

australian community support organisation



Introduction

The Australian Community Support Organisation (ACSO) welcomes the opportunity to respond to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. For over 35 years ACSO have worked across the community and criminal justice system, assisting people to rebuild their lives and successfully integrate into society. People with disability engaged with ACSO's services overwhelmingly come from backgrounds characterised by various experiences of violence, including abuse, neglect, trauma, and structural violence. ACSO works with individuals with intellectual disability who are both perpetrators and victims of various forms of violence. This presents our service users, employees and organisation with a unique range of challenges, requiring strong governance and controls and committed, well-trained and passionate employees, to protect our clients, employees and the community from further acts of violence.

ACSO operate nine Specialist Forensic Disability Accommodation (SFDA) houses across Victoria, providing residential support to more than 50 people with Intellectual Disability at full capacity. In addition to this, ACSO provide Outreach and Clinical services to participants of the National Disability Insurance Scheme (NDIS), and support participants with disability across a range of our case work, mental health and alcohol and other drug programs. ACSO's clients frequently have critical unmet needs spanning the Alcohol and Other Drug (AoD) sector, homelessness services, and the health system. The people we support are those, who through their exposure to two or more of the above factors, are either in contact with or on the path to contact with the criminal justice system. These complex clients' place significant strain on emergency services, police and other community resources in terms of their health and behavioral needs whilst also being subject to compliance mechanisms including justice orders, supervision and treatment orders.

ACSO's purpose is to strengthen the wellbeing of communities by advocating for and delivering services which divert people away from the justice system. Our core values are Passion, Belief in Humanity, Integrity in all we do, and Innovative Spirit. It is these values which inspire us to support individuals who, due to their complex presentations, are often turned away from other services and supports, leading them to involvement with the criminal justice system where no alternatives exist. It is our belief that people with disability involved in the criminal justice system are often under-serviced, due to their offending behavior. However, it is also the case that such clients are also regularly victims of adverse experiences and violence themselves, and that their unique needs as perpetrator/victims must be addressed to ensure an inclusive and safe society for all. While ACSO works holistically with clients to address a range of needs and barriers to social inclusion, we are challenged by a service system which is often fragmented and exclusionary, and multiple layers of government policy which make provision and navigation of disability services needlessly complex.



Responses to Issues Paper Questions

How do people with disability experience violence and abuse in the home? What are the impacts across their life?

Amongst our client group, there is often an inextricable link between victimisation and perpetration. In a community where victims and perpetrators are viewed as polar and defining concepts, the individuals we work with face a range of additional barriers to inclusion, rehabilitation and achieving a positive quality of life.

As the Commission has heard, and as is well published, people with disability are vulnerable to all forms of abuse across their lifespans. There is also substantial evidence in the literature of the impact of childhood abuse, neglect and other adverse experiences leading to a range of negative outcomes over the lifespan which correlate with criminal behavior, including personality disorder, substance abuse, externalising behavior and emotional dysregulation. People with intellectual disability are at increased risk for both violent and sexual victimisation, as well as offending. Those individuals who come in contact with ACSO's services largely fall into the 'victim-offender' overlap; frequently demonstrating challenging behaviours and often becoming perpetrators of abuse themselves.

Many of our clients have experienced violence, neglect, abuse, and trauma from an early age, often as a link in an intergenerational cycle. Where a person's behaviours becomes too extreme to be managed by families or ill-equipped support services, they regularly find themselves in other institutions, including out of home care and youth justice facilities, progressing into the adult criminal justice system. Studies have shown that people with disability are substantially over-represented in the custodial justice systems: more likely to be arrested when apprehended by police; to have a history of youth detention; more likely to be held on remand; and less likely to receive parole. Within our justice systems people with disability are at risk of structural violence, discrimination, and further exacerbation of their trauma and resultant behaviours through their experiences in the system.

What drives violence and abuse in the home? What increases risk, and how do these 'risk factors' vary among people with disability?

Our clients frequently come from backgrounds where their extreme behaviours are unable to be managed by their families, with limited services in place to support them to manage their loved one's behavior. In the observation of our employees, families who are not supported to manage their loved ones' behavior or presentation are more likely to resort to using forms of violence against them. The same observation can be applied to extended family networks, as well as group residential services. This highlights the importance of strong support, guidance, and supervision to employees. ACSO has a range of quality and safeguarding measures in place to prevent the risk of violence and aggression from employees to client; client to client; or client to employees. These will be discussed in more detail below.



In regard to the drivers of violence, the periods at which our clients seem to be at highest risk of either experiencing or resorting to violence (particularly resident-resident, including verbal and property violence) are times of transition or where there is a disturbance in routine or predictability of this routine. This is particularly noticeable with changes in co-residents; transitions to alternative properties (including for management of bushfire risk) and significant changes affecting the usual routine, as with Covid-19 lockdowns, for example, or changes in support workers/providers. This risk is also apparent in an environment of frequently changing workers, supports and support entitlements, such as has arisen with the introduction of the National Disability Insurance Scheme.

As our clients both exhibit and fall victim to violent behaviours, ACSO recognises the importance of continually assessing this risk in our residential services and working collaboratively and transparently to manage and mitigate the risk of incidents occurring. ACSO notes that risk factors vary from individual to individual, as well as day-to-day. We work collaboratively and respectfully with our clients to understand the things that put them at risk (both of experiencing and using violence), and the practices that work for them to help reduce this risk. Carefully managing the risk of incidences of client violence towards co-residents or employees, also minimises the possibility that employees or co-residents will themselves revert to using violence through feelings of a lack of support or control over their situation. While the goal-oriented nature of our work with clients is focused on increased community participation and quality of life; it is essential that this work is underpinned by a strong foundation of risk management and safety planning.

While ACSO works tirelessly to manage many facets of risk among our complex client group, this is often difficult in an environment of unsecure funding or gaps in funding between state agencies with oversight of our clients (due to their supervision and justice compliance requirements) and the nature of the NDIS funding structures which do not in general provide well for the level of support required to manage risk of harm to self and the community among complex clients in contact with both health, disability and criminal justice service systems.

It is our experience that these systems are not integrated in their responses to our clients and tend to disagree about the responsibility of care for a client within their system. In some cases, ACSO has experienced different aspects of one individual client's needs being divided up amongst different agencies and arguments about disability funding not being available for support of behaviours which intersect with offending, whilst agencies in the justice space will not deal with the impacts of a person's disability upon their offending. Gaining a cohesive response for an individual in this situation is a time intensive task. Additionally, this fragmentation of accountability and oversight of our client group creates complex regulatory structures and creates a burden of duplicative reporting mechanisms across several state and federal agencies.

Due to the nature of funding availability for support being so fractured, it is common that ACSO and other



similar organisations in this sector are currently operating unsustainable models of funding in supporting such clients. The organisation is in effect subsidising the risk management of complex disability clients in the community due to the gaps and lack of co-ordination amongst state and federal governments in this space. Whether identified risks involve a client experiencing violence, or perpetrating violence, the impact is of detrimental effect to their wellbeing and ongoing social inclusion.

How do domestic and family violence services and disability services work to prevent and respond to violence and abuse of people with disability, including children, in their homes?

ACSO works with participants who are often excluded from other services due to their behaviours, whether directly or through indirect barriers. Through years of experience, ACSO have implemented strong quality and safeguarding frameworks to ensure that all people involved with our service are protected from forms of violence. We ensure that our employees are well trained and supported to respond to behaviours of concern, that their supervision and support needs are met, and that they work in a culture where violence of any form, from any person, is not tolerated or disregarded.

All clients referred to ACSO's disability service are screened through our Intake Panel and (where required) High-Risk Register; a multidisciplinary panel of experts from across our programs, to ensure adequate strategies and supports are in place to mitigate and control any potential risks. We work collaboratively and transparently to share the management of risk, involving clinical professionals, departmental case managers, case coordinators, and other client supports. We involve the client themselves in safety planning and implement agreed strategies to understand client triggers and avoid violence or escalations in behavior. Beyond our intake practices, we work closely with our residents to ensure they make informed decisions and are explicitly aware of the consequences of their chosen course of action. Our employees continually monitor for and manage the potential for incidents to occur, including through use of the Dynamic Risk Assessment and Management System (DRAMS), review of the clients' One Plan and Safety Plan, and engagement with our Clinical Services team and Behaviour Support Practitioners. Employees are supported in their decision making through ACSO's 24 hour On-Call function, as well as through regular supervision, consultation with management and clinical services, team meetings and performance development plans. ACSO endeavours to develop positive behavior support plans for all clients who exhibit behaviours of concern, though this is contingent on the availability of funding. These plans are reviewed annually, or on an as needs basis with the Clinical Services Team.

ACSO are proud of our organisational culture and the passion of our employees, ensuring that clients are treated with dignity, empathy, respect and trust. Clients are well informed of their rights, open channels of communication are encouraged between clients and leadership employees, and our detailed feedback policy



ensures that any complaints against employees and/or co-residents are rigorously investigated, and compliance with reporting obligations is maintained. The Quality, Safety and Service Delivery Committee of ACSO's board provide strong governance to ensure we are continually improving our practices and services to ensure the safety of employees, clients and the community, and our Quality and Safety Framework (driven by our dedicated Quality & Risk team) ensures all ACSO employees are aware of the mechanisms and procedures in place. All operational employees are enrolled in a mandatory minimum training package, including: working with justice clients and professional boundaries; risk assessment and management; trauma informed care; positive behavioral support; working safely with ACSO clients; family violence capability building; working with sex offenders; mental health first aid, personality disorders and complex needs and more.

Our success is underpinned by our commitment to quality improvement, as well as our strong collaborative approach. ACSO will never compromise on safety, or on client rights. Maintaining our high standards has however been a challenge for the organisation amidst the changing climate of National Disability Insurance Scheme (NDIS) practices. Where previously ACSO had a strong and exemplary history of sharing the management of client risk with client case managers from the Department of Human Services (Disability Services), now we are faced with varying approaches to support coordination and planning through services prescribed in a client's NDIS plan. The level of involvement and forensic skill of support coordinators is highly variable, and in some cases this function is not available at all. Care teams are often fragmented, with regular turnover in workers and low commitment to care team engagement where this is not a directly funded activity. As a result, ACSO often finds themselves coordinating important client supports, without the funding to do so. The frequent turnover in workers often correlates with escalations in behaviours of concern, due to changes in client routine and the stability of professional relationships. In addition, NDIS plans do not account for or fund investment in quality and training systems such as those delivered by ACSO, these are maintained at cost to the organisation. The management of forensic risk in our disability population is extensive and is no longer provided for by our funding bodies. For smaller or newer organisations providing NDIS services, establishing and funding these strong safeguards and risk management controls required for our client group would be foreseeably difficult; as a result, many organisations decline to engage or withdraw supports from our client group. There are no longer safety nets or 'providers of last resort' in the market, to ensure that clients receive continuous and acceptable quality of care.

Our clients face further barriers in accessing support due to their characterisation as offenders. They are often turned away from victim support services (including the Centre Against Sexual Assault, Victim Support Agency and treatment services including AOD) due to policies or practices that exclude offenders from service. Such exclusions deny them their rights as victims and as people with disability in need of supports and often serve to further exacerbate their complex situations. Far from a whole-of-person approach, our clients' experience of support in the community is too frequently that of a fragmented network of prescribed services, with little



scope or funding for collaborative approaches, and many closed doors due to exclusionary eligibility criteria, lack of overarching ownership and accountability across multiple government funders, and the inability of services to manage complex presentations within an environment of limited funding.



Conclusion

ACSO have a long and proven history of working with clients either turned away or considered too challenging or complex by other services. Over the years we have developed an intricate understanding of the practices and safeguards required to work safely and effectively with such clients. We support clients through a whole-of-person approach, understanding that their use of violence or behaviours of concern is often inextricably linked to their own victimisation and adverse experiences. We work tirelessly to prevent incidences of violence between and by clients through a collaborative and transparent approach and safeguard against violence by employees through mechanisms ensuring strong employees support and accountability. Our biggest challenge is that our organisational efforts are frequently hampered by a lack of specific specialist support services for our complex clients, as well as by the fragmentation of service delivery, funding mechanisms across levels of government and within governments and limited facets of service responsibility that have been introduced by the NDIS funding model.

ACSO submit the following recommendations for consideration:

- Attention be given to uniting the provision of disability services across Federal and State funding mechanisms, with a clear body identified to hold overarching accountability for necessary and quality service provision. As with other sectors of community support, disability providers should be supported to deliver a holistic whole-of-person approach to supporting clients through joined-up systems of government funding and accountability; without requiring providers to exhaustively navigate and advocate these siloed funding mechanisms in the provision of services necessary to support their client group.
- Disability sector funding is carefully interrogated and reviewed, ensuring due regard is given to the true costs involved in providing quality support and risk management for complex and high-risk clients groups, beyond the provision of direct client service delivery.
- 'Providers of last resort' should be established to ensure people with disability exhibiting extreme behaviours of concern are not disadvantaged by the inability of the wider service provider markets to support their complex presentations.
- Safeguards are introduced to ensure people with disability who are both victims and perpetrators of violence, are not excluded from receiving necessary services and supports due to their characterisation as offenders or behaviours of concern.



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¹ Papalia, N., Ogloff, J., Cutajar, M & Mullen, P. 2018 'Child Sexual Abuse and Criminal Offending: Gender-Specific Effects and the Role of Abuse Characteristics and Other Adverse Outcomes' *Child Maltreatment* v.23(4) pp. 399-416.

ⁱⁱ Fogden, B., Thomas, S. Daffern, M & Ogloff, J. 2016 'Crime and victimisation in people with intellectual disability: a case linkage study' *BMC Psychiatry*, vol 16(170)

Holland, S & Persson, P. 2011 'Intellectual disability in the Victorian prison system: characteristics of prisoners with an intellectual disability released from prison in 2003–2006' *Psychology, Crime & Law,* 17(1), pp.25-41