Inclusion of People with Disabilities on the Boards of Not-for-Profit Disability Service Providers

Public report

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April 2025

Trigger warning: At page 22, we report the experiences of one director, which include harassment.

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Abstract

The 'Across the Board' project has the goal that disability service providers should include two or more directors with disabilities. One of its partners is a philanthropic foundation, the funder of this research, which seeks to gain a better understanding of progress towards that goal, and the reasons why.

We reviewed publicly available data about the top 100 disability service providers and analysed the type of providers in this group. We excluded the 16 providers already meeting the goal and, for reasons explained in the report, the 25 for-profit providers and 4 other providers. This left 55 providers in the sampling frame. We interviewed Board Chairs, CEOs or Board/Company Secretaries from 24 (43.6%) of the 55 providers.

Of the 24 providers whose representatives we interviewed, 21 (87.5%) were committed to including people with disabilities (which might be only one director with disability) on their boards and taking action towards realising that objective. The degree of action ranged from tentative first steps through to the goal being likely to be achieved in the next couple of months. In only three providers board-level inclusion of people with disabilities was not an organisational objective.

In relation to increased involvement of clients with disabilities in organisational governance other than boards, such as client advisory groups, 23 of the 24 interviewees reported on relevant action their organisation has taken or is taking.

Introduction

The Across the Board project[1] has the goal that disability service providers should include two or more directors with disabilities. This research seeks to gain a better understanding of progress towards that goal, and the reasons why.

The research is funded by a philanthropic foundation. The Foundation does not wish to be named.

La Trobe University approved the ethics of the research. The Ethics Approval Number is HEC22134.

A note on terminology

In this report, to avoid repetition, we use the terms 'inclusive' and 'inclusion' in relation to the presence and involvement of people with disabilities on boards. We acknowledge that boards might not include people with disabilities, but be inclusive of women and minority groups that have historically been subject to exclusion.

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[1] Project supporters include: National Disability Services (auspice), the philanthropic foundation (and the funder of this research), the Australian Disability Network, the Australian Institute of Company Directors, People for Purpose, Purpose at Work, and The Observership Program.

The current state of play

Our previous report (Hough et al., 2023) recounted the available data and the existing research about the inclusion of directors with disabilities. The report identified that directors of large for-profits and to some extent large nonprofits are typically drawn from social elites or experienced executives and senior professionals. Our report also identified that one of the challenges in improving inclusion was the piecemeal interventions to promote inclusion that have occurred in the past, especially in relation to people with intellectual disabilities.

In relation to disability service providers, the existing *National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018* (clause 11) require that:

> *Opportunities are provided by the governing body for people with disability to contribute to the governance of the organisation and have input into the development of organisational policy and processes relevant to the provision of supports and the protection of participant rights*.

It will be noted that this does not extend to requiring that boards include directors with disabilities.

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability raised the issue of greater inclusion of people with disabilities on boards of disability service providers but did not make explicit recommendations for such inclusion. However, the Commission did observe that it was a "promising practice" for service providers to "consider whether their boards and leadership structure have a meaningful level of representation of people with disability" and that providers should "take measures to recruit people with disability as board directors, leaders, managers and advisors" (Commonwealth of Australia, 2023, vol. 10, p. 115). It remains to be seen whether, in response to the Royal Commission's comments about this issue, the NDIS Quality and Safeguards Commission's revamp of its Practice Standards and Quality Indicators – currently in progress – will have stronger requirements for inclusion.

Australia's provider peak body, National Disability Services (NDS), has been monitoring levels of inclusion of directors with disabilities among its membership in its Workforce Census Reports. The latest report identified that 63 per cent of responding providers had no board directors with a disability, compared to the previous year where the figure was 69 per cent (National Disability Services, 2023, 2024). We note two challenges in understanding the trends across time in the data. First, the categories of reporting have varied across time. Second, although called a census, the data comes from a self-selecting sample of respondents which varies from year to year. The reports do not track the responses of particular providers across time.

Method

Having identified the current state of play, the report now turns to the research method. As previously noted, our brief was to interview up to 25 officers from the largest not-for-profit providers not having two or more people with disabilities on their board.

Criteria for being 'a person with disability' and mechanisms for identification

The definition we applied of a 'person with disability' is a person who publicly states or is otherwise publicly known to be a person with disability or having a particular impairment.

In the case of mental health/psychosocial disability, we included any director who publicly states that they have or have had serious mental health challenges. ('Mental health challenges' is the preferred term of some mental health consumers.)

Three sources of information were used to determine if a director publicly identifies as being a person with disability.

- **Provider websites**: Many not-for-profit providers include biographies of directors on their websites. Biographies might state that the person has direct lived experience of disability, or has an impairment such as being blind or visually impaired, deaf, or having a spinal cord injury.

- **Interview data**: We asked interviewees whether their boards included any people who publicly identify as having a disability. We also asked about such inclusion in the past.

- **Personal knowledge**: In some cases, the lead researcher knew from his own knowledge that the person publicly identifies as having a disability.

Sampling frame

We used the list of the largest NDIS providers in FY2023/24 published in response to a Freedom of Information request by the *Herald-Sun* (Cross, 2024). See Appendix 1.

Exclusion criteria

The following providers were excluded from our study.

- **Providers already meeting the target of two or more directors with disabilities**: From organisational websites or other sources, we identified that the following 16 providers already meet the Across the Board target as at the date we checked their websites[2]:

  - Ability Centre Australasia (Ability WA)
  - Achieve Australia
  - Aruma

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[2] This was between December 2024 and January 2025

- Avivo: Live Life
- Cerebral Palsy Alliance
- Community Accommodation & Respite Agency Inc.
- Disability Services Commission (W.A.)
- Disability Trust, The
- Home@Scope/Scope (Aust)/Disability Services Australia
- Mind Australia
- Northcott Society, The
- Paraplegic & Quadriplegic Association of NSW, The (now Forward Disability Support)
- Paraplegic & Quadriplegic Association of South Australia, The (now Estara)
- Spinal Life Australia
- Valley Industries, and
- Yooralla.

We note that providers meeting or not meeting the target can change rapidly due to recruitment or attrition.

- **For-profit providers**: We initially intended to seek interviews with the 25 for-profit providers on the top 100 list. Of those we did contact, only one responded to the interview request and that representative was not available before our closing date. All others did not respond. We obtained Current Company Extract reports for seven of these providers. It was clear that many of these companies are family companies or other closely-held organisations. Some examples follow.

  - One company has two directors, with the same surname and who reside at the same address

  - Another has four directors, with the same surname, three who live at different addresses in South Africa and one who lives in Australia.

  - Another company again has five directors, four of whom live in the United States and one lives in Australia.

We decided to exclude the for-profit providers unless there was an established relationship with the lead researcher. There is no easy way of knowing whether the boards of these companies do or do not include directors with disabilities.[3]

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[3] A notable exception about the public and intentional inclusion of a director with disability among the for-profit providers is or has been HireUp.

- **Providers that had subsequently merged**: While we are not expert in determining legal status, our research suggests that two providers on the list at its publication date subsequently merged with other providers on the list:
    - Optia Limited, now part of Possability
    - Mosaic Support Services (Tasmania), now part of Able Australia.

We left on the target list those providers that had been acquired by a parent company but do not have the same board of directors as the parent.

- **Other exclusions**: We treated the two Melba entities as one, as they have the same board of directors. We also excluded the ACT Department of Health, as Departments do not have governing boards. We retained the Disability Services Commission WA as it has a governing board.

Table 1: Exclusion criteria

Criteria for exclusion	No. of providers excluded
Providers already meeting the target of two or more publicly identifying directors with disabilities	16
For-profit providers	25
Providers which had subsequently merged	2
Other exclusions	2
Remaining	55

Recruitment

We used a range of techniques to contact providers:

- emails or LinkedIn messages to Board Chairs or CEOs if we had a prior relationship

- phone calls or emails to the CEO's Executive Assistants, and

- emails to generic email addresses listed on provider websites or completing webforms on the websites.

In one case, where the above strategies were not successful, we used our relationship with a prior director to succeed in making an appointment.

The Participant Information Statement (Appendix 2) was provided to all interviewees.

We had 27 acceptances which resulted in 25 interviews. Two representatives did not respond to multiple follow-ups seeking an interview date and time. There were 4 refusals, and no or limited response from the remainder. One provider was only identified as meeting the target during the interview. The overall response rate was

24 interviews with representatives of the 55 in-scope providers (43.6%). This is a satisfactory response rate, although see our later comments about potential bias.

Data collection

Data was collected from websites and by interview.

Website searches

For all in-scope providers, we checked their websites. For the in-scope providers that are registered charities, we checked the Australian Charities and Not-for-Profit Commission website, especially for the provider's constitution.

Interviews

The interviews collected information on the provider, its board, attitudes to and experience of inclusion of directors with disabilities, and other mechanisms for the input of clients with disabilities to organisational governance. The interview protocol (Appendix 3) included both open ended and closed questions, and allowed for additional questions to be asked. Interviews ranged between 16 and 62 minutes in duration, with a mean of 35 minutes.

Fifteen interviews (62.5%) were with CEOs, 6 (25%) with Board Chairs, 2 (8.3%) with Board/Company Secretaries and there was 1 (4.2%) joint interview with the Board Chair and Company Secretary. Although we attempted to target Board Chairs, as the statistics demonstrate, we had limited success in this. In some cases, CEOs wanted to avoid imposing on the Chair's time; in one case, the Chair redirected us to the CEO because of their longer service.

All interviews were recorded and then transcribed.

Limitations of the research methods

We are conscious of potential biases in our data. First, responding representatives are possibly more interested in inclusion and thus likely to agree to be interviewed than those who did not agree or engage. Second, interviewees may have given what they perceived to be socially desirable responses, although we mitigated this to some extent by the way we framed a key question. Further, taking action towards inclusion does not guarantee that inclusion will ultimately occur.

Descriptive data for the eligible providers whose representatives were interviewed

The providers

All providers were registered NDIS providers. All providers were registered charities with the exception of the Disability Services Commission (WA). As set out in Appendix 1, NDIS revenue ranged between $420.2M for the provider ranked #1 to $29.7M for the provider at #100 on the list.

Table 2 provides the distribution of the organisations whose representatives we interviewed.

Table 2: Distribution of the providers whose representatives we interviewed

Ranking	No. interviewed
#1 - #25	4
#26 - #50	10
#51 - #75	8
#76 - #100	6

Note: Total numbers exceed the 24 individuals interviewed due to mergers and acquisitions.

Although it appears that there was an under-representation of the highest-ranked providers, 8 of the 16 providers that were excluded because they already met the target of having two directors with disabilities fall within this group.

Providers' revenue from disability-related[4] services was stated to range from 40 to 100 per cent, with a mean of 89 per cent.

The most common primary impairment of clients among the providers was intellectual disability.

In most providers, to become a director a person must first be a 'member'. Membership criteria and cost vary between organisations. These are often nominal, meaning that anyone can apply for membership. However, the opportunity for membership may not been widely known and may bring few benefits, resulting in some providers having few members. In such providers, directors may only become members when invited to nominate for a board position. In contrast, in some providers, criteria for membership may be more restrictive, e.g., only directors can be members. Ten providers (41.7%) had an open membership, with 1 (4.2%) a largely open membership. In 6 providers (25%), the membership was effectively closed, i.e., although membership was nominally open to any person, in reality it was closed for reasons such as the only members were the directors. Seven (29.2%) were fully

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[4] We included commercial revenue of Australian Disability Enterprises in this figure, as that revenue is for the purpose of disability employment.

closed, i.e., the constitution specified that the company's directors were the only members. Those providers with effectively or fully closed memberships (54.2% of the sample) are sometimes described as having self-perpetuating boards.

The providers' boards

The total number of serving directors on a board ranged between 4 and 11, with a mean of 8. On many boards the actual number of directors was less than the maximum prescribed under the provider's constitution (range: 5 - 13; mean = 10).[5]

The mean term of office of directors was 3 years. In relation to term limits, 8 (33.3%) provider's constitutions provided for no limit. Of those with term limits, the most common arrangement was a three-term limit, i.e., 9 years in total. However, we note that in some providers the term limit arrangements only apply from a recent date and are sometimes complex, allowing additional service.

In relation to whether any directors were remunerated, 15 (62.5%) reported that they remunerated some or all directors. Although we did not usually ask what the remuneration level was, in some cases, the amount was volunteered, or we asked because it was relevant to the discussion (e.g., an interviewee might have said that they found recruiting difficult for the remuneration on offer). Remuneration was as low as $1,000 p.a.[6]

Directors with disabilities

Regarding the number of current directors with disabilities, 13 providers (54.2%) reported one such director, and 11 (45.8%) reported none. All providers with current directors with disabilities reported the experience to be a positive one, praising their director's contribution to their board.

Thirteen interviewees (54.2%) reported that it was difficult recruiting directors with disabilities, and a further interviewee (4.2%) reported that it is sometimes difficult. Four (16.7%) reported that it was not difficult. One interviewee (4.2%) was not sure. For the remaining 5 providers (20.8%), the issue had not been tested.

We also asked about previous inclusion of directors with disabilities. This data must be treated with a great deal of caution. Some providers have long histories and interviewees could only comment to the best of their knowledge. Ten providers (41.7%) had previous experience of including directors with disabilities, of whom 9 (90%) reported the experience as a positive one. The interviewee who said that the experience was not positive stated that the profound nature of the person's impairment significantly limited their capacity to contribute to the usual flow of discussion. Another interviewee who was unsure whether there had been a past

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[5] This suggests that there is capacity to recruit additional directors.

[6] This compares to the findings of the 2024 Australian Board Remuneration Survey Abridged Report (McGuirk Management Consultants, 2024). On low numbers of responding not-for-profit disability service providers, it reported that on average for this category Board Chairs were paid $55,084, Deputy Chairs $36,867 and Directors $26,360.

director with disability speculated that the board's resistance to greater inclusion might be associated with an unfavourable experience in the past as it was otherwise inexplicable to the interviewee.

Although we did not directly ask about the nature of directors' impairments, where it was publicly disclosed or disclosed by the interviewee, they were physical, sensory or psychosocial impairments. This was true for providers predominantly servicing people with intellectual disability; there was only one example of a director with intellectual disability, namely one of the directors of The Disability Trust, and his appointment was relatively recent.

Recruitment processes

The need for recruitment is influenced by many factors, including board size and turnover due to term limits (both discussed above) and other turnover. We asked a standard question about director turnover in the last 12 months, which ranged from nil to 6, with a mean of 1.

The recruitment strategies for new directors varied significantly. Two closed questions were used to gain a sense of the formality of recruitment processes. First, we asked whether providers used a skills matrix in their recruitment. Every interviewee stated that they were used.[7] The degree of rigour in applying the skill matrix approach varied, from light influence to being determinative of who would be recruited to the board.

Second, we asked whether executive search consultants (colloquially known as headhunters) were used. Seven interviewees (29.2%) reported that they were used, 1 (4.2%) reported they were used sometimes, and the remaining did not report their use.

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[7] This perhaps reflects the requirement of the National Disability Insurance Scheme (Quality Indicators for NDIS Practice Standards) Guidelines 2018, clause 11.3, that "The skills and knowledge required for the governing body to govern effectively are identified".

Themes

Views on increased inclusion of directors with disabilities

Of the 24 providers examined, 21 (87.5%) were committed to increased inclusion and taking associated action and only 3 (12.5%) were not. In most cases, interviewees spoke strongly and apparently sincerely about the importance of inclusion.

The commitment by providers to inclusion is in relation to *suitable* applicants with disabilities, not all applicants with disabilities. Suitability was understood in different ways across the interviewees. For many interviewees, a prospective applicant was suitable only if they met the *specific* gap or gaps identified using the board's skills matrix.

For others, suitability was that the prospective director met *generic* criteria for being a director. For example, one interviewee said that while she and her organisation are committed to including a person with intellectual disability on the board, previous applicants had been rejected because of concerns over such matters as the applicant's ability to maintain confidentiality.

In most interviews, the interviewee raised the issue of tokenism and stated that the appointment must not be tokenistic. Some interviewees also stated that it was important to prospective directors that they were not seen as token appointments.

Where interviewees discussed the importance of directors bringing a lived experience perspective, they often emphasised that this had to be more than their personal lived experience. In mental health/psychosocial disability, this is sometimes framed as a distinction between having lived experience and lived expertise (Byrne & Roennfeldt, 2024).

As implied in our first report (Hough et al., 2023, Appendix 2), there can be different rationales for inclusion, which can be combined. For some interviewees, it was about the benefit of different perspectives and insights that a director with disability can bring over the experiences of a director who does not have disability. Interviewees said that such directors assist the organisation to focus on the people supported. For other interviewees, it was about ensuring that the client experience is reflected in the boardroom, which might be direct experience of the provider's services as a client or the proxy experience of using disability systems more generally. For example, one interviewee discussed the importance of the relevant director in his organisation talking about what does not work effectively in his service provision. For others, inclusion is a matter of social justice.

Providers taking action for increased inclusion of directors with disabilities

For this category of providers, in relation to timeframes for greater inclusion, a few interviewees reported that realising increased inclusion is just months away. At the other end of the spectrum, one interviewee, from a provider that supports people with intellectual disabilities, expected progress will take two years or so as the first

step has to be constitutional change. Its constitution specifies that members are family members rather than the person supported or others.

Providers not taking action towards increased inclusion of directors with disabilities

Three providers were not taking action towards increased inclusion of people with disabilities.

- In a provider of services to people with intellectual disabilities, board discussions about inclusion had focused on whether a person with intellectual disability would have capacity, including because of potential personal liability. The interviewee stated that progress about any form of inclusion of people with disability on the board had stalled because of that issue.

- In the second provider, the interviewee said there would not be exclusion, but did not report a commitment to inclusion on the board.

- In the third provider, a multi-service organisation, the interviewee stated that the provider prioritised recruiting and retaining directors with business and government networks[8] and did not regard inclusion of any one target group the provider serves as being a priority.

Barriers

In this section of the report we identify barriers to inclusion, at the organisation, board and environmental level. The interviewees are the main source of data, although in some cases we engage in informed speculation based on our knowledge of classes of organisations.

Organisational level barriers

- **Multi-service providers**: From the interview data, we know that some of these providers consider including directors from all target groups to be impractical. If committed to inclusion, these providers have the dilemma of how many directors from target groups can realistically be included and in what numbers.

- **Faith-based providers**: We did not succeed in obtaining an interview with representatives of any of these providers, so our comments here are based in our understanding of the academic literature (e.g., Cleary, 2007; Holland, 2000), general knowledge and our review of websites. With one exception, these providers are multi-service providers. We note that these providers sometimes – but not always – prioritise directors having denominational links. Of course, this should not necessarily result in the exclusion of people with disabilities.

- **Regionally-based providers**: Some interviewees from providers based outside of capital cities and not serving capital city markets said their home location reduced the supply of potential directors.

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[8] This is consistent with the view of the role of boards in resource dependency theory (Pfeffer 1973).

- **Client group is primarily people with intellectual disabilities**: As noted earlier, there are numerous examples of providers primarily serving people with intellectual disabilities that meet the target by including directors with physical and sensory impairments. However, only 1 of the target providers includes a director known to have intellectual disability, and that appointment was a recent one. Some boards – but not all - are unconvinced that people with physical or sensory disabilities add more value in understanding the experiences of people with intellectual disabilities than family members of those with intellectual disabilities. Some of those same boards are unwilling or reluctant to include directors with intellectual disabilities, for reasons such as believing that people with intellectual disabilities might not be competent to understand the complexity of their legal responsibilities and how to discharge them, and especially given the funding crisis many providers are experiencing. Further, they might be concerned about the role of support people to such directors and the potential for manipulation, and be concerned about the possibility that the director might be manipulated by third parties.

  We note that there is no published research on the efficacy of appointing directors with intellectual disabilities. The providers in this study are all large or very large businesses, and arguably demand high levels of cognitive skills in their governance.

- **Organisational structural change**: On our review of the websites, we noted a significant number of mergers and related activity. In such companies, it is not uncommon to include directors from the old entities onto the board of the merged entity. We hypothesised that if directors with disabilities were not effectively included on the old boards, then this lack of inclusion could be transferred to the new board, especially so if the merged board is small in size. Our hypothesis received support when one interviewee said that his organisation would have already achieved the target of two directors except for a recent merger.

- **Nature of constitutions**: There are two examples of exclusionary constitutions. In the Disability Royal Commission hearing in relation to Sunnyfield, it was identified that its constitution provided that only 'Family Members' could vote, with the person supported being excluded from the definition (Commonwealth of Australia, 2022). As previously noted, we came across one other example of a constitution imposing barriers to inclusion.

Board level barriers

- **Directors serving on a voluntary or low paid basis**: Nine (37.5%) providers did not remunerate any directors. Even those providers that do remunerate are not necessarily paying at market rates, e.g., as previously noted, one provider was remunerating at just $1,000 p.a. per director. Another interviewee stated that they had attempted to recruit a prominent person with a disability to the board, but the provider could only offer $25,000 p.a., and the person wanted $30,000 to $35,000 p.a. Micro-economics suggests that the greater the remuneration on offer, the greater the supply; the less remuneration, the less supply.

- **Smaller boards**: Six (25%) providers had boards of 6 or fewer directors. We note that a target of two directors with disabilities on each board has different implications for say a board of 5 (a target of 40% of all directors), compared to a board of 9 (22.2%). In a smaller board, it is essential that all directors 'carry their weight'; a larger board has more capacity to support less experienced directors or directors who, because of reasons such as fatigue or pain, cannot attend every meeting.

- **Lack of awareness of specialist recruitment strategies**: Although we did not have a dedicated question on this, in the interviews it became obvious that some interviewees were not aware of specialist recruitment strategies such as the Disability Leadership Institute's Find a Leader service or of the possibility of using a placement on The Observership Program as a means of recruiting a director with disability in the future.

- **Unsuccessful previous experience of including directors with disabilities:** As mentioned earlier in the report, one interviewee suspected that their organisation had a previous adverse experience. In the consulting experience of the first author, this is sometimes reported by long-serving directors.

- **Disclosure expectations**: An interviewee from a provider supporting people with mental health/psychosocial disability raised the issue of whether directors with mental health challenges should be expected to publicly declare this. The interviewee's board has one director who publicly declares their direct lived experience, but another/others who do not.

- **Limited director turnover**: Limited turnover of directors without impairments necessarily results in fewer opportunities for potential directors with disabilities. We reported earlier on the number of directors with long maximum years of service or unlimited terms.

    o One interviewee reported that there had been no vacancies on the board for 10 years.

    o Another interviewee pointed out that unlimited terms resulted in ad hoc single vacancies rather than planned recruitment to multiple vacancies. When using the skills matrix approach in a strict manner, attempting to recruit a director with disability is easier when there are multiple vacancies than when there is a single vacancy. For example, if there are three vacancies, and the skill gaps on the board are financial, information technology and quality management, it is more likely that you can find a person with disability with one of the three relevant skill sets than a person with disability with a particular skill set.

    Of course, term limits are a double-edged sword: they will also result in the turnover of existing directors with disabilities.

- **Inappropriate presentation or conduct of applicants during recruitment and selection processes**: Some interviewees gave examples of prospective directors with disabilities reportedly not demonstrating appropriate engagement in

the recruitment and selection process. This included: selection panels phoning applicants at an agreed time only to find that the candidate was sitting in a public setting for the interview; an applicant giving the impression that as a director they would be an advocate rather than a fiduciary; and, an applicant giving the impression that they would not remain in Australia long. Of course, inappropriate presentation or conduct during the recruitment and selection process is not confined to applicants with disabilities.

Environmental level barriers

- **The difficulty recruiting appropriate directors with disabilities**: We have previously reported that 13 interviewees reported difficulty recruiting appropriate directors with disabilities, even with the use of executive search firms in some cases. On the other hand, one interviewee recounted the experience of a national peak body that attracted 70 to 80 applications for director roles from people with disabilities, the majority of which were of high quality.

  In examining the providers' website profiles of directors, it is clear that many providers want directors with senior executive or senior professional experience. Due to the historic disadvantage that people with disabilities have experienced in education and the labour market, and the real world impact of impairments associated with fatigue, pain or cognitive processing, the proportionate supply of people with disabilities with desired professional qualifications and experience will be less than the supply of such people without disabilities.

  Some interviewees reported that despite strenuous efforts on their part or on the part of their executive search firms, locating appropriately qualified and experienced directors with disabilities was difficult because it is hard to know who is available from sources such as the pool of AICD scholarship graduates.

- **The funding environment**: Interviewees repeatedly mentioned the difficult funding environment faced by providers as being an indirect barrier to recruitment of directors with disabilities. For example, some interviewees mentioned that they were not able to remunerate directors at all or at an appropriate level; others mentioned that they did not engage executive search firms to recruit directors as they could not afford to do so. Providers need to make decisions among competing priorities about how they spend their funds.

- **Lack of appropriate training for potential directors with intellectual disabilities**: As documented in our first report, there is no equivalent of the AICD's Company Director Course and associated assessment that has been developed for people with intellectual disabilities. Any investments by governments have been short-term in nature, with little apparent learning from one project to the next. However, we note that research on employment of people with intellectual disabilities suggests that a place-then-train models are more successful than train-then-place models (Riches, 2024).

Enablers

In most cases, the enabling factor is merely the opposite of the barrier; to save the reader's time, we will not further explain these points. However, some enabling factors stand in their own right, and these are explained below.

Organisational level enablers

- **Having people with disabilities on board sub-committees**: Providers have appointed people with disabilities to board sub-committees with the intention that – if both parties feel that the match is appropriate – the person will be appointed to the board.

- **Client advisory committees and forums**: Among those interviewees adopting the 'client perspective' rationale for inclusion (see discussion at page 11), several interviewees stated that their organisation is using or intends to use client advisory committees and other forums as potential feeder mechanisms for later directorial appointments.

Board level enablers

- **Recruitment process facilitated by executive search firms**: By their very nature, executive search firms will allocate dedicated time to search for appropriate directors with disabilities if that is part of their brief. If searches are led internally, providers might not be able to allocate the same amount of time to their search, limiting opportunities to identify candidates with disabilities.

- **Previous experience of including directors with disabilities**: We note that those providers with no reported previous experience of inclusion reported current inclusion in 7 instances and no current inclusion in 6. Those with prior experience, reported current inclusion in 6 instances and no current inclusion in 4 instances. (There was one respondent who said they were unsure.) Thus, those providers with previous experience are 11.5 per cent more likely to currently include directors with disabilities.

- **AICD scholarships**: Several interviewees commented favourably on the AICD scholarship program for people with disabilities.

- **Providers thinking broadly about the desired experience and skill set of prospective directors**: We note the diversity of approaches to considering suitability among providers whose representatives we interviewed or are otherwise on the target list.

    - We note the 6 Paralympians included on the boards of the providers listed in Appendix A. We are also aware of one other provider planning to recruit a Paralympian to their board. Paralympians might be a potential source of further directors.

- Some providers have demonstrated greater flexibility in their conception of suitability, embracing an understanding of potential as well as demonstrated suitability.

- There are two further examples of thinking more broadly about suitability: The Disability Trust's appointment of a director with intellectual disability previously mentioned; and one provider operating an Australian Disability Enterprise creating a dedicated position for a worker director.

Environmental level enablers

- **Potential enabler - Additional regulatory requirements for inclusion**: As reported earlier, the NDIS Practice Standards Quality Indicators require that opportunities are provided by boards of registered providers for people with disability to contribute to governance. Some interviewees supported the NDIS Commission creating quotas as the only way to secure change, while others volunteered that they thought quotas would be counter-productive.

Summary of barriers and enablers

Table 3 summarises the barriers to and enablers of greater inclusion.

Table 3: Barriers and enablers

Barriers	Enablers
Organisational level	
▪ For-profit status	▪ Not-for-profit status
▪ Multi-service providers	▪ Disability specialist provider, esp. with a focus on physical or sensory impairments
▪ Faith-based providers	▪ Secular organisation
	▪ PwD on board sub-subcommittees
	▪ Having a client advisory committees and forums: a potential feeder mechanism
▪ Regionally-based providers	
▪ Client group is primarily people with intellectual disabilities	▪ PwD client group is broad
▪ Recent merger activity	
▪ Exclusionary constitutions	▪ Constitutional reform
Board level	
	▪ Recruitment process facilitated by an executive search firm
	▪ Providers thinking broadly about the desired experience and skill set of prospective directors
▪ Directors serving on a voluntary or low-paid basis	▪ Directors are remunerated
▪ Smaller boards	▪ Larger board
▪ Lack of awareness of specialist recruitment strategies	▪ Knowledge about recruitment strategies e.g., knowledge of DLI 'Find a Leader' service
▪ Unsuccessful previous experience of including directors with disabilities	▪ Positive prior experience of including directors with disabilities
	▪ Providers thinking broadly about desired experience and skill set of prospective directors
▪ Expectation of 'going public' about impairment	
▪ Limited turnover of directors	▪ Recent turnover of non-disabled directors
	▪ AICD scholarships
▪ Inappropriate presentation or conduct during recruitment and selection process	
Environment	
▪ The difficulty recruiting appropriate directors with disabilities	▪ Financial sustainable, and can afford additional costs of support, e.g., supporters for directors with intellectual disabilities
▪ The difficulty knowing who is available	▪ Matching mechanisms
▪ The funding environment	
▪ Lack of appropriate training for potential directors with intellectual disabilities	
	▪ Potential enabler: Additional regulatory requirements for inclusion

Including the voice of clients with disabilities in governance mechanisms other than the board

The interview data demonstrated that 23 out of the 24 providers whose representatives we interviewed are taking action towards or have already created other mechanisms to include the input of clients with disabilities in their governance. We have recorded all examples of inclusive practice that were given to us, although it is arguable that some examples relate more to management than to governance.

In passing we note that, as registered NDIS providers, the organisations are required to have in place mechanisms for including clients affected in issues around complaints, incidents and the use of restrictive practices.[9] Undoubtedly, some providers might do this in rudimentary ways whereas from the interview responses some providers are challenging themselves to do this in meaningful ways.

The most commonly mentioned form of other inclusion was a client advisory committee or forum. Interviewees strongly valued the work of the advisory committees. The arrangements vary across providers.

- **Structural arrangements**: In providers operating in multiple locations, there might be locality-based committees as well as a central committee. One interviewee explained that his organisation brings committee members together from across its States of operation once a year for a face-to-face meeting, in addition to online meetings.

- **Reporting**: Some committees report directly to the board (in one case, meeting with the full board annually); others to a board sub-committee or to the CEO. Under any of these arrangements, they had access to senior levels of the provider.

- **Chairing**: Many of the interviewees reported that the committee is chaired by a person with disability who is independent of the provider. In one provider, it is chaired by a board director who is passionate about client voice.

- **Support to people with intellectual disabilities**: Organisations supporting people with intellectual disabilities sometimes provided an independent supporter to ensure that the views of clients with intellectual disabilities are expressed.

- **Remuneration**: Some providers are remunerating committee participants.

- **Outcomes**: Interviewees gave examples of the value that the committees have added, and some interviewees spoke enthusiastically about this.

The view of some advocates is that advisory groups don't work (e.g., Ryan, 2019). However the evidence we obtained – admittedly preliminary and based on interviews with provider representatives – is to the contrary. We also note the importance of

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[9] *National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018*, *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018*, and *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*.

these mechanisms for people with intellectual disabilities, as they are the biggest group of adult participants in the NDIS yet often not included at board level.

With only one exception, the interviewees spoke positively about the role of the advisory committees, although in some providers the committees are relatively new and the interviewees are taking a developmental approach, expecting to see the full benefit of the committee across time.

The one provider which is not pursuing an advisory committee takes the view that simplicity is a virtue and that all non-essential costs not focused on individual service delivery should be avoided.

Other mechanisms to include clients in corporate governance mentioned were focused on either the board or the organisation.

Board-focused voice mechanisms

- Creating a board observership program for an observer with disability

- Including people with disabilities on board sub-committees, including those on human rights and on quality and safeguarding

- Deliberately rotating the venue for board meetings, including scheduling time with clients at their locations

- Creating a roster of site visits for directors to meet with clients

- Including a client story at the commencement of every board meeting

- In regional communities, using informal conversations such as those in supermarkets as sources of data.

Organisationally-focused voice mechanisms

- Creating an advocacy service for clients which is independent of the provider

- Running regional forums

- Having regular 'town hall'-type e-meetings

- Actively engaging clients in strategic planning processes, including using regional forums to do so

- Making progress against the provider's strategic plan publicly visible, as a form of accountability

- Including clients on staff selection panels

- Co-designing services, policies, procedures, etc.

- Surveying clients; in one provider, the questionnaire is focused on client choice and control

- Deliberately using organisational events such as the annual general meeting to foster client participation, connection and voice

- Creating dedicated Executive positions for people with disability that are focused on the client experience

- Employing people with lived experience of disability, including as peer supporters

- A CEO having monthly meetings with one or two individual clients "just for half an hour, to sit and have a chat"

- Including people with disability in research teams, and

- Running a program where clients present ideas to improve their everyday life.

Reflections on 'one is token, two is presence, and three is voice'

> Trigger warning: We report the experiences of one director, which included harassment.

There is one further issue that arises from the data, i.e., the number of directors with disabilities required to ensure that people with disability are heard and have influence. In the practitioner literature on the inclusion of women on boards, an often asserted view is that 'one is token, two is presence, and three is voice'.

From the data obtained in both our earlier research with directors with disabilities and from this series of interviews with provider representatives, it is clear that in many cases a sole director with disability can be highly influential. Speaking of a former director with disability, one interviewee stated:

> *she … always … put a lot of effort in it and was always prepared to stand up and say what she thought at the board meetings …*

When asked for an example, the interviewee stated:

> *we also have [another program]. And there were some discussions about problems that we were having with some of our [clients in the other program], or difficulties that were coming up with them. And one of the things was that quite a significant number of those [clients] also suffered from disabilities. And [the director] was very forthright in her view that we should be dealing with their disabilities as much as dealing with the [other] arrangements.*

> *And we had a problem with the organisation at the time, because it was very siloed between disabilities and [the other programs] and the other organisations. And she was very keen to see that we made sure that there was communication between both [the other program] and the disability sector.*

The interviewee regarded the director's resignation as a great loss to the organisation.

In another provider with a single director with disability, the interviewee stated:

> *Fran[10] contributes a lot. Fran gets out, she gets to the sites … We do quality audits – she goes out with the quality team. She'll go to houses, she'll go to the sites, she'll go to the opening of some of our new bits and pieces. So, Fran's very much involved, both at a disability and [another program] level as well. Fran's great. She's a great advocate for the organisation. She's obviously got close ties to [a level of government]. Fran's always happy to throw me an invite*

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[10] A pseudonym. The quote has been heavily edited to maintain organisational anonymity.

> *to something [to make connections with government]... And she has a good contribution, which I do enjoy, around the dignity of risk that sits with somebody with a disability… Fran's fantastic in the disability space, talking about the dignity of risk and why we're doing this, and people should be allowed to do that, and so on and so forth. … She's a huge contributor to the organisation.*

The data suggests that these solo directors with disability had substantial influence on the work of their boards and organisations.

We do note that there is some disconfirming evidence regarding solo directors with disabilities and their experiences. One director with disability relayed alarming experiences:

> *So, it hasn't always been safe for me, I have experienced bullying, harassment, sexual harassment, physical harassment, intimidation, victimisation, and one day I'll tell my story, and it's not just one organisation.*

Presumably, having two or more directors with a disability might have helped to create a safer experience for this director.

In a related vein, one Chair recounted the experience of a director who was a carer:

> *… when there is a single director who might be the voice around the board table, the person I know … was the father of one of our clients. They felt that they were always the lone voice and one hand clapping around the board table, and it got to the point where they felt like they were being an activist. … [They] just felt that they'd slipped into a role that they were playing, and wanted, if you like, another voice around the table.*

If a carer could have this experience, there are a number of reasons to hypothesise that some sole directors with disabilities will also feel isolated. As identified in our earlier research, directors with disabilities engage in additional emotional labour compared to those without disabilities and this is likely to be more acute when the person is the sole voice speaking from a disabled perspective. Nonetheless, the bulk of the evidence from interviewees was that solo directors with disabilities were often highly influential within their organisation.

Conclusion

The research has demonstrated the considerable diversity in organisational characteristics among the disability service providers in the sampling frame, e.g., the proportion of NDIS revenue to total revenue. Likewise, providers' boards varied in matters such as their size, terms of office, and recruitment processes for directors. The report demonstrates how organisational characteristics and board attributes can affect inclusion.

For those providers that were within our sampling frame, overwhelmingly, our interviewees reported that they wished to be more inclusive in their board composition and are working towards this. We note that the rationales for inclusion vary, which can impact how providers are approaching increased inclusion. Some providers prioritise the diversity of perspectives that any director with disabilities bring or could bring; others prioritise the value of the customer experience; others see inclusion as a matter of social justice.

The supply of suitably qualified persons with disabilities appears to be problematic. Consideration could be given to strategies to increase supply. We note with interest the appointment of Paralympians to several boards and note that Paralympians are a potential source of directors.

In relation to the issue of including directors with intellectual disabilities, we note that while there is some support and action, such inclusion remains controversial and insufficiently supported. Legal advice might add value.

We note that the research has so far looked at the experiences of directors with disabilities and the experiences of organisational representatives such as board Chairs and CEOs of providers not yet meeting the target of two directors with disabilities (acknowledging that these groups overlap to a small extent). We see value in examining the experiences of those providers where the target is met, and, if this was to occur, interviewing the board Chair/CEO and the directors with disabilities.

We note the impact of rigorous 'skills matrix' thinking in some organisations, which can unintentionally limit opportunities for inclusion. As our first report argued, it might be useful for providers to retitle the skills matrix as a 'skills and attributes matrix' to ensure that important attributes such as lived experience are not lost. Further, we see value in articulating skills associated with lived experience or lived expertise in matrixes, to ensure that these are valued in their own right. We also believe that it would be useful for providers to make explicit their commitment to increased inclusion and to attach a timeframe to this.

In relation to other forms of inclusion of clients with disabilities in the governance mechanisms of providers, most organisations are pursuing client advisory committees and forums. We also identified a large number of other strategies providers are prioritising. Providers should consider their options for facilitating the increased voice of clients.

Recommendations

Recommendations are made to the Foundation and to disability service providers.

Recommendations to the Foundation

Recommendations to the Foundation are confidential.

Recommendations to disability service providers

Recommendation 1: Providers should consider their policy position about the inclusion of directors with disabilities. If wanting improved inclusion, they should establish their goal in relation to inclusion and the intended time frame for achieving that goal, and reframe their skills matrices.

Rationale
- According to our research, few providers had established a specific goal and timeframe for greater inclusion.   - Rigorous application of narrowly-conceived skills matrices can inadvertently limit the recruitment of directors with disabilities.
What this might look like in practice
- Providers could include such a commitment to increased inclusion on the board in business and operational plans.   - Providers could reframe their 'skills' matrices as 'skills and attributes' matrices, and explicitly include the desired skills and abilities associated with lived experience/lived expertise that they seek to include on their board.

Recommendation 2: Providers should consider the range of mechanisms to include client voice, including the voices of clients with intellectual disabilities.

Rationale
Providers' investments in mechanisms for client voice are important, especially so for people with intellectual disabilities.
What this might look like in practice
Providers could consider the range of strategies to strengthen the effectiveness of non-board mechanisms for input to the governance of the organisation. For example, for advisory committees, this might include independent chairing, support for clients with intellectual disabilities, and payment of committee members.

Appendices

Appendix 1: The top 100 disability service providers by NDIA payments in FY2023/24

1	Home@Scope Pty Ltd / Scope (Aust) Ltd / Disability Services Australia Limited	$420.2m
2	Life Without Barriers	$393.4m
3	Aruma Services, Aruma Services Victoria, Aruma Foundation	$343.9m
4	Endeavour Foundation	$169.5m
5	Cerebral Palsy Alliance	$163.2m
6	The Northcott Society	$162.3m
7	Hireup Pty. Ltd.	$149.7m
8	CPL - Choice, Passion, Life	$139.5m
9	The Disability Trust	$121.2m
10	Yooralla	$117.2m
11	Karingal St Laurence Limited (genU)	$116.3m
12	Multicap Limited	$113.4m
13	Australian Foundation For Disability	$111.5m
14	Minda Incorporated, Minda Housing	$106.4m
15	Sunnyfield	$104.2m
16	Achieve Australia Limited	$94.9m
17	Activ Foundation Limited	$88.5m
18	Lifestyle Solutions (Aust) Ltd	$88.2m
19	My Place WA Ltd	$81.9m
20	New Horizons Enterprises Limited	$79.9m
21	Kirinari Community Services Ltd.	$76.5m
22	Ability Centre Australasia Ltd (Ability WA)	$75.0m
23	Pu-Fam Pty Ltd (St Jude's Health Care Services)	$74.9m
24	Everyday Independence Pty Ltd	$71.9m
25	The Corporation of The Trustees of The Roman Catholic Archdiocese of Brisbane (Centacare)	$71.8m
26	Independence Australia Group Limited	$71.5m
27	Aidacare Pty Ltd	$70.2m
28	Community Accommodation & Respite Agency Inc	$68.5m
29	Optia Limited	$68.0m
30	Ability Options Ltd	$67.5m
31	Autism Association of Western Australia Inc	$67.3m
32	Challenge Community Services	$65.8m
33	Novita Services	$65.6m
34	Rocky Bay Limited	$65.5m
35	Melba Support Services Australia Ltd	$62.3m
36	Better Rehabilitation Pty. Ltd.	$60.8m
37	Southern Cross Support Services Pty Ltd	$60.0m
38	The Trustee For The Nextt Health Trust	$58.8m
39	Medhealth Pty Limited	$57.8m
40	Able Australia Services	$57.4m
41	Livebetter Services Limited	$57.2m
42	The ORS Group Pty Ltd	$56.3m

43	Lorna Hodgkinson Foundation (Unisson)	$56.2m
44	Civic Disability Services Limited	$56.0m
45	Sylvanvale Limited	$55.0m
46	UnitingCare Community	$53.3m
47	Claro Disability Services Pty Ltd	$53.3m
48	Nulsen Group Ltd	$52.7m
49	InLife Independent Living Ltd	$52.5m
50	Avivo: Live Life Inc.	$51.4m
51	Horizon Solsolutions (sic) Australia Pty. Ltd.	$51.2m
52	Community Living Options Inc	$49.7m
53	St John of God Outreach Services	$48.7m
54	Home Caring Pty Ltd	$46.3m
55	Wesley Mission Queensland	$44.1m
56	The Paraplegic & Quadriplegic Association of South Australia Ltd	$43.9m
57	United Disability Care Pty Ltd	$43.0m
58	SAC (SA) Pty. Ltd.	$42.8m
59	Independent Living Specialists Pty Limited	$42.8m
60	Good Directions Pty Ltd	$42.4m
61	IdentityWA	$41.5m
62	The Trustee For Lema Family Trust (Cam Can)	$41.2m
63	Brighter Access Ltd	$40.8m
64	Enable WA Inc	$40.3m
65	Plan Management Partners Pty Ltd	$40.0m
66	Westhaven Limited	$39.6m
67	Melba Support Services Inc	$39.3m
68	The Trustee For Carechoice Business Trust	$39.3m
69	Kurrajong Waratah	$38.4m
70	Oak Tasmania	$38.2m
71	Oncall Group Australia Pty Ltd	$38.1m
72	Villa Maria Catholic Homes Limited	$38.0m
73	Gateways Support Services Inc	$37.5m
74	Community Living Australia Ltd	$37.5m
75	The Paraplegic & Quadriplegic Association of N S W	$37.4m
76	Mosaic Support Services (Tas) Inc	$37.3m
77	Selectability Ltd.	$36.8m
78	RichmondPRA Limited (Flourish Australia)	$35.7m
79	Tender Loving Care Disability Services Pty Ltd	$35.6m
80	MSWA Limited	$34.5m
81	Department of Health (ACT)	$34.2m
82	Multicap Tasmania Inc.	$33.8m
83	Royal Rehab	$33.4m
84	Annecto Inc	$33.2m
85	Bedford Services And Advisory Ltd	$33.2m
86	Partner In Your Care Pty Ltd	$32.5m
87	The Trustee For The Hendercare Trust	$32.5m
88	Astris PME Pty Ltd	$32.3m
89	Spinal Life Australia Ltd	$32.3m

90	Disability Services Commission WA	$32.1m
91	Anglicare SA Ltd.	$31.7m
92	Sunrise2sunrise Pty Ltd	$31.7m
93	Home Care Choices Australia Pty Ltd	$31.4m
94	Corporate Development Services (Aust) Pty Ltd & Wapdas Pty Ltd	$30.9m
95	Physio Inq Pty Ltd	$30.9m
96	Open Minds Australia Limited	$30.6m
97	Valley Industries Limited	$30.3m
98	Ermha Limited	$30.0m
99	Third Sector Australia Ltd	$29.7m
100	Mind Australia Limited	$29.7m

Source: Cross (2024).

Appendix 2: Participant information statement

HEC22134: Inclusive Governance

	The research is being carried out by the following researchers:	
	Name	**Organisation**
	Professor Christine Bigby	La Trobe University
	Dr Alan Hough	Purpose at Work
	Dr Caroline Alcorso	Purpose at Work
	Ms Yumi Stamet	Purpose at Work
Research funder	This research has received funding from a philanthropic foundation which has requested to remain anonymous.	

1. **What is the study about?**

   The United Nations Convention on the Rights of Persons with Disabilities promotes the rights of people with disability to inclusion in the economic, social, and political spheres. Although there is no firm evidence base, it is widely believed that people with disability are underrepresented on boards of directors compared to their presence in the general population. There is very limited literature on the inclusion of people with disability as directors of for-profit, not-for-profit, and public authority boards. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability has been raising questions about the inclusion and exclusion of disabled people from the boards of disability service providers. This research will give some attention to people with disability as directors of service providers.

   We aim to identify how people with disabilities are included as board directors of various type of boards (for profit, not for profit, and public), to understand the decision processes of CEOs and board directors for including people with disabilities as board directors, and to understand their experiences of including people with disabilities in the work of a board. These experiences may include challenges, providing support, and recommended strategies for increasing the number of board directors who have a disability.

2. **Do I have to participate?**

   Being part of this study is voluntary. If you want to be part of the study, please read the information below carefully and ask us any questions before you decide.

3. **Who is being asked to participate?**

   You have been asked to participate because you are a Board Chair, CEO, or you hold another role involved in Board decision processes (e.g., Company Secretary or Board Secretary) of a large NDIS provider.

4. **What will I be asked to do?**

   We will ask you to participate in an interview with a researcher to explore your experience of board decision processes regarding the inclusion of board members with disabilities. This will include decision processes, challenges faced, any support provided to board members with disabilities, and strategies for including people with disabilities. The interview will be conducted using an online platform (e.g., Zoom) and will take up to an hour of your time. Your verbal consent will be sought before participation and confirmed again at the beginning of the interview. The interview will be audio recorded and transcribed verbatim by a transcription agency used by the Living with Disability Research Centre and whose employees have signed a confidentiality agreement with La Trobe University.

5. **What are the benefits?**

   By discussing your experience, you will help further our understanding about the processes and challenges involved in including people with disabilities as board members. The findings will provide knowledge about

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inclusive role definitions for people with disabilities and strategies for their support and inclusion. This knowledge can be used by governments and organisations to further the social inclusion of people with disabilities.

6. **What are the risks?**
   With any study there are risks we know about, don't know about, and don't expect. If you experience something that you aren't sure about, please contact us immediately so we can discuss the best way to manage your concerns.

Name/Organisation	Position	Telephone	Email
Christine Bigby, La Trobe University	Director of the Living with Disability Research Centre	0438602264	c.bigby@latrobe.edu.au

There is a very small risk you may feel discomfort discussing your experiences. If you do not wish to answer a question, you may opt to move to the next question or stop immediately. If you become distressed as a result of your participation, we recommend that you contact one of the following:

- Lifeline for 24-hour telephone crisis support on 13 11 14
- Beyond Blue on 1300 22 4636

7. **What will happen to information about me?**
   Only the researchers listed on this form will have access to your information. We will store and use information about you in ways that will not reveal who you are. You will not be identified in any type of publication from this study. We will keep your information for 5 years after the project is completed. After this time, we will destroy all of your data.

   The storage, transfer and destruction of your data will be undertaken in accordance with the Research Data Management Policy https://policies.latrobe.edu.au/document/view.php?id=106/.

   The personal information you provide will be handled in accordance with applicable privacy laws, any health information collected will be handled in accordance with the Health Records Act 2001 (Vic). Subject to any exceptions in relevant laws, you have the right to access and correct your personal information by contacting the research team.

8. **Will I hear about the results of the study?**
   We will notify you when the research output becomes available (e.g., published papers, lay summaries, or reports and presentations) and if requested by you, we will directly provide you with copies of the research output by sending it by email or post.

9. **What if I change my mind?**
   If you choose to no longer be part of the study, you can let us know at any time by calling or emailing us using our contact details on the next page.

   Your decision to withdraw at any point will not affect your relationship with La Trobe University or Purpose at Work. When you withdraw, we will stop asking you for information. Any identifiable information about you will be withdrawn from the research study. However, once the results have been analysed, we can only withdraw information, such as your name and contact details. If results haven't been analysed, you can choose if we use those results or not.

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10. **Who can I contact for questions or want more information?**

If you would like to speak to us, please use the contact details below:

Name/Organisation	Position	Telephone	Email
Christine Bigby La Trobe University	Director of the Living with Disability Research Centre	0438602264	c.bigby@latrobe.edu.au
Alan Hough Purpose at Work	Director	0407132848	alan@purposeatwork.com.au

11. **What if I have a complaint?**

If you have a complaint about any part of this study, please contact:

Ethics Reference Number	Position	Telephone	Email
HEC22134	Senior Research Ethics Officer	+61 03 9479 1443	humanethics@latrobe.edu.au

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Consent

May I check that you have received the Interviewee Information Statement?

Do you consent to participate in the interview based on that information?

Do you consent to the recording of the interview?

Background information

Is your organisation a registered charity?

How many directors do you currently have on the board?

How many current directors publicly identify as having a disability? What types of disability does that director have? What was the onset?

Do you have an open or closed membership?

Are directors elected by the members?

What is the director term of appointment? How many terms can they serve?

What proportion (say to the nearest 10%) of your organisation's revenue relates to disability services?

In relation to the types of disabilities your clients have, what would be the most common primary disability?

- If intellectual disability, clarify what percentage (nearest 10%).

How are directors recruited to the board? [If relevant, do you use the same or different strategies for directors with disabilities?]

- Check for: call to members; public listing such as with AICD, Ethical Jobs or the Disability Leadership Institute; executive search firm; observership program.

Does the organisation use a skills matrix to determine director appointments?

Do you pay any board directors?

How many directors have left the board in the last 12 months?

Substantive questions

The organisation sponsoring this research is interested in increasing the number of directors with disabilities on boards of disability service providers, with a goal of having at least two or more directors with disabilities. They are also interested in processes that increase the voices of clients in organisations' operations.

What is your personal view about whether people with disabilities should or should not be included on the boards of disability service providers? The views we have heard range from that people should be appointed for their abilities alone (and not their disabilities), through to enthusiastic support.

Has the board considered this issue of (increased) inclusion? What was the view of the board?

If there is a commitment, what is the timeframe to implement this commitment?

Have you previously had directors with publicly-declared disabilities on your board? Or currently have one? Was that appointment/those appointments successful? Is that experience successful? Are there any organisational lessons from that experience?

- What type of disability did the person have, if you know?

- What did they contribute to the board or organisation?

- Prompt for example

- Was their contribution different to that of that of the average director without disabilities?

Is it difficult to find appropriate directors with disabilities?

Are any adjustments or supports required/have been required? What is/was your experience of those adjustments/supports?

From your perspective, what would it take – if anything – to have two or more directors with disabilities on your board?

Does the organisation otherwise include the voice of people with disabilities in the governance of the organisation?

Is there anything I should know about your organisation that is relevant to the research?

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