convincing partner organisations that disability inclusion is important, participants reported donor compliance gave strength to their argument: *"...to actually say, hey – the donor is requiring it, it's not just us saying it."* (Program Officer)

3. What inhibits organisations from progress on disability inclusion?
All groups discussed both external and internal barriers to improving disability inclusion in their organisation.

A lack of awareness of disability inclusion in the wider organisation outside of programming
Most participants reported greater engagement in disability inclusion in the area of programming than in other areas of their organisations, but identified that for many organisations it was still opportunistic in programming at best. It was reported by many participants that disability inclusion had largely not been a consideration for other functional areas of the ANOs yet, such as in media and communications, fundraising, HR, and advocacy, as one participant described:

> *I'm sort of ashamed to admit it, but when [focal point] sent the email around asking me to participate [in this discussion]- when I was reading about 'disability inclusion' my response was: "I have no idea, do we do this?" I don't know what policies are there, what changes have been made...whether it even applies to our work. So I guess from that point of view - that there's no knowledge at all - is a bit of a sad indictment on the things you're talking about, about removing that isolation, removing...those barriers to engagement and... inclusion... That may be just my little team more specifically because we're...in media & website.* (Sales, Marketing and Communications Officer)

Participants identified that there is a lack of skills and resources to ensure an accessible workplace, including accessible communications for the public, making accommodations for employees with disabilities, and how to recruit people with disabilities. Some participants shared that their organisation had learnt of barriers to inclusion when they invited people with disabilities to visit their office and found they could not access the building. In these cases, this often led to infrastructure changes for increased accessibility. Other participants anticipated accessibility issues and their impact on a diverse workforce, despite the presence of inclusive legislation:

> *...yes we are doing it [disability inclusion] in HR ... because we meet the [requirements of equal opportunities] legislation, but ... in the [inaccessible] [state] office – we adhere to the legislation, but we employ someone and that legislation goes out the window – because they can't work there because they are in a wheelchair and they have physical disability.* (Human Resources Officer)

Lack of skills and knowledge in how to implement disability inclusion actions and unclear pathway for change
The most frequently discussed barrier was the perceived lack of skills and knowledge of participants about the 'how' of disability inclusion. In programming, this was compounded by the pressure from donors to disaggregate data by disability and report on disability inclusion as a cross-cutting issue within development programs; and the time and resources required to embed disability inclusion in a meaningful way.

Most participants described difficulty knowing how to articulate disability inclusion actions to partner organisations, including how to find people with disabilities in communities where historically cultural taboos around disability have led people to be hidden away; how to define disability ('disability' is not a recognised term in most contexts) or locate people with an 'invisible' disability; how to maintain momentum while it takes time to see changes in the field; the perceived costs of inclusion; and importantly, how to formulise disability inclusion so that is not perceived as a negative/unreasonable demand competing against other important and related issues such as gender and child protection:

> *I would say we don't do disability well in our programming and it's still very new and we're working with countries that, you know, have very limited infrastructure, very limited resources, very limited capacity in many cases, so to pick up something which they may see as a very marginal issue has been a real challenge, and we're still struggling to get them to pick up and address gender issues adequately so you know they've got many different pressing priorities.* (Program Officer)

Time required to see real change in the field and incongruence between donor requirements

Participants reported being challenged by the tendency to respond to donor requirements with 'empty numbers' and as a 'tick the box exercise' due to not having time to dedicate to partners' understanding of the issues, and therefore the rationale behind the data collection. Other challenges related to this were ANOs having limited knowledge of all the resources available across different contexts; and a lack of dedicated resources within donor funding toward disability inclusion to support training for staff and infrastructure.

Participants frequently identified that development workers experience an internal tension between time-consuming and less tangible capacity building with in-country partners under the rights-based approach, and the requirements of donors for tangible outcomes and strict timeframes:

> *...whether disability for [our organisation] is principally rights based, whether it's principally accountability based. Is the main push coming from [Australian government]? Is it about accountability? Is it about a combination? Is it about organisational principles and philosophy, and what is the balance of those things in driving our approach, both here within the office and within Australia and also with our programs and partners?* (Program Officer)

Some participants raised the concept of "...*[picking] that low hanging fruit...*"(Program Officer): it can be easier to increase the number of people accessing a program (for reporting purposes) by focussing on those easy to include, but finding those who are not benefiting and achieving sustainable and meaningful change in communities – the hard to reach – is more challenging. They identified that:

There's a tension between showing numbers to the donor ... DFAT ... showing numbers and having big projects that are scalable and, you know, versus having high intensity, high impact. It's more about small scale projects that actually do target, you know, the poorest and most vulnerable. (Senior Program Manager)

Many participants reflected on their experience of gender inclusion when discussing their organisation's journey toward disability inclusion. Whilst consideration of and addressing gender impacts in programming was seen as more established in organisations, similarities in the challenges of achieving it were identified. For example, actions taken to 'mainstream' the issue could increase access to programs, but actions which are more targeted at addressing the power relationships in communities are still not being done well, can be more difficult, and require more time.

A lack of harmonisation of international donor priorities

Despite the Australian Government having a focus on disability inclusion, participants reported that challenges to advocating on the issue to partner organisations in the field arise when other donors to that organisation don't have the same focus, reducing the demand for change, or when their own organisation in Australia is not practising inclusion. For example, some participants identified that in advocating to in-country partners to be disability inclusive in their programming, they often felt like their own Australian country office was not modelling the desired behaviour:

We have been good at talking the talk [on disability inclusion] but we need to walk the talk. (Senior Program Manager)

A lack of people with disabilities in the development sector workforce

A dearth in participation of people with disabilities in the development workforce was identified as a major issue affecting the comfort and skills of staff in understanding the issues and taking actions relating to access and participation within organisations.

However, respondents indicated that in some cases this may be changing. For example, in one organisation's facilitated discussion, two participants disclosed to other participants that they had a disability, and the increased confidence they felt to disclose and ask for adjustments. They reflected on the change that they have observed in their organisation in regards to increasing presence of people with disabilities in the workforce and its impact on feeling accepted:

It's just really nice to see (I mean it sounds terrible) people walking around on crutches and stuff ... it makes you feel like this is a place where everybody is accepted, and we're getting a bit more of that now ... [there are] not many I have to say, [of hundreds] of us I think we've got half a dozen people with permanent disabilities in the place but - you know, it's not how it was four years ago when I started. (Program Officer)

In addition to this, a number of participants across organisations reported that they had observed a recent increased awareness about mental health and psychosocial

disability in their Australian office and wondered if people would feel comfortable to disclose a psychosocial disability.

A perceived lack of commitment by senior management (including a lack of resource allocation to the issue)

A lack of shared responsibility for disability inclusion in the organisations was identified by participants as a significant factor challenging ANO engagement with disability inclusion:

> *I find that I think if you jumped onto our intranet and we were particularly passionate about an issue you'd say ok looks like [organisation's] doing a relatively good job in a number of different fields, I think if you dig more, you'll find that it's a community of practice or it's a working group and it's driven by an individual with a passion, it's not necessarily an organisational mandate and it's certainly not something that's owned and it's not a conversation that's live or active ... it's not something that we all own and share together* (Program Officer).

Participants frequently attributed challenges in organisational engagement with disability inclusion at the ANO level to a lack of senior management support. A failure to prioritise the issue reportedly resulting in a lack of resources for awareness raising, technical skills training across functional areas of the organisation (in particular human resources, media and communications), organisational visioning, and ultimately a lack of the structures and process to support staff to take responsibility for disability inclusion.

4. Lessons for future progress on disability inclusion

The participants reported a number of key enablers for past successes and for moving organisational engagement with disability inclusion forward in the future. These have been grouped into six main themes:

Whole-of-organisation approach and support from senior managers

Participants strongly recommended that a whole-of-organisation approach was necessary for progressing engagement on disability inclusion:

> *[we need] greater links and sharing of learning with inclusion across all aspects of the [organisation] family – an organisational-wide approach.* (Program Director).

Similarly, senior management support and leadership on disability inclusion was of high importance in achieving sustained positive change in organisations and crucial for inclusion to be institutionalised, and prioritised for resourcing:

> *I think leadership from the top is very important to make it a priority* (Policy and Advocacy Officer)

> *...[HR] can want to do something, but unless they're empowered, given the licence [by management] ... to – that this is an organisational priority [it won't happen].* (Human Resources Officer).

There was a positive belief in the organisations' values being supportive of disability inclusion:

> *[Organisation] is...filled with people who have open minds and hearts. And I think if we did awareness raising with our senior management team that would be received really well ... this is a real enabler in our organisation, we're filled with people who have genuine concerns about others and are in the right kind of mind-set to receive this information and that's a really positive thing in our organisation.* (International Program Officer)

Participants frequently commented that having time to reflect on disability inclusion with representatives from across the organisation in the facilitated discussions was a helpful process in itself, and in most cases had not occurred before.

Structures, processes and systems

Organisational structures, processes and systems were identified as integral to providing an environment for a culture of disability inclusion to develop in organisations. Some participants emphasised the importance of accountability measures (monitoring, evaluation, integrated into performance appraisals, reporting in annual reports, etc) in ensuring that disability inclusion is not token, but is integrated into work processes. It was highlighted that development and socialisation of a disability policy across operations and programming of the organisation in consultation with people with disability was important to this:

> *...[we need] an overarching disability inclusion strategy to mainstream disability inclusion in all facets of our business ...* (Program Director)

There was some concern that policies would sit and not be implemented, so many participants emphasised a need for a strategy coupled with advisory and regular review mechanisms to ensure sustainability such as "...*proper design, monitoring and evaluation in place to measure the progress on disability inclusion..*" (Program Officer). Participants identified opportunities for embedding in work roles and processes:

> *[needs to] be part of KPIs, a core part of people's roles.* (Monitoring and Evaluation Officer)

and

> *...[needs to be] embedded in staff induction/formation, to ensure it doesn't just rest with certain individuals but is truly embedded across the organisation...* (Education Resources Coordinator)

Awareness-raising and confidence building, including technical skills

Participants frequently identified the need for awareness-raising around disability for all staff, stating that this would build a shared responsibility for disability inclusion

across the organisation and would also ensure that everyone has the same basic knowledge for the issue.

Similarly, high importance was given to training on the technical actions required to ensure disability inclusion across all functional areas of the organisation, which would need to be ongoing and regular to sustain commitment and ensure best practice.

Programming

Training was often mentioned as being particularly necessary to increase the skills of programming staff:

> ...[we need] more training around disability inclusion to assist [ANO] staff to think about disability inclusion best practice in their work... (Monitoring and Evaluation Officer);

> ...[we need] practical support and technical advice about what works ... (Operations Officer);

how to articulate disability to partners and how to provide technical support to partner organisations:

> *...[we should] invite disability focussed partners to run workshops for in-country partners ...* (Program Officer)

and to have examples to share of how disability inclusion works in practice:

> *...there is a lack of awareness among ANGOs of various material and technical resources available in the sector and the need for consolidating these resources and making them available for use by the ANGOs and their partners in the field.* (Program Officer)

The benefits of training were highlighted in some participants' accounts of what was currently working:

> *[Organisation] did a training...which helped create a more conducive environment. [Now] the team in Cambodia are actually starting to develop their understanding or their awareness about how many [people] we were missing [through not being disability inclusive in our programming]. (*Program Manager).

Corporate and HR

A number of participants reported that increasing the number of people with disabilities in their workforce would assist in bringing a 'disability lens' to the organisation and increase awareness about the needs and perspectives of people with disabilities. Participants felt that in order to achieve increased numbers of people with disabilities on staff, organisations would need to become aware of how to make the workplace more accessible. Some participants touched on work that their organisations had done in IT and communications to move toward greater accessibility, but indicated that awareness was low and more skills or practical guidelines were needed.

Dedicated roles for disability inclusion

Many participants identified that having a dedicated role/position for disability inclusion was an important enabler for progress that their organisation had made, but also – in organisations where such positions did not exist – an aspiration for driving future progress. Participants felt that such a position provided someone with time dedicated to addressing the issue, given competing demands; and also demonstrated commitment to the issue:

> ...*having a disability advisor is saying that we care about disability inclusion and we take it seriously...* (Program Officer)

Most participants said that their organisations were at the stage of maintaining disability inclusion on the agenda through the passion of individuals or 'champions', and believed that disability inclusion could be better embedded through a dedicated role. Likewise, in order to see a shift in organisational culture participants reported a need to enable staff to have ownership, confidence, and drive to incorporate disability inclusion in their everyday work, and that dedicated roles to manage this change process was important for sustaining quality actions: *"...[we] must have a member of staff responsible for monitoring disability inclusion activities..."* (Communications Manager) and *"[we need to] identify a 'lead' that cuts across programs and corporate..."* (Donor Coordinator).

Harnessing the power of partnerships and collaborations

Participants often expressed the view that forming partnerships and collaborations can assist organisations' access to and sharing of technical advice, support, and examples of emerging best practice.

Participants who mentioned successes in disability inclusion in programming were associated with partnerships forged by the ANO and the in-country office or partner organisation. Most participants reported that making linkages with Australian-based technical advisors and Disabled People's Organisations (DPOs) had assisted their own efforts. Assisting overseas offices and partner organisations to partner with DPOs and disability-focused organisations in-country had further increased capacity to address the complex barriers faced by people with disabilities in many contexts.

In addition, participants emphasised that collaboration between development organisations to share what works well would assist in moving forward on disability inclusion:

> *There is huge potential for the ANGOs to have further collaboration based on the outcomes of this project. For example, probably to work together to articulate disability inclusion to partner organisations in programming.* (Program Officer)

Participants also identified that this collaboration should be encouraged, coordinated and supported for program effectiveness: *"[we need to encourage] partnerships with disability service organisations to ensure people are referred as needed [to disability*

services]" (Communications Manager) and recognising the strengths of others in the system to support their work:

> *We're not leaders in that area, we don't know exactly how to implement that, or we don't have time to implement [disability-specific services]. So it's really important to keep those good relationships with other agencies that are putting in that time to think about how it can be implemented* (Advocacy Officer)

Collaborations and partnerships were also highlighted in the context of campaigning on awareness raising and advocacy currently: *"...[we have] enter[ed] into a few ... key strategic partnerships with DPOs (in Australia and regionally at Asia-Pacific level) around key campaigns and programming..."* (Operations Manager) and as an important future action: *"...[we need] collaboration across all stakeholders and interested parties..."* (Web Coordinator). Of note is that this theme cut across both ANGOs working in development programs in Australia as well as those discussing international development programs.

Allocating time and resources

Most participants identified that more time and 'adequate resources' (both human and budgetary) would support progress towards disability inclusion in their organisation and that of their partner organisations. Participants expressed a view that the complexity of achieving inclusion in different functional areas of an organisation and across different contexts requires dedicated resources, including within donor budgets. Managing the balancing act of shifting priorities would be better assisted if more time was given to engagement of staff in the change process resources dedicated: *"...[we need to] devote the time necessary to engage with community members and partners on inclusion..."* (Program Officer).

5. Organisational Self-Assessment Tool for Disability Inclusion

At the completion of each facilitated discussion, participants were provided with a copy of the draft Organisational Self-Assessment Tool for Disability Inclusion and asked to submit feedback via an evaluation form to the researchers. Very few (three) organisations used the Tool and provided feedback so it is difficult to draw firm conclusions about the usefulness of the tool. However, those that used it reported that it was a process that was useful for organisations to engage in and the structure could be adjusted to make it simpler to use. Some feedback also noted that it was repetitive discussing the same issues in the facilitated discussion and again in a meeting where they completed the tool, so the timing of introduction of the tool may impact on its use.

The tool is available for organisations to test further and can be obtained by emailing Aleisha Carroll (acarroll@cbm.org.au) or Elena Down (edown@cbm.org.au).

D. Discussion: Understanding the Process of Change

Contextualising disability inclusion within organisational change concepts

The purpose of this project was to describe and gain a better understanding of participants' experience of organisational engagement on disability inclusion, in particular barriers and enablers, and perceived future steps. The themes that emerged revealed that both barriers and enabling factors were internal and external to the organisation, and improved disability inclusion requires actions at

(i)   the organisational level

(ii)   the individual level, and

(iii)   in external partnerships.

To help understand these findings, we have drawn upon organisational change concepts in the literature to provide a lens through which to analyse the findings and frame recommendations. In particular we draw upon a well-established model developed by Kurt Lewin in 1947,[10] which is still widely drawn upon today and provides a simple three-stage examination of change in organisations. We also use a 'formula' developed by Berkhard and Harris (1987)[11] for organisational change to understand some of the dynamics that may be at play, particularly in analysing apparent resistance to change within an organisation. This model has also been endorsed by the International Disability and Development Consortium (IDDC)[12] in their guidance manual for change leaders on disability inclusion in development organisations.[13] Finally, another model endorsed by the IDDC is Bridges Transition Model,[14] which provides some useful factors to consider alongside the change management models, specifically highlighting the transition of individuals in the face of change.

Lewin's Model and Bridges' Model

Lewin's model of change describes a process of 'unfreezing-change-freezing' where the creation of a need for change can 'unfreeze' an organisation and add fluidity of processes to establish the 'change' and then a period of '(re)freezing'/embedding the change into institutional structures.

The first stage of unfreezing can be triggered by environmental factors which act to shift individuals to a different way of thinking and doing. The participants in the current project reported that both external and internal environmental factors have been important in prompting the unfreezing stage in organisations. In programming, a

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[10]Lewin, K, 1947; as cited in Burns, B. (2004) Kurt Lewin and the Planned Approach to Change: A Re-appraisal. *Journal of Management Studies, 41*(6). Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1467-6486.2004.00463.x/pdf.

[11] Beckhard, R & Harris, R.T (1987) *Organizational transitions: Managing complex change.* Reading, MA: Addison-Wesley.

[12] See www.iddc.org

[13] International Disability and Development Consortium (2012) *Making Inclusion a Reality in Development Organisations: a manual for advisors in disability mainstreaming.* IDDC: Netherlands. Retrieved from http://www.iddcconsortium.net/sites/default/files/resources-tools/files/121200_iddc_totm_digi_revised.pdf

[14] William Bridges developed and published the Transition Model in his 1991 book *Managing Transitions.*

mixture of internal champions and working groups, as well as external drivers such as the shift from a charity-based to a rights-based approach to development, donor policy (in particular funding compliance), training, partnerships and collaborations were reported as triggering disability inclusive practice. Surprisingly, in other functional areas of organisations, it is clear that Australian legislation that obligates organisations to provide equal opportunity and prevent discrimination are present, but that in practice some organisations have not prioritised this. This implies that similar initiatives, including identification of champions, training and partnerships may be needed to be supported to precipitate positive change in these areas.

Participants reported that they felt their organisations were still in the early stages of implementing disability inclusion, with some having a gradual realisation of the importance of disability inclusion in their practice and others starting to pilot approaches to disability inclusion in programming.

Bridges' model recognises that in the early stage of change where attitudes and assumptions are being challenged, people can feel frustrated and disorientated, and emphasises the importance of supporting individuals to transition by creating and communicating a vision of a future desirable state for the organisation. This concept appeared to be reflected in many comments by participants around needing a whole-of-organisation approach or policy which articulates a clear vision for where the organisation wants to go and how to get there.

Stage two of Lewin's model is the 'change' itself and can be characterised as a challenging time when people are learning about the changes and require time to understand and adapt to them. Under Bridges' model, people affected by the change often continue to experience disorientation and uncertainty and can be impatient, particularly as they may also experience a higher workload as they get used to new systems and new ways of working. Bridges proposes that modelling, training, coaching, and expecting mistakes are part of the transition process during this 'neutral zone'. Engaging people to develop their own solutions, supporting innovation, and communicating a clear picture of the desired change and the benefits to people so they don't lose sight of where they are heading also helps the transition. This concept appears particularly relevant where participants reported being unsure how they were going to meet donor requirements for ANCP program reporting on disaggregation of data by disability, and suggests that this is an area to target for capacity building of organisations.

The above appears useful in examining participants' perceptions that externally driven donor requirements are not able to see meaningful change without time, resources to enable training, technical support, and sharing of good practice through partnerships and collaborations. All of the groups of participants were able to identify a vision together of where they would like to be in terms of disability inclusion, but most desired a pragmatic organisational vision of how they were going to get there i.e. what Lewin and Bridges both describe as specific actions for the change.

Lewin's third stage depicts organisations freezing the change or reinforcing it, ensuring it persists into the future. Participants reported that integration into processes and structures with support from senior management was clearly required for change to be sustained in the future.

Participants described the challenge of juggling competing priorities and managing continual change in their organisations. The Lewin and Bridges models also recognise that organisations which are susceptible to a number of pressures to adapt in a rapidly changing environment (particularly relevant to NGOs facing changing donor requirements, limited resources etc) may feel they are never 'frozen' and may resist further changes, in an effort to try to create stability and some coherence of direction. Most organisations identified that this was particularly the case for their partner organisations in-country, reporting that partners would resist demands such as promoting disability inclusion, or ANOs would resist in order to buffer the predicted impact on partner organisations already dealing with significant demands. Beckhard and Harris provide an 'equation for change' which assists in further understanding – and potentially addressing – this resistance to change.

The Beckhard and Harris formula:

Dissatisfaction x Vision x First Steps > Resistance to Change

This formula proposes that the first three factors (dissatisfaction, vision and first steps) need to be considered and/or addressed to overcome resistance to change. If any of these factors are weak or not present, the resistance to change will dominate.

Recognising dissatisfaction

Under this model dissatisfaction means there will be:

(a) recognition that the pain of not changing is likely to be greater than the uncertainty of change; and

(b) willingness to search for alternatives.

This may be important to consider when analysing why change has not occurred in other functional areas of the organisations beyond programming (such as HR, advocacy/policy, communications, IT etc). If there is no awareness of lack of inclusive practice, legislation or standards, no employees with disability to point it out, no demand from governance mechanisms to improve, and weak enforcement, there is not likely to be any dissatisfaction prompting change in the status quo.

The model also helps us to unpack the reported difficulty in engaging in-country partners on the issue of disability inclusion, where Australian donors or NGOs are a lone voice in calling for partners to make changes to policy and programming. Change can create discomfort or uncertainty. The pain of not changing must be greater than the appeal of 'business as usual'. Partners themselves must reach a point where the pain of not changing leads to dissatisfaction. This would then allow Australian partners to assist their willingness to search for alternatives – i.e. exploring options for how to be more disability inclusive.

Participants indentified that whilst donor driven change was perceived as effective in getting the issue onto the table, the *status quo* dominates. Therefore, unless there is an internal discomfort, realisation or crisis which precipitates desire for change, it is unlikely change will occur, or that partner organisations will find the necessary mechanisms to overcome the challenges within varying contexts and organisations.

Creating vision for change

Berkhard and Harris warn that when individuals or groups desire change but cannot identify a 'way out', it can result in feelings of anger, frustration, anxiety and/or apathy.[15] Mobilising the energy generated by a desire to change through developing a shared vision becomes important at this stage. There were comments from many participants about the need for more buy-in and resources, or more formalised organisational vision, policy and commitment to bring change in their organisation. There was a strong awareness that passion of individuals alone – whilst important – was not enough. Participants from most organisations identified that top-down approaches to change were absent in their organisation, and that change would not be achieved unless management drove change across all the functional areas and provided resources to sustain their effective implementation over time. At the ANO level, participants discussed their expectations of the role of senior management in maintaining vision and focus, identifying gaps, providing plans for achieving change, and ultimately holding responsibility for engagement with change. Some had sought creative ways to trigger processes to help broader staff 'catch the vision', e.g. one participant had helped to organise an all staff gender and disability awareness week and build on momentum created.

At the in-country partner level, some organisations reported practical strategies they had used to generate a shared vision of disability inclusion; using resources such as the End the Cycle videos,[16] and sharing of stories across contexts, had been successful.

Taking First Steps

Berkhard and Harris advocate that vision itself is not enough – without action it can be disempowering and can lead to a sense of helplessness, in turn leading to eventual apathy or cynicism. Helplessness was an emotion observed by the investigators in facilitated discussions, as the respondents expressed their frustration at recognising that disability inclusion was important, but not knowing how to take steps to implement or improve it. As mentioned previously, this was particularly so for programming staff who felt pressure to be able to disaggregate data by disability, but without any guidance on how to do so.

Participants raised that they require technical support to build a skills base in disability inclusion, or at least to increase their confidence in taking first steps. Some

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[15] Beckhard, R & Harris, RT (1987). *Organizational transitions: Managing complex change*. Reading, MA: Addison-Wesley.

[16] CBM Australia, *End the Cycle* Videos. Available at http://www.endthecycle.org.au/

organisations were able to identify times when training and awareness-raising had been useful in assisting work on disability inclusion to progress in programming. Most participants believed that training and education for staff in both Australian offices and in-country partners to address awareness and skill gaps, with accountability for implementation of lessons learned, was essential for sustaining the move forward in disability inclusion. Many also stated that this training and education for staff needed to be ongoing and incremental, to include new staff and to ensure up to date learning.

Some participants expressed a desire to increase disability inclusion in their workforce but didn't know how to get it onto the HR agenda (amidst other competing priorities). At least one HR representative indicated willingness, but said they needed increased resources to direct further attention to it. One organisation said a disability audit had been completed and recommendations made to senior management by an HR predecessor, but no action was taken.

Several participants reported that linking in-country partners with resources from Australia and with local resources such as national or provincial DPOs and with services providing disability-specific rehabilitation and assistive devices had been useful. Most participants reported that sharing of good practice would assist them in moving forward, suggesting that they require both examples of actions, but perhaps also to have the evidence of impact and outcomes that can be used to show staff and partners that change is worth their while. This becomes particularly important given that many participants identified that it can take some time before results are seen in individual projects. Sharing and disseminating success stories could potentially be a motivator for change.

Overcoming Resistance to Change

Berkhard and Harris identify a number of common types of resistance to change, and two of these in particular emerged in facilitated discussions in the current investigation:

- feeling that they have insufficient knowledge about the proposed change and its implications; and
- belief they have been given insufficient time to understand and commit to the change.

In addressing resistance to change, Berkhard and Harris emphasise an approach that engages organisational members in the process of change. This includes engaging staff on all the components of the left side of the equation, providing opportunities to describe their own reality, to influence the shaping of a new vision for the future, and to participate in development of action plans. Lewin's model also recognises that organisations entering into a process of change will require an understanding of the forces of change and the reasons for current performance in order to inform the vision and specific actions, as well as how to (re)freeze the change. This implies that if insufficient time or emphasis is spent on raising awareness on why disability inclusion is important, or exploring evidence of how lack of disability inclusion is inconsistent

with mandates or mission objectives, dissatisfaction is not likely to arise. Instead the change is perceived as externally driven and enforced.

Resistance to change in the context of development NGOs needs to be addressed at three levels:

- the organisation itself (governance, policy, systems, processes, programming);
- at the individual level (skills, responsibilities and accountabilities); and
- the external partnerships (influencing, partnering and capacity building).

Research has also suggested that a combination of top-down, middle, and bottom-up approaches to change is required to enable effective response to external drivers.[17] At the organisational level, Wasserman et al (2008) propose that when examining resistance to change and progress on inclusion within organisations, "failed change efforts are less about resistance itself, and more about the *story that is told* about it in the inner dialogue of the organisation, together with what leaders and members of that organisation do with that story".[18]

At the individual level, some participants suggested that disability inclusion should be a part of performance plans, monitored by supervisors and included in KPIs across all functional parts of the organisation (including for managers). Developing individual actions around KPIs could provide an avenue for engaging individuals in their own change process within the organisational vision.

Despite most organisations raising ANCP compliance as a driver for consideration within the programming function of an organisation, there seemed to be little identification of external drivers for change in other parts of the organisation.

Some HR representatives identified legal obligations of non-discrimination in hiring staff; however they reported difficulty knowing how to approach strategies to encourage applications or recruitment and provide reasonable adjustments. Many participants were unaware whether HR collected statistics on staff with disabilities (one HR participant believed that disclosing numbers would be a breach of privacy). Some participants felt that advertisements should not state that 'applicants with disabilities are encouraged to apply' unless and until their organisation could be sure they had the skills to follow through and provide appropriate supports.

Interestingly, no organisation mentioned the ACFID Code of Conduct requirements on disability inclusion which came into effect in 2012. This raises questions about the effectiveness of the self regulatory nature of the Code of Conduct (to which all of the organisations are signatories), which obligates organisations to have disability guidelines in place including in relation to:

(i) engagement of volunteers and staff;

(b) engagement of partner agencies; and

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[17] Ryan, N, Williams, T, Charles, M, & Waterhouse, J (2008) 'Top-down organisational change in an Australian government agency', *Journal of Public Sector Management*, *21*(1).
[18] Wasserman et al (2008) *Dancing with resistance: leadership challenges in fostering a culture of diversity and inclusion.* Taylor and Francis Group: New York.

(c) senior management and governance.[19]

Only one organisation raised the ACFID *Code of Conduct* as a possible tool for advocating for whole of organisation change around disability inclusion in the future. Similarly, no organisations discussed Job Access,[20] the Australian Government funded resource for organisations seeking financial support for reasonable accommodation for employees with disability.

The benefits of diversity to organisational effectiveness have been well documented,[21] and it was surprising that no participants mentioned the value of diversity beyond the notion of reducing discrimination and being inclusive. Ultimately, meaningful inclusion will require understanding that a diverse workforce improves organisations through "increasing the opportunity to bring various perspectives to identifying and solving problems, a set of perspectives that is more likely represent broader community views."[22]

E. Summary and conclusions

Participants from all organisations were able to describe a clear vision of what 'blue sky' disability inclusion would look like, and articulated a strong desire to operationalise this commitment – to engage in positive change toward achieving this vision. This is extremely encouraging.

Many participants also commented positively on the opportunity to participate in this process, and the benefits that had flowed from bringing together staff from across the breadth of their organisation to discuss this issue; they reported that bringing combined perspectives and experiences across functional areas had made for an exciting and refreshing conversation. The large number of people who took the time out of their existing demanding work schedules to participate in this study, produce case studies and provide feedback on findings and recommendations was impressive and appears to reflect an increased desire to address disability inclusion.

Our findings relating to enablers and inhibitors of disability inclusion are broadly consistent with, and can be better understood within the framework of the thesis around tipping points for change offered by Lewin and by Berkhard and Harris. Both models propose that the pain associated with *not* changing (carrying on with business as usual) must reach a point where changing (even though it requires effort and discomfort) becomes more attractive. This 'pain' can arise from:

- internal factors (e.g. a pain of dissonance – where an organisation sees that its actions do not match or implement values (e.g. a professed commitment to a

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[19] Australian Council for International Development (ACFID) (2010) *Code of Conduct*, Clause D.5.4, p. 34. Retrieved from http://www.acfid.asn.au/code-of-conduct/files/code-of-conduct

[20] Australian Government website. *Job Access.* Accessed at: http://jobaccess.gov.au/content/employment-assistance-fund

[21] European Commission (2003) *The costs and benefits of diversity.* European Commision: UK. Retrieved from http://www.coe.int/t/dg4/cultureheritage/mars/source/resources/references/others/17%20-%20Costs%20and%20Benefits%20of%20Diversity%20-%20EU%202003%20ExSum.pdf.

[22] Australian Public Service. Induction Module 6: The benefits of workforce diversity. Retrieved from http://www.apsc.gov.au/apsinduction/module-6/benefits.

rights-based approach, mission and values statements, etc); or

- external factors (associated with compliance, threatened loss of funding, loss to reputation).

We found that within the 10 development NGOs participating in this process there is a dissatisfaction with the status quo ("we need to change"), an increased willingness and desire to make positive change – an imperative to comply with DFAT requirements, as well as 'walk the talk' and live out our mission statements/values, practice what we preach etc. The biggest need was 'how to make it practical' and work to tip the balance toward reducing any residual resistance to change.

While participants from all organisations could articulate a clear vision of what effective disability inclusion looks like – and to which they wanted their organisations to aspire – they articulated a belief that the challenge in moving from the current reality was in getting management buy-in and commitment to support this vision and to provide appropriate resources to achieving it, addressing a lack of confidence in how to do disability inclusion in their organisations, and having the time and resources to develop the skills required.

Ensuring a mixed composition in the facilitated group discussions (the investigators requested that participants represent all functional areas of the organisation) appeared to lead groups to consider disability inclusion and access issues more widely and in some cases realise that there were whole departments of their organisation where it had not been considered. For most organisations, the journey of engagement with disability inclusion has been a slow process, and has tended to be uneven in nature, with peaks and troughs of effort and progress, plateaus and sometimes regressions, e.g. where a key champion had left the organisation. However participants from all organisations said that they have come a long way.

The unique features of international development agencies mean that whilst some are attempting to enact change in their own Australian office, they are simultaneously trying to trigger change in another partner organisation at the in-country level. It is a reasonable supposition that increasing the confidence and skills of staff within Australian development NGOs in disability inclusion should equip them to better articulate and demonstrate disability inclusion to partner organisations to contribute to achieving desired development outcomes. Some participants specifically articulated this:

> *...well we can hardly expect our partners overseas to do it if we are not doing it ourselves...* (Program Officer)

There appears to be a need for an incremental approach that encourages creativity and new ways of thinking, with plenty of positive reinforcement in a sharing and learning environment. As discussed by participants, this is an approach that requires sustained commitment and resources to achieve meaningful progress and change.

Application of organisational change theory to disability inclusion suggests positive change is increased where:

- organisations are dissatisfied with the status quo e.g. about a lack of inclusion, or recognise the need to consolidate gains and make further progress, including across the breadth of their organisation;

- they have a vision for what is possible such as improved disability inclusion, 'walking the talk' of their values and mission statement, aspirations to leadership and best practice; and

- staff receive support to build their awareness and confidence and take first steps, including appropriate training and professional development, resourcing and supports.

Change needs to be embedded or frozen into an organisation's work by proactive work to incorporate, promote and reward disability inclusion across all levels of the organisation's operations:

1. the organisation itself – governance, policy, systems, processes, programming;

2. at the individual level – skills, responsibilities and accountabilities; and

3. the external partnerships – influencing, partnering and capacity building.

The enablers that were predominantly observed by respondents in programming areas of their organisation implies that similar initiatives, including identification of champions, provision of training and fostering of partnerships could precipitate positive change in other functional areas of organisations (e.g. corporate/ HR, policy/advocacy, research, IT, communications, volunteers).

Australia has built a reputation for taking a lead role in the disability inclusive development internationally – and Australian development NGOs are a vital and significant part of contributing to that change at the grassroots level through their programming assistance, advocacy, training and capacity building. They also have unique opportunities to influence other country offices of their organisations in these areas for global impact.

We hope that this report assists Australian development NGOs, the broader development sector, and donors in building on and consolidating early good work toward even better and more effective disability inclusive practice.

Further inquiry is required to explore the specific strategies that can be provided to enable a top down approach to manifest in organisations. Australian development NGOs have a history of working in a collaborative fashion to innovate, share resources, build on what works well, and disseminate best practice. They are often driven by values of addressing disadvantage, advancing human rights and creating positive change. We believe this uniquely places them to continue the conversation on disability inclusion and be leaders in driving and demonstrating organisational change.

F. Findings and Recommendations

Australian development NGOs engagement with disability inclusion has primarily focused on disability inclusive development programming, where it is described as a 'new' area that is generating discussion but which is still far from being fully implemented. Australian development NGOs should proactively address disability inclusion beyond programming in other organisational functional areas, such as media and communications, IT, corporate, governance and human resources has received less attention and is an area for ongoing and further development.

> **Finding 1.** There is a need for Australian development NGOs to proactively address disability inclusion across the whole of their operations, to ensure that all elements of their workplaces and practices are inclusive and accessible to all.

Organisations continue to report a lack of confidence in how to talk about disability, how to implement disability inclusion across the range of functional areas of the organisation, and how to articulate disability inclusion to partner organisations in programming, particularly around how to ensure disaggregation of data by disability.

> **Finding 2.** There is a need for Australian development NGOs to provide and facilitate appropriate training and professional development in disability awareness, providing for access and inclusion, and disability inclusive programming.

Senior management engagement and support for disability inclusion has been a key enabler where organisations have made sustained achievements in disability inclusion. Conversely many participants identified its absence was an inhibitor of deeper and more sustainable progress in their organisation toward disability inclusion.

> **Finding 3.** There is a need for the Australian development sector to consider ways to encourage senior leadership support for disability inclusion.

Organisational contact and engagement with people with disability (e.g. as volunteers, visitors and employees) has been a trigger for some organisations to consider and take action to improve disability inclusion in their own organisation. Conversely, the absence of people with disability in the workplace has been an inhibitor for change in other organisations. A general lack of confidence in skills and knowledge to successfully recruit and retain people with disability was evident.

> **Finding 4.** There is a need for the Australian development sector to proactively consider ways to build skills and confidence of HR managers and wider staff to recruit and support, train and mentor appropriately skilled people with disability as staff, and volunteers.

> **Finding 5.** There is a need for the Australian development sector to consider ways to attract appropriately skilled people with disability to serve on their Boards (which could bring new perspectives and experience in this area to organisations).

Finding 6. The Australian development sector could to develop greater awareness of best practice around 'reasonable accommodation', government grants and funding schemes (such as Job Access) to support employees with disability.

The work of individuals to champion disability inclusion and informal networks has played a significant part in positioning disability inclusion on the agenda of many organisations. However many participants noted that institutionalisation of accountability and support for dedicated resources for disability inclusion was important to prevent plateaus or even decline in progress, for example, when champions leave or experience competing demands on their resources. Participants from Australian development NGOs strongly recommended disability policies across operational and programming components of their organisations would clarify the mandate of the organisation and guidelines on implementation of disability inclusion would assist implementation.

Finding 7. There is a need for Australian development NGOs to consider ways to embed disability inclusion through written policies, operational manuals, tools, systems and guidance for longer term sustainability.

Participants recognised that disability inclusion in programming takes time and that it will grow with the growth of capacity in local organisations/services in different contexts. i.e. investment in working with and building the capacity of Disabled Peoples Organisations (DPOs) now may lead to more capacity to engage with development organisations for disability inclusion in the future.

Finding 8. The sector should consider ways to share and disseminate good practice and lessons learned in overcoming challenges, and examples of successful partnerships and collaboration in disability inclusion.

The recommendations below have been targeted at different actors within the sector. Actors at the individual, organisational, sectoral and donor/government levels all have roles to play to support greater disability inclusion. The recommendations are interrelated and mutually reinforcing. For optimal results, all should be implemented.

Recommendations to each Australian Development NGO

Each Australian development NGO should adopt an all of organisation approach to disability inclusion and demonstrate the commitment of its senior management and leadership to this issue. Each NGO should:

Recommendation 1. Develop a policy on disability inclusion that explicitly acknowledges that diversity is a benefit to the organisation and that work is driven by values of inclusiveness.

Recommendation 2. Adhere to the *ACFID Code of Conduct* Clause D.5.4 by developing, obtaining Board approval for and promoting a disability guideline addressing disability inclusion in

(a) engagement of volunteers and staff;

(b) engagement of partner agencies;

(c) senior management and governance.

Recommendation 3.   Consider drawing on the experience of Australian DPOs, including First Peoples DPOs, and consultants with disability to increase staff awareness, understanding and confidence around disability inclusion, and to identify ways to improve Australian office workplace and domestic development program inclusion and accessibility.

Recommendation 4.   Demonstrate compliance with ANCP guidelines for NGO accreditation i.e. demonstrating that disability inclusion is addressed *across the project cycle* through developing appropriate guidance, tools, supporting systems, training and accountability mechanisms for their use*.*

Recommendation 5.   Recognise and address the need for workforce training professional development on disability inclusion skills across all functional areas of the organisation.

Recommendation 6.   Develop and socialise an organisational disability inclusion policy, procedures and standards (and incorporate disability inclusion into existing policy, procedures and standards) across operations and programming of the organisation in consultation with people with disability and include mechanisms for advisory processes and regular review.

Recommendation 7.   Ensure that leadership and governance are supported to address, raise the profile of and monitor disability inclusion through
(a) policy/ advocacy officers including disability in briefing notes or speeches on development issues for senior management; and
(b) providing information on disability inclusion in programs and wider functional areas of the organisation in reports to their organisation's Board.

Accessibility

Recommendation 8.   Ensure that selection of office space for purchase or lease by Australian development NGOs considers as an essential criterion the need for disability access, reducing barriers for employees, volunteers, visitors and other stakeholders with disability.

Recommendation 9.   Ensure that IT systems, software and applications procured and developed for the organisation are appropriately accessible, including for users with vision impairment.

Recommendation 10. Develop structures and processes that support 'all staff' responsibility for disability inclusion such as:

o   institutionalising accountability and resources for disability inclusion through designated disability advisor/officers

- o engaging all staff in visioning and establishing action plans for disability inclusion across functional areas

- o considering disability inclusion an essential criteria for organisational performance e.g. embed in job descriptions, key performance indicators, professional development plans (including for managers and supervisors)

- o learning and development units establishing a capacity development strategy for all staff for disability inclusion

Recommendation 11. Support external partnerships and collaborations for disability inclusion by:

- o recognising the linkage between skills and knowledge of the Australian offices and domestic networks

- o building the confidence of Australian offices in disability inclusion which will ultimately increase the confidence of program staff in discussing and facilitating disability inclusion with in-country partners

- o sharing examples of good practice and advocating with others

- o providing opportunity for joint problem solving between NGOs in the sector

- o working together with the Australian employment network, and other existing networks (e.g. ACFID HR working group and ADDC practitioner interest forums) to develop simple practice notes for human resource management and other functional areas

- o developing and/or strengthening relationships with people with disability, domestic DPOs, and/or networks representing people with disability; and

- o ensuring people with disability have a voice to articulate their own needs.

Recommendations for Australian development sector level actions

Recommendation 12. That the case studies developed for this Report (at Appendix D) be shared widely with the development sector to promote learning and reflection, and that other Australian development NGOs be encouraged to develop case studies for sharing and dissemination of good practice.

Recommendation 13. That ACFID consider how to foster a sector-wide commitment to monitoring the progress of organisational engagement on disability inclusion over time, sharing learning and good practice at least annually.

Recommendation 14. Advocacy officers continue to raise the issue of disability inclusion in broader advocacy and to DFAT for increased donor coordination and commitment to disability inclusion.

Recommendation 15. Consider relevant forums or groups where senior Australian NGO management representatives convene and make disability inclusion an agenda item or topic of discussion.

Recommendation 16. The sector build on existing support structures such as the Australian Disability and Development Consortium (ADDC) to promote learning and dissemination of good practice:

- o utilise development practitioner interest forums, and training courses to discuss issues.

- o support the development and collection of Australian development sector good and promising practice case studies on disability inclusion (in programming and also in broader organisational inclusion) to share

- o Provide a forum where Australian NGOs can network with Australian DPOs and consultants with disability for assistance with accessibility, staff disability awareness training and good HR practice.

Recommendation 17. ACFID HR working group to consider appropriate ways to educate organisations on practical strategies and innovation to increase recruitment of people with disability into the sector. This includes promoting awareness of available information, resources and supports e.g. employer networks on disability, Auslan interpreters and captioning services, available technology and assistive devices, government schemes such as Job Access and Auslan in the workplace and practices for reasonable adjustments.

Recommendation 18. The ACFID HR working group establish an opt-in peer networking group for employees with disability working in the development sector, to provide mutual support, mentoring and sharing of experiences and good practice. This would be particularly useful for employees with disability who would like to connect with others for peer support.

Recommendations to DFAT to support Australian development NGO efforts

Resources

Many NGOs raised the need for additional disability-specific funding and resources (i.e. including practical guidance) to acknowledge the time and resources required to have meaningful change and to meet additional costs that are associated with disability inclusion. Achieving disability inclusion within existing programming budgets without additional funding was perceived as a potential barrier to progress.

Recommendation 19. DFAT provide appropriate resources to programs (including for disability inclusion and access budget lines) to ensure actions for meaningful gains in disability inclusion can occur across contexts over time.

Access

Many conferences, workshops and seminars in the development sector are not accessible to participants with disability or require those participants to absorb access costs themselves - which is a barrier to their attendance and participation.

Recommendation 20. DFAT require all conferences, workshops and seminars it

funds or supports to be provided at accessible venues and have dedicated budget lines for inclusion and access.

Policy influencing

Recommendation 21. DFAT continue to use its policy influence with national governments in partner countries to increase their commitment to disability inclusive development, and appropriate disability-disaggregated data collection.

Recommendation 22. DFAT continue to use its policy influence with other international donors on disability inclusive development to increase the critical mass of donors requiring reporting on disability inclusion and disability disaggregated data, to align donor requirements for NGO and partner reporting.

Appendix A: ACFID Code of Conduct provisions on disability.

Below are the relevant provisions of the *ACFID Code of Conduct*[23] which address the obligations of Signatories in respect of disability inclusion, effective 1 January 2012:

Preamble

Values

Signatory organisations are diverse and their particular circumstances are reflected in their unique approach to aid and development. They also share values that underpin their work in aid and development and that inform this Code. All signatory organisations are committed to:

"....6. Respecting, protecting and promoting internationally recognised human rights including civil and political, economic, social and cultural rights and with particular emphasis on gender equality, the protection of children, people with a disability and the rights of minorities and vulnerable and marginalised groups;...."
...

B. Program Principles

B.1 Effective aid and development

Aid and development refers to activities undertaken in order to reduce poverty and address global justice issues. In the non government organisation sector, this may occur through a range of engagements that includes community projects, emergency management, community education, advocacy, volunteer sending, provision of technical and professional services and resources, environmental protection and restoration, and promotion and protection of human rights.

Not all of these aid and development activities are undertaken by signatories however these Principles form the basis of effective work in all of these areas.

B.1.1 Accountability to primary stakeholders

Signatory organisations will ensure that their purpose and processes are shaped by stakeholders and that their work is open to review and comment by partners and participants alike. In all instances those directly affected by aid and development activities are considered the primary stakeholders and their views afforded the highest priority.

Obligation:

1. Signatory organisations will prioritise accountability to local people and those directly affected by aid and development activities, prioritising their needs and rights with specific reference to gender, age, disability and other identified vulnerabilities.

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[23] ACFID (2010) Code of Conduct, http://www.acfid.asn.au/code-of-conduct/files/code-of-conduct (Effective from 1 January 2012).

B.3 Human rights

B.3.1 Human rights in aid and development

Signatory organisations' aid and development activity will be informed by and implemented with an understanding of the human rights dimensions of the activity.

Obligation:

1. Signatory organisations will ensure that they provide a commitment to internationally recognised human rights principles within their organisation.

2. Signatory organisations will ensure that their aid and development activities are consistent with respecting and protecting internationally recognised human rights including civil and political, economic, social and cultural rights.

B.3.2 Rights of vulnerable and marginalised people

Signatory organisations are committed to including and addressing the needs and rights of vulnerable and marginalised people and their representatives in all aspects of their aid and development activity. These groups may include women, children, people with a disability, Indigenous Peoples, minorities, refugees and displaced people, and those most at risk of HIV and HIV positive people.

Obligation:

1. Signatory organisations will ensure that they respect and protect the human rights of people from vulnerable and marginalised groups and an appropriate focus is given to promoting these in their aid and development activities.

B.3.3 Working with people with a disability

Signatory organisations are committed to including and addressing the rights of people with disabilities and their representatives in their aid and development activity.

Obligation:

1. Signatory organisations will ensure that an appropriate focus is given to understanding the rights of people with a disability and addressing these in their aid and development activities.

....

C. Public Engagement

C.1.3 Portrayal of local people

Signatory organisations will ensure that the use of images and messages portraying women and men, boys and girls in their communications respects the dignity, values, history, religion and culture of the people portrayed.

Obligation:

1. Images and messages of women and men, boys and girls will present them in a dignified, respectful manner, portraying them as equal partners in the development process.

2. Images and messages will honestly portray the diversity of local people including age, disability and other marginalised groups.

3. Images and messages will honestly convey the context and complexity of the situations in which local people live.

4. Key figures in images will be informed of what the image is being used for and if possible, their permission obtained.

5. Origins of any images used will be known and any necessary permissions, including copyright releases, be held.

6. Care will be taken to ensure that the identification of or use of images of local people will not endanger the people they portray.
....

D. Organisation

D.5.3 Training and development
Signatory organisations recognise the importance of professional training and development for staff and volunteers and aim to instil a culture of learning into their organisation.

Obligation:

1. Signatory organisations' personnel policy and procedures will clearly set out the organisations' commitment to training and development.

2. Signatory organisations will ensure their staff and volunteers and are aware of the rights of people with a disability and those from vulnerable and marginalised groups and are provided with training on these issues, as appropriate and desirable.

D.5.4 Human rights and anti-discrimination

Signatory organisations will apply human rights principles to their own organisations.

Obligation:

1. Signatory organisations will make their commitment to human rights and anti-discrimination in employment and advancement clear in the organisation's key documents.

2. Signatory organisations will engage staff and volunteers within a framework that actively promotes human rights and avoids discrimination, in a way that supports the organisation's identity, philosophy and values and meets the statutory obligations of any anti-discrimination legislation.

3. Signatory organisations will have comprehensive gender equity policies and disability guidelines in place that aim to produce equitable outcomes between women and men, and people with a disability, in all activities of the organisation, including:

> a. Engagement of volunteers and staff;
> b. Engagement of partner agencies;
> c. Senior management and governance.

Appendix B: ANCP Partner Organisations and Contact Details

NGO	Address and Website	Contact details	Coordinating Focal Points
CARE Australia	Ground floor 243 Northbourne Ave Lyneham ACT 2602 www.care.org.au	GPO Box 2014 Canberra, ACT, 2601 **Phone**: +61 (02) 6279 0200 **Fax:** +61 2 6257 1938 **Email:** info@care.org.au	Sarah Gowty, Laura Baines and Takara Morgan
Caritas Australia	24-32 O'Riordan St Alexandria NSW 2015 www.caritas.org.au	GPO Box 9830 Sydney NSW 2001 **toll-free:** 1800 024 413 **Phone:** +61 2 8306 3400 **Fax:** +61 2 8306 3401 questions@caritas.org.au	Douglas Wu
CBM Australia	56 Rutland Rd Box Hill VIC 3218 www.cbm.org.au	**Phone toll-free:** 1800 678 069 **Phone**: +61 3 8843 4500 **Fax:** +61 3 8843 4545	Julie Smith (Researchers Aleisha Carroll and Elena Down)
ChildFund Australia	Level 8, 162 Goulburn St Surry Hills, NSW 2010 www.childfund.org.au	**Phone toll-free**: 1800 023 600 **Phone:** +61 2 9264 8333 **Fax:** +61 2 9264 3533 info@childfund.org.au	Maria Attard and Manasi Kogekar
The Fred Hollows Foundation	Level 2, 61 Dunning Ave Rosebery NSW 2018 www.hollows.org	Locked Bag 5021, Alexandria NSW 2015 Australia **Phone**: +61 2 8741 1900 **Fax:** +61 2 8741 1999 **Email**: fhf@hollows.org	Reem Mussa
Oxfam Australia	132 Leicester St Carlton VIC 3052 www.oxfam.org.au	**Phone toll-free:**1800088110 **Phone:** +61 (03) 9289 9444 **Fax:** +61 3 9347 1983	Uma Komalan and James Riturban
Plan International Australia	Level 18 / 60 City Rd Southbank VIC 3006 www.plan.org.au	GPO Box 2818, Melbourne VIC 3001 Australia **Phone:** 137526 or +61 3 9672 3600 **Fax:** +61 3 9670 1130	Nina Vallins and Megan Tucker
Save the Children Australia	Level 6, 250 Victoria Pde East Melbourne VIC 3002 www.savethechildren.org.au	Locked Bag 5000, Fitzroy VIC 3065 Australia **Phone:** 1800 76 00 11. **Fax**: +61 3 9281 2899.	Georgina O'Hare and Veronica Bell
TEAR Australia	4 Solwood Lane, Blackburn, VIC 3130 www.tear.org.au	PO Box 164, Blackburn VIC 3130, Australia **Phone**: +61 (03) 9264 7000 or 1800 244 986 (Free call) **Fax**: 03 9877 7944 **Email:** info@tear.org.au	Jenny Beechey and Peter Fitzgerald
World Vision Australia	1 Vision Drive, Burwood East VIC 3151 www.worldvision.com.au	GPO Box 399, Melbourne VIC 3001 Australia **Phone: +61** 3 9287 2233 **Fax:** +61 3 9287 2427	Darren Raeburn and Thurza Sullivan

Appendix C: Focus Group Discussion Questions

Facilitated Discussion Questions

1. How would other people describe your organisation - the focus of the work of your organisation?

2. The theme for today is disability inclusion.
   It might help for us to first have a brief discussion on some examples of what disability inclusion looks like?

3. Leaving your organisation aside for one moment, let's think of a hypothetical organisation.
   It is an organisation that is <u>very engaged</u> in disability inclusion.
   Can you tell me what you think this would look like?

4. Keeping this in mind, we are interested to explore with you what your organisation's experience has been with disability inclusion. Are there key turning points, triggers or significant moments you can think of on this journey? (Take a few minutes to jot down some thoughts to share)

5. Has your organisation's engagement with disability inclusion changed over time?

6. What have been the successes toward greater disability inclusion in your organisation?

7. What have been the enablers toward greater disability inclusion in your organisation?

Written Task

In a perfect world, what would be:

   a. The three key things that could be done that would enable your organisation to most effectively move forward on disability inclusion?
   b. What would be the things necessary to maintain/sustain the outcomes of the actions?

Discussion:

- Does anyone want to share what they think are the key things that could be done to enable you organisation to move forward on disability inclusion?

- What would be the things necessary to maintain/sustain the outcomes of the actions?

Appendix D: Case Studies

On the following pages are case studies developed by nine of the ANCP partners:

CARE Australia	*Moving from design to implementation: Working towards ensuring people with disability are included in CARE's projects*
Caritas Australia	*Using Befriending tools to include people with disabilities*
CBM Australia	*Approaches to disability inclusive employment*
ChildFund Australia	*Supporting children with disability in Vietnam*
The Fred Hollows Foundation	*Linking up services to improve outcomes for children with vision impairment and disabilities in Cambodia*
Oxfam Australia	*Building our capacity through partnership: A case study in South Africa*
PLAN International Australia	*Plan's journey to disability inclusion*
Save the Children Australia	*Reflections on the disability inclusion change process*
TEAR Australia	*Including people with mental health issues/ psychosocial disability in development programming*

Moving from Design to Implementation: Working Towards Ensuring People with Disability are Included in CARE's Projects

By Takara Morgan, Senior Program Officer (takara.morgan@care.org.au) and Laura Baines, Program Officer – ANCP (laura.baines@care.org.au)

CARE Australia seeks a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. Our work shows that women and girls can create lasting change if they have the opportunity to gain an education, access health services, generate an income, and take a lead in their community. CARE approaches disability through a focus on vulnerability, analysing the range of vulnerabilities experienced by our impact groups, and focusing our programs accordingly. Women and girls with disabilities can be particularly vulnerable: being female, having a disability, and being amongst the poorest of the poor can pose extra challenges. Women and girls are often caregivers for family members with a disability which can further limit their education and livelihood opportunities.

CARE Australia is committed to consulting and working with the most vulnerable and marginalised, including people with disability to ensure they have access to, and benefit from, CARE's projects.

Like many agencies, CARE Australia is working towards strengthening our approach to disability inclusion through taking a rights-based approach. Since 2011, CARE Australia staff have been conducting awareness raising sessions with CARE staff in-country, as well as raising awareness with staff in the Australian headquarters (through CARE's *Gender and Diversity Week* and sharing resources) to challenge some of our perceptions and ensure we have disability inclusive attitudes and practices. Some of the comments made in the past indicate limited understanding e.g.: "*it's just* another *cross-cutting issue to look at*" and "*there's mainstreaming fatigue,*"; while in the field there can be the challenge of attitudinal prejudice towards people with disability with comments such as: "*people with disability are cursed by God and we might catch it if we work with them.*" CARE appreciates that without organisational and management buy-in and staff who understand and practice disability inclusion, it would be near impossible to achieve disability inclusion in the field. This work is ongoing and attitudes are changing among CARE staff which is having a positive impact in the implementation of our projects.

There has been a range of other ways in which we have looked to integrate disability inclusion in our work.

CARE's Marketing and Communications Department worked with CBM Australia to include a chapter on disability and poverty in the *Global Poverty: Teachers Kit* which is used as part of our development education work. Disability inclusion is also considered in the design and appraisal of all project activities. Staff understand that it is a Department of Foreign Affairs and Trade (DFAT) requirement so often ask for

advice on how a particular project can enhance its approach to disability inclusion and ask for resources to deepen their understanding on disability inclusion (for example, how disability-disaggregated data can be collected), which is a significant change from a couple of years ago.

CARE Australia's *Gender and Diversity Strategy (2011 – 2015)* provides a basis for disability considerations at CARE Australia. In 2012, DFAT made it a requirement to collect disability-disaggregated data which prompted CARE staff to more actively consider people with disability across the portfolio of Australian-funded projects, not just projects working with people affected by unexploded ordinances, for example.

Climate Change in a Secure Environment project (MAKA'AS) in Timor-Leste

As recently as two years ago, people with disability were not actively consulted or included in CARE projects in Timor-Leste. They may incidentally have been involved in project activities through a focus on working with the most vulnerable but CARE did not actively seek to understand the barriers they face in participating.

We did not collect disability-disaggregated data or understand how the project was benefiting, or not benefitting, them as there was a lack of awareness on the rights of people with disability to participate in project activities.

In November 2012 at the project inception workshop, a disability inclusion session was included. As part of this a CBM video was shown showing Kazol Rehka from Bangladesh wheeling her chair through a field and working on her community's Disaster Management Committee. This was a watershed moment in raising staff awareness on rights of people with disability to be involved in project activities and how they can be active community members. Even though the sub-titles were in English and no translation into Tetun was provided, participants said they clearly understood the powerful message.

Since the inception workshop, the project has engaged a disabled people's organisation (DPO) in the Project Steering Committee and consulted a DPO in developing the project's communications strategy to ensure the messages communicated by the project are accessible to people with disability. People with disability are among the most vulnerable to the impacts of climate change. The project actively encourages their participation to ensure their needs are considered and the project benefits them, for example in awareness raising sessions, water and sanitation, agricultural and community resilience action planning activities.

The MAKA'AS project is being implemented in conjunction with WaterAid and four local partners. WaterAid has strong experience in considering the needs of people with disability in the provision of water and sanitation facilities, and CARE has looked to work closely with WaterAid to draw on their expertise in this area. For example, the project consulted people with disability on the design and location of water and sanitation infrastructure to ensure tap stands are made user friendly and installed close to households, and households were advised on how to make sanitation facilities more accessible for them.

People with Disability Friendly Toilet

Suco Dato, Aldia Laklolema, Project Dato kolo-II, MAKAAS
Photo: WA-Agi

While the project has worked with some people with disability and staff are well-intentioned, the challenge is moving from the project design and consulting with DPOs, to consulting people with disability for all project activities and working with them and their communities to implement the project. The mid-term review found that while staff recognise the importance of including people with disability, there are strong attitudinal barriers among the majority of community leaders interviewed.

One hamlet chief was skeptical of engaging people with mental impairments stating: "*it is impossible to involve crazy people in project activities,*" while another questioned the ability of those with physical impairments to participate: "*we don't want them to be involved because we are working in the field and they can stay at home*". These sentiments were reflected in numerous discussions with community leaders. However, there was one hamlet chief who commented:

> *people with disability are really happy that they can be involved in the project. They feel very poor and nobody can help but now they can earn their own income by participating in farmers' groups. They have the chance to get information and be involved in the farmers' groups and involved in the water system activities.*

Overall, there is a lack of understanding among community members on the rights and capabilities of people with disability which CARE will continue to work on.

Learning from Experience

- **Increasing awareness among staff and community leaders is crucial to practicing disability inclusion:** Having strategies and policies is important but without addressing attitudinal barriers among staff and community leaders, it is near impossible to practice disability inclusion. CARE will continue to raise awareness among staff but will also look at ways in which we can raise awareness in the communities to overcome attitudinal barriers and to ensure people with disability can access, and are benefitting, from CARE's work. A couple of MAKA'AS staff recently attended a Disability Inclusion Training of Trainers so CARE will look at how the rights of people with disability can be integrated into existing trainings and may roll out specific field level awareness training in future projects.

- **Working with peer agencies to leverage resources and expertise:** CARE has worked with CBM to use their *End the Cycle of Poverty* and *Disability* DVDs in trainings. These have proved a very effective cross-cultural tool in showing that people with disability can be active members of society. CBM also presented at the *CARE Australia Gender and Diversity Week 2013* which created significant momentum in headquarters on the importance of disability inclusion. The *Inclusion Made Easy Guide* has also been an effective and easy-to-use guide which has been shared with colleagues in headquarters and in-country. CARE also participates in the *Australian Development and Disability Consortium* which has been an effective forum to develop networks and to get ideas on ways CARE can improve its practices.

- **Creating agency-specific guidelines on disability inclusion is important to support staff:** This is vital to ensure staff understand how disability inclusion intersects with other cross-cutting issues and agency priorities, particularly gender and women's empowerment in CARE's case.

- **We need to continue to develop our understanding of the barriers to including people with disability in project activities:** As the case study highlights, we consulted DPOs but we need to strengthen our consultation with people with disability to ensure we are understanding the barriers to their participation and to ensure they are equitably benefitting from activities.

Using Befriending Tools to Include People with Disabilities

by Kylie Supramaniam, Program Coordinator India, Melville Fernandez, Group Leader and DIG Co-Chair and Douglas Wu, ANCP Coordinator douglasw@caritas.org.au

Caritas Australia's mandate for disability inclusion is guided by Catholic Social Teaching (CST) and aims to reach people suffering from poverty and disadvantage. Caritas Australia believes that disability is both a cause and a consequence of poverty. Poverty is a cause of disability and can further lead to secondary disabilities for individuals who are already disabled. Together, poverty and disability create a vicious circle. People living with disabilities are one of the most marginalised and vulnerable groups in all areas where Caritas Australia works.

Caritas Australia was involved in launching the Australian Disability and Development Consortium (ADDC) in 2000. Since 2005, Caritas Australia's change in strategic direction to include people with disabilities, the largest minority of marginalised people, in its aid and development programs has reflected international and national awareness of the strong causative relationship between poverty and disability. Caritas Australia's journey towards being disability inclusive originated from its strength in working on disability issues with local partners. Our Disability Interest Group was established by a group of champions in 2007 and has been actively raising awareness of disability inclusion within Caritas Australia and also amongst our stakeholders.

Guided by the Agency Strategic Plan, Caritas Australia has adopted the twin-track approach of implementing a combination of both disability specific projects that are targeted directly at people with disabilities, as well as programs that mainstream disability into broader development programs.

Caritas Australia has been working with local partners to raise their awareness on disability inclusion and to support mainstreaming initiatives which enhance the dignity and wellbeing of the people with disabilities. To do this, explicit strategies have been developed which identity and facilitate the participation of those living with a disability into development programs, and ensure these people benefit from the program outcomes. Taking steps towards addressing attitudinal and institutional barriers has been a key part of our approach. Local partners are encouraged to identify people with disabilities early in the project cycle and engage this group of people in initiatives aimed directly at increasing their participation in community life, independence and self-determination. One frequently used approach is through helping people with disabilities establish income producing activities and assisting them to gain access to public services.

Disability inclusion in the FARM Program in India

Within the state of Kerala in India, Caritas Australia supports the work of seven local partners to implement the Facilitating Agricultural Regeneration Methods (FARM) program in the Wayanad district. This district has seen increased incidence of farmer suicides due to diminishing livelihoods and increasing debts. Prior to the FARM program, there was only one local NGO partner actively targeting people with disabilities in their development interventions. During the FARM program design, a participatory process was followed which included undertaking a stakeholder analysis to target those whom the community recognised as the most vulnerable and marginalised. Focus group discussions were conducted, which identified people who had attempted suicide and people, especially those living with disabilities, who were particularly sensitive to the agrarian crisis. The basic rights of these underprivileged groups, such as access to rehabilitation schemes and travel concessions, had not been effectively protected.

All the FARM staff members are trained and use befriending tools to keep close contact with people experiencing extreme financial and/or emotional distress, including people with disabilities. This plays a significant role in understanding the barriers that prevent people with disabilities from participating in programs, as well as what is required to make program interventions more relevant and effective. Befriending services are psycho-social services whereby trained counsellors listen to, and converse with those experiencing emotional distress. In most cases, the mere act of listening is of great comfort. Once the befriender has a clear understanding of the situation, an individualised action plan can be discussed and agreed upon. People with disabilities are supported to undertake specific income generating opportunities suited to their skills and abilities, such as raising rabbits, chickens and other appropriate forms of agriculture. In addition, the program is also assisting people with disabilities to gain access to government services, such as disability pensions, through advocacy by the community at the village assembly. Resources from government agencies such as local self-governments, social security, welfare departments and charitable institutions are mobilised. As the program has progressed, more and more community members recognise that they should assist people with disabilities access these entitlements and have been helping them lodge applications and lobby for them through the village assembly.

While positive outcomes have been achieved, the challenge is to further mobilise state level resources to set up more infrastructure facilities like rehabilitation centres and medical support facilities. Capacity building for local Disable People's Organisations (DPOs) has been proposed to facilitate advocacy and lobbying initiatives and the effective communication between people with disabilities and government agencies.

> ### *Rajan's story*
>
> Rajan, a 45-year old tribal, was born with a severe deformity. As one of the participants of the FARM program, Rajan learned the fundamentals of organic farming. The befrienders in the project were able to give immediate emotional support to him. After the training he attended along with other people living with disabilities, he found he could be successful at farming despite his disability and his self-esteem grew. Rajan was so determined and successful, he quickly went on to become the leader farmer in his community, establishing his own model farm and setting up a resource centre in his home where he could learn organic farming principles. He is now the secretary of the Panchayat union of Differently-abled Welfare Association which has 187 members.

Learning from experience

- Involving people with disabilities in development programs has gradually changed the attitudes of community leaders towards people with disabilities.

- Befriending support provided by local partners is highly appreciated amongst people with disabilities. This has been instrumental in the process of identifying people with disabilities within the Wayanad district and enabling them to participate in the FARM program.

- Ensuring staff members are trained and have expertise to manage the interventions is critical to the meaningful participation and engagement of people with disabilities.

- Advocacy aimed at the protection of basic rights can best be achieved through strengthening the capacity of local Disabled People's Organisations at the district level.

- Caritas Australia and our local partners have immense potential to develop linkages and collaboration with local authorities to engage people with disabilities in development programs.

Approaches to disability inclusive employment

By Jacqueline Ross, People and Culture, jross@cbm.org.au

CBM Australia is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest countries of the world. We partner with local organisations with the aim of building and promoting an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential. CBM Australia is a key member of the CBM global network and has in its remit strong field programming and advocacy work as well as fundraising.

Strategy and Values

One of CBM Australia's six core values is 'Inclusion'.[1] CBM is committed to leading in inclusiveness and strives to promote a disability inclusive workplace. We recognise that the success of CBM depends upon its people, with their diverse abilities, skills, languages, cultures and backgrounds. We acknowledge the value that people with lived experience of disability bring to CBM's work, advancing the rights of people with disability and increasing the voice of people with disability in development. We are uniquely placed to take major steps forward to significantly improve the lives of more people with a disability in the poorest countries.[2]

CBM Australia's approach to recruitment of people with disability originates from its many strategic frameworks over the 30 plus years we have been operating. With each strategic framework developed, we have continued to grow and strengthen our understanding of inclusiveness not only within our programs but also to practice it within our workplace. Our 2014-2018 strategic frameworks committed us to ensuring we recruit the right people in the right place within our organisation.

Disability inclusive recruitment in practice

Our approach to Inclusiveness within recruitment begins at the 'Advertising' phase where we clearly state our commitment to workplace equity and diversity and encourage applications from Australian Residents with diverse cultural backgrounds and from people with a disability. We place our advertising on several online mediums including advertising within mainstream fora and also Disability Employment Networks (DEN).

Our approach to inclusiveness continues in the 'Selection process' phase. The People and Culture department identify any disclosures of disability within applications selected for pre screening. We then prepare any questions around accessibility

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[1] http://www.cbm.org.au/content/our-work/values#.VGihu024bIU
[2] CBM Australia Strategic Framework 2014-2018

requirements that will need to be asked of the potential candidate to ensure they have full access to the interview stage and information on offer.

It is important to note that not all people with disability wish to disclose within a job application and that it is their right to chose whether they disclose. We simply make it comfortable for people to disclose and ask for reasonable accommodation during the application process as part of encouraging applications from people with disability.

To ensure that all candidates have the opportunity to be supported in the interview process, CBM has developed a pre screen question to open communication to discuss what supports can be put in place to ensure an accessible interview. The information provided is used to ensure accessibility to the building, information, materials and communication needed for the interview. Recruiting managers are briefed on any accessibility requirements and how best to accommodate.

The approach to pre-screening can be tailored to the candidate. For example a pre screen is traditionally conducted via phone, however for an individual who is deaf or hard of hearing, pre-screening via email or with an interpreter via the telephone/ video relay service would be more effective.

In collaboration with the potential candidate, we then make adjustments for the 'Interview' stage. For example ensuring the physical access of our building and that accessible visitor car parks are vacant and all ramps and pathways are accessible. In the past, aids and supports have been identified such as interpreters, speech aids, and interview rooms are wheelchair accessible.

Our interview process is rigorous and at times requires the candidate to carry out practical activities. The activity if necessary will be modified in collaboration with the potential candidate. For example for a candidate with vision impairment we may provide large print or audio materials.

CBM Australia has identified that having adequately equipped and skilled people greatly enhances our ability to meet the growing needs and complexities of the expertise required for disability Inclusive development. Taking measures, such as not only creating inclusive recruitment practices, but by genuinely practicing inclusive development we will be able to attract, develop and retain people with disabilities who have the required capabilities to achieve our organisation's core objectives.

In order to retain and attract candidates with disabilities we continue to strive for inclusiveness within the workplace by developing disability inclusive policy, standards and processes internally and which apply across our programs. We take measures to address attitudinal and environmental barriers that hinder the full and effective participation of our employees with disabilities. We continue to implement disability awareness training to all board, staff, volunteers and CBM representatives.

Importantly we also work with individual staff members with disability to provide appropriate specific support to ensure they can to participate on an equal basis with others. This has included, for example, providing sign language interpreters, assistive devices and software and Braille machines. We access government schemes such as

JobAccess to help with these costs and also include specific budget lines in departmental budgets for this purpose. We also ensure training and development providers are aware of access needs of our staff.

People with disability are involved at all levels of CBM Australia; on its board, in its management, as front-line staff, as volunteers and as CBM representatives. For a story on workplace inclusion at CBM by one of CBM's international projects officers who is Deaf, see our blog entry by Philip Waters, 23 September, 2014.[3]

Learning from our experience

We have worked hard to create a culture where employees with disability can disclose their disability and ask for supports and workplace modifications, and where we continually improve the awareness and confidence of our staff and managers. Some of the things that CBM Australia has learned are useful are:

- Creating and implementing inclusive recruitment standards, managers' guidelines and processes

- Establishing strong employment networks to attract people with disability

- Formatting advertising in a more accessible format, and ensuring advertisements explicitly welcome applications from people with disability

- Placing and advertising roles on the best mediums to reach out to the right candidate and reach more people with disability

- Educating and training managers in recruiting people with disability and supporting employees with disability

- Ensuring HR accesses available government funding schemes for workplace modifications and supports, such as Job Access and Auslan for Employment

- Ensuring that our premises, processes and systems are as accessible as possible so as not to create barriers to employment; and

- Working closely with individuals with disability to ensure that appropriate supports are provided and they are included in all workplace activities.

Moving Forward

CBM is committed to continuous improvement focussing on workforce planning with targeted recruitment as well as professional development, retention and regaining of appropriately skilled and experience employees. To do this we will continue to develop orientation and induction program modules, job design and exit processes with inclusiveness embedded into our review, implementation and monitoring. We are looking forward to implementing our 2014-2018 strategic plans and making sure that our people, processes and systems are aligned to achieving the objectives of our strategy and to achieving the vision of CBM.

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[3] "International Week of the Deaf – Strengthening Human Diversity", 23 September, 2014 - Philip Waters for International Week of the Deaf 2014, http://theblog.cbm.org.au/#sthash.THD61CtG.dpuf

Supporting Children with Disability in Vietnam

By Doan Thi Linh/Ha Thi Tuyet Nhung (nhunght@childfund.org.vn) and Bui Van Dung (dungbv@childfund.org.vn)

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Background

For ChildFund Australia and our representative offices in the Asia-Pacific, disability is considered a cross-cutting issue which is integrated into all projects supported by the organisation.

At ChildFund Vietnam, disability was not always an issue that was considered as staff had limited understanding on how to ensure project activities addressed the needs of people with disability. There were no specific guidelines for disability inclusive development and, as a result, activities were limited to incorporating ramps in the construction of schools, health centres and water and sanitation facilities. Additionally, the lack of data available on people with disability in the program areas where ChildFund Vietnam works hampered the organisation's understanding of how to ensure the needs of people with disability were included in project design.

Recently, however, the organisation has focused more closely on how it can support the needs of children with disability. A training session on basic definitions of disability and an update on disability among children and families in Vietnam took place in December 2012. Following this training, ChildFund Vietnam implemented a data collection process to gather information on children with disability in the six project districts supported by the organisation. The results of the survey revealed that there were 52 children with disability in the districts and, of these children, 23 required the use of wheelchairs. As a result, ChildFund Vietnam decided to implement a project to enable vulnerable children with disability to have access to wheelchairs.

Thu's story

Seven-year-old Thu is from a small village in Bac Kan province. She lives with her parents and a younger sister. Thu was born with paralysis on the right side of her body. She does not have access to a hospital to receive proper medication and treatment. Her parents have assumed that she is genetically affected from her mother's side but there has been no official diagnosis.

Due to her paralysis, Thu is barely able to sit up for more than 30 minutes at a time. For many years, she spent most of her time lying in bed. She cannot talk but

understands people and can respond to simple questions with a few words, which her parents understand and interpret.

For every single activity, Thu depends completely on the help of her parents. As she has difficulties moving, her mother has to be around all the time or she must ask for help from Thu's grandmother.

Thu wanted to attend school but was unable to go because she couldn't write and had nobody to assist her. She also had no opportunities to play with other children.

"We know that she often felt really sad and wanted to meet and play with other people, but she couldn't because we were not there to help her out," says Thu's mother, Huong.

"Earning a living in rural areas is really hard. We usually have to get up and go to work in the field very early in the morning and we do not come back home until sunset. I hardly ever have time to take Thu out for a walk because after I finish work in the field, I have to do cooking and housework.

"We understand that this limits Thu's development but we cannot do much about that as carrying her around on my back gets harder all the time."

After becoming aware of her situation, ChildFund Vietnam provided Thu with a wheelchair to help with her mobility. Now it's easier for her parents to take her out and she can be more involved in her family and community.

"She seems to be happier now as I can take her out to play with children in the neighbourhood more often," says Huong. "At meals, she can sit more comfortably and eat with the whole family."

Thu particularly enjoys visiting a nearby playground. "I like the chair," she says. "I can play with friends."

When ChildFund staff visited Thu's family in June and offered to take a photo of the two sisters, her father, Dang, was moved to tears as it was the first time Thu and Trang had had a photo together.

"We had a family photo taken some time ago," says Dang. "The photographer edited it so Thu's head was cut onto the body of a stranger, standing with our family. After seeing that photo, we thought we should not have done that. Thu is our daughter and we felt sorry for her all the time. That was painful for her."

ChildFund Vietnam has also assisted other children to access wheelchairs. Nine-year-old Tuan received two wheelchairs – one at home and one at school – which have not only given him more independence, but more opportunity to play with his friends. Full of smiles, he says: "I now have my wheelchairs to play with my friends, go to school and go to the toilet on my own."

Now that disability is better taken into account in all stages of the project cycle, children and adults with disability can increasingly participate in and benefit from ChildFund's project activities. An intensive consultation process is undertaken with people with disability during the project design and implementation stages, and

specific measures for these individuals to participate in the project activities are included in project design, monitoring and reporting.

Furthermore, ChildFund Vietnam is working to increase disability awareness in all Information Education and Communication sessions and advocate for minimising discrimination towards people with disability.

Discussion

Stories like Thu's illustrate that children with disability are more likely to experience discrimination, deprivation, violation of their human rights and exclusion from equal participation in society.

ChildFund recognises that our program work must seek to remove barriers to participation and aim to better equip children, youth and caregivers with disability to influence and take responsibility for decisions affecting their lives.

As a result of changing the way in which ChildFund Vietnam works, participation of children and adults with disability in project activities has significantly increased. This has contributed to small but significant positive changes in their lives.

Enhancing the inclusion of people with disability in project activities was not as easy as staff first envisaged. Firstly, ChildFund staff did not have an adequate understanding of what constitutes a disability nor did they have experience working with, and supporting, people with disability.

Secondly, as people with disability live in different areas within ChildFund's target villages, it was challenging for project staff to deliver and monitor activities specific to people with disability.

In order to address these challenges, the organisation had to increase its knowledge and skills in working with people with disability and also work with the community to enable them to take a leading role in supporting people with disability.

Learning from our experience

Through this project, ChildFund Vietnam has gained a greater understanding of the ways in which children with disability are disadvantaged and need both physical support and encouragement to overcome issues of accessibility and discrimination.

ChildFund has learned that it is critical to carefully consult people with disability and their caregivers in order to provide them with appropriate support.

Linking up services to improve outcomes for children with vision impairment and disabilities in Cambodia

By Reem Mussa, Program Officer - Monitoring and Evaluation Officer, rmussa@hollows.org

Children who have vision impairment in Cambodia are often excluded from learning opportunities that are essential for their growth, protection and development. Barriers to participation in mainstream activities and institutions, including the attitudes of family, teachers and other children, can contribute to low school enrolment, poor classroom engagement, and high dropout rates for children with vision impairment.

In recent years, The Fred Hollows Foundation has identified a need to incorporate a disability inclusion approach within their eye health programs. The Foundation works to end avoidable blindness in some of the world's most marginalised communities - reducing both the incidences and impact of vision impairment. While prevention of impairment is one part of reducing disability, it is also important to remove the social, physical and policy barriers which, in interaction with impairment, cause disability. Therefore, The Foundation has partnered with DPOs (Disabled People's Organisations), BPOs (Blind People's Organisations) and disability services organisations to ensure that people with vision impairment can access their right to education and rehabilitation.

The Foundation, in partnership with Krour Sar Thmey Blind Schools and Association of Blindness (ABC), works with teachers and community members to improve educational outcomes for children with visual impairment. Through identifying, treating and referring eye health issues early, and supporting teachers and community members, we enable children with disabilities to have opportunity to access and participate meaningfully at school.

Together with ABC, The Foundation has set up referral networks to promote a continuum of care. Children are screened, issues identified early and sight restoring treatments are made available. Follow up is provided by ABC that assists young students to attend the Krousar Thmey Blind School and also prepares and supports children to participate in mainstream schooling. In addition to screening and strengthening referrals, The Foundation also conducts training for teachers in primary eye care. Prior to training, teachers were unable to identify children with low vision and blindness which often resulted in children being excluded from educational opportunities. Teachers are trained to understand eye health issues and low vision

assessments and are made aware of the referral pathways to relevant support services.

The various aspects of the program have resulted in new understanding and approaches to educating children with vision impairment. It has also decreased stigma about blindness, improved classroom participation and promoted a growing emphasis on early identification to ensure that a child's learning is not interrupted.

Through collaborating with disability specialist organisations, such as ABC and Krour Sar Thmey Blind Schools, The Foundation has been able to reach vulnerable children and provide ongoing access to health and education services. The approach has also demonstrated the value in focusing on strengthening and developing referral systems so children, families and schools have access to sustainable follow up and support mechanisms within their community.

The collaboration with ABC and Krour Sar Thmey Blind Schools in designing the program implementation plan and monitoring interventions has also fostered cross-organisational staff learning and capacity building. Knowledge and skills are shared in various areas of primary health care, advocacy, and community engagement on disability inclusiveness.

The Foundation continues to foster partnerships and linkages with specialist services such as ABC and aims to expand the teacher training program in partnership with the Cambodian Ministry of Education, Youth and Sport.

Building Our Capacity Through Partnership: A Case Study in South Africa

By James Riturban, jamesr@oxfam.org.au, +61 3 9289 9213

Within Oxfam, there is a growing awareness and commitment regarding disability inclusion, resulting in a collective response to strengthen our organisational systems and processes to be more disability inclusive. During our reflections, we understand disability inclusion to mean the equitable participation and benefit of people with disabilities throughout our programs and institutional structures and systems. To achieve this, we aim to build our capacity in mainstreaming practical solutions to increase access and participation amongst people with disabilities, as well as address systemic issues that involve changing underlying attitudes and behaviours. With this approach, we recognise the power imbalance contributing to the vulnerability of people with disabilities, and strive to ensure we're promoting and enabling those affected to take part in and lead their transformation process.

The impetus of our change to become more disability inclusive stems from compliance requirements. Although it's not ideal, the DFAT disability inclusion strategy and push were quite instrumental in establishing the initial momentum and driving action around disability inclusion—a similar affect that we've seen with other policies, such as child protection. However, as a result of this process, it has evolved into a way of working and best practice. For instance, recognising our limited technical capacity in disability inclusion, we've formed strategic partnerships with Disabled Peoples Organisations (DPO) and other NGOs to build our staff and partner's capacities in inclusive development. Previously, we didn't have a disability inclusion policy, and now we have an agency policy, as well as an internal action group and programme management tools and standard procedures. We've integrated disability-specific questions into baseline, monitoring and evaluation surveys, allowing us to capture our progress and be held accountable to furthering the work. Now, we often hear stories from our country offices and Australian programs regarding lessons learned and success stories in disability inclusion, which we hope to capture and document in order to continue the momentum.

Although Oxfam's program staff and partners in South Africa approached AACES—a five-year WASH project supporting communities in South Africa and Zambia—using open processes, staff were unsure why people with disabilities often did not participate in the project activities. Many staff assumed it was due to the negative stigma attached to people with disabilities that discouraged them to participate. However, the AACES application process did not collect information regarding people's disabilities, so the reality was program staff were unsure whether people with disabilities were participating; it was just assumed since people with disabilities were not visible at project activities.

In response to donor compliance, Oxfam Australia worked with the South Africa country office to partner with CREATE, a DPO, to build staff and partner's capacity in disability inclusion. CREATE held trainings with Oxfam staff, as well as AACES and other ANCP partners. As a result, many staff expressed their increased awareness and commitment to disability inclusion, as well as a better understanding on how to identify and support people with disabilities. Many staff and partners expressed that prior to the training they didn't realize the importance of being inclusive, but now recognize people with disabilities as one of the most marginalized groups with the right to be included.

Currently, program staff report many partners have made adjustments to their approaches in implementing project activities, as well as made institutional changes to be more disability inclusive. For instance, partners have enhanced their offices to provide physical access for people with disabilities. In addition, program staff and partners are now collecting and reporting data and issues regarding people with disabilities.
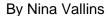
Other examples from partners include:

- Art for Humanity – encouraged students with disability to participate in arts, music and poetry
- One Voice for South Africa – adapted their Child Protection policy to be more disability inclusive
- Catch – people with disability are included in beneficiary committees regarding teaching communities about HIV/AIDS issues
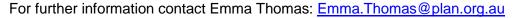- Women on Farms – Hired two staff with disabilities who support women's livelihoods

To build the momentum on disability inclusion, the South Africa program staff will continue to promote people with disabilities as participants and decision-makers, as well as work with CREATE on a disability inclusive monitoring, evaluation and learning system.

The South Africa case study is significant because it represents a shift in our rights-based approach to be more disability inclusive.

However, we recognize there is still more work to do. For instance, although we now have a disability inclusion policy, there is a need for more resources and agency-wide support, particularly non-program teams/departments. Moreover, although our policy defines people with disabilities, country offices struggle with defining it within their local context. Despite these challenges, we continue to progress with developing better agency systems and procedures, as well as guidance and tools to support country offices. We continue to push the discussions on disability inclusion, particularly applying it within the Oxfam context, recognizing the need to broaden the concept and its relevance and importance with non-program departments. Throughout this process, we are learning the importance of identifying committed individuals within the agency to be the enablers and the drivers of the change.

Plan's Journey to Disability Inclusion

By Nina Vallins
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Plan International Australia has made a long-term commitment to being an inclusive organisation through development programs that include and are accessible by people living with disability in the communities where we work. A particular priority for us is including children with disabilities, reflecting Plan's stated vision for a world in which all children, both boys and girls, realise their full potential in societies that respect people's rights and dignity. We also have aspirations to become disability inclusive throughout our organisation, including as a workplace, but recognise that this requires specific resources and expertise to adapt the environment and policies.

This case study shares some of Plan International Australia's experience in working towards becoming a disability inclusive organisation by creating the position of Disability Advisor within the Programs Department and forming a partnership with CBM-Nossal Institute to build staff capacity, strengthen programming and adapting policies and systems.

What happened

Like many instances of organisational change, Plan's journey towards disability inclusion started with a champion, someone within the organisation working towards and advocating for change. One of Plan's program managers became excited about disability inclusion after attending a training course on disability inclusion delivered by CBM at WaterAid in 2007. Prompted by WaterAid's experience and with support from Plan Australia's leadership, Plan organised for CBM to run two training courses at Plan the following year: one for the whole organisation and one targeting the Programs Department.

Important external events were taking place in 2008 with Australia signing the UN Convention on the Rights of Persons with Disabilities and AusAID/DFAT publishing its *Development for All* strategy. Against this background of increasing interest, resources and a policy imperative to address disability inclusion, Plan began engaging with the disability inclusive development sector and thinking about entry points for our programs. Our initial interest was focused on inclusive water, sanitation and hygiene (WASH) and our disability 'champion' began meeting informally with CBM and WaterAid to discuss disability inclusion within programs and advocacy more broadly.

Until 2011, disability inclusion was implemented through discrete projects and activities undertaken mainly within programs. Disability inclusion was formalised as an approach within Plan Australia with the creation of a permanent Disability Advisor role within Plan's Program Effectiveness Team in March 2011. The establishment of this position was a significant sign of Plan's senior management's commitment to disability inclusion.

The same year, Plan signed a three-year partnership agreement with the *CBM-Nossal Institute Partnership in Disability and Development* to develop Plan's capacity in inclusive humanitarian work and inclusive development. CBM-Nossal supported Plan's Disability Advisor to develop the capacity of Plan Australia program managers to design, implement and monitor disability inclusive programming.

Plan and the CBM-Nossal partnership worked together on strategic documents, developing approaches to disability inclusion, development of training and other resources for staff, joint research, policy and advocacy work, technical input into Plan programs and piloting approaches to disability in emergency responses. Plan and CBM-Nossal also began working with Plan in-country offices to build awareness and capacity on disability inclusion. The partnership evolved from an informal collaboration among interested and passionate individuals at both organisations, to become a solid organisational partnership built on shared values and goals.

Outcomes, learning and next steps

The appointment of a Disability Advisor was extremely significant both for providing a dedicated resource for Plan and also at a symbolic level by showing the commitment of Plan to disability inclusion. Since being appointed in 2011, Disability Advisor has worked with CBM-Nossal to provide technical inputs and strengthen disability inclusion in Plan projects, created systems and resources for staff, commenced a process of inclusive change at the organisational and workplace level, and built relationships and influenced disability inclusive practice in the sector and within the Plan global federation.

The investment of time and resources into a dedicated disability partnership with CBM-Nossal was also significant for Plan. An evaluation of the partnership in 2014 found that it had contributed to sustainable increases in disability inclusion through strengthened policies and programs, increased resources and staff capacity, and greater awareness and commitment to disability inclusive practice in Plan Australia as well as in Plan in-country offices and within the global Plan federation.[4]

Some of the challenges along the way have been time constraints and particularly the pressures on program staff to try to undertake new work while also maintaining previous commitments. In some settings where we work, there are also extremely limited resources, so while we might wish to run an education program which promotes sign language there might not be enough people who can speak sign language to facilitate the program. Investing in capacity building around accessible models of development and skilling up staff is one way of addressing this challenge.

One such model of inclusive practice is Plan's Promoting Rights and Accountabilities in African Communities (PRAAC) project. PRAAC staff use rights-based approaches to promote changes in community members' and duty bearers' attitudes and behaviour, and encourage non-discrimination and the equality and inclusion of marginalised people (including the poorest, women, young people and people with

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[4] Farida Fleming/Assai Consult, *Evaluation of Plan partnership with CBM-Nossal*, prepared for Plan Australia, July 2014.

disabilities). This is part of a twin-track approach, which includes outreach to foster the participation of marginalised people and groups in the project, as well as wider community activities. It is broader than a welfare-oriented, disability services focus which is followed in many projects.

One key learning from PRAAC experience to date is the value of participatory approaches and qualitative methods to hear the views of diverse community members, including people living with disability. This has helped challenge staff assumptions, it has increased our knowledge about community understandings of disability and the experiences of people with disability, and enabled us to track changes in community attitudes and practices over time.

Today, Plan Australia is promoting disability inclusion in all its thematic programming areas, with, for example, an inclusive education program in Bangladesh, support for a Disability Advisor and targeted disability inclusive programming with Plan Cambodia, research looking at gender and disability inclusion in our WASH programs, and the development of an inclusion action plan in humanitarian responses.

In 2014-15, Plan's Disability Advisor is continuing to support this work in programs and is also looking at ways that Plan can become more inclusive across the whole organisation and in the workplace (together with Plan's human resources department). Plan Australia recently adopted a Disability Inclusion Framework which sets out how we approach disability inclusion work, the practice principles which guide this work, and commits us to taking immediate practical steps to take forward this work over the coming years.

Some enablers of these changes since Plan's journey began in 2007 have been:

- the passion and commitment of individuals working in programs to promote disability inclusion, as well as having support from senior management;
- the fact that Plan works from a human rights-based framework and the ability to articulate and align disability inclusion with Plan's stated vision and development approach; and
- access to specialist advice from the CBM-Nossal partnership.

Key learnings from Plan's experience have been:

- It is important to have senior management supporting the issue, through the dedication of resources (human and financial) – not just symbolic actions.
- Be ambitious in your vision, but realistic in your approach. We need to be realistic about what's possible in settings where there are extremely limited resources, but this doesn't stop us from starting to work on disability inclusion – every resource context can make steps towards disability inclusion.
- Program managers must be trained and supported on disability inclusion as they are best placed to identify the entry points and opportunities for inclusion within their programs.
- Ongoing learning, reflection and evaluation are important.

Save the Children Australia (SCA) - Reflections on the Disability Inclusion Change Process

By Georgina O'Hare and Veronica Bell; veronica.m.bell@savethechildren.org.au

Prior to 2010, disability inclusion was not systematically assessed in SCA-supported projects. Whist there were discrete, disability-focused projects being supported by SCA, reference to disability inclusion in general project documentation was minimal and ad hoc. Outside of specific disability-focused projects, it was difficult to know if people with a disability were accessing and participating in other SCA-supported interventions because disability inclusion was not explicitly referenced at any point in the project cycle.

In order to meet its mandate of achieving the rights of *all* children, as well as to meet ACFID Code of Conduct and Australian Aid Accreditation requirements, SCA began a change process in 2010 to outline its commitment to disability inclusive programming and put in place processes and systems to ensure inclusion is appropriately considered and addressed in all projects. This change process in the Programs Department was led by the Program Quality and Effectiveness (PQE) Team – where technical assistance on disability inclusion in SCA sits – in collaboration with the Program Management and Thematic Technical Assistance teams.

The SCA Board approved a Programs Disability Inclusion policy in 2011. From there, changes were made to the SCA project design/proposal templates to ensure that disability inclusion is explicitly considered from the outset. Changes were also made to the project appraisal phase to ensure that disability inclusion in the project design/proposal is reviewed by the PQE team. This allows for engagement with the Country Office on the issue of disability inclusion, including needs and barriers in the target communities and joint identification of potential strategies to address these. From about 2012, SCA changed its periodic Reporting Template and progressively requested that Country Offices report progress towards 'disability Inclusion' rather than simply having a 'cross-cutting issues' reporting section in which disability inclusion may not be reported. Over this period, the PQE team also started conducting disability inclusion training with Melbourne Office based staff and in-country staff.

These changes within SCA have also impacted the way in which Save the Children International Country Offices address disability inclusion in their programs. As the only SC Member Office with a Disability Inclusion policy, SCA has needed to advocate with Country Offices on the importance of disability inclusion in programming and provide support to achieve this. This has included providing training to key staff and support to better address disability inclusion in programming. In Laos, staff in the DRR project have led the way in promoting disability inclusion through adapting and undertaking

hazard vulnerability capacity assessments (HVCAs) with children with disabilities. The child protection project has also started to focus on disability inclusion, providing training for SC and Child Protection Advisory Council staff and advocating for the incorporation of disability inclusion into the Child Protection Network (CPN) national training module which SC is developing with the Ministry of Labour and Social Welfare. The Laos Senior Management Team has also taken a specific interest in programming developments in disability inclusion, asking for staff to update them on progress during meetings.

The key enablers for SCA consideration of disability inclusion in programming has been a combination of external and internal drivers. It has been externally driven by the Australian Aid 'Development for All Policy' and compliance processes, including Accreditation and ACFID Code of Conduct. This led to executive-level support and resourcing for the development of the SCA Disability Inclusion policy, training for SCA staff and refinement of project cycle processes to incorporate disability inclusion. This has helped to create an enabling environment. From these steps, a number of disability inclusion champions across SCA and in Country Offices have emerged and have played an important role in initiating change in the projects they work in.

In Laos, the key enabler has been the passion and commitment of individual staff ('champions') to promote disability inclusion in their projects. The DRR project also had the resources to bring in expertise (consultant) to help them design and conduct HVCAs with children with a disability. The child protection project was able to draw on the expertise of the Lao Disabled People's Association to provide training for SC, Government and Community stakeholders. The relationship that SC has with Government counterparts has also been a key enabler, with representatives from the Department of Education and the Department of Labour and Social Welfare involved in the HVCAs and the Ministry of Labour and Social Welfare working closely with SC on the national CPN training curriculum.

Although compliance can be an enabler, embracing disability inclusion as more than a compliance issue has been challenging on occasion. This reflects the multiple demands on program staff both in Melbourne and in-country as well as limited resources to build knowledge, skills and confidence of both staff and partners in this area. This is compounded by a lack of data, understanding and services available for children and adults with disabilities in-country.

The two Lao projects highlighted in this case study have taken a different approach to integrating disability inclusion. The DRR project began with a narrowed focus, working with individual people with a disability to identify their particular vulnerabilities to different types of disasters so that this could be included in community plans. Although the DRR project has subsequently been able to advocate to Government to include adaptations for children with disabilities in the updated HVCA guidance which will be rolled out in schools, the plausibility of scaling-up this model is yet to be tested. The Child Protection project has taken a wider approach initially working with the Ministry of Labour and Social Welfare to incorporate disability inclusion into the Child

Protection Network national training curriculum. Both approaches lead to questions on how meaningful the inclusion of disability will be in these curricula if there are no additional resources to support its roll out, and looking to the future, will need to consider how they can ensure meaningful participation of people with a disability while also considering scalability.

We recognise we are moving along a continuum and still have some way to go to systematically embed a disability inclusive approach across all programming. To continue strengthening disability inclusion within SCA, additional resourcing is required to support this shift, including specific project budget allocations, additional training/capacity building for staff/partners and dedicated human resources/expertise. Continued organisational commitment is also required, with the absence of a disability inclusion policy at the Save the Children International level an institutional gap which is impeding wider organisational engagement in disability inclusive programming.

Including people with mental health issues/ psychosocial disability in development programming

By Peter Fitzgerald, peter.fitzgerald@tear.org.au

This case study addresses the work TEAR is doing to improve inclusion of people living with mental health issues/ psychosocial disability in its development programming.

Background – TEAR and disability generally

One of TEAR's core values is a commitment to the whole person. This includes people of all ages and stages and abilities, and reflects an understanding that people face a range of different issues and challenges, which may include disability. In that general sense TEAR has always been committed to the inclusion of people with disabilities – both within in our organisation and in our programming.

TEAR has begun an inventory of how inclusion of people with disabilities is being practised across our organisation and in our programs. This case study focuses on our journey in programming.

Our practice toward improving disability inclusion in our programs has evolved over the past two decades.   Over that time (and currently) TEAR has been linked as a supporting partner to a number of disability-specific projects, mainly in Afghanistan and Nepal. The learning we have derived from those projects has inspired and guided us in our efforts to promote the recognition and inclusion of people with a disability throughout our international programs.

The uptake of diversity and inclusion principles and their application at project level has been gradual and, fair to say, uneven over time. TEAR works in partnership arrangements with local implementing organizations. We recognize our partners to be autonomous and responsible primarily to their own local constituencies. In that frame, change grows out of mutual influence. In some cases, our partners have modelled disability rights and inclusion in ways that have challenged TEAR and given us standards to apply to ourselves, and practical examples to share with others. In other cases we have sought to use our influence to see people with disabilities included as active and equal participants in the community development projects that make up the mainstream of our work. Progress on the issue of disability inclusion over time is real but there are, and always will be, improvements to be won.

Initial work in analysing how people with disability are included in mainstream programming has been focused on Bangladesh, looking at how our partners there have recognized the rights of people with disabilities and have opened their projects up to them. The bigger intention is to develop a model to review and upgrade

performance around disability inclusion that we can apply to other country programs, so as to build a more systematic approach and achieve more consistent application.

TEAR and psychosocial disability – a strategic opportunity

Out of our thinking about disability and inclusion generally, there has been a growing awareness in TEAR of the challenges faced by people living with mental health issues/ psychosocial disability. Those issues are often poorly understood in the communities where we work. Affected people are likely to be stigmatized and isolated. They seldom have access to mental health services of reasonable quality. Additionally, they are often subject to discrimination that bars them from participating meaningfully in their community, and in development processes that may be at work in their community. In our experience, psychosocial disability is largely hidden and seldom addressed, even in project contexts that are progressive in their broader inclusion practices. That is, we feel challenged that people with psychosocial disability are largely excluded from opportunities to participate in and benefit equally from our mainstream work.

We feel that TEAR is reasonably well placed to address this 'gap' and see the rights-based and inclusive approaches we encourage around disability generally applied to people with psychosocial disability. We have people on staff who have direct personal experience with mental health issues. There are also people in our volunteer networks who, as mental-health professionals, have offered pro-bono consulting services to assist our reflection and planning. Most significantly, we have good learning opportunities through mental-health programming that we currently support.

Three of TEAR's partners are engaged in this area, each in very different contexts and at varying stages of implementation. We expect that what we learn out of their experience will help us move understanding and practice across our program and to be able to share and disseminate learning with other partners. A brief outline of the three projects follows.

- **Community Mental Health, a project of the International Assistance Mission (IAM)**, operating in provincial towns and rural villages of the Western Region of Afghanistan. The project has been running for two years. It works off a very low base of awareness and service capacity, in a population where the prevalence of mental health issues is high. The approach utilises available mass media (e.g. local radio and television) to build public awareness of mental health and challenge stigma around psychosocial disability. It systematically trains community leaders and public officials (e.g. religious leaders, health professionals, teachers, police and judiciary) to build a base capacity to respond more constructively and proactively to community members with psychosocial disability.

- **SHIFA Mental Health, a project of Emmanuel Hospital Association (EHA)**, operating in rural villages in the north-west of Uttar Pradesh State, India. Also two years into its implementation, this project works into a context where mental

health services are available but are not consistently accessible, and where people with psychosocial disabilities may have entitlements under Government poverty alleviation schemes, but of which they are often not aware, or from which they have been excluded. The project seeks to empower people with psychosocial disabilities to better access the services and entitlements that are their rights, and to mobilise their families and communities in support and advocacy.

- **Community Mental Health and Psychological Support, a project of the Centre for Mental Health and Counselling (CMC Nepal)**, has operated for over 10 years in rural districts throughout Nepal. Traditionally, the project has sought to increase capacity in medical and therapeutic efforts on two main fronts. Firstly, through high-level advocacy and participation in policy formation, to see mental health properly represented in national health policy, structure and provisioning.   Secondly, through systematic training and supervision of front-line government health personnel in selected districts, to build capacity to diagnose, treat and refer people with mental illnesses. The project is currently integrating a social approach to mental health in its areas of coverage, recognising that the working interface between mental health services and community may not (probably will not) be sustainable without development on the community side.   The project is organising and empowering people with psychosocial disabilities and their families to effectively interface with services, support one another and challenge exclusion in their communities.

Looking ahead

There are great learning opportunities for TEAR in each of these projects, on both assisting to build the technical/ medical capacity of Government and service providers and enhancing social inclusion and empowerment of people with psychosocial disability. What are useful methods (and limits) of community awareness building? How can stigmatization be challenged with and by people living with mental health issues, given how powerful and deeply rooted the forces of exclusion are?   What are good models for people with psychosocial disability and their families to organise and express themselves in their communities? What is the mix of technical and social development that builds sustainability into mental health services and supports? What are the key barriers to active participation by people with psychosocial disability in community development processes?

These are relevant areas of enquiry for TEAR as we plan and work across our program to see the same human rights and inclusion imperatives that apply for people with disabilities generally applied equally for people with psychosocial disabilities. That needs to be an informed process. While the same principles of rights and inclusion apply, we expect the pathways to achieving them are going to be very different in their detail. Specific learning and reflection is going to be critical.

We have had some early experience in promoting sharing and collaboration between partners working in this area already. In the lead-up to implementing the SHIFA project in India, TEAR arranged and supported an exchange visit by the Emmanuel Hospital Association project team to travel to the project run by CMC-Nepal. The visit produced extremely useful learning, ideas and direction to the set-up of the new SHIFA project in India. The next step for TEAR will be to broaden opportunities for exchange of ideas and experiences by physically bringing together representatives of all our partner organisations in the South Asia Region, including those already mentioned who are involved with community mental health work. Our aim will be to create space for a free exchange around exclusion and inclusion that can help us all answer the question 'who is missing out in our project communities, and what can we do about it?'

Appendix E: Outcomes of the ADDC Practitioner Interest Forum in Melbourne 20 November 2014

Do you wonder how other Australian NGOs are going in this area and what you could learn from them? Or have you ever thought that you'd like to make progress on this issue but you're just not sure how or where to start?

- ACFID Flyer advertising the PIF.

The Australian Disability and Development Consortium (ADDC), CBM Australia and the Australian Council for International Development (ACFID) collaboratively organised a free Practitioner Interest Forum (PIF) on "NGO experiences in disability inclusion". The workshop, held from 9.30am to 1pm on Thursday 20 November 2014 at the Melbourne Multicultural Hub - 506 Elizabeth Street, Melbourne, marked the end of this project and aimed to give Australian development NGOs ideas for how to monitor progress towards disability inclusion across their organisations.

48 people (excluding the authors) attended the workshop, representing 21 different organisations:

- Anglican Overseas Aid
- World Vision
- Annecto
- International Needs Australia
- The Leprosy Mission
- Save the Children Australia
- Fred Hollows
- Plan International Australia
- Australian Red Cross
- Marie Stopes International
- CBM Australia
- RMIT
- Family Planning NSW
- ACC International Relief
- Uniting World
- Act for Peace
- International Women's Development Agency
- WaterAid
- Australian Volunteers International
- DFAT
- ADDC

The workshop objectives were:

1. To discuss the findings and recommendations of the project report with a broader audience than the ANCP partners, and with staff from across all functional areas of the organisations (HR, Corporate, Communications, Advocacy, Programming);

2. to discuss/explore with participants possible strategies for making the recommendations a reality and how sector actors can be engaged to support this

3. to present and share case studies on disability inclusion prepared by ANCP partners; and

4. to encourage cross- organisational sharing and learning on 'what works'.

The workshop aimed to ensure that:

- the wider sector is better informed of emerging themes around organisational engagement on disability inclusion;

- the wider sector is able to share additional learning from their own disability inclusion actions across their organisation - which could assist ANCP partners and others in identifying enablers for moving forward on disability inclusion; and

- participants generate plans of action to make the recommendations a reality.

Outcomes:

There was a high degree of agreement from participants around the validity of the findings (in relation to triggers, enablers and barriers) and their resonance even in within smaller organisations.

Key triggers were the existence of passionate individual champions, organisational values and mandates, donor driven demands creating momentum and impetus and the emergence of rights based approaches (especially around the UN CRPD).

Some additional triggers for disability inclusion identified were:

- ACFID encouragement on this issue - for a small organisation this is important

- CBM taking a leadership role has really helped drive this issue

- One organisation's staff responded creatively when a staff member acquired a disability, made adjustments to the office and adopted a disability inclusion protocol

- Another organisation's experience of triggering was through DFAT funded collaboration AACES. This was a project/program focus - but will this transition to broader organisational focus?

There was agreement about the findings on enablers, with strong agreement that having dedicated focal points for disability inclusion in the Australian office helped, as did senior management 'buy-in' to drive change. Training and resources were also identified as important, as was access to disability specialist services.

Some additional enablers that were identified were:

- Engaging with regional level disability organisations and peak bodies
- ANCP funding model- flexibility. Projects have to address disability as a cross cutting issue
- Availability of resources- eg CBM's *Inclusion made easy*, to share this with program partners to increase awareness (this has now been translated into Bahasa for use in Indonesia).

Again, there was a wide agreement around inhibitors identified in the research. Many noted that Australian NGOs are themselves 'on the journey' toward disability inclusion, and it was challenging to try to help partners at the same time. There was a agreement that donor requirements whilst positive in triggering change can inhibit real change if not accompanied by support to implement change- e.g. can become token by driving a focus on 'getting data' rather than 'achieving inclusion'. Many agreed that competing priorities ('everyone is so busy') and perceptions that disability inclusion was not 'core work' were inhibitors. Having policies was an important enabler, but actually moving beyond having a policy for compliance to implement genuine change in practice was more challenging for some.

Interestingly many participants strongly agreed that not having (many/any) people with disability working in our organisations was a large inhibitor, and prevented deeper understanding and engagement with access issues. There was a keen desire to redress this issue.

Additional inhibitors identified:

- Disability is still highly stigmatised in many places we work
- Engaging with DPOs – moving beyond consulting to genuine participation.

Overall, participants reported that they agreed with all recommendations as practical and useful to address actions that could be taken by the different actors.

Specific feedback on recommendations included:

- There is a need to ensure that champions are resourced
- NGOs should make efforts to increase the number of people with disability employed (use the Australian Government's Job Access scheme)
- There is a need to ensure that NGO engagement with DPOs is mutually beneficial (not just extractive)
- Suggest a guiding document to help NGOs build capacity for DPOs
- Recognise that the primary desire of DPOs is often to advocate for rights to the government (not to provide technical expertise to NGOs)
- NGOs need to recognise that organisational change is needed to improve their own expertise in this (not just see disability as a programming issue for DPO to help them with).

- Ensure information prepared (including internal and external websites) is accessible to everyone- and is representative in images and language used

- Don't silo cross cutting issues e.g. gender, disability, look at how they can be integrated into training, tools, advocacy around 'inclusion' – look at how to strengthen understanding of intersectionality

- Australian NGOs should actively seek out and listen to voices in country e.g. DPOs, and engaging and supporting DPOs in country

- Recommendation 3: One organisation reported that it has already used Australian DPOs to build their own skills (Australian Red Cross)

- Recommendation 6: the danger of having a champion is just devolving all responsibility to that person rather than 'owning' it, perhaps call this a 'strategic driver but broader so it becomes part of your core work

- Recommendation 6 *:* clarify whether this also applies to mainstreaming disability inclusion into *existing* procedures and standards (not just separate standards and procedures applying to disability only)

- Recommendation 7: include 'where relevant' or it can become tokenistic

- Recommendation 7: organisations should also include disability statistics into reports to senior management and the Board also – what data does your Board examine? To what extent does it address disability inclusion? Board needs to have access to this information to act (and to monitor)

- Need to listen to others' policies and systems and foster mutual two way learning

- Organisations should conduct a self-audit of disability inclusion.

- Organisations need to consider that there are different ways to talk about disability related issues in different contexts and countries

- Recommendation 11: add 'Importance of ensuring people with disability have a voice to articulate their own needs'.

Participants were invited to complete action plans for their own actions going forward.

Some participants shared that the report itself would be a useful tool for them in raising awareness and generating discussion within their organisations.

A number of organisations expressed interest in using the 'Organisational self assessment tool' and this has since been provided on request with the request that feedback be provided to enable its continued improvement.