23 December 2022

Online Submission

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Relationships Australia welcomes the opportunity to make a submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. This submission is made on behalf of our federation of State/Territory Relationships Australia organisations, and makes use of practice insights and observations provided by our Members. While we have de-identified the specific Member contributions below, it is apparent that many of the lessons learned are applicable, both to the existing suite of services, and also in shaping of a future service system that will effectively uphold the human rights of, and support, people with disability.

Relationships Australia made an earlier submission to the Royal Commission on 5 October 2021. In our first submission, we outlined the key themes that had emerged and/or been observed throughout the provision of the Frontline Counselling and Support Services for clients affected by the Disability Royal Commission, and of other services across the Relationships Australia Federation.

This submission aims to summarise the common issues our Members have observed throughout service provision, some key lessons arising from our collective practice experience, and makes recommendations for the future based on these learnings.

Underlying Conceptual Issues

- Ableist attitudes permeate society, unarticulated or otherwise, and are the root cause of violence and abuse against, and neglect and exploitation of, people living with a disability.
- Systems, processes, and persons set up to support people living with disability often perpetrate these attitudes, however unintentionally.
- This creates tangible and subtle barriers for people with disability to exercise their human rights and limits their ability to receive support to address these experiences.
- Widespread experiences of complex trauma are pervasive among people with disability and their carers.
- Australia's current bureaucratic systems fail to accommodate or appropriately fund systems and services that could address the myriad physical, attitudinal, communication and social barriers faced by people with a disability. There is an additional lack of will to address these issues due to the continual and resource-intensive commitment this would require.

External challenges faced by people accessing our services

- Experiences with injustice causing distress – many stated they didn't need counselling, just justice. The possibility of healing from the trauma is often associated with the acknowledgement and remediation of the injustice they have suffered.
- Services often overlook the ecosystem surrounding the person with disability – in most cases, this network of family and friends holds invaluable insider knowledge of the person with disability and is the most committed to their well-being. This is particularly true when the person with a disability is unable to advocate for themselves. When carers are ignored, dismissed and/or blocked by service systems, this reduces their capacity and causes their own experiences of complex trauma and mistrust. In many cases, the best outcome for the person with disability requires genuine engagement of family and friends by the service system.
- Lack of accessible transport - Most services operate on the erroneous assumption that people can physically attend. For example, some clients cannot reach the services that are supposed to help them access NDIS support, locking them out of access to disability and other essential support precisely because they have a disability and little support. Transport support for people with disability is crucial to support them to achieve their goals and maintain independence.
- Labelling of 'troubling' or 'problematic' clients – people who have experienced systemic abuse or injustice and are seeking remediation have previously been blocked or sidelined by other services for their complaints, leading to further trauma and additional need for remediation.
- Ableism in the employment sector – many of our clients are unable to gain employment due to ableism in the disability employment agencies and workplaces. People with psychosocial disabilities face discrimination if they disclose their disabilities, while others are unable to gain employment due to the punitive approach and discriminatory practices by employment agencies. For some, this can lead to financial deprivation and homelessness.

Lessons from service provision

Challenges associated with providing the Frontline Counselling and Support Services for clients affected by the Disability Royal Commission (DRC) and other services across the Relationships Australia Federation:

- The design of the referral system (for the Frontline Counselling and Support Services for clients affected by the DRC) was not trauma informed. Warm referrals from other counselling services were rare, causing clients to re-tell their story to multiple providers. As our services were established as more long-term support, when clients reached us, they had already been affected by this process.
- There is a generalised lack of referral pathways, including lack of true bulk-bill psychology practices and appropriately funded advocacy services.
- Long waitlists or referring to other organisations with waitlists was unacceptable – many of our clients were accessing our services at 'the end of the road' after many rejections or other negative experiences with service providers. This led practitioners to question whether they could refer clients on, leaving them unsupported and their needs unmet; or take on duties that resulted in extending their roles beyond their area of expertise.
- Relying on telecommunication to provide services in bushfire affected regions is insufficient – many remain without internet connection in these regions.
- Use of cognitive behavioural therapy modalities for neurodivergent clients - this format was generally not well suited.
- The effects of staff turnover are more acutely felt by this cohort of clients, yet the work is uniquely challenging. There is a risk of burnout for staff due to the cognitive and emotional load of working with complexity (compared with traditional counselling).
- Regular intake systems, such as forms, complex language and conducting intake in the first session are not suitable for many.
- Providing this service in the Northern Territory posed unique challenges, specific to the location – due to a variety of factors such as staff retention, ongoing COVID-related restrictions for service provision to remote areas, loss of networking systems and widespread fear of institutions, which limited people's willingness to access services.
- The uncertainty of funding extensions led to loss of skilled and qualified staff.
- Engaging with correctional facilities has been particularly challenging – it has been difficult to create working relationships with these facilities, including last-minute cancellations and an unwillingness to engage with our services.
- The time-consuming nature of casework was not reflected in the data collected for reporting requirements.

What worked well

Despite these challenges, our services and systems made a variety of positive transformations and changes. The key element to the success of the service was its flexibility, and our Members are grateful to the Government for enabling this flexibility throughout the service delivery period. As a result of this, many of the issues or shortcomings could be addressed through creative problem-solving throughout the service provision. The following is a list of the solution-focussed adjustments Members of the Relationships Australia federation made during delivery of the frontline counselling service and other services across the Federation.

Shifts in perspective

- Allowing *everything* to be client-led and client-centred; made possible through flexibility of the funding and made necessary by the past experiences of the clients.
- Engaging training to build staff knowledge and awareness, especially around appropriate language/terminology within the field of disability. This was important for all staff, not just practitioners providing the service.
- We found enormous benefit in hiring people with experience working in disability and providing training to increase their therapeutic skills, rather than highly specialised therapists who required upskilling to work in disability.
- 'If it is right for us, it is right for everyone' - Ensuring that all facilitation activities and processes are inclusive of all participants irrespective of any disability.
- Working in this service required a complex and deep knowledge of the service system to help guide people through it and find pathways for support. This was considered to be more prominent (and critical) in this program than most other programs in the relationship services sector.
- Developing organisational specific Disability Action Plans to reduce and remove barriers experienced by people with a disability and disseminate the learnings from this service throughout the Federation.
- Hosting and nurturing honest conversations about staff assumptions and biases and providing education where needed.

Service design

- Developing and designing a unique service in response to the needs of clients. This resulted in therapeutic counselling within an advocacy and collaborative case work framework.
- The service was not limited by prescriptive service delivery outputs or strict operational guidelines, this allowed for:
    - A truly person-centred approach - people know what they need. Many would request intensive, longer-term case management to respond to the impacts of being the victim of family violence or a violent crime, or to deal with accommodation, financial or health issues. Often it is observed that several of these circumstances affect a person with disability concurrently. Providing this support created a safe space within which trauma counselling could occur.
    - Creating a 'one-stop shop' *authentically* reduces siloing because clients with complex needs do not have to be referred to separate specialised services (i.e. for case management, counselling, advocacy, and specific disability supports).
- The program is flexible and can provide a multifaceted approach to support clients with complex needs. This allowed for adaptive ways of working, for example:
    - Flexibility to respond to the needs of the whole network around the person with disability. The program included capacity to respond to families and carers in a holistic, multidisciplinary approach.
    - There was no arbitrary limit on the approach, length, intensity, frequency, duration, method of involvement or location of sessions. This person-centred policy allowed interventions to occur at the client's pace, where they felt comfortable, for as long as they required. We met clients face-to-face, at our offices, in client's residences or public spaces, online, via email, through SMS

or occasionally booking community venues. Flexibility was especially useful for scheduling longer or shorter sessions to accommodate the capacity of the individual. Clients with different cognitive, psychiatric, or physical requirements and those who were culturally and linguistically diverse often required a minimum of two hours per session; sometimes even longer for case management. By contrast, clients with ADHD were more likely to request shorter sessions, often under half an hour.
    - Community consultation and co-design of programs for people living with disability by people living with disability. For example, a participant developed a program known as *Exploring Autistic Identity Through Art,* which was extremely successful.
- The program came with funding to upgrade facilities, create appropriate spaces, enhance intake and assessment tools and complete training.
    - We made major upgrades to some facilities, but also used this funding to upgrade facilities to create safer spaces through simple changes. For example, we set-up multiple waiting rooms, provided sensory tools (e.g., weighted blankets, fidget spinners, non-traditional communication tools such as proloquo2go, talk touch sheets or art), installed dimmable lights, installed smart televisions and other assistive technologies and created videos and other audio-visual tools which we shared with clients before they came to their first session to explain these changes and support their comfort.
    - We upgraded many of our systems to use easy language for all forms/paper documents.
    - We utilised closed captions in all videos used across workshops and coursework.

Service delivery

- Flexibility in timing allowed us to deliver services that:
    - Were able to spend time building relationships understanding the unique experiences of the client, something which had been denied to many clients in previous experiences. This was especially appreciated because funding envelopes for social support and relationship services have not conventionally recognised that allowing clients time and space to develop trust in practitioners is a prerequisite to effective therapeutic supports.
    - Employed a range of strategies to engage clients and build trust, including the use of icebreakers and activities.
    - Reduced formality of assessment and intake for the service: taking time, reducing use of forms, spreading across several sessions to create trust, providing choice about information sharing. It was noted that this required ensuring that the whole organisation is onboard and understands the effects that poor intake processes can have on the client.
- Providing choice and autonomy and removing/reducing the burdens of navigating systems, such as:
    - Recognising clients' agency in identifying their disability and allowing the client to determine the level of assistance they need by providing ample opportunities for them to disclose this information easily.
    - Wrap-around services – specifically managing the burden of communicating and coordinating with other organisations around the client.

  - Using multi-agency case management (MACM) meetings for clients experiencing or perpetrating domestic and family violence; to share information, assess risk, and plan strategies for safety and perpetrator accountability.
  - Openly recognise and acknowledge injustices and systemic abuse affecting the individual and avoid pathologising or diagnosing based on responses to these experiences.
  - Material support to address needs has been invaluable. This could take the form of taxi vouchers, food vouchers, etc. In one instance, a practitioner supported a client to apply for a charitable grant to address her many material needs during a crisis. This was crucial support at a time of need. However, it took a tremendous amount of research to find a suitable grant.
- Changes we made to the program throughout the service provision:
  - Using verbal explanations as well as written, for example, always starting the session by verbally explaining clients have 'a right to decline any discussion'.
  - Matching clinical staff to the specific needs of the client, including the use of referral information.
  - Including support workers and carers in sessions where necessary.
  - Using communications/marketing to explain the interactive nature of facilitated group sessions before the session, so that clients know what to expect.
- Skills and relationships developed through this service provision included:
  - Developing a cohort of counsellors who are able to shift between a trauma counselling model to addressing social determinants of health, wellbeing and social justice, and conducting advocacy work, without derailing the counselling session.
  - Addressing case management needs as they arise, allowing for immediate concerns and needs to be addressed in a safe manner.
  - Developing empowering case management skills, supporting / accompanying clients to take their own actions. Ultimately this led to clients continuing to engage with the service during times of high stress and overwhelm.
  - Persistence with 'hard to reach' clients, such as those in prison settings.
  - Practitioners able to seamlessly use a combination of expressive therapy, talking mats (projective techniques), person-centred therapy, Acceptance Commitment Therapy, polyvagal theory and narrative therapy.
  - Strong relationships with the Public Trustees. The Public Trustee didn't understand mediation and how this was a value to their clients, this has also been useful for our other services such as Elder Abuse Prevention services.
  - Strong relationship with advocacy agencies – especially important for responding to psychological trauma stemming from experiences of systemic abuse and injustice.
  - Reflection of our own practices and the impact these can have on individuals.
  - Stronger supervision practices to support the complex mix of case management and counselling. This helped maintain the focus on the goals of counselling and the boundaries of the role of the counsellor.
  - Reducing reliance on talk-therapy e.g., through visual mapping/ representations, visualisation, artwork, written narratives, social stories,

mindfulness, breathing, movement, body scanning, kinetic, therapy cards, and more.
- Psychoeducation around trauma, grief and stress has proven to be essential for majority of clients; we have found it important to repeat this information and support it using non-clinical everyday language.
- Increased use of information and support provided by peer education and consumer-based organisations. These resources are especially useful for people who were given little information with their diagnosis or are unable to receive a diagnosis due to unaffordability or unavailability of assessment.
- Increased use of creative group work. For many cohorts, group work was found to be the most effective modality.
- Clinically focused human rights lens when approaching this work, incorporating a human rights lens in all our work to support and empower clients to uphold their rights.

What services are needed following the Royal Commission

We asked our members to provide a single suggestion for a service that should be funded following the conclusion of the Royal Commission. All were unable to select just one, due to the overwhelming need for further supports in this space. Many described the program as uniquely challenging due to the extreme shortfalls in existing service provision. We have included some of the suggestions below:

1. Free long-term, trauma-informed counselling, case work and education for people with disability and their family and carer networks. Due to the current shortfalls in other systems, an independently funded counselling and advocacy service is crucial. Given the high incidence of trauma originating from systemic abuse, this service requires a shift in focus from the individual to the broader context and the interactions between them. These services should not be separate given the myriad of benefits listed above that are reaped from integrated services. Additional supports should include:
    a. Legal support. Many clients were responding to systemic injustices and required free legal support, which was difficult to access.
    b. Peer support and lived experience representation.
    c. Advocacy training for practitioners working in this space.
2. Services for perpetrators of family violence who have disability. The current service spectrum is not inclusive of people with cognitive, intellectual, or other disabilities. Many services are incapable of identifying people with disability as perpetrators, leading to risks of apparent collusion. Services should address a client's experience as a perpetrator of violence as well as their own experiences of being impacted by violence, abuse, neglect, and exploitation against them.
3. Support for carers which can address issues such as adapting to ageing both for the person with a disability and the carer, as well as providing opportunities for respite. This is especially important for carers of those people without access to the NDIS.
4. Advocacy services which can also cross the boundaries of case work and counselling. We understand that NDIS Coordinator of Support workers are currently unable to advocate for their clients, which appears to reduce opportunities for effective advocacy. Our program currently fills this gap created by the advent of the NDIS, however a systems navigator for clients, family members, and professionals would be beneficial.

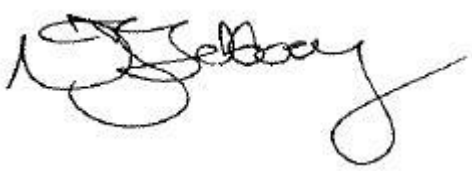
5. A disability employment sector that is disability-sensitive and person-centred. A sector which provides nuanced and relevant support, recognises a genuine desire to work and contribute and is not punitive. The workforce must have appropriate training and qualifications.
6. Adequate training in disability and trauma-informed practice for teachers, support workers, allied health professionals, medical practitioners and those working within the justice system. For example, within prison systems there is an overrepresentation of people with disability and a lack of understanding of it. Additionally, people undiagnosed with neurodiversity are over-represented in the mental health system and are often forced to undergo restrictive or restraint practices exacerbating ASD and ADHD behaviours.
7. Fund appointments, assessments, and reports for gaining access to NDIS. Many of our clients were unable to gain access to the NDIS due to prohibitive costs of the assessment process. Additionally, there must be material supports for clients with disability, especially those who are not NDIS participants.
8. Easier more responsive avenues for lodging complaints.
9. Dedicated funding for services in regional, rural and remote locations (such as the Northern Territory) which recognises the many challenges faced in those areas, including with recruitment, retention and network collaboration.
10. Developing a trauma-informed lens across the service system. Many people with a history of exposure to interpersonal and systemic abuse face many challenges in their engagement with the different systems (i.e., welfare, health education, justice). Their experience of trauma and their disabilities are misunderstood and, at times, used against them. Adopting a trauma-informed and human rights approach and training in skills to engage with this client group is urgent and necessary.

Concluding remarks

Relationships Australia has been honoured to provide the Frontline Counselling and Support Services for clients affected by the Disability Royal Commission (DRC). Despite the challenges, we have found the flexibility bestowed by this program has allowed us to develop a truly unique service which fills an enormous gap in the service spectrum. Additionally, providing this service has allowed us to upgrade and upskill our facilities and staff, improving the accessibility across our own service spectrum for the future.

Thank you for your consideration of this submission. Should you wish to discuss any aspect of it, or the services that Relationships Australia provides, please do not hesitate to contact me by email (ntebbey@relationships.org.au) or our Senior Research and Project Officer, Claire Fisher (cfisher@relationships.org.au), by telephone on 02 6162 9300.

Kind regards



Nick Tebbey

National Executive Officer Relationships Australia