



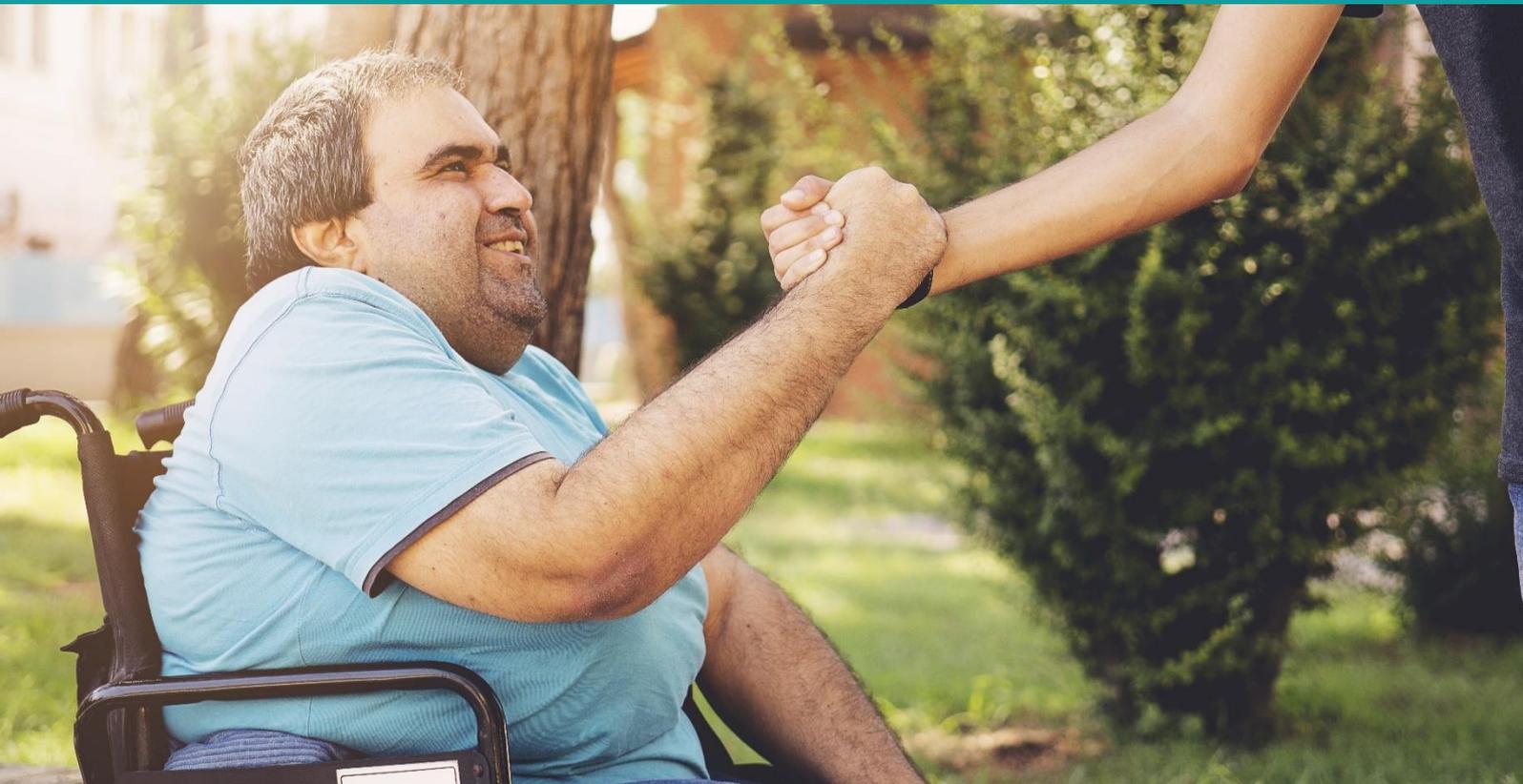
Interface of Systems with Disability in SA

Recommendations for Reform and Findings of DACSSA
Relating to Abuse of People with Disability

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Acknowledgement



Disability Advocacy and Complaints Service of South Australia Inc. ('DACSSA') acknowledges the traditional owners of the country throughout Australia.

We pay our respects to Aboriginal and Torres Strait Islander Peoples and to elders past, present and emerging.

We recognise that the people we work with everyday face significant disadvantage and historical oppression. This is even more true for First Nations people living with disability and those from culturally and linguistically diverse backgrounds who experience disadvantage relating to disability, race and other diversity.

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Key Terms

F #	Finding no.
R #	System Reform Recommendation no.
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS QSC	NDIS Quality and Safeguards Commission
CVS	Community Visitors Scheme
Active clients	Clients who have a disability advocacy matter currently open with DACSSA. Clients may have multiple active matters with DACSSA at any given time. An active client may be a person with disability or a parent of a child with disability.
Intersectionality	The connectedness of social factors like race, class, gender etc. and how this may overlap and intersect to cause further disadvantage.
UCRPD	United Nations Convention on the Rights of Persons with Disabilities
DRC	Disability Royal Commission
COVID-19	The Novel Coronavirus
Psychosocial	Referring to mental illness categorised as disability
UN	United Nations
Whistle-blower	Someone who reports a person or organisation for engaging in an unlawful or immoral activity.

Background

DACSSA is a not-for-profit organisation funded by the Australian Government Department of Social Services. DACSSA is funded to provide free and confidential disability advocacy to people with disability, their families and carers in South Australia.

Disability advocacy is speaking or acting on behalf of another person to champion their rights.

Independent advocacy is defined and legislated by the National Disability Insurance Scheme Act 2013 (Cth) as being:

- a. Independent from the NDIA, the NDIS Quality and Safeguards Commission and any NDIS providers providing supports or services to the person with disability and;
- b. Provides independent advocacy for the person with disability, to assist the person with disability to exercise choice and control and to have their voice heard in matters that affect them; and
- c. Acts at the direction of the person with disability, reflecting the person's expressed wishes, will, preferences and rights; and
- d. Is free of relevant conflicts of interest.

DACSSA's advocacy services are truly independent, allowing us to champion the rights of people with disability and inform systemic change that brings about confidence, better life stage outcomes and policy decisions for South Australians.

DACSSA's services are delivered through models that are tailored to meet the needs of multiple cohorts including those living in regional and remote areas. While DACSSA is funded to provide services in South Australia, DACSSA's reach extends beyond micro and mezzo levels, into macro systems reform. This occurs through the systemic advocacy DACSSA performs that sees law and social policy reform bettering the lives of all Australians living with disability.

Introduction

This report is collated and offered to the Minister for Human Services, the Hon Michelle Lensink, via the Taskforce that was established subsequent to the death of Ms Anne Marie Smith, to provide systems reform recommendations.

This report discusses the experiences of DACSSA clients in South Australia and DACSSA's broader understanding of the pervasiveness of systems and interface issues which inhibit the protection of people with disability from abuse, neglect, violence and exploitation. This report identifies:

1. Demographic trends
2. Key themes and antecedents of abuse, neglect, violence and exploitation such as complex intersectionality
3. The voices of people with disability
4. Barriers to safeguarding such as:
 - a. Complex intersectionality
 - b. Systems responses and responsiveness

- c. Cultural and policy paradigm shifts
 - d. Whistle-blower protection
5. DACSSA's safeguarding efforts to date including case study material
 6. Recommendations for disability abuse safeguarding and systems reform in South Australia.

Executive Summary

DACSSA is concerned for:

1. the prevalence of abuse, neglect and violence of people with disability in South Australia.
2. The lack of interprofessional collaboration and effective systems communication regarding people with disability and their risk factors.
3. the duplication of funds and resources of both state and federal governments subsequent of systems inefficiency and unresponsiveness.
4. a lack of appreciation for a person with disability's expertise, how lived experience can assist service outcomes for people with disability and serve as a protective factor when navigating systems.
5. the degree to which complaints and disclosure processes of systems are not accessible for people with disability and whistle-blowers.

Reform is required to:

1. increase disability awareness of professionals and systems who interact with people with disability in order to facilitate safer access to systems;
2. better systems responses that consider disability needs;
3. inform better risk assessment design about disability abuse of a person and potential risk factors relating to disability that can be shared as a framework across systems consistently to maximise the richness of information sharing where appropriate.

Findings

Demographic trends

DACSSA has seen a concerning and significant increase in abuse and disability service complaint related matters. These relate to both NDIS and non-NDIS participants.

Between the years 2017/18 to 2018/19, DACSSA saw an increase of 28% in matters relating to abuse, neglect and violence of people with disability. There was nearly a 90% increase in issues relating to disability service provider complaints, and almost 85% increase in discrimination and rights matters.

In 2020, we have continued our analysis and a preliminary data set of service users. These service users were found to be experiencing matters associated with disability abuse.

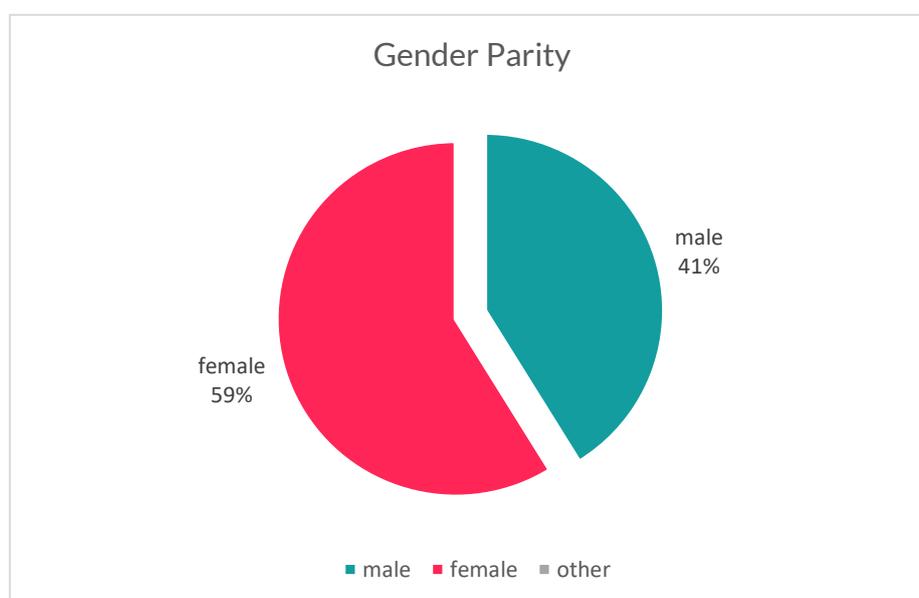


Figure 1 - Gender Parity of People with Disability Experiencing Abuse, Neglect & Violence in SA.

Disability Abuse

Of the cohort of people for whom disability abuse is relevant, 59% are female and 41% are male, evidencing that while the issue of Domestic and Family Violence ('DFV') is gendered, disability abuse is not. Disability abuse can occur for people of all genders and sexual preferences, as it is not gender alone that makes people vulnerable rather, it is the compounding intersectionality factor of gender and disability (*See Case Study #1*). This reinforces DACSSA's systemic advocacy that existing DFV frameworks for preventing and responding to abuse would be insufficient to protect the whole cohort that experiences disability abuse.

This reinforces DACSSA's systemic advocacy which implores state and federal governments to fund specific disability awareness training that focuses on steps for responding to disability abuse. DACSSA's recently disseminated report titled *Complex Intersectionality; Addressing the Handball Effect in South Australia* reiterates the importance of disability awareness in order to reduce the compounded disadvantage of people with disability when they navigate systems.

Disability as a factor of intersectionality makes individuals more vulnerable and requires an independent, disability specific approach to education and training. We agree with a strengths perspective to reinforce that all with disability are not inherently vulnerable, however we must reform cultural attitudes and beliefs of the community towards people with disability to remove onus on people with disability to keep themselves safe or to find the right service to contact.

DACSSA finds that awareness of disability increases the likelihood of successful engagement and positive outcomes for service users that safeguards them from disability abuse.

F #1	Disability abuse is not as gendered as the issue of domestic and family violence and affects a large and diverse cohort of South Australians.
R #1	Training specific to disability abuse is made available to safeguard the community of women, men and others who experience disability abuse.

Interface Issues

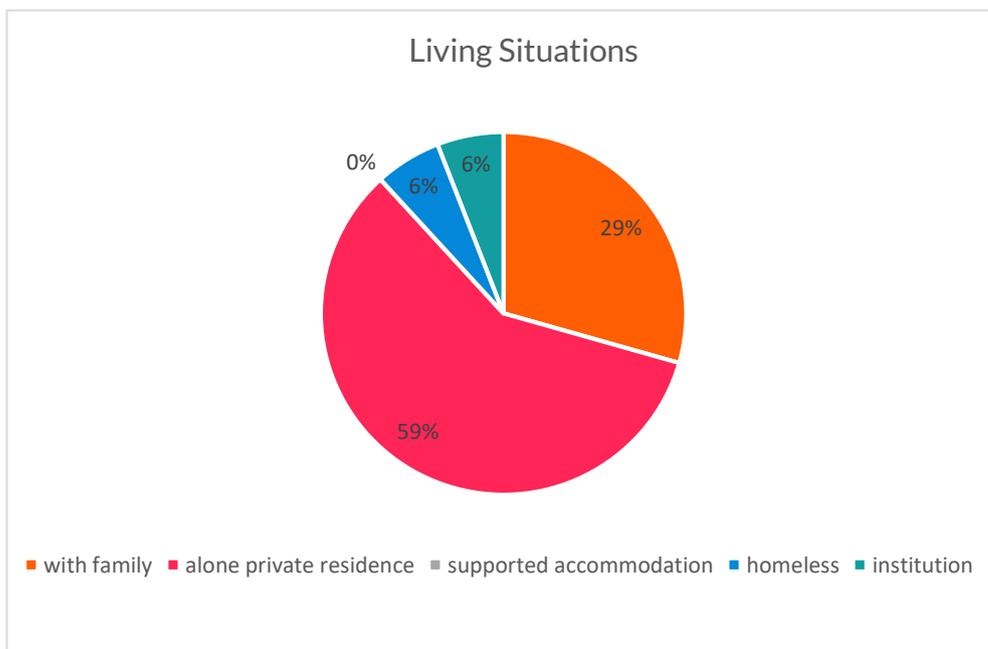


Figure 2 - Living Situations of Those Experiencing Abuse, Neglect & Violence in SA

DACSSA’s preliminary data set indicates that individuals for whom abuse is a prevalent issue, nearly 60% are currently living alone or in private residences. The second largest finding is that people are living with family. This is important when considering the intersection of DFV and disability abuse and barriers to disclosure for people who rely on others for support.

The above living situations data is important when considering the scope and efficacy of The Community Visitors Scheme (‘CVS’). Reforms to allow powers for CVS to enter private residences is a consideration, however giving the CVS powers

to enter private residences in some cases, gives rise to gross ethical issues of dignity of risk, right to privacy and the balance with safeguarding.

As evident in the case of Anne Marie Smith, the wider community is not confident to act to prevent or respond to disability abuse. Statistics show that over a third (36%) of people tend to think of people with disability as not as productive as people without disability, and more than one in three people show an unconscious bias against those with disability. These levels are higher than levels of bias on the basis of gender or race¹.

The combination of community attitudes, bias, lack of awareness and absence of specific training targeted at the community and professionals in the sector, places people with disability at great risk of being abused. Early observations reporting and intervention of coercive and abusive behaviour is the best practice approach to safeguard people with disability and prevent prolonged access of abusers to people with disability.

“I just felt fobbed off everywhere I went because it either wasn’t their work, the person wasn’t the right client for them, they couldn’t respond to crisis, it happened too long ago, it didn’t happen to me or because they just didn’t know”.

Figure 3 - Lived Experience

“I was killed not because of my disease but because of the lens through which I am viewed and thus not believed”

South Australia has seen significant policy change in recent years with the establishment of the NDIS QSC which has changed the jurisdictions of existing statutory bodies and the way they triage and respond to disability abuse. DACSSA has found these changes have brought about immense ambiguity and confusion on a systems level to understand who is responsible for matters of disability abuse. This disadvantages the individual who is ‘handballed’ from system to system and often given misinformation.

The scope of each statutory body in South Australia is nuanced and navigation of these processes for the individual is disempowering, cumbersome and overwhelming. DACSSA’s increase in matters relating to abuse, neglect and violence and disability service complaints can in part, be attributed to the degree to which these reporting mechanisms have become inaccessible (See Case Study #1).

It is noteworthy that the cohort within the data discussed in this report largely identifies with psychosocial disability. Almost 20% of DACSSA service users who have ever been assisted with a matter relating to abuse, neglect, violence or exploitation, have had psychosocial disability as their primary diagnosis. People with psychosocial disability are underrepresented in people accessing the NDIS. This is an important consideration when determining jurisdiction of the Quality and Safeguards Commission and its reach to ALL people with disability for the purposes of safeguarding.

¹ Harvard University, 2011 ‘Project Implicit; Disability’, <https://www.projectimplicit.net/>.

The NDIS QSC is unable to provide tangible safeguarding responses where a person with disability is not on the NDIS, or where incidents have not been reported. This introduces the interface issue of system design and scope in South Australia. The below diagram and decision tree describes the processes and requirements of the NDIS QSC as just one example, to illustrate how burdensome it is for people with disability as they're vested with the responsibility to right entry point, provide information, fill out forms and seek external support. Other frameworks are also limited:

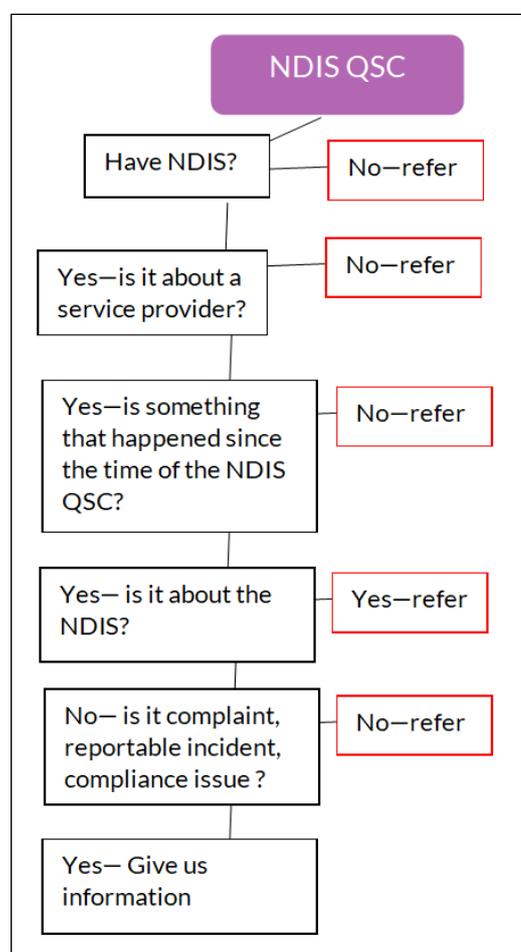


Figure 4 - NDIS QSC Decision Tree

- a. *Office of Public Advocate* – Limited to provide assistance only to those under Guardianship as appointed by the South Australian Civil and Administrative Tribunal.
- b. *Community Visitors Scheme* – Limited to visit those with disability who are housed and supported by disability service providers or systems in institutional settings, excluding NGO's.
- c. *Health and Community Services Complaints Commission* – Provides assistance only in instances where complaints relate to community and health services and have occurred within 2 years. The HCSCC can direct people to make direct contact with the respondent of their complaint which can increase feelings of victimisation and deter people from complaining.
- d. *Adult Safeguarding Unit* – Assists people over the age of 65 or First nations people over the age of 50 who may be experiencing abuse.

F #2	Existing frameworks are unable to reach and protect people with disability who can't be accommodated by the limited scope of multiple systems and mechanisms for complaints and reporting.
R #2	Systems access points need to better understand each other and communicate effectively to carry out consistent triaging and warm referral of people with disability.

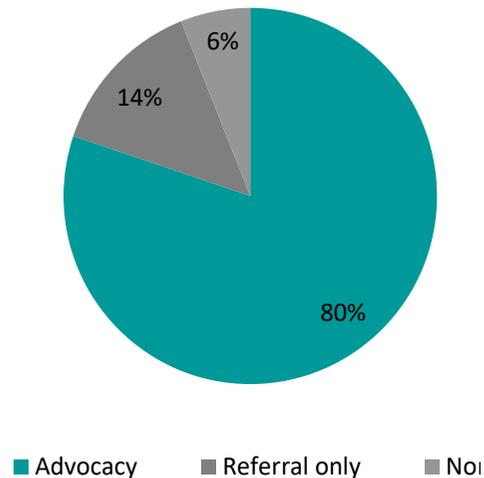
F #3	Community attitudes, bias and lack of awareness inhibit the community and connectedness from being a protective factor for people with disability.
R #3	The community must be assisted to learn about disability and reporting pathways in order to build confidence to identify coercive and abusive behaviour.

In South Australia, there is no clear or comprehensive reporting mechanism with scope broad enough to be accessible and meet the needs of people with disability. Whilst the above decision tree depicts only the processes and limitations associated with the NDIS QSC, other statutory bodies, government bodies and initiatives face the same scope limitations.

The NDIS Act legislates that the NDIS can provide 'general' supports or 'funded' supports. 'General' supports are described as being those carried out by communities and coordinators who assist with Information, Linkages and Capacity Building. These supports are made available to people who aren't eligible for the legislated 'funded' supports but are still considered to be recipients of NDIS supports. Thus, there is an err in the application of the NDIS QSC scope and gross assumptions made that only people with disability who receive funded supports should fall under the catchment of the NDIS QSC for safeguarding.

In 2019, DACSSA's *Complex Intersectionality; Addressing the Handball Effect in South Australia* detailed how people with disability experienced unresponsive or ineffective systems:

Type of Assistance Provided By DACSSA



- 1.1 Despite DACSSA noting over 33% of the sample size to experience issues beyond the scope of DACSSA e.g. crisis, DACSSA has provided advocacy assistance to 80% due to unavailability of other service options for example case management. DACSSA found that lack of responsiveness to urgent or worsening matters is the primary cause for DACSSA to instigate risk assessment and urgent matters triaging processes in order to safeguard the client.
- 1.2 This advocacy was delivered in an effort to combat the 39% of clients who felt service effectiveness and service responsiveness was the largest barrier to accessing services to address their matter.
- 1.3 Where advocacy hasn't been delivered, a minimum of a secured warm referral has taken place and this has amounted to 14% of the matters. A secured warm referral is where DACSSA will commit to connecting a person with disability to the appropriate service before ceasing contact. This is a principal of high quality service delivery that DACSSA feels lacks in other sectors.
- 1.4 Where DACSSA has provided no advocacy assistance and no referral support it has been due to immediate risk to DACSSA or the person.
- 1.5 Duplication in supports delivered within the state is a concern DACSSA regularly notes as subsequent of lack of referral service effectiveness. Where DACSSA has been engaged to assist a person with disability and complex intersectionality, DACSSA will often learn that service options:
 - a. are not knowledgeable about appropriate supports,
 - b. are not aware or connected with other stakeholders in the persons life,
 - c. are duplicating efforts to connect the person with appropriate supports, or;
 - d. are not instigating appropriate supports due to an assumption that this is another service's responsibility.

Figure 5 - Excerpt of DACSSA's Intersectionality Report

F #4	Systems do not have enough awareness of disability in order to respond appropriately to safeguard.
R #4	The UN Report on Australia's Review of the Convention of the Rights of People With Disabilities explores the state to further protect people with disability who are experiencing the disadvantage DACSSA describes. <i>6(f) "Ensure that all persons with disabilities have access to continuous, sustainable and adequately resourced individual and independent advocacy programmes, particularly outside the NDIS."</i>

F #5	Disability advocacy is being used more than ever to act as a conduit between people with disability and systems in order to protect people with disability from victimisation, re-traumatisation and inaccessible processes. These matters are becoming more complex, in part due to the introduced ambiguity of new reporting pathways that cause overwhelm.
R #5	It is critical that any 'no wrong door' disability safeguarding mechanism is equipped with knowledge of disability and disability specific abuse. This mechanism also needs to have careful and clear designs for intersystem collaboration. There are many statutory bodies and systems involved and if they do not refer and pursue disability abuse matters with consistency and continuity among systems, it will be inaccessible for people, inefficient and a duplication of state funding.

Steps for Responding to Disability Abuse

In response to this alarming increase in matters relating to abuse or service misconduct, DACSSA developed a resource called 'Steps For Responding to Disability Abuse'. This resource (shown below) is one of more than 11 other resources included in a syllabus proposal for Responding to Disability Abuse Training designed by DACSSA.

DACSSA recognises "*a community that is confident to act, is likely to act*". Evidence based and accessible training that responds to the demand for better safeguarding subsequent of Ms Anne Marie Smith must be carried out as a priority.

DACSSA's syllabus is solution focused and uses education of disability and disability abuse, to build confidence and forge connections between service options and the community in order to address state specific issues and begin the proactive prevention and response to disability abuse. Tailored approaches allow for:

- a. People with disability
- b. Unpaid carers and family / community
- c. Professionals and services
- d. Managers and executives

All training has First Nations and Culturally And Linguistically Diverse tailoring capability and upholds fundamental human rights principles that tell us that it should not be a person with disability's responsibility to keep themselves safe. We are all accountable.

South Australia has an opportunity to champion this training which is the first of its kind in the country. Other trainings exist but they are not comprehensive and fail to champion lived experiences of people with disability. This is a comprehensive training that can compliment screening processes in SA.


DACSSA
 DISABILITY ADVOCACY

IF IT IS AN EMERGENCY CALL 000	IF YOU ARE NOT IN IMMEDIATE DANGER TURN OVER
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www.dacssa.org.au 08 7122 6030
Funded by the Australian Government Department of Social Services

Steps for Responding to Disability Abuse	
D ANGER	IF IT IS AN EMERGENCY CALL 000 .
A SSESS	Abuse can be things like hitting, threatening, neglecting, or controlling.
C ONTACT	Contact DACSSA to talk about your options.
S UPPORT	If it's not an emergency, report the abuse.
S ERVICES	We can help you connect with other helpful services.
A FFIRM	Be empowered. Let's end disability abuse for all.

Figure 6 - Steps for Responding to Disability Abuse Flashcard - A Resource Within the Disability Abuse Training Syllabus

Outcomes of Disability Abuse Training in South Australia

Disability Abuse training is designed to inform people in South Australia of their obligations and opportunities for reporting and preventing disability abuse.

Training contributes to:

- a. Upholding human rights principles
- b. Demonstrating a commitment to preventing disability abuse
- c. Demonstrating a commitment to skills improvement
- d. Building community awareness and capacity for disability safeguarding
- e. Assisting the compliance with codes of conduct and regulatory requirements of workplace policies or respective state requirements for disability related employment.

The training is carried out over modules that educate participants around key concepts and skills. Each module includes learning components of:

- a. Theory and literature
- b. Statistics and data
- c. Skills learning
- d. Practical application of skills
- e. Knowledge for practice reflection.

Learning Outcomes & Competencies - Participants of this training will be able to:

1. Demonstrate awareness of disability and its relevance to society
2. Understand concepts relating to disability and intersectionality leading to disadvantage and vulnerability
3. Apply strengths, systems and ecological theories to view abuse of disability with a lived experience frame
4. Describe historical, current and progressive attitudes and values towards disability
5. Critically analyse unconscious bias or assumptions and how these create barriers for people with disability
6. Describe abuse in the context of disability
7. Identify and assess indicators of abuse
8. Demonstrate safe and relevant disclosure support techniques
9. Plan and carry out reporting via appropriate pathways
10. Reflect and plan for future disability abuse prevention efforts applicable to personal, professional and societal contexts.

F #6	Disability Abuse Training carried out in South Australia gives the state the opportunity to pioneer training in this area and demonstrates commitment to upholding the UCRPD and implementing safeguards ahead of the impending recommendations from the Disability Royal Commission.
R #6	Funding Disability Abuse Training is a low-cost strategy to support abuse prevention, bring about safeguarding outcomes, improve community capacity, hold service providers accountable and create sustainable learning for the disability sector. Funding this proactively will reduce the duplication of state funding of systems and the wider disability sector and the South Australian community who aren't operating with disability awareness, thus aren't maximising efficacy in safeguarding.

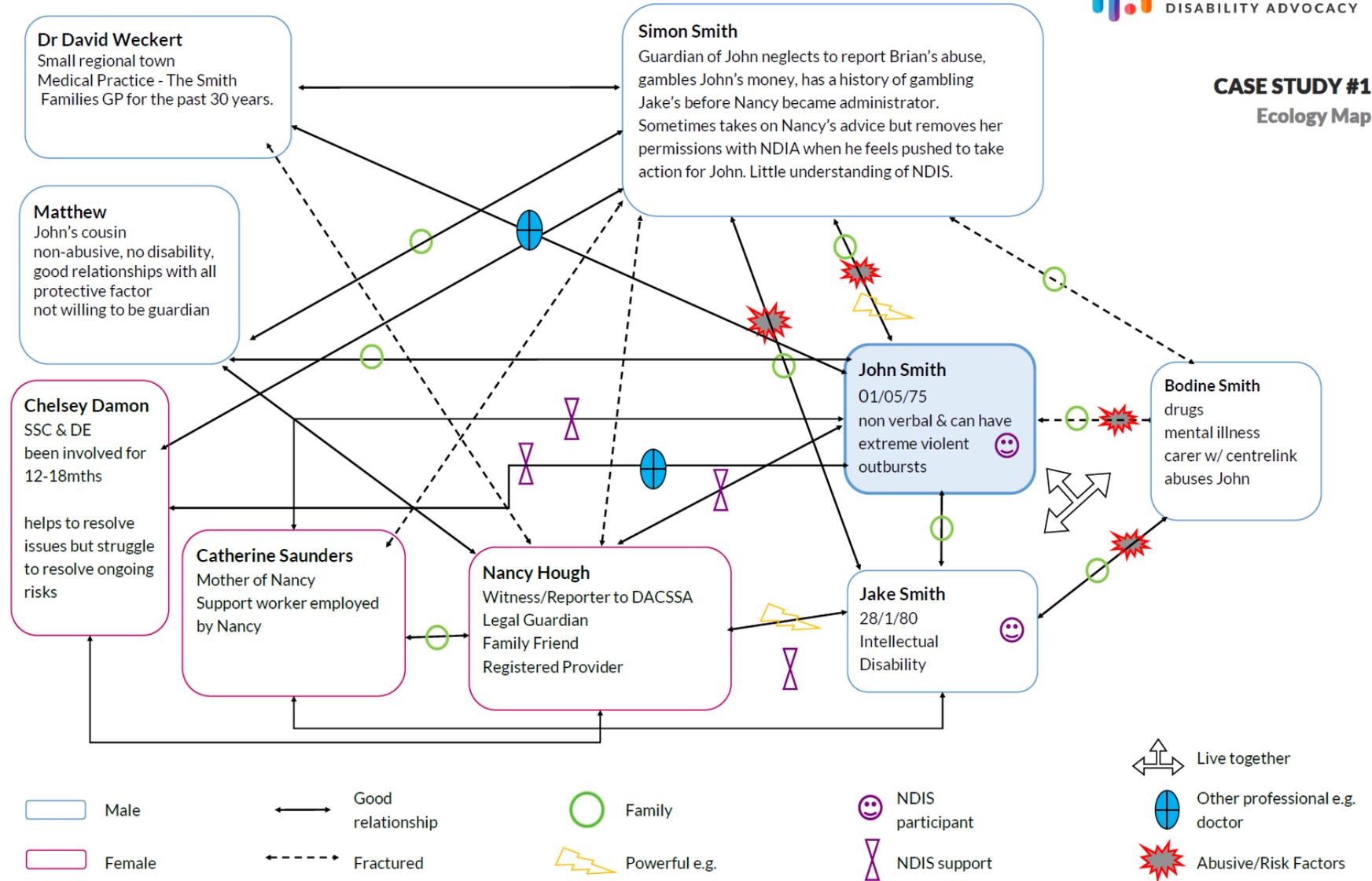
Appendix

Case Study #1

*Names changed to protect privacy



CASE STUDY #1 Ecology Map



Barriers to Safeguarding – Complex Intersectionality

The above Case Study Ecology Map describes John Smith. John is an adult male living in a small regional town in South Australia.

Intersectionality: Male, Intellectual Disability, Regional Town, Drugs & Alcohol, Family, Power & Control, Community Attitudes

Facts:

1. John owns a home and lives there with his two brothers, Jake and Bodine.
2. John's eldest brother Simon is his legal guardian.
3. John's brother Bodine is his paid carer and abuses John.
4. John has intellectual disability, ASD and is mostly non-verbal.
5. DACSSA was called by a concerned friend of 15 years, Nancy. Nancy was referred to DACSSA by 1800 RESPECT subsequent of the inaugural and only South Australian advocacy warm referral pathway established between DACSSA and 1800 RESPECT.
6. Nancy coordinates John's support as she is a skilled social worker and is legal guardian of John's brother Jake who also has intellectual disability. Nancy tries to encourage Simon wherever possible, however Simon's advocacy for John usually involves yelling at Bodine, which inflames the family violence.
7. There is a long history of violence between all brothers.
8. Nancy arranges NDIS paid carers to come into the home twice per week. Simon doesn't like this as he feels he loses control of John.
9. Abuse of John includes physical violence, threats and coercion into doing what Bodine wants, for fear he'll have his support taken away. It is because of John's disability that he is vulnerable to Bodine's threats and as such this is not only a family violence situation but also it is specifically disability abuse.
10. Given their well-known 'rough' narrative in the town, Nancy has found it hard to communicate the disability abuse and transition John away from this environment and reports she hasn't felt heard by the local doctor, the NDIS Local Area Coordinator, or the NDIA.
11. Nancy is limited in her advocacy abilities as she is not guardian and Simon regularly revoked her consent to speak for John when Simon and Nancy have a disagreement.
12. Issues regarding the family have been raised with SAPOL previously however John has never reported abuse and as such SAPOL haven't intervened. Nancy fear SAPOL involvement will escalate the situation as John has been taught by Bodine to fear the police.
13. Nancy is in a difficult situation as she started a registered provider through NDIS in order to deliver support workers that John knows and would accept in the home. She now feels there is too much conflict of interest (COI) for her to keep advocating.
14. John has a support coordinator who to date, hasn't been able to achieve outcomes despite persistent efforts.
15. Before coming to DACSSA, Nancy sought the help of:
 - a. NDIS LAC
 - b. NDIA
 - c. Support Coordinator
 - d. SAPOL
 - e. The doctor
 - f. 1800 RESPECT
 - g. Homelessness Gateway

- h. DFV Services
16. Nancy's goal for John is to live free of violence. She wants to achieve:
- Revocation of Simon's guardianship
 - Revocation of Bodine's Centrelink payments
 - More in home NDIS support
 - Alternative supported accommodation within the town for John
 - Less violence among the family
 - Build family capacity to stop using violence
 - Maintain John's connection with family.
17. Nancy has hesitated to act as she feels if she "triggers one domino without the supports being in place, John will be at greater risk".
18. DACSSA took action:
- Helped Nancy to understand her obligations to report abuse
 - Supported Nancy to report to SAPOL
 - Educated about SACAT and guardianship
 - Connected with NDIA Complex Referral Pathways team to report that the abuse hadn't been communicated to the team via the LAC
 - Helped to explain the COI and complexity around consent for Nancy given Simon who abuses John is the plan nominee and guardian
 - Contacted Office of Public Advocate to explore safeguarding options
 - Assisted Nancy to discuss COI solutions with the NDIS QSC
 - Coordinated a meeting between SAPOL, NDIA and Nancy.
19. At present day, a new plan with increased supports is being explored, action is being taken to advocate for a different guardian in an upcoming hearing, a private home is being set up for John, information and help about family violence is being offered to the family and stakeholders are communicating about their respective roles to safeguard John.

Issues and Challenges:

- Nancy didn't feel heard or believed
- Community attitudes meant abuse was overlooked
- Nancy was limited in her ability to advocate because one of John's abusers is legal guardian
- Systems responses couldn't be coordinated and there was no communication between systems
- John was seen as too complex with one system response being:

"How would we even question him or talk to him?"

F #7	Disability Abuse Training applied in this situation would have brought about more informed and responsive actions taken by the community and by accountable systems.
F #8	Further marginalised groups within the cohort of South Australians with disability include people in regional areas who are disadvantaged by conflict of interest and limited resources to protect them from abuse.

F #9	COI of service providers and the sector inhibits a person's access to choice and control, and places individuals at risk of oppression and isolation away from other service options and truly independent disability advocacy. People in regional and remote areas are at greater risk of disadvantage born from COI where COI is not just limited to NDIS service providers but also COI due to bias and connectedness of small populations.
R #9	As in the field of child-related work, mandatory Disability Abuse Training must be attributed clearances to compliment existing DHS screening frameworks.
F #10	Duplication in supports delivered within the state is a concern DACSSA regularly notes as subsequent of lack of referral effectiveness and knowledge of disability.

Summary of Findings and Recommendations

Findings	
#1	Disability abuse is not as gendered as the issue of domestic and family violence and affects a large and diverse cohort of South Australians.
#2	Existing frameworks are unable to reach and protect people with disability who can't be accommodated by the limited scope of multiple systems and mechanisms for complaints and reporting.
#3	Community attitudes, bias and lack of awareness inhibit the community and connectedness from being a protective factor for people with disability.
#4	Systems do not have enough awareness of disability in order to respond appropriately to safeguard.
#5	Disability advocacy is being used more than ever to act as a conduit between people with disability and systems in order to protect people with disability from victimisation, re-traumatisation and inaccessible processes. These matters are becoming more complex, in part due to the introduced ambiguity of new reporting pathways that cause overwhelm.
#6	Disability Abuse Training carried out in South Australia gives the state the opportunity to pioneer training in this area and demonstrates commitment to upholding the UCRPD and implementing safeguards ahead of the impending recommendations from the DRC.
#7	Disability Abuse Training applied in multiple abuse scenarios including the case of Ms Anne Marie Smith could have brought about more informed and responsive actions taken by the community and by accountable systems.
#8	Further marginalised groups within the cohort of South Australians with disability include people in regional and remote areas who are disadvantaged by COI and limited resources to protect them from abuse.
#9	COI of service providers and the sector inhibits a person's access to choice and control, and places individuals at risk of oppression and isolation away from other service options and truly independent disability advocacy. People in regional and remote areas are at greater risk of disadvantage born from COI where COI is not just limited to NDIS service providers but also COI due to bias and connectedness of small populations.
#10	Duplication in supports delivered within the state is a concern DACSSA regularly notes as subsequent of lack of referral effectiveness and knowledge of disability.

Recommendations	
#1	<p>An ongoing taskforce made up of independent stakeholders that can speak for disciplines and systems in areas of housing, women's issues, DFV, drugs and alcohol, health, NDIS and Disability must be congregated regularly in order to make tangible systems reforms. These reforms should increase accessibility and consistency of:</p> <ol style="list-style-type: none"> Service access points Risk assessment Triaging Information gathering Complaints and investigative processes External support Referral and termination of service processes
#2	<p>Further rounds of consultations pertaining to the existing SA Taskforce must occur to refine issues and invite more impartial expertise.</p>
#3	<p>Training specific to disability abuse must be made available to safeguard the community of women, men and others who experience disability abuse.</p>
#4	<p>Systems access points need to better understand each other and communicate effectively to carry out consistent triaging and warm referral of people with disability.</p>
#5	<p>The community must be assisted to learn about disability and reporting pathways in order to build confidence to identify coercive and abusive behaviour.</p>
#6	<p>The UN Report on Australia's Review of the Convention of the Rights of People With Disabilities emplores the state to further protect people with disability who are experiencing the disadvantage DACSSA describes.</p> <p><i>6(f) "Ensure that all persons with disabilities have access to continous, sustainable and adequately resourced individual and independent advocacy programmes, particularly outside the NDIS."</i></p>
#7	<p>It is critical that any 'no wrong door' disability safeguarding mechanism is equipped with knowledge of disability and disability specific abuse. This mechanism also needs to have careful and clear designs for intersystem collaboration. There are many statutory bodies and systems involved and if they do not refer and pursue disability abuse matters with consistency and continuity among systems, it will be inaccessible for people, inefficient and a duplication of state funding.</p>
#8	<p>Funding Disability Abuse Training is a low-cost strategy to support abuse prevention, bring about safeguarding outcomes, improve community capacity, hold service providers accountable and create sustainable learning for the disability sector. Funding this proactively will reduce the duplication of state funding of systems and the wider disability sector and the South Australian community who aren't operating with disability awareness, thus aren't maximising efficacy in safeguarding.</p>
#9	<p>As in the field of child-related work, mandatory Disability Abuse Training must be attributed clearances to compliment existing DHS screening frameworks.</p>