PATRICIA GILES
Centre for
Non-Violence

MODIFIED
SERVICE
DELIVERY

FDV AND DISABILITY: BEST PRACTICE GUIDE

A guide for supporting women and children with disability experiencing violence

March 2024

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Acknowledgement of Country

Patricia Giles Centre for Non-Violence acknowledges the traditional custodians of the Country on which we live and work, the Whadjuk people of the Noongar nation, and pay our respects to aboriginal cultures, and to Elders past, present, and emerging.

Acknowledgement of Courage

We acknowledge the courage and dignity of women and men who stand up and say no to violence, or who take action to hold perpetrators accountable.

Acknowledgement of People with Disability

We acknowledge the courage and generosity of people with lived experience of disability who shared their knowledge and experiences of family and domestic violence with the Modified Service Delivery Team. Their contributions to the project and Best Practice Guide have been vital in framing a more inclusive service that supports the independence of women and children with disability and their right to live free from violence.

Family & Domestic Violence and Disability: Best Practice Guide was written by Sophie Keay, Modified Service Delivery Project Lead, and Josie Cutten, Project Officer, at Patricia Giles Centre for Non-Violence (PGCNV) in 2023. It has been informed by consultation with services in the family and domestic violence and disability sectors.

PGCNV would like to acknowledge the expertise and contributions of services across both sectors and the guidance they provided in the development of this resource.

Australian Government
Department of Social Services

Government of **Western Australia**
Department of **Communities**

The Modified Service Delivery Project is a joint Commonwealth/State funded initiative under the National Partnership Agreement Family, Domestic and Sexual Violence Responses 2021-2023.

A note on terminology

The language used in Family & Domestic Violence and Disability: Best Practice Guide (the Guide) is framed by human rights, feminism, and the social model of disability. This approach recognises that it is not a disability that makes women or children more likely to experience violence, but rather the intersecting forms of discrimination and oppression.

The Guide applies a strengths-based model which uses empowering language and recognises that women and children with disability have the right to be safe. It acknowledges that they are targeted for violence, not that they are vulnerable to it, as this implies victim-blaming based on their disability, rather than holding the perpetrator accountable for their actions. The Guide refers to 'victim-survivor' and 'perpetrator' and acknowledges that these are the terms most widely used in the community and family and domestic violence (FDV) sectors.

The Guide aims to avoid gendered pronouns whenever possible, recognising that intimate partner violence impacts the entire spectrum of heterosexual and LGBTQIA+ relationships. Patricia Giles Centre for Non-Violence acknowledges that FDV is a deeply gendered issue, where most perpetrators are men and victim-survivors are women and children. In the context of the Guide, a victim-survivor of FDV may be referred to as a 'woman with disability,' "women or children with disability,' 'child/ren with disability' and 'person with disability.'

Content Warning: This document may elicit a strong response for some readers. If you feel upset by this content, support is available. You can contact **1800RESPECT** for confidential support on **1800 737 732** or chat online at **www.1800respect.org.au.**

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A Message from the CEO

At Patricia Giles Centre for Non-Violence, we believe that every individual has the right to live a life free from violence, fear and abuse, regardless of their abilities or circumstances. Family and domestic violence (FDV) is an issue that affects all communities, with women and children with disability being particularly impacted. Whilst the findings of the Disability Royal Commission indicate that people with disability experience violence at a higher rate than people without, anecdotally we know that they also access FDV services at a lower rate.

FDV is a complex issue which requires a whole of community response, however as workers in the FDV sector we recognise the role that we can play in supporting all people, including those with disability, to feel safe.

It is with great pride that I welcome you to the Family & Domestic Violence and Disability: Best Practice Guide (the Guide) designed to increase your confidence to engage with people with disability. The Guide, developed as part of the Modified Service Delivery project, has been created to increase the confidence of the FDV sector to effectively respond and support victim-survivors with disability. It is a testament to the power of sector-wide collaboration with the belief that we can work together to create a safer and more inclusive world.

Within these pages you will find information about the intersection of FDV and disability, as well as insights and practical advice, informed by the experiences of survivors, advocates, and experts in the field. It is a resource that will not only increase awareness but also demonstrate the need for suitable and safe services for all communities.

Thank you to everyone who has contributed to the creation of this document. Your dedication, expertise, and commitment to our shared vision have made this project a reality.

By working together, we can create a world where every individual, regardless of their abilities, can live free from fear and violence. Let us commit to this shared vision and take action to ensure that no one is left behind.

Thank you,

Debbie Cameron

DEBBIE CAMERON
Chief Executive Officer, Patricia Giles Centre for Non-Violence

Modified Service Delivery

The Modified Service Delivery pilot, funded by Department of Communities and delivered by Patricia Giles Centre for Non-Violence, is a project designed to bridge the gap between family and domestic violence (FDV) and disability services. It is designed to increase outcomes for women and children with disability experiencing FDV. The project recognises that whilst people with disability experience violence at a higher rate than people without, they are significantly underrepresented in FDV services and seeks to address barriers to engagement for the community group.

In consultation with FDV and disability service providers, the following key issues/barriers to supporting women and children with disability were identified –

- Limited understanding of the intersection of disability and FDV, including inability to identify or respond appropriately
- Lack of information for people with disability in accessible formats, including digital and Easy English
- Lack of referral pathways or lack of sector wide understanding of these pathways
- Lack of information sharing or disclosing by people with disability due to barriers in recognising their experiences of FDV
- Lack of support, information, and resources available to FDV services to dispel common myths about people with disability and assist services to be more accessible and responsive to the needs of women and children with disability.

The Modified Service Delivery pilot works to address these barriers by delivering key strategies designed to increase the capacity of the FDV and disability services, including –

- Delivery of education and training in the form of sector specific workshops which have been developed in consultation with services providers in the sectors
- Facilitating ongoing opportunities for collaboration between FDV and disability sectors to ensure services meet the needs of women and children with disability experiencing FDV by increasing referral pathways to suitable services
- Providing intersectional advice and mentoring to disability and FDV services to promote positive outcomes for women and children with disability experiencing FDV
- Developing additional resources for services to accompany the training, as well as fill further gaps in knowledge as they are identified
- A lived experience co-design group has been established to support the development of resources for women and children with disability experiencing FDV.

Purpose of the Guide

The Modified Service Delivery Family & Domestic Violence and Disability: Best Practice Guide (the Guide) is a comprehensive resource for professionals, caregivers, and advocates who are committed to assisting women and children with disability affected by family and domestic violence (FDV). By exploring the intersection of disability and FDV, the Guide recognises the need for adjustments to service delivery to ensure inclusive and accessible support to meet the needs of the community.

In creating this Guide, we considered service accessibility, case management considerations, the pivotal role of formal and informal supports, and the need for cross-sector collaboration. The aim of the document is to provide workers and services with the tools, insights, and best practices strategies necessary to facilitate the journey from victim to survivor, from despair to empowerment.

The feedback, experience, and expertise of the Modified Service Delivery co-design group, consisting of people with disability or parents of children with disability, has informed recommendations included in this Guide.

The Guide invites workers, services and the FDV sector overall, to consider their approach to service delivery and evolve and adapt their practices to better meet people's disability related needs.

The aim of the document is to provide workers and services with the tools, insights, and best practices strategies necessary to facilitate the journey from victim to survivor, from despair to empowerment.

Glossary

Ableism is when people without disability are privileged, and people with disability are disadvantaged and excluded, because of social standards about who is worthy or ‘normal’ (Our Watch, n.d.).

Access ensures that from beginning to end, environments, information, services, and events are able to be accessed (reached, entered and understood) by all individuals.

Accessibility describes the nature of services, how they are designed and what opportunities are provided for people who need the service to obtain them.

Coercive control is a term used to describe a variety of abusive behaviours, including emotional abuse such as intimidation and degradation, psychological abuse such as gaslighting, and financial and technology-facilitated abuse. (Monash University, 2021).

Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. (NSW Government, 2018).

Disability is any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months. Disability groups include sensory, intellectual, physical, psychosocial, head injury, stroke or acquired brain injury (ABI), and other long-term conditions. (ABS, 2018)

Family and Domestic Violence (FDV) is an umbrella term that includes physical, financial, emotional, psychological, and sexual forms of abuse or violence.

Gaslighting is when a person is manipulated to intentionally question their own reality.

Inclusion ensures that, where possible, people can fully participate in every aspect.

Intellectual disability The Manual of Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines intellectual disability as neurodevelopmental disorders that begin in childhood and are characterised by intellectual difficulties as well as difficulties in conceptual, social, and practical areas of living. Can affect communication, learning, information processing and socialising. May affect physical skills.

Intersectionality refers to the ways in which different aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation (Victorian Government, 2021).

Medical Model of Disability 'disability' is a health condition dealt with by medical professionals. People with disability are thought to be different to 'what is normal' or abnormal. 'Disability' is seen 'to be a problem of the individual.' (PWD, 2023)

Perpetrator is a term used to describe a person who commits FDV.

Social Model of Disability disability is the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers.
It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others. (PWD, 2023)

Victim-survivor is a term used to describe the person experiencing FDV.

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Part One

Disability and Family & Domestic Violence

Disability

The Australian Bureau of Statistics defines disability as any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months. (ABS, 2018).

Disabilities can be broadly grouped, depending on whether they relate to functioning of the mind or the senses, or to anatomy or physiology. Disability groups may refer to a single disability or several broadly similar disabilities.

The Survey of Disability, Ageing and Caring (SDAC) module relating to disability groups was designed to identify six separate groups based on the disability identified.

The six separate SDAC groups are -

① **Sensory**	• loss of sight (not corrected by glasses or contact lenses) • loss of hearing where communication is restricted, or an aid is used • speech difficulties
② **Intellectual**	• difficulty learning or understanding things
③ **Physical**	• shortness of breath or breathing difficulties that restrict everyday activities • blackouts, seizures, or loss of consciousness • chronic or recurrent pain or discomfort that restricts everyday activities • difficulty gripping or holding things • incomplete use of arms or fingers • incomplete use of feet or legs • restriction in physical activities or in doing physical work • disfigurement or deformity
④ **Psychosocial**	• nervous or emotional condition that restricts everyday activities • mental illness or condition requiring help or supervision • memory problems or periods of confusion that restrict everyday activities • social or behavioural difficulties that restrict everyday activities

⑤ **Head Injury, stroke or acquired brain injury**	• head injury, stroke or other acquired brain injury with long-term effects that restrict everyday activities
⑥ **Other**	• receiving treatment or medication for any other long-term conditions or ailments and still restricted in everyday activities • any other long-term conditions resulting in a restriction in everyday activities

Whilst understanding a person’s disability can assist in knowing the type of support a person may require, it is important to focus on the impact that it has on their life, rather than the diagnosis. A person with disability is an expert in their own life and often is the best person to tell you how their disability impacts them. If they feel comfortable, it is recommended you ask about how their disability impacts them, rather than assume based on their diagnosis. This recognises the fact that many people can have the same formal diagnosis, however the impact it has on their day-to-day life can vary greatly. It also enables services to have a better understanding of how to adapt service delivery to meet a person’s needs.

Whilst understanding a person’s disability can assist in knowing the type of support a person may require, it is important to focus on the impact that it has on their life, rather than the diagnosis.

Family and Domestic Violence

Family and domestic violence (FDV) is an umbrella term that includes physical, financial, emotional, psychological, and sexual forms of abuse or violence. Women and children with disability can experience all forms of violence, although it is recognised that they experience specific forms of gendered and ableist violence at a higher rate than any other cohort.

Women with Disability Australia (WWDA) and **1800RESPECT** reviewed the ways in which violence may be different for women and children with disability. Below describes the types of violence and provides further considerations around how this can be experienced by women and children with disability.

Physical Violence

Physical violence is any action that causes pain to a body or takes away someone's control of their body. It may include violence to a child or pet or breaking equipment and other things that are important to the person. Forcing someone to drink alcohol or take drugs is also physical violence.

Physical violence can also include:

- Being hit, slapped, or punched
- Abusing/mistreating service animals
- Forcing alcohol or drugs
- Forcing medication or stopping medication
- Breaking or not fixing adaptive equipment
- Refusing to use or destroy communication devices
- Withdrawing equipment to immobilise a person
- Using equipment to torture
- Treating the person as a child servant
- Providing care in a way that accentuates the person's dependence and vulnerability.

Restraint Violence

Restraint violence is when a person is stopped from doing something. Restraint violence includes chemical, physical and mechanical restraints.

Restraint violence can include:

- Being locked in a room
- Using straps and belts in a restrictive way
- Forcing medication
- Restricting access to equipment and aids
- Restricting access to personal items such as phone, TV, books etc.

Restraint Violence vs Restrictive Practice

The NDIS Commission acknowledge that restrictive practices present serious human rights breaches for people with disability. There are strict regulations around when a service provider is authorised to use a restrictive practice as there are some circumstances when they are necessary as a last resort to protect a person with disability or others from harm (NDIS Quality and Safeguards Commission, 2021).

> **Restrictive practices are legally authorised and/or socially and professionally sanctioned violence that targets people with disability on a discriminatory basis and are at odds with the human rights of people with disability. Restrictive practices include, but are not limited to, chemical, mechanical, physical and environmental restraint and seclusion, guardianship, forced sterilisation, menstrual suppression and anti-libidinal medication, financial management, involuntary mental health treatment, and other non-consensual or coercive interventions said to be undertaken for protective, behavioural or medical reasons.**
>
> \- Disability Royal Commission 2023

Restrictive practices can lead to restrictive violence if they become unauthorised, misused, overused, not reviewed or used for a reason other than keeping the person safe. If you are concerned about the unauthorised use of a restrictive practice, please contact the NDIS Quality and Safeguards Commission on **1800 035 544.**

Neglect Violence

Neglect violence is when a person is not given or assisted to access the support they need. One of the main groups affected by neglect are people with disability who receive support from a carer, family member, paid support worker or service provider.

Neglect violence can include:

- Insufficient provisions of food, water, clothing, and transport
- Withdrawing personal care including support to do daily tasks
- Lack of personal privacy including personal care such as showering and toileting
- Ignoring equipment safety requirements.

Money or Financial Violence

Money or financial violence is when a person is not allowed to spend their money on the things they need or want. Money violence includes stealing and not helping the person to learn about how to manage their own money.

Money or financial violence can include:

- A perpetrator using property and money for their own benefit
- Stealing
- Using property or money as a reward or punishment in a behaviour program
- Making financial decisions based on agency or family needs
- Limiting access to financial information and resources, resulting in unnecessary impoverishment.

Emotional Violence

Emotional violence is the use of words or threats. It includes threats to hurt themselves, the person, a child, pet, or someone else. Being made fun of is also emotional violence.

Emotional violence can include:

- Punishing or ridiculing
- Enforcing a negative reinforcement program or any behaviour program that the person doesn’t consent to
- Denying or making light of abuse
- Denying the physical and emotional pain of people with disabilities
- Excusing abuse as behaviour management or as due to caregiver stress
- Blaming the disability for abuse.

Coercive Control

Coercive control is a term used to describe a variety of abusive behaviours, including emotional abuse such as intimidation and degradation, psychological abuse such as gaslighting, and financial and technology-facilitated abuse. (Monash University, 2021).

Coercive control can include:

- Threatening to hurt a person
- Raising a hand or using looks, actions, or gestures to create fear
- Withholding basic supports and rights
- Terminating a relationship and leaving a person unattended
- Threatening/reporting non-compliance with the service provider to remove a person’s necessary supports
- Using consequences and punishments to gain compliant behaviour
- Pressuring the person to engage in fraud or other crimes.

Social Violence

Social violence includes being told who someone can or cannot talk to. It is when a person is not allowed to see or contact their friends, family, or a partner, or join in with community groups and events.

Social violence can include:

- Controlling access to friends, family, and neighbours
- Controlling access to phone, TV, news
- Limiting employment opportunities
- Discouraging contact with support services, a case manager or advocate.

Cultural Violence

Cultural violence is when a person is made to do cultural or religious activities they do not want to do. Stopping someone from taking part in their choice of religious or cultural activities is also cultural violence.

Cultural Violence can include:

- Forcing or restricting religious or cultural beliefs
- Forcing someone to raise children with religious or cultural beliefs that they don't agree with
- Using religious or cultural teachings to:
    - Excuse and/or blame violence
    - Force marriage
    - Stop medical care or treatment
- Degrading religious beliefs.

Institutional and Structural Violence

Institutional violence is when groups or organisations fail to stop violence, protect rights, and treat people fairly. Groups and organisations can include hospitals, group homes, nursing homes and schools.

Examples of institutional violence can include:

- Forcing a person to take medication they don't want to take
- Removing a person's choice around everyday activities, such as what to eat or when to go to bed
- Restricting a person's access to/from certain places, such as locking them in a room they cannot leave
- Justifying the rules that limit autonomy, dignity, and relationships for the program's operational efficiency.

Structural violence is when countries fail to stop violence, protect rights, and treat people fairly.

Sexual and Reproductive Violence

Sexual and reproductive coercion or violence is perpetrated more often against women and children with disability.

Sexual violence is when a person is made to have sex or is kissed or touched in a sexual way when they do not want it to happen. It can include sexual jokes that make a person feel uncomfortable or scared, sharing naked photos without permission and being made to have sex for money or in exchange for supports. Sexual violence includes someone doing sexual things to a person without their consent.

Reproductive violence is also called sexual health violence. It is about taking away the person's choice to have sex, have a baby or use contraception. Reproductive violence includes not giving a person the right information so that they can make their own choices.

Examples of reproductive violence can include removing the choice around:

- Contraception
- Managing menstrual cycle
- Planning to have a child
- Termination of pregnancy
- Sterilisation
- Access to sexual health services and information.

Practices such as forced or coerced sterilisation, termination of pregnancy and contraception are legally permitted and practised in Australia. Women and children with disability, often are not given information to make decisions about their own fertility, sexuality, sexual expression, and sexual and reproductive health.

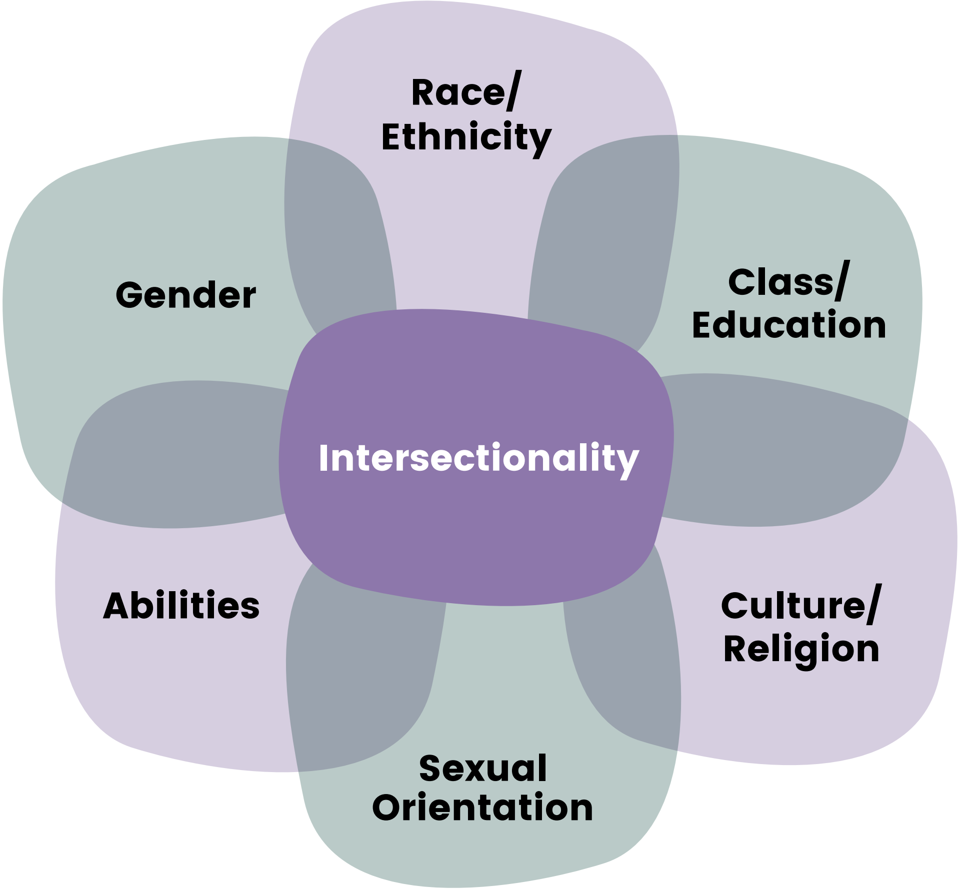
Our Watch: Changing the Landscape explains that these practices are underpinned by the medical model of disability, as well as the following sexist and ableist stereotypes of women and girls with disability as:

- Childlike and innocent (and therefore in need of protection)
- Promiscuous and hypersexual (and therefore in need of control)
- Asexual or unable to engage in sexual relations (and therefore not in need of sexual education)
- Incapable parents (and therefore in need of being stopped from having children).

Intersection of Disability and FDV

Intersectionality is a term that refers to the way in which various aspects of a person's identity can expose them to overlapping forms of discrimination and marginalisation.

There are many different factors that can intersect to inform how someone experiences life. These can include disability, race, class, nationality, sexual orientation, and gender. Overlapping aspects of a person's identity can increase their risk of family and domestic violence (FDV). It can also lead to different experiences. Perpetrators may gain additional power when they come from a group of privileges and their partner comes from a group that has been historically discriminated against.



For example, if a person you are supporting with disability has a low income, the way they live is first impacted by the fact that they have limited resources. Because of their financial status, they may have little to no access to assistive technology, medical care or other disability related supports which require a financial contribution. This means that the person's experience of disability is affected by their experience of poverty. If a person with the same or similar disability and impact worked full time and was financially independent, their experience would not be the same. Similarly, the experience would not be the same as if the person had a low income but not a disability. An experience can also be influenced by a person's culture, religion, or level of education.

> **“I was a migrant woman who’d been intentionally isolated, I had no social or support network. I was thinking what do I do? I have nothing and no-one, I did not know what is out there. I did not think of going to refuge with a baby.”** - Modified Service Delivery pilot co-design member

Understanding how a person’s circumstances can have an impact on them and society, is crucial to removing barriers and discrimination.

Family and Domestic Violence - Risk and Impact

According to the Australian Bureau of Statistics (ABS, 2017b), three times as many women than men experienced physical and/or sexual violence by a current or previous partner. The gender-based issue is further highlighted by Diemer (2015) who reported that 95% of perpetrators of FDV are men.

When considering the impact of FDV, it’s important to note that one of the leading consequences is homelessness and injury. In 2020-2021, the Australian Institute of Health and Welfare (AIHW, 2021) reported that FDV was the leading cause of homelessness for women and children in Australia, with 116,200 people using homelessness services as a result. Further to this, AIHW (2018) research indicated that intimate partner violence caused more illness, disability, and deaths than any other risk factor for women aged 25–44 in Australia.

Intellectual and Cognitive Disability

The intersection of disability and FDV is evidenced by many studies. The Australian Bureau of Statistics (ABS, 2016) reports that 15.9% of women and children with disability or a long-term health condition have experienced violence in the last 12 months, compared to 4.3% of women without disability. Research conducted by Douglas and Harper (2016) also reveals that women with cognitive disability face elevated rates of intimate partner violence, compounding the challenges they already encounter.

The prevalence of abuse among women with intellectual disability is significant, with up to 90% experiencing abuse during their lifetime, as highlighted by Hughes et al. (2011), with almost all abuse being perpetrated by someone they know. Accessing support services becomes an additional challenge, as reported by Dyson, Frawly, and Robinson (2017), indicating systemic barriers for women with intellectual disabilities in accessing FDV services. The severity of the situation is emphasised by the ABS (2018), indicating that one in two women with psychological and/or cognitive impairment have endured sexual violence over their lifetime.

The statistics above, along with expert opinion, evidence the urgent need for tailored interventions which meet the needs of women and children with disability, as well as a comprehensive understanding of their unique challenges and experiences of FDV.

Disability Royal Commission

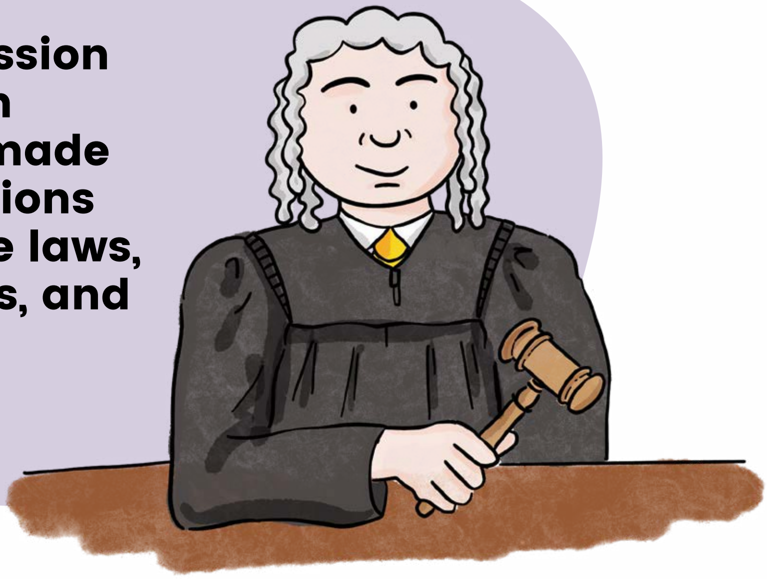
A Disability Royal Commission was established on 4 April 2019 as a result of many years of campaigning and advocacy by people with disability and their supporters and advocates. Throughout the Royal Commission, people with disability, their families and a range of other people shared their dreams and aspirations for an inclusive Australia.

The Royal Commission Report, finalised in September 2023, made 222 recommendations on how to improve laws, policies, structures, and practices. The report aims to ensure a more inclusive and just society that supports the independence of people with disability and their right to live free from violence, abuse, neglect, and exploitation.

The Royal Commission shared a common vision for people with disability to:

- live free from violence, abuse, neglect, and exploitation
- have their human rights protected
- live with dignity, equality, and respect, can take risks, and develop and fulfil their potential
- live, learn, work, play, create and engage together with people without disability in safe and diverse communities
- have the power of choice, independence, and the dignity to take risks
- make significant contributions to communities that value their presence and treat them with respect
- be culturally safe and belong in families, communities, and peer networks.

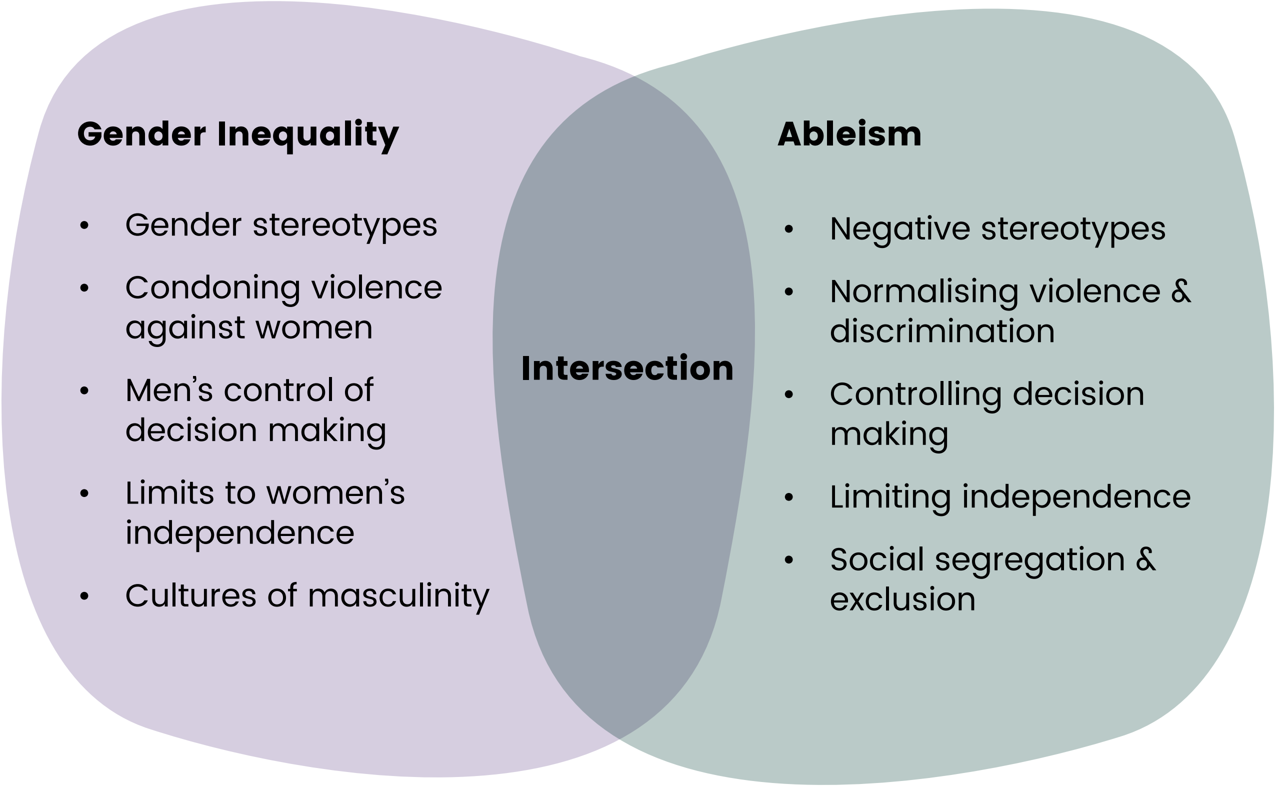
The Royal Commission Report, finalised in September 2023, made 222 recommendations on how to improve laws, policies, structures, and practices.



Drivers of Violence

The Australian Bureau of Statistics (ABS, 2016) reports that 15.9% of women and children with disability or a long-term health condition have experienced violence in the last 12 months, compared to 4.3% of women without disability. This is due to compounding drivers of violence such as gender inequality and ableism.

The image below explains the ways in which women encounter drivers of gender inequality, while individuals with disabilities experience drivers rooted in ableism. The intersection creates an environment in which violence against women and children with disability is perpetrated, excused and in some cases, encouraged.



Gender Inequality

- Gender stereotypes
- Condoning violence against women
- Men's control of decision making
- Limits to women's independence
- Cultures of masculinity

Intersection

Ableism

- Negative stereotypes
- Normalising violence & discrimination
- Controlling decision making
- Limiting independence
- Social segregation & exclusion

Ableism is when people without disability are privileged, and people with disability are disadvantaged and excluded because of social standards about who is worthy or 'normal' (Our Watch, n.d.). For women and children with disability, there are additional intersecting drivers that can increase their risk to FDV which can include ageism, classism, racism, homophobia, and transphobia.

> **"Society makes women and children with disability feel less worthy of love and happiness and abusers take advantage of that. Disability is a big part of being targeted."**
>
> - Modified Service Delivery pilot co-design member

Our Watch (Preventing violence against women and children with disability, 2022) outlines the following ableist drivers of violence against women and girls with disability:

Negative stereotypes –
for example, stereotypes that people with disability are incapable or dangerous can be used to justify restricting or controlling them.

Normalising violence, disrespect and discrimination –
for example, the 'halo effect' where a partner or carer is seen as an 'angel' who can do no wrong and any violence they use is dismissed or defended.

Controlling decision-making and limiting independence –
for example, 'substitute decision-making' arrangements that remove control of finances, living situations and social participation from people with disabilities.

Social segregation and exclusion of people with disabilities –
such as practices of indefinite and arbitrary detention, where women and children with disability, especially Aboriginal and Torres Strait Islander women and girls, are detained in prisons and forensic psychiatric units, often without conviction.

More information regarding the intersection of how inequality and ableism drive higher rates of violence against women and girls with disability from *Our Watch: Changing the landscape*:

https://action.ourwatch.org.au/resource/changing-the-landscape/

Unique Experiences of FDV

Statistics indicate that people with disability, in particular women and children with disability, experience higher rates of family and domestic violence (FDV) than people without disability. The latest information from the Australian Bureau of Statistics (ABS, 2016) shows that the proportion of adults who had experiences **intimate partner violence** since the age of 15 was higher among people with disability.

Intimate partner violence

since the age of 15 was higher among:

adults with disability
21% (21%, or 1.2 million)

adults without disability
13% (13% or 1.7 million)

women with disability
30% (30%, or 892,000)

men with disability
11% (11%, or 303,000)

(ABS, 2016)

According to 1800RESPECT “compared to women without disability, women and children with disability:

- Are at greater risk of severe forms of intimate partner violence
- Are less likely to report experiences of violence
- Have considerably fewer pathways to safety
- Experience violence at significantly higher rates, more frequently, for longer, in more ways, and by more perpetrators.

Women and children with disability can experience all forms of FDV including, physical, emotional, economic, and sexual violence, intimidation, isolation, coercion, and threats. There are also disability specific forms of abuse that occur which may include:

- Threats to institutionalise the person with disability
- Use of unauthorised restrictive practice
- Withold or misuse disability support aids and equipment
- Delay or withhold essential care or support
- Physical and social isolation
- Threats to have children removed from care.

> **“I rely on my partner for me to live. I need people to support me with getting up and dressed and out in the world. So, when a partner is abusive, I have to choose between being safe or being able to live my life.”**
>
> \- Modified Service Delivery pilot co-design member

Violence against women and children with disability can be perpetrated by a variety of people due to the increased risk factors and reliance on caring support. For example, perpetrators may be friends, family, unpaid or paid carers, support workers, house mates, co-residents, and group home occupants. People with disability will often experience FDV in multiple forms, for a longer period and by a variety of perpetrators.

The following pages outline the ways perpetrators of FDV utilise power and control to target people with disability, as well as some of the unique ways women and children with disability can experience FDV.

Power and Control Wheel

There have been many different versions of the Duluth Power and Control Wheel since it was developed in the 1980s. The Power and Control wheel outlines the most common tactics used by perpetrators to gain power and control. This visual tool can be used to understand the patter of abusive and violence behaviours, as well as demonstrate that very often, victims experience more than one form of violence. The Power and Control wheel on page 27 has been developed by the Modified Service Delivery project to provide examples of abuse experienced by women and children with disability who rely on support people or carers.

The National Centre on Domestic and Sexual Violence in the United States lists different versions of the Power and Control Wheel. This includes the linked models that can help to explain the types of violence experienced by people with disability, in addition to providing examples of behaviours that demonstrate respectful relationships.

Main webpage:

http://www.ncdsv.org/publications_wheel.html

People with Disabilities in Partner Relationships – Power and control wheel

http://www.ncdsv.org/images/SafePlace_PowerControlWheelDisabilities_2011.pdf

People with Disabilities in Partner Relationships – Respect wheel

http://www.ncdsv.org/images/SafePlace_RespectWheelDisabilities_2011.pdf

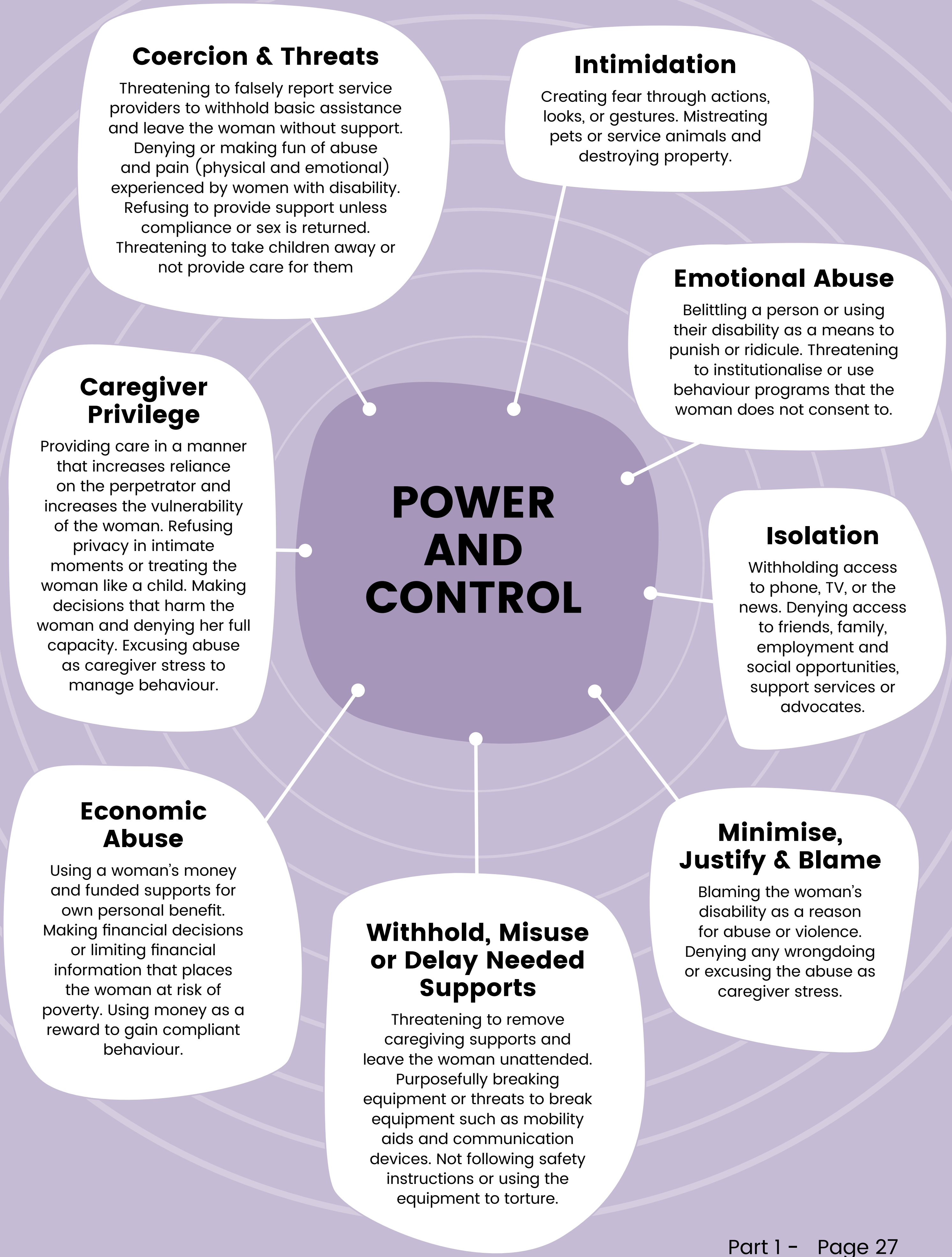
People with Disabilities and their Caregivers – Power and control wheel

http://www.ncdsv.org/images/DisabledCaregiverPCwheel.pdf

People with Disabilities and their Caregivers – Equality wheel

http://www.ncdsv.org/images/DisabledCaregiverEqualitywheelNOSHADING.pdf

https://www.safechoicestas.org.au/assets/img/MicrosoftTeams-image-4.png



POWER AND CONTROL

Coercion & Threats

Threatening to falsely report service providers to withhold basic assistance and leave the woman without support. Denying or making fun of abuse and pain (physical and emotional) experienced by women with disability. Refusing to provide support unless compliance or sex is returned. Threatening to take children away or not provide care for them

Intimidation

Creating fear through actions, looks, or gestures. Mistreating pets or service animals and destroying property.

Emotional Abuse

Belittling a person or using their disability as a means to punish or ridicule. Threatening to institutionalise or use behaviour programs that the woman does not consent to.

Isolation

Withholding access to phone, TV, or the news. Denying access to friends, family, employment and social opportunities, support services or advocates.

Minimise, Justify & Blame

Blaming the woman's disability as a reason for abuse or violence. Denying any wrongdoing or excusing the abuse as caregiver stress.

Withhold, Misuse or Delay Needed Supports

Threatening to remove caregiving supports and leave the woman unattended. Purposefully breaking equipment or threats to break equipment such as mobility aids and communication devices. Not following safety instructions or using the equipment to torture.

Economic Abuse

Using a woman's money and funded supports for own personal benefit. Making financial decisions or limiting financial information that places the woman at risk of poverty. Using money as a reward to gain compliant behaviour.

Caregiver Privilege

Providing care in a manner that increases reliance on the perpetrator and increases the vulnerability of the woman. Refusing privacy in intimate moments or treating the woman like a child. Making decisions that harm the woman and denying her full capacity. Excusing abuse as caregiver stress to manage behaviour.

Identifying FDV

For many women and children with disability, recognising that they are experiencing FDV can be difficult and made worse by limited support or access to information.

> **“I was really confused, in a fog, and not thinking straight. I was all over the place and did not know where to go. I did not catch on that it was domestic violence and did not know what was out there.”**
>
> - Modified Service Delivery pilot co-design member

Whilst it is assumed that a person’s experience of violence has been identified prior to them engaging with a FDV service, below are some of the signs which may indicate that a person is experiencing violence and requires support:

- Being intimidated or frightened by their partner or caregiver
- Being withdrawn and reluctant to speak
- Being overly anxious of their partner or caregiver
- Revealing that their partner or caregiver constantly follows, calls, or texts them to ask where they are, what they are doing and who they are with
- Revealing that their partner or caregiver tracks them via their phone, car, or other means of tracking
- Revealing they are regularly criticised or verbally put down by their partner or caregiver
- Revealing that their partner is jealous or possessive
- Referring to their partner or caregiver as having a bad temper or being moody
- Repeatedly having bruises, broken bones, or other injuries
- Being nervous or worried about what they say around their partner or caregiver
- Revealing that their partner or caregiver controls their money.

There may be some subtle behaviours and indicators displayed by the perpetrator and the victim-survivor. Being aware of the common indicators, as well as the unique ways women and children can experience FDV, can improve the ability to recognise, respond and refer appropriately.

Whilst no single behaviour is an indicator, some examples include -

Physical, Restraint and Neglect

Behaviours	**Warning Signs/Indicators**
• Withholding food or water • Use of medical or physical restraint • Destruction of disability equipment or aids • Misuse of medication, including abuse of prescribing and over/under administration of medication • Withholding medication or support services • Withholding equipment, aids and other items that are important to the person • Locking the person in a room or tying them to a chair or bed • Hitting, pushing, shoving or being rough • Intentionally hurting or injuring • Inappropriate discipline • Failure to provide support when requested or make appropriate referrals • Failure to provide appropriate food, water, shelter, clothing and/or protection	• Visible sign of malnutrition • Side effects of withholding or misuse of medication • Internal or external injuries, including burns and scalds, bite marks, bruising and broken bones • Evidence of non-fatal strangulation • Damaged or disappearing disability aids • Injured pets or assistance animals • Lack of access to required medication • Asking for assistance access items that should be accessible • Signs of internal injuries such as vomiting • Avoidance of a person or staff member • Changes in behaviour such as refusing to participate in supports • Appearing disorientated, or confused • Frequently hungry or unwashed • Left alone for significant periods of time • Not attending appointments or activities

Sexual and Sexual Health (inc. reproductive)

Behaviours	**Warning Signs/Indicators**
• Inappropriate touching during care giving • Demands for sexual activity in return for support or care • Non-consensual touching or behaviour, including the use of sexual language • Rape or sexual assault • Control over the person's choice to engage in sex • Control over reproductive processes and contraception • Enforcing secrecy in a sexual relationship • Displays of male privilege or entitlement • Inappropriate sex talk, jokes or sharing of naked photos	• Unexplained pregnancy, sexually transmitted diseases, or incontinence • Frequent urinary tract infections, stomach aches • Difficulty walking, sitting or standing • Injury or trauma, particularly around genitals • Torn, bloody or damaged clothing or bedding • Inappropriate sexual behaviour or knowledge (sexual education / rights) • Going to bed fully clothed, night terrors, insomnia, or bed wetting • Unexplained gifts or money • Self-harm, including suicide attempts • Sudden change in mood • Signs of distress after receiving mail or contact by phone / social media

Social and Cultural

Behaviours	Warning Signs/Indicators
• Isolation from social supports and networks, community groups and/or events • Denying or withholding access to social media or mail • Preventing the person from engaging in cultural and/or religious practises or celebrations • Forcing the person to engage in cultural and/or religious practises or celebrations • Belittling the person’s beliefs, culture, religion, gender, or sexuality	• Withdrawal from community groups, education, or employment • Excessive compliance • Seeking permission for everyday activities • Decrease in interpersonal skills • Withdrawal from personal relationships • Lack of access to culturally appropriate services and supports • Signs of distress or unease when talking about personal preferences or identity • Changes in engagement with cultural or religious practices or celebrations

Emotional and Psychological (inc. coercive control)

Behaviours	Warning Signs/Indicators
• Verbal abuse, including name calling, shouting, humiliation and belittling • Ignoring a person • Removing disability aids or other items • Threats to institutionalise or having their children removed • Pressuring or intimidating • Engaging in emotional manipulation, including threating to harm self, people, assistance animals or pets • Threatening to isolate, person from friends, family and social or disability supports • Closely monitoring activity throughout the day • Denying freedom, choice, and control • Gaslighting • Turning children or other supports against person • Constant criticism • Reinforcing gender roles • Treating adults like children • Threats to institutionalise • Inappropriate use of power and control • Gender roles - expected to undertake household and childcare duties	• Aggression or frustration • Unexplained mood swings • Low self-esteem, including feelings of worthlessness • Anxiety and depression • Fear of having children removed • Sadness and grief • Disrupted appetite or sleep • Self-harm, including suicide attempts • Increased anxiety after contact with a specific person (perpetrator) • Lack of contact with family and friends • Lack of, or change in communication • Disproportionate anxiety or second guessing • Fear of being institutionalised • Normalising the experience / justifying the perpetrator’s behaviour.

Money / Financial

Behaviours	Warning Signs/Indicators
• Taking control of the person's money / pension • Not allowing the person money for outings or supports • Abusing Power of Attorney role and responsibilities • Stealing personal items such as money, jewellery, and other possessions • Not paying bills and risking utilities, tenancy, or mortgage • Theft of income • Selling a person's possessions and keeping the income • Refusal to pay for medication or disability items • Refusal to pay for therapy or medical professionals • Forging a signature	• Lack of access to personal funds • Financial debt • Incomplete financial statements or records • Lack of financial autonomy, including inability to access own bank accounts • Unexplained disappearance of personal items and belongings • Unexplained unpaid bills, rent or mortgage • Significant changes to bank balance or Power of Attorney arrangements • Inconsistency between living conditions and funds • Experiencing homelessness or at risk of homelessness • Lack of access to equipment or services

Institutional and Structural

Behaviours	**Warning Signs/Indicators**
• Lack of personalised support plans to meet the person's needs • Not providing adequate duty of care • Not providing flexibility in supports offered • Not allowed appropriate choice and control • Poor recruitment practices resulting in unskilled support providers	• Not receiving support that meets their needs / lack of options • Unclean or unhygienic environment • Abuse of medication • Overuse or misuse of restrictive practices • Person no longer attends community events or social activities • Lack of skilled staff or inconsistencies in the quality of support provided

Disclosures of Violence of Abuse

It takes incredible strength for a person to share their experiences of domestic, family, or sexual violence. It is a person's right to choose if and when they share or disclose an experience of violence or abuse. We should not judge a person for the choices they make.

Research identifies that there are **6 different types of disclosure** which may occur individually or in combination (Breckenridge, Cunningham & Jennings, 2008)

1. **Purposeful**
   An intentional reporting of abuse or sharing of information.
2. **Accidental**
   An unintentional reporting of abuse or sharing of information.
3. **Elicited/ Prompted**
   Reporting of abuse in response to being questioned or asked about experiences.
4. **Behavioural**
   A disclosure through behaviour, non-verbal communication or indirect cues
5. **Triggered**
   A disclosure triggered by associations or life events following a period where the person did not recall the abuse.
6. **Intentionally withheld**
   A choice to not disclose, including false denial.

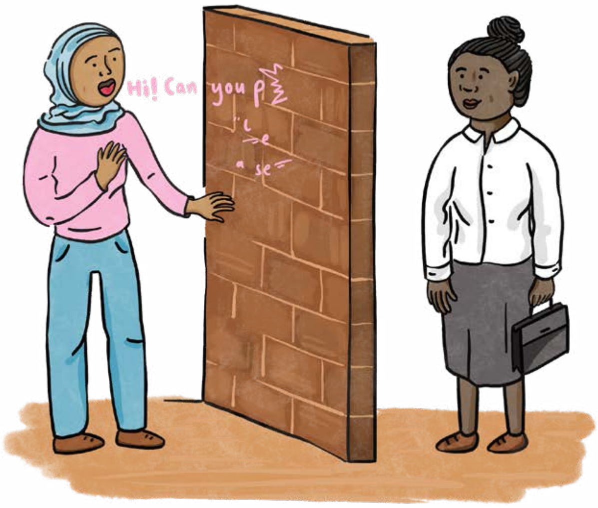
When working with people with intellectual or cognitive disability, it is especially important to note that disclosures of violence and abuse can occur through direct communication (verbal and non-verbal methods used by the individual) and indirect communication (for example, behaviours).

Disclosures can happen at any time:

- **Before** – Where abuse is ongoing over a period of days, weeks, months, or years
- **During** – Including after a single experience of violence or at the end of ongoing violence
- **After** – Many survivors of violence or abuse, including people with or without disability, do not disclose their experiences until many months or years after the event/s.

Disclosure of experiences of violence are often triggered by life changes or events which may include:

- The death of a perpetrator
- Disclosure by a family member, friend, or someone else in their life
- Hearing about other abuse perpetrated by the same person
- Health problems
- Legal processes
- Perpetrator moving back from interstate
- Children, nieces, or nephews approaching the age when the person was abused
- Relationship or marriage breakdown
- Pregnancy or giving birth
- At general or sexual health check-ups
- A new relationship (Breckenridge, Cunningham & Jennings, 2008).



Barriers to Disclosure

There are many reasons why women and children with disability don't share their experiences of violence. These include:

- Women and children with disability, particularly those with intellectual impairment, may not understand that what has happened to them is violence (Healey, 2014)
- Difficulty in finding the words to explain their experience
- Negative experiences when disclosing experiences of violence previously
- Social and physical isolation or lack of access to suitable information
- Grooming, including threats from the perpetrator
- Fear of retribution or consequences from the perpetrator, including threats to withdraw supports
- The inability to communicate experiences without the interference from the perpetrator
- Fear of further harm, including to aids and equipment
- Mothers with intellectual disability are more likely to have their children removed, and this may prevent them seeking support for domestic and family violence (Susan et al, 2018).

> **"As disabled people, our quality of life can be so compromised already that it's hard to articulate when we're struggling - because we live in a constant state of struggle to some degree."**
>
> - Modified Service Delivery pilot co-design member

Fears of reprisal, not being believed, trivialisation of violence and abuse, feelings of shame and secrecy and social and economic dependence on a partner or care provider, in the case of women and children with disability, are common barriers to disclosure that many women who experience violence share (Healey, 2014).

People with intellectual disability are less likely to be believed if they attempt to report that an assault occurred against them (French, 2007).

> **"As a parent of a very sick child, I am vulnerable because of assumptions that disabled people cannot be good parents. I was scared to ask for support because I believed that social services would take my child despite all the evidence that she should be with me."**
>
> - Modified Service Delivery pilot co-design member

You can find more information about the barriers to disclosing abuse here: ***https://bit.ly/BarriersToDisclosure***

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Part Two

Service Delivery Considerations

Accessibility of FDV Services

Access is fundamental to addressing the barriers women and children with disability experience when seeking support from family and domestic violence (FDV) services. To understand what modifications and changes an organisation needs to make to meet access needs, understanding access and accessibility is pivotal.

Access ensures that from beginning to end, environments, information, services, and events can be accessed (reached, entered, and understood) by all individuals.

Accessibility describes the nature of services, how they are designed, and the opportunities provided for people who need the service to obtain them.

There are significant consequences for organisations and their clients with disability when the service is not accessible. The Disability Discrimination Act 1992 (DDA) makes it unlawful to discriminate against a person in many areas of public life, including: employment, education, receiving or using services, renting, or buying a house or unit, and accessing public places because of their disability.

For women and children, the journey to safety and recovery is complex, particularly when disability intersects with the challenges of FDV. This section of the Guide aims to shed light on the importance of accessibility within FDV services and how it directly contributes to improving outcomes for people with disability. By enhancing accessibility, we can create an environment that not only acknowledges the diverse needs of survivors, but also facilitates their journey towards healing and resilience.

Principals of Accessbility

To maintain accessibility of services and reduce direct and indirect discrimination, Leveque (2013) has identified five principles of accessibility which underpin a service provider. It is deemed that if all these features are not in place, a service cannot be truly accessible. According to the ANROWS report (2017), FDV services can "make relatively minor changes by taking into account women's needs and hearing from the women about their experience of using the service."

Using the principles below enables an organisation to determine how accessible their service is and where the gaps are. This will assist them in determining priorities and/or actions to improve accessibility.

The five principles of approachable, affordable, available, acceptable, and appropriate enable organisations to determine their level of accessibility. This Guide does not focus on **affordability** and **availability** of FDV services due to the funding being determined by the state and federal government bodies. FDV services are restricted in their control of these aspects of accessibility, and therefore are not a focal point of the Guide.

By identifying the current gaps in accessibility, organisations can prioritise actions which improve the accessibility of their services not only for people with disability, but the community overall. By addressing universal issues and further exploration of disability-specific needs, the interface between what the service offers and what women and children with disability need can be better aligned (ANROWS, 2017).

Approachable

Approachability refers to the need for women and children with disability to be able to identify a service exists, the type of support available and how to access the service.

Women and children with disability advise that a significant barrier to accessing services is that they do not know what is available to them. Another perception highlighted through conversations with people with disability and their service providers is that FDV services do not advertise or promote their services, making it difficult to know what support could be available and where to reach out to get support.

Services can improve their approachability by being transparent with information and the services available to women, particularly those with disability. This can include specifying each service offered within the organisation, including the referral process and eligibility criteria for specific programs.

Acceptable

Acceptable access refers to the cultural and social beliefs within an organisation which can either facilitate or disrupt women and children with disability's ability to seek support. When an FDV organisation expects a person with disability who has experienced FDV to meet expectations and fit with their culture that is in direct conflict with her needs, it negatively impacts access.

> **"Some people with disability get overlooked, they don't get the help because their needs are not understood because of their disability."**
>
> \- Modified Service Delivery pilot co-design member

For organisations to be acceptable, they should understand the challenges women and children with disability experience when they seek help, as outlined on Page 37. This includes being responsive and flexible in the way women and children with disability are supported when engaging with a service. In asking women what they require support with and respecting their needs by adjusting, FDV services and organisations are demonstrating a genuine commitment to supporting women and children with disability experiencing violence.

Acceptable access also includes the rights to information, knowledge, and self-autonomy. It involves communicating the rules and expectations of a service to ensure clients understand the support they will be receiving, as well as their rights. An example of this is providing clients with information about confidentiality during intake with a service. For women and children with disability, privacy can mean many things such as privacy to self-care, privacy to information and privacy of conversations. Ensuring the service outlines restrictions to confidentiality when it pertains to the client's risk of harm needs to be straight-forward so that the client understands if and when confidentiality may not be upheld.

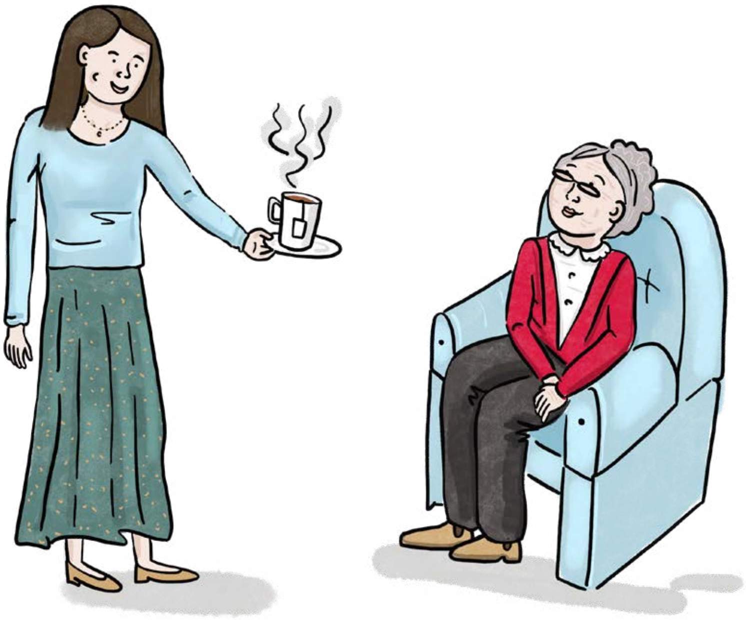
Acceptable access to FDV services means that they are flexible in the way they respond, understand the challenges women and children with disability face when seeking help and know that the service values their right to information, knowledge, and autonomy.

Appropriate

Appropriate access is about the fit between the service and the client's needs (ANROWS, 2017). For FDV services to have appropriate access for women and children with disability, they need to understand what the person needs and plan how to support them effectively. This includes understanding the unique ways women and children with disability can experience FDV and having measures in place to actively meet their needs when accessing their service.

> **"As an autistic person, my perception of what happened was invalidated so much because people were skeptical that I could understand or accurately report what was happening."**
>
> - Modified Service Delivery pilot co-design member

For women and children with disability, appropriate access is being supported to feel empowered and regain control in their life. It means involving the woman in decision making and providing information in formats that can be easily understood. Women and children with disability advised that FDV services often have forms or written materials that are difficult to understand and means ways of accessing support is unclear. Although having documentation and information in easy-to-read formats promotes independence for people with disability, it also improves access for all.



Barriers and Improvements

Family and domestic violence (FDV) services can extend their commitment beyond what is outlined in the Disability Discrimination Act (1992) by integrating access considerations across all aspects of an organisation. This approach ensures that women and children with disability have an equal opportunity to maintain safety and freedom from violence. Best practice means going above and beyond what is required under the Act which is a basic minimum and negotiating this together with disabled women (Hague et al. 2007).

Access barriers to services can be summarised as twofold. Firstly, they can be physical, limiting the ability to get into buildings, use transport or find information in accessible formats, as outlined below. Secondly, they can be programmatic, as in the sense of an agency lacking a service philosophy that considers the needs of women and children with disability when planning and developing its services. (Healey, 2014).

According to the Guide for Policy and Practice produced by PWDA and Domestic Violence NSW in 2021, there are four main barriers which impact people with disability's engagement with FDV services.

These include -

- Inaccessible information and communication
- Physical inaccessibility
- Organisational attitudes and experiences
- Perceived discrimination.

Other barriers may include -

- Inability to identify experience as violence
- Social and/or physical isolation.

Information and Communication

Information provided by services is not always presented in a way which is easily accessible for people with disability. Inaccessible information can include flyers, posters, social media, websites, and forms.

Inaccessible communication is when strategies used for communicating with people with disability does not meet their needs.

Communication barriers are experienced by people who have disabilities that affect hearing, speaking, reading, writing, and/or understanding, and who use different ways to communicate than people who do not have a disability.

As a result of inaccessible information and communication, people with disability may be unaware of the services and supports available to them. It may mean that women and children with disability accessing a service do not have a clear understanding of the support being provided, resulting in unrealistic expectations and misunderstandings.

When entering services, particularly in a residential setting such as refuge, clients are often presented with forms and documents which use jargon and complex language. People with experiences of FDV recognised the impact of trauma on their capacity to process information. They advised that having information in easy-to-understand format may ensure there is no misinterpretation or misunderstanding of the expectations of the service. This is amplified for women and children with disability. For example, unless it is offered in Braille, a woman who is blind cannot read a document and will rely on a worker to explain it to her. Additionally, a woman with an intellectual disability may be given the form and expected to understand it on her own with no further assistance. She may sign a form she does not understand, and as a result, not comply with service expectations.

In the examples above, the person's capacity to access and understand the information being provided is impacted by their trauma and experiences of FDV, as well as their disability which may impact their engagement with a service.

Accessible Information and Communication

There are many benefits to having information in easy-to-understand formats. Providing written information in accessible formats such as braille, large print and easy read provides women and children with disability the opportunity to understand the information in a format accessible to them. There are also benefits to people without disability.

As a worker, assessing a woman's communication needs during intake is imperative to ensuring that there is a clear plan of communication. When communicating with someone with disability, it is important to remember to treat each person as an individual.

Page 49 is a checklist which includes the baseline principals of written information. The below outlines accessible information and communication strategies that can be adapted within an FDV service to ensure the communication needs of women and children with disability are met.

Ask, Respect and Adapt

Women and children with disability report that they would prefer a worker ask about their communication needs and how they can best be supported to understand information, rather than have assumptions be made. Asking questions demonstrates an understanding of disability related needs and a commitment to meet them.

Questions can include:

- "Do you have a preferred contact method?"
- "How would you like me to contact you?"
- "Do you prefer to meet in person or speak on the phone?"
- "Do you need an interpreter?"
- "Would you like me to write this down into short steps?"

- "Would you like me to write this in a document and send it to you after our appointment?"
- "Do you need this information printed in Braille or a larger font?"

Once a person's communication needs have been established, there needs to be action to respect and adapt to these. For example, if you ask someone if they require an Auslan interpreter for their upcoming meeting and they reply yes, you need to organise an Auslan interpreter to be at the meeting.

Easy English vs Plain English

The Centre for Easy English ("Easy English versus Plain English guide - Inclusive design") defines easy English as a writing style that helps people who find it hard to read and understand English. It is simpler and has a lower reading level than Plain English. Easy English is also called easy-to-read or Easy Read and uses short sentences with an image or picture.

Plain English is a direct style of writing for people who can read at a reasonable level. It helps people who want to read and understand information quickly. Plain English is sometimes known as plain language or Everyday English. Plain English looks and sounds like standard forms of writing.

Plain English features	Easy English features
• Only information that applies to the reader • Speak directly to the reader • Use "I" or "we" and "you" • Write short sentences • Use one idea per sentence • Break up long sentences • Use headings • Use lists or numbering • Use short, simple, and common words	• Short sentences • Simple, everyday words • Key information • Explains hard words • Dot points • Clear sections and headings • Images to support each point • Lots of white space • Large text size

Example of Easy English Conversation

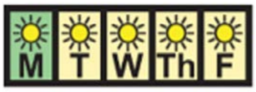
EXAMPLE

Your meeting has been scheduled for 10:00am, on the date 10/04/2023

Plain English

Your meeting is at 10:00am, Monday 10 April.

Easy English



All the meetings are on Monday.

The meetings start at 10:00 in the morning

Whilst easy English is generally for people with low English literacy, there are many benefits to using it across an organisation, particularly when 44% of Australians have low literacy (ABS 2013). Easy English can improve accessibility for elderly people, CALD communities, people with intellectual and cognitive disability, people with hearing impairment, dyslexia, Autism, stroke, or head injury. Having documents in easy English makes it easier for anyone and does not disadvantage another group, unlike complex documents can.

The benefits of easy English include:

- Improved customer service and engagement as the information is provided in a clear format which meets client's needs
- Reduction of complaints as there is less room for misinterpreting rules or expectations
- Services will also reach a wider audience as the information is written in a version that more people can understand
- An organisation or service's public image will improve as people with disability, disability organisations and other users of easy English will observe a commitment to be inclusive through your use of easy English documents
- Referrals may increase as the community understands the organisation's commitment to inclusive and accessible services.

Engage Providers

Engaging providers to assist with transcription services, practical information, and consultancy ensures materials can be easily understood or accessed. Ways in which accessible information specialists can assist with include:

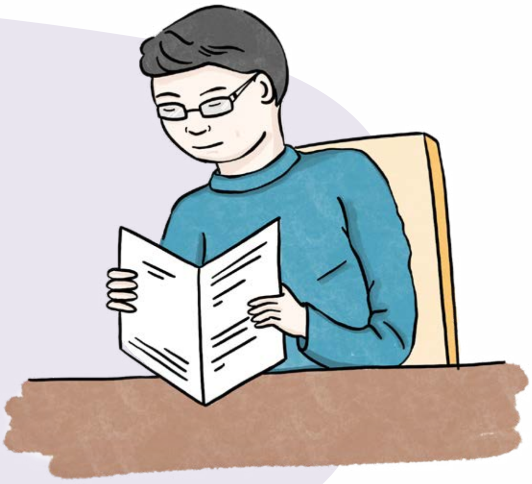
- Accessible document specialists
- Braille specialists
- Web accessibility specialists
- Audio and video accessible production specialist
- Social media accessibility specialist
- Easy English specialist
- Disability access consultants.

Researching local document conversion methods is also useful to have available for these circumstances. For example, creating a list of braille, easy English and Auslan interpreter services that are available in the local area to minimise duplication for the next client that requires this service.

Promote Access and Inclusion

Promoting access and inclusion strategies to local disability organisations may increase their confidence to refer people with disability to a service. Placing brochures of services (in easy or plain English) in locations frequented by women and children with disability provides them the opportunity to find out about organisations and how they can gain access, should they require support. Distribution locations might include disability services or advocacy organisations, doctors, supermarkets, community centres and accessible bathrooms. Additionally, using social media to promote accessible and inclusive services can reach a broader audience to ensure that women and children with disability are aware of the support available.

Engaging providers to assist with transcription services, practical information, and consultancy ensures materials can be easily understood or accessed.



Accessible Information Checklist

Ensuring that documents are accessible to all people, regardless of their disability status, is a fundamental part of accessible and inclusive service. An accessible document can make information available to a wider audience and improve user experience.

Here are some simple things that can be done to make content more accessible.

Note: This checklist is an overview of the principles of accessible information and includes suggested steps. It is not a comprehensive guide which guarantees compliance with accessibility standards.

Language	**Yes**	**No**
Have you used Plain English?	☐	☐
Have you used personal language (I, you, me, we etc)?	☐	☐
Are you using active language ('you will be shown', rather than 'we will show you')?	☐	☐
Is there no jargon, acronyms or abbreviations?	☐	☐
Is there no contractions (instead of don't, won't, and can't, use do not, will not and cannot)?	☐	☐
Have you used short sentences (only one idea per sentence)?	☐	☐
Have you used consistent language (same wording to refer to the same idea)?	☐	☐

Formatting	**Yes**	**No**
Have you avoided using uppercase, underlining and italics?	☐	☐
Have you used clear headings and bullet points to highlight important information?	☐	☐
Have you used a plain font such as Arial, Helvetica or Verdana?	☐	☐
Is all text at least a minimum of 12-point font size?	☐	☐
Is the text left aligned?	☐	☐
Is important information in bold or larger print?	☐	☐
Have you avoided special characters and symbols?	☐	☐
Are the lines of text 60 characters or less? Are sentences 15 words or less?	☐	☐
Is there significant colour contrast between the text and the background?	☐	☐
Have pictures and diagrams been used where appropriate?	☐	☐
Is the text uncluttered with no background graphics, patterns, or watermarks?	☐	☐

Printing	**Yes**	**No**
Has the information been printed on matte or satin non reflective paper?	☐	☐
Is the document printed on A4 or A5 paper size?	☐	☐
Is written information available in alternative formats and does it have a statement informing readers of this? **For example,** 'This publication is available in alternative formats such as electronic, audio tape or Braile, on the request from a person with a disability.'	☐	☐

Communicating with People with Disability

Communicating with people with disability requires understanding, respect, and flexibility. Communication preferences vary, so it's essential to ask and listen to their needs.

Here are some tips for effective communication -

General tips for communicating with people with disability

- Ask if they have a preferred method of communication and be respectful of their choices
- Speak to the person as you would speak to anyone else. Use an age-appropriate tone and treat adults as adults
- If they are accompanied by another person, such as a carer, you should still speak directly to the person with disability
- Put the person first, not their disability. For example, use the term 'a person with disability' rather than 'a disabled person'
- Try to avoid negative phrases such as 'suffers from' and 'crippled.' Use the phrase 'people who use a wheelchair' rather than 'wheelchair bound.'

Communicating with people with physical disabilities

- Remember that someone's personal space can include their wheelchair and crutches. Don't touch or push a person's wheelchair, and don't move their crutches or walking stick without their permission
- When speaking with a person who uses a wheelchair, try to find something to sit on to be at eye level with them
- Allow additional time for the person to express themselves, especially if they have speech or mobility challenges. Be patient and listen attentively
- Choose meeting locations that are accessible for people with physical disabilities. Ensure ramps, elevators, or other adjustments are available if necessary.

Communicating with people with a vision impairment

- When entering a room or beginning a conversation, announce your presence and identify yourself. This helps the person know who is speaking
- Always address the person by name and introduce yourself
- Speak clearly and in a normal voice – there is no need to raise your voice
- Remember that people with vision impairment can't rely on the same visual cues as people without a vision impairment. Make sure you verbalise any thoughts or feelings
- When providing information, use clear language to describe surroundings, objects, and actions. This helps form a mental image
- If you think someone might need assistance, ask first. Respect a person's independence and only offer help if it is accepted
- If a guide dog accompanies a person, don't pat it, feed it, or distract it while it's in a harness. A dog in a harness is working to support its owner
- Communicate when you enter or leave a room to ensure the person isn't speaking to an empty space.

Communicating with people with a hearing impairment

- Gain the person's attention before speaking. Try a gentle tap on the shoulder, a wave, or some other visual signal to get the person's attention
- Face them directly and maintain eye contact
- Make sure your mouth is visible – don't cover it with your hand or any other object as you talk
- Articulate your words clearly and at a moderate pace. Avoid speaking too quickly or mumbling, as it can make lip-reading more challenging
- Don't exaggerate your mouth movements – this will only make it more difficult to lip-read
- Arrange for an Auslan interpreter, if required or requested
- Choose quiet environments for conversations and minimize background noise whenever possible
- Use short sentences
- Keep your volume at a natural level – don't shout.

Communicating with people with an intellectual disability

- Make sure you have the person’s attention before you start talking. Try using their name or making eye contact
- Keep your questions simple and your answers easy to understand
- Remember that your body language is important. People with an intellectual disability often rely on visual cues
- Be prepared to use or receive visual information
- Be specific and direct. Avoid talking using abstracts, acronyms, metaphors, or puns
- Some people may need more time to process information or express themselves. Be patient and allow them the time they need without rushing the conversation
- Be attentive to sensory preferences and sensitivities, adjusting environments to accommodate sensory needs.

Communicating with people with a psychosocial disability

- Ease into the conversation gradually. It may be that the person is not in a place to talk, and that is OK
- Provide adequate personal space
- Be aware of potential triggers and strive to create a safe and comfortable environment to minimize distress
- Instead of directing the conversation at them with ‘you’ statements, use ‘I’ statements instead
- Speak in a relaxed and calm manner and talk in a space that is comfortable, where you won’t likely be interrupted and where there are likely minimal distractions
- Do not lie, as it may damage rapport
- Be aware of a person becoming upset or confused by the conversation
- Listen to the person and try to understand what they are communicating
- Communicate in a straightforward manner and stick to one topic at a time
- Be a good listener, be responsive and make eye contact
- Provide the opportunity to talk and open up but don’t press
- Reduce any defensiveness by sharing your feelings and looking for common ground

- If needed, set limits with the person as you would others. For example, “I only have five minutes to talk to you” or “If you scream, I will not be able to talk to you.”

Things to Avoid Doing:

- Making assumptions about a person’s situation, needs, capacity, or priorities
- Criticising, blaming, or raising your voice
- Talking too much, too rapidly, too loudly. Silence and pauses are OK
- Showing any form of hostility
- Excessive whispering, joking, and laughing. These behaviours may be viewed as dangerous to someone experiencing paranoia
- Being sarcastic or making jokes about their disability
- Using overly simplified language which may be perceived as disrespectful
- Using a patronising tone or behaving in a patronising manner
- Offering unwanted assistance
- Dismissing a person’s input
- Patronising them or saying anything condescending.

Physical Access

Physical accessibility goes beyond accommodating wheelchair users. It encompasses creating spaces suitable for people with low or no vision, sensory sensitivity, and psychological disabilities.

Physical accessibility is crucial for creating an inclusive and supportive environment., This Guide focuses on addressing physical inaccessibility concerns and provides practical steps for improving accessibility in various spaces.

Common Physical Access Barriers:

Physical Disability
Narrow doorways, staircases without ramps or elevators, and uneven surfaces can make it difficult or impossible for people who use a mobility device (such as a wheelchair, frame, or crutches) to enter and move around spaces.

Vision Impairment
Inadequate signage, lack of tactile indicators, artificial lighting, and poorly designed layouts can be disorienting for people with vision impairments.

Hearing Impairment
Lack of visual or tactile alerts, poor acoustics, loud environments, and absence of assistive listening devices can create communication barriers for people with hearing impairments.

Cognitive or Intellectual Disability
Complex or confusing layouts, insufficient signage, and overly bright or contrasting colours may pose challenges for people with cognitive or intellectual disabilities.

Sensory Sensitivities
Overly bright or flickering lights, loud noises, or strong odours can be overwhelming for people with sensory sensitivities, impacting their comfort and wellbeing.

Improving Physical Access

Ask About Access Needs

Whilst asking about a person's needs avoid assumptions, it also recognises a person's autonomy and dignity. Making assumptions about a person's abilities or needs can lead to misunderstandings and inadequate support. By asking, workers avoid making presumptions and instead gain accurate information directly from the individual.

Asking about access needs demonstrates respect for the autonomy and dignity of people with disability. It acknowledges their expertise regarding their own needs and empowers them to actively participate in decisions that affect them.

People with disability have diverse needs and preferences. Asking a person directly ensures that any adjustments provided are tailored to their specific requirements. This individualised approach contributes to a more inclusive and supportive environment.

Remove Physical Barriers

Physical access barriers can significantly impact people with disability, limiting their ability to navigate and engage with various environments. These barriers can pose challenges across various aspects of daily life, including education, employment, social activities, and accessing essential services. Understanding these challenges is crucial for implementing effective improvements.

Here's an overview of how physical access barriers impact people with disability and ways to enhance accessibility:

Issue	Consequences	Solution
Inaccessible Buildings	Lack of ramps, elevators, or accessible pathways can prevent people with mobility impairments or those who use wheelchairs from entering and navigating the facility.	Install ramps, elevators, or lifts to provide easy access to all parts of the building. Ensure that pathways are wide, well-lit, and free from obstacles.

Issue	Consequences	Solution
Poor Signage	Inadequate or unclear signage can be a challenge for people with visual impairments or cognitive disability.	Implement clear, large-font signage with high colour contrast. Use tactile indicators and consider providing information in multiple formats, such as Braille or audio.
Lack of Assistive Technology	Absence of assistive technologies, such as hearing loops or captioning, can hinder effective communication for people with hearing impairments.	Invest in and implement assistive technologies to facilitate communication. Ensure that staff are trained on how to use and support people using these technologies
Inaccessible Restrooms	Restrooms that are not designed with accessibility features can pose challenges for people with mobility impairments.	Design and modify restrooms to include features such as grab bars, proper space for manoeuvring wheelchairs, and accessible sinks.
Unaccommodating Furniture and Spaces	Inflexible furniture and spaces can create challenges for people with diverse needs, such as those with mobility, sensory, or cognitive disability.	Choose adjustable and adaptable furniture. Ensure that spaces are flexible and can be rearranged to accommodate various needs.
Lack of Privacy	Insufficient privacy in waiting areas or counselling spaces can be a concern, especially for people with sensory sensitivities or psychological disabilities.	Design waiting areas and counselling spaces to provide adequate privacy. Consider soundproofing or creating designated quiet spaces.

Access Audits

Access audits are assessments conducted by professionals to identify physical and systemic barriers that may prevent people with disability from fully participating in and accessing spaces. In Australia, access audits play a crucial role in evaluating and improving the accessibility of various environments, ensuring they comply with disability standards and regulations.

Audits are particularly important for promoting inclusivity and compliance with disability discrimination laws.

Conducting Access Audits:

Engaging Professionals: Access audits are typically conducted by professionals with expertise in disability access, including architects, disability consultants, or auditors certified in accessibility standards.

Collaboration with Stakeholders: Engaging with people with disability and relevant stakeholders to gather insights and feedback on their experiences is a crucial aspect of access audits.

Reporting and Recommendations: The audit results are compiled into a report that includes findings, recommendations, and a plan for addressing identified barriers.

Resources for Access Audits in Australia:

Centre for Accessibility Australia: The Centre for Accessibility Australia provides access auditing services and resources to help organizations improve their accessibility. Website: Centre for Accessibility Australia -

www.accessibility.org.au/services/auditing/

Australian Human Rights Commission (AHRC): The AHRC provides guidance on disability standards and discrimination laws, offering resources for organizations to enhance accessibility. Website: Australian Human Rights Commission -

https://humanrights.gov.au

Maintain Consistency

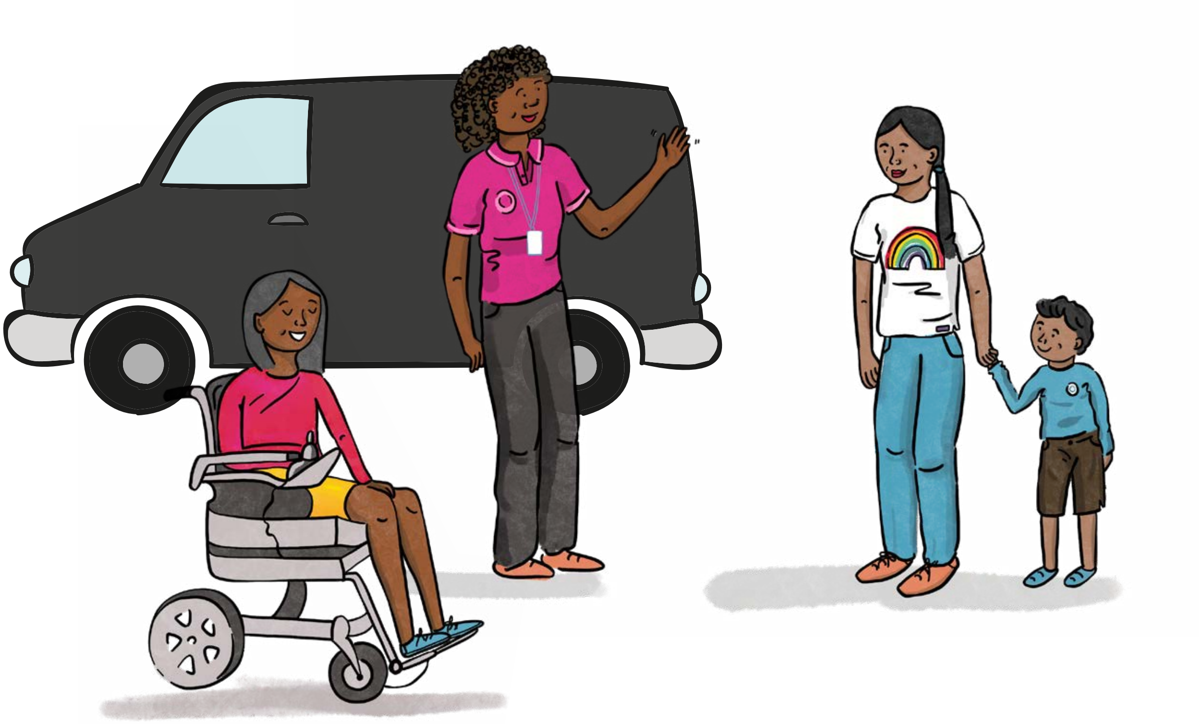
Maintaining consistency within a space is crucial for supporting people with disability in meeting their access needs. Consistency enhances predictability and familiarity, which is particularly beneficial for people with vision impairments who rely on memory to navigate spaces. Maintaining consistency can be done by ensuring that furniture and fixtures are arranged in a consistent manner and clearly define pathways and walkways.

Promote Awareness Among Other Users

By increasing staff and client awareness of the principles of consistency and accessibility, services foster a supportive environment which reduces unintentional barriers. It can be done by communicating the importance of accessibility to all users, and informing women and children with disability that this information has been shared and promoting confidence and independence.

Recognise Transport Challenges

Transport challenges can exacerbate a woman with disability's vulnerability, impacting their ability to seek support or escape from violent or unsafe situations. It's essential for the FDV sector to recognise and address these challenges to ensure that women and children with disability have safe and accessible means of transportation when needed.



Asking about Access Needs

1. **Use Open-Ended Questions**

   Frame questions in an open-ended manner to encourage the person with disability to share their specific needs. For example, ask, “Do you have any access requirements?” or “Is there anything we can do to improve access for you?”

2. **Be Respectful and Sensitive**

   Approach the conversation with sensitivity and respect. Recognise that discussing access needs can be a personal matter, and person with disability may have different comfort levels in sharing this information.

3. **Assure Confidentiality**

   Communicate that any information shared regarding access needs will be treated with confidentiality. Assure the individual that the goal is to create an inclusive environment, and their input is valued.

4. **Provide Options**

   Offer various channels for expressing access needs. Some people with disability may prefer written communication, while others may feel more comfortable discussing it verbally. Providing options allows the person to choose the method that suits them best.

5. **Create a Welcoming Environment**

   Ensure that the setting is comfortable and welcoming. This can contribute to a positive and open conversation.

Disability Inclusive FDV Services

Women and children with disability experience a range of barriers when accessing FDV services. These tips have been developed by people with disability and parents of children with disability. It is based on their own direct experiences of family and domestic violence.

Accessibility

- ☐ If a mother is seeking help for themself and their children, check if any of them have access or disability-related needs.
- ☐ Let women know if you can provide transport, as this may impact their engagement with a service.
- ☐ Make sure links and widgets on your website or apps are working.
- ☐ Easy read helps people feel confident and informed.
- ☐ Use images and drawings (like animation or cartoons) to provide information in visual formats.
- ☐ Ask the person about the best way to communicate with them and how to contact them.

> **"Let people know of other avenues so they don't get so disheartened (if they have to wait for services). Give people the numbers they can ring if they feel they are in crisis."**
>
> \- Modified Service Delivery pilot co-design member

Inclusive Environment

☐ Ensure the service setting is approachable. Take steps to ensure environments are not clinical or corporate by making them warm, friendly, homely and comforting.

☐ Workers should be aware of the potential impact of language and body language, so they don't come across as asking a person "what's wrong with you," nor send the message "you are taking up space."

☐ Talk directly to the person.

☐ Don't touch the person or sit right next to them.

☐ Be aware that when someone has escaped family and domestic violence, "it is still terrifying." People are scared and likely to be unsure if they are safe.

☐ Understand that people might be at different stages or times in their journey.

☐ There's no perfect victim-survivor and people can present in various ways. Understand they may not respond the way you would in the same circumstances and there is no right or wrong way for a victim to react. Every experience is different.

☐ Provide information about waitlists or delays in accessing services to prevent women being disheartened or distressed. Provide an estimated timeframe.

☐ When in crisis, documents and forms can be difficult. People may need support in filling them out.

☐ Offer to provide information verbally or in writing. You may need to revisit conversations about options available as too much information can be overwhelming.

☐ Understand trauma informed care and apply the principles across services.

> **They were LGBT friendly… rainbows everywhere and I loved that. It was the kind of place where staff had buttons on their lanyards. They had fidget toys and low sensory or mood lighting. They had written information.”**
>
> - Modified Service Delivery pilot co-design member

Safety and Privacy

☐ Discuss confidentiality and privacy with women and children with disability, including those with guardians.

☐ Acknowledge women and children with disability’s right to privacy without promising to keep a disclosure secret, particularly if the person is in imminent danger.

☐ Protect the privacy of victim-survivors by not sharing information without consent.

☐ Be mindful of the risks of sharing information with a person with disability’s social supports.

☐ Help women redirect mail to a PO box, if suitable.

☐ Support mothers to update their children’s emergency contacts and share custody information (including no contact court orders) with schools, daycare, doctors, and other places.

> **“The refuge was valuable to me: they had a good intake process. I felt safe, believed, and not judged. I was exhausted and running on adrenaline they provided “critical lifesaving support.”**
>
> - Modified Service Delivery pilot co-design member

Communicating Options

☐ Ensure women and children with disability understand what services are available in a refuge and what can or cannot be done.

☐ Provide a key support person. Women describe this role as an anchor person who can provide consistent holistic support and coordination.

☐ Support the women and children with disability to collect evidence and document their experience so they don't have to keep retelling their story.

☐ Provide advice on other services such as disability, community, housing and legal supports.

☐ Allow tutors on site for children and provide referrals to charitable groups for food, clothing and other supplies.

☐ Recognise that children are just as at risk as women. They may need access to child health, early intervention services if they have a disability or require support for schooling.

☐ A parent should be present when working with a child.

☐ Victim-survivors and children may need help to reset their boundaries and unlearn maladaptive behaviours.

> **Mentoring by women with experience, and the opportunity to be involved when women are brought together to provide peer support, were really useful."**
>
> - Modified Service Delivery pilot co-design member

This information was developed by women with disability and/or mothers of children with disability and is based on their own direct experiences of family and domestic violence.

Accessible Event Checklist

It is important that people with disability have the same opportunities as people without to access and participate in events, functions, and activities, including those organised and delivered by services.

Here are some simple things that can be done to make an event more accessible:

Note: This checklist is designed to be an overview of the accessibility of an event or activity. It is not a comprehensive guide which guarantees compliance with accessibility standards.

Invitations and Promotional Material

Text	**Yes**	**No**
Have you used a plain font such as Arial, Helvetica or Verdana in invitations and promotional material?	☐	☐
Is all text at least a minimum of 12-point font size?	☐	☐
Have invitations and other relevant materials been designed using contrasting colours and without clutter?	☐	☐
Have invitations and other relevant materials been printed on matte paper?	☐	☐
Is the text uncluttered with no background graphics, patterns, or watermarks?	☐	☐

Invitations and Promotional Material

Content	**Yes**	**No**
Does the invitation and other relevant materials include information about accessibility for wheelchair users?	☐	☐
Does the invitation and other relevant materials include information about accessible facilities at the venue, including parking and drop off spots?	☐	☐
Have you invited and encouraged guests to share information with the event organisers about access requirements, including accessible parking and bathrooms, Auslan interpreter, an audio loop or attendance of a support person?	☐	☐
Does the invitation and other relevant materials include contact details (email and phone number of organisers) so guests can communicate their attendance in a way that is suitable for them?	☐	☐
Are the invitation and other relevant materials available upon request in alternative formats such as large print, audio, digitally or in Braille?	☐	☐

External Environment

Location of closest public transport	

- Bus stop:
- Train station:

Accessible parking bays	**Yes**	**No**
Does that venue have an accessible parking bay?	☐	☐
Is the accessible parking bay identified by the international symbol?	☐	☐
If the accessible parking bay is undercover, is the roof a minimum of 2500mm in height to allow for the use of a car top hoist?	☐	☐
Is the car park less than 40m from the venue entrance?	☐	☐
Accessible path of travel	**Yes**	**No**
Is there a continuous accessible path of travel (no obstructions), including installed ramps, to the building from:		
• Accessible parking bay/s?	☐	☐
• Drop off/pick up area/s?	☐	☐
If there are steps to enter the building:		
• Is there a ramp available?	☐	☐
• Do all steps have handrails available?	☐	☐
• Is there a contrasting strip on all surface edges?	☐	☐

Accessible path of travel	**Yes**	**No**
If there is a ramp to enter the building:		
• Is the gradient no steeper than 1:14 (which translates to an approximate slope of 7.14 degrees)?	☐	☐
• Does the ramp lead to the main entrance?	☐	☐

The Venue

Entrance	**Yes**	**No**
Is the entrance threshold level?	☐	☐
If there are any steps at the entrance, is there a ramp?	☐	☐
If it is not automatic, is the entrance doorway easy to open?	☐	☐
Is the doorway at least 800mm in width?	☐	☐

Internal environment	**Yes**	**No**
Is the administration or reception counter low enough for a wheelchair user?	☐	☐
Does the venue have an accessible route of travel from the entrance to all areas guests will use or visit?	☐	☐
If there are internal steps:		
• Do all steps have handrails?	☐	☐
• Is there a contrasting strip on all surface edges?	☐	☐
If there are ramps:		
• Are they no steeper than 1:14 (which translates to an approximate slope of 7.14 degrees)?	☐	☐
• Do they have handrails?	☐	☐
Are all doors at least 800mm in width?	☐	☐

The Venue

Visibility	**Yes**	**No**
Is the venue clearly signed?	☐	☐
Is the venue well lit?	☐	☐
Bathrooms	**Yes**	**No**
Does the venue have at least one gender neutral accessible toilet?	☐	☐
Is the toilet on the same floor as the event?	☐	☐
Is the doorway at least 800mm in width?	☐	☐
If the door opens inwards, is there enough space for a wheelchair user to shut the door once inside?	☐	☐
Is there a handrail next to the toilet?	☐	☐
Signage	**Yes**	**No**
Does the venue and/or event have clear signage to:		
• The function room or event space?	☐	☐
• The toilets?	☐	☐

The Event or Function

Communication	Yes	No
If an interpreter will be present, is there a position where they can stand which ensures that people who are deaf or hard of hearing can see their face and hand movements?	☐	☐
Does the venue have an audio loop installed?	☐	☐
For sit down functions	**Yes**	**No**
Are there sufficient walkways (1000mm or more) around the function space?	☐	☐
Is there at least 900mm between tables?	☐	☐
Is there 710mm – 840mm space under tables to allow a wheelchair to sit under comfortably?	☐	☐

It is important that people with disability have the same opportunities as people without to access and participate in events, functions, and activities.

Organisational Attitudes and Experiences

Organisational attitudes play a pivotal role in shaping the experiences of people with disability and can influence their engagement with services. For example, without proper disability training, staff may not fully understand the unique needs and challenges faced by women and children with disability in the context of FDV. Staff may also unknowingly use inappropriate language or terminology, contributing to feelings of alienation or discomfort for women and children with disability.

Another barrier for women and children with disability accessing FDV services is the limited representation of people with disability within the service. The absence of people with disability employed within FDV organisations can lead to inadequate understanding about the unique challenges faced by women and children with disability.

FDV organisations without formal plans may lack a structured approach to addressing accessibility issues and creating an inclusive environment. This section focuses on cultivating positive organisational attitudes through disability training, inclusive language, representation in employment, and the development of a Disability Action and Inclusion Plan.

Disability Awareness and Training

Having staff participate in disability-specific training and awareness increases a service's capacity to support people by gaining a deeper understanding of their unique needs. Ensuring an organisation prioritises disability-specific training in their induction and ongoing refreshers enhances their awareness, cultural competence, and sensitivity to the needs of people with disability.

People with Disability Australia (PWDA) offer workshops, training activities and training packages for people with and without disability to improve their knowledge and skills. An individual or organisation can contact PWDA to discuss needs and explore the training topics here:

https://pwd.org.au/services/training/

Inclusive Language

Inclusive language is terminology that does not alienate a person and ensures they have full accessibility to the services, society, and situational supports that empower them. Whether a worker is new to supporting people with disability or they have done so in the past, there is an array of inclusive language that can be adopted and implemented.

Inclusive language reduces discrimination and fosters a welcoming environment for women and children with disability.

PWDA have a language guide that can be accessed here: PWDA Language Guide -

https://pwd.org.au/resources/language-guide/

Representation in Employment

Representation of women and children with disability in the FDV sector is crucial for several reasons, and increasing opportunities for their employment is a vital step toward creating a more inclusive and effective support system. Employing people with disability at all levels of an organisation, including in leadership roles, promotes workplace diversity, reduces stigma, and challenges stereotypes.

There are many benefits to having representation within a workforce, these include:

- Women and children with disability may have unique needs and experiences related to FDV. Representation ensures that these perspectives are understood and addressed within a service and the sector
- Individuals often feel more comfortable seeking support from someone who shares similar experiences. Representation enables trust and rapport between service providers and clients with disability, creating a safer and more supportive environment
- It promotes cultural competence within the sector, enabling better understanding and responsiveness to the intersectionality of identities
- Professionals who have lived experiences with disability may bring unique insights into effective service delivery. Their ability can contribute to the development of more inclusive and responsive programs
- Seeing women and children with disability in leadership and support roles empowers others facing similar circumstances. It provides positive role models and challenges stereotypes about the capabilities of people with disability.

Employing a diverse workforce involves a combination of proactive strategies, inclusivity measures, and actively creating an accessible and supportive work environment. Here are several strategies to help enhance the recruitment of people with disability:

- Use a variety of channels to advertise vacancies, ensuring that the information is accessible to a diverse audience, including people with disability
- Ensure that the application process is accessible, allowing applicants with disability to easily send their applications. This includes accessible online forms and alternative application methods
- Collaborate with disability advocacy organisations, vocational rehabilitation services, and other groups that specialise in supporting people with disability
- Attend events organised by disability-focused organizations to connect with potential candidates. Participate in job fairs and networking opportunities that cater to people with disability.

- Develop and implement policies that explicitly support diversity and inclusion, ensuring that the needs of employees with disability are considered in all aspects of employment
- Clearly communicate the organisation's commitment to providing reasonable accommodations to support employees with disability.

Disability Access and Inclusion Plan

In Australia, Disability Access and Inclusion Plans (DAIPs) are strategic documents developed by organisations to outline their commitment to promoting accessibility and inclusion for people with disability. These plans are particularly relevant in the context of the FDV sector, where ensuring accessibility and inclusivity is crucial to providing effective support services. A well-structured plan actively removes barriers for both employees and service users, fostering inclusivity.

By developing and implementing a DAIP, all involved with an organisation, (including employees, students, volunteers, and clients) are aware of the strategies for removing barriers and promoting inclusivity. Once a DAIP is implemented, it is the responsibility or the organisation to review the document at regular intervals to ensure it remains relevant to the organisation. It also assists employees to have active ownership of the strategies to support relevance and effectiveness.

Principles of Inclusive Language

Inclusive language is a set of principles that guide the use of language to ensure that communication is respectful, avoids stereotypes, and promotes the dignity of people with disability. The use of language is particularly important to foster an inclusive and supportive society. Here are key principles of disability-inclusive language from the United Nations Disability Inclusion Strategy:

Use people-first language

Place the person before the disability by using person-first language. For example, say “a person with a disability” instead of “a disabled person.” This emphasises the individuality of the person rather than defining them solely by their disability.

Respect for Individual Preferences

Respect the preferences of person with disability regarding how they prefer to be referred to. Some may prefer identity-first language (e.g., “disabled person”), so it’s important to listen to and honour individual choices.

Avoid labels and stereotypes

Refrain from using labels or stereotypes that can oversimplify or generalise the experiences of people with disability. Labels and stereotypes can perpetuate misconceptions and hinder a nuanced understanding of diverse abilities. For example, avoid labelling people and do not mention a person’s disability or impairment unless it is relevant, particularly in internal communications and emails.

Disability is not an illness or a problem

According to the United Nations of Geneva Disability Inclusive Language Guidelines, the medical model of disability views disability as a health condition that needs to be fixed or cured. Under this model, people with disability are not seen as rights holders. Similarly, the charity model of disability views disability as a burden or a “problem” that persons without disability must solve. This approach depicts people with disability as being objects of charity and pity, perpetuating negative attitudes and stereotypes.

> **For example, terms such as “suffers from,” “afflicted with” or “stricken with” are inappropriate. They suggest constant pain and powerlessness and carry the assumption that persons with disabilities have poor quality of life. Instead, you can simply say that a person “has [a disability]” or “is [blind/deaf/deafblind].”**
>
> - United Nations Geneva, Disability Inclusive Guide

Perceived Discrimination

Perceived discrimination can have a significant impact on women and children with disability and may determine whether they seek support from FDV services. Women and children with disability fear discrimination, impacting their access to FDV services and increasing the risk of homelessness (PWDA and DVNSW, 2021).

When women perceive discrimination, it can deter them from seeking help, accessing services, and disclosing instances of abuse. The below strategies outline how to address and prevent discrimination within the FDV setting.

Understanding Perceived Discrimination

Perceived discrimination refers to the subjective experience of unfair treatment or bias and recognises its impact as essential for creating an environment that is truly inclusive and responsive to the needs of all.

Recognising that perceived discrimination is a real and impactful experience for women and children with disability is the first step. The next step is to build trust by acknowledging and addressing perceived discrimination to foster a more open and supportive relationship.

Listening and Shaping Services through Women's Stories

There are benefits for women and children with disability and service providers when organisations actively listen and incorporate women's stories into their practice.

For women and children with disability, opportunities to share their story allows them to reclaim their narrative, breaks the silence surrounding violence, and contributes to the collective understanding of the challenges faced by their community.

For FDV services, they gain insight into the specific challenges, barriers, and support needs that people with disability experience. These stories provide a rich source of information which helps services tailor their support to meet the diverse and specific needs of women and children with disability, ensuring that interventions are relevant and effective. It allows organisations to incorporate voices into their policies and programs to address the specific concerns and needs identified by those who have lived through these experiences.

To collect meaningful feedback, organisations should establish transparent feedback mechanisms that allow people with disability to express concerns, provide feedback, and report instances of perceived discrimination. Regular feedback can help identify areas for improvement and address issues promptly.

approach depicts people with disability as being objects of charity and pity, perpetuating negative attitudes and stereotypes.

Peer Support Groups and Collaboration

Peer support groups and collaboration for women and children with disability are essential components of holistic and survivor centred FDV services. Peer support can alleviate feelings of isolation and provide a more empathetic understanding of the challenges faced. They provide a safe and non-judgmental space for women to express themselves, fostering resilience and facilitating the healing process.

Peer support groups and collaboration enhance awareness and inclusivity as they create a space where women and children with disability can connect with others who share similar experiences.

For women and children with disability, opportunities to share their story allows them to reclaim their narrative, breaks the silence surrounding violence, and contributes to the collective understanding of the challenges faced by their community.

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Part Three

Case Management Considerations

Case management is a vital component of family and domestic violence (FDV) services, serving as a link between victim-survivors and the support they require to navigate the path of safety, healing, and recovery. Although the degree of support provided, complexity of assistance and time spent with a client varies greatly, the core practices and steps should remain consistent across case management practice and organisations. It recognises that a client's journey is not linear, and they may move between stages in either direction.

The principles and considerations outlined on the next page are intended to provide guidance on best practice principles regarding case management to meet the needs of women and children with disability experiencing FDV. They underpin and provide direction for workers in the FDV sector whilst acknowledging that every organisation has a different approach to client engagement and case management.

The pages that follow explore the main components of effective case management, including communication, safety planning and resource coordination to ensure victim-survivors with disability experiencing FDV receive the support they require during their engagement with FDV services. It is not intended to be comprehensive guide, rather a supplementary document to support the way a service already operates.

Recognising that each client is different is fundamental to ensuring that women and children with disability experiencing have access the support they require. Disability can vary widely in nature and need; with a person's encounter shaped by the intersection of their disability and the violence they have experienced. A person-centred approach which adjusts to meet a person's needs, preferences and goals is imperative to providing meaningful case management support.

1

REFERRAL

- Confirm client eligibility
- Respond to referrals based on need

2

INTAKE

- Engage with client and identify need
- Complete risk assessment

3

ASSESSMENT

- Build rapport with client
- Identify strengths and goals
- Understand circumstances

4

CASE PLAN

- Identify long and short term goals
- Coordinate as needed

5

IMPLEMENTATION

- Deliver Case Plan activities
- Review/adjust as needed
- Collaborate with services

6

MONITOR AND REVIEW

- Review progress and identify challenges
- Use strengths based approach

7

TRANSITION OR EXIT

- Celebrate achievements
- Refer to other services
- Evaluate progress

Referral

Key considerations:

- Establish a referral process with clear guidelines and expectations
- Referrals should accurately capture women or children with disability's access requirements
- Tailor responses to a person's individual communication needs
- Follow up questions are to be asked to determine a person's support needs
- Referrals should be prioritised based on need and responded to in a timely manner

Depending on the nature of the family and domestic violence (FDV) service and organisational processes, a person may self-refer or receive assistance from another individual, service, or organisation to engage with FDV supports. Services should specify who can make a referral, how they can be submitted or accepted and the expected response time. This reduces miscommunication and ensures that all parties are aware of their rights and responsibilities.

Establishing and maintaining open and clear communication with a referral source is crucial to ensuring women and children with disability experiencing FDV can access the supports they require to remain safe. This will also ensure that relevant information, including that about the person's disability and/or communication needs, is captured accurately.

Ensure that people with disability can access and participate in the process by providing adjustments as needed, such as accessible communication methods or documents. This may include having a document translated to easy English or easy read, using an Auslan interpreter or calling them, rather than providing written communication, if it safe to do so.

Rather than make assumptions, speak to the person with disability (or their referrer) to gain an understanding of their preferred method of communication. It is okay to ask questions about a person's needs.

After receiving a referral, organisational risk assessment procedures should be followed to determine the immediate safety of women and children with disability. If there are urgent safety concerns, appropriate steps should be taken to address them directly. It is important to recognise a person with disability's choice and control during this process, adhering to legal and ethical guidelines which protect a person’s rights and dignity.

Services should respond to referrals within a suitable and agreed upon timeline which is well communicated. It is crucial to acknowledge the receipt of a referral process and begin the intake/assessment process promptly as this can significantly impact the wellbeing of victim-survivors with disability.

Throughout the process of receiving and accepting a referral, maintain accurate records of the process and actions taken. Keep the referring party updated with the progress of the referral and willingly receive updates regarding the case, ensuring a person’s privacy is maintained.

If a service does not have a vacancy, is at capacity or is not able to meet a person’s needs, this should be communicated to the person with disability or their referrers as soon as possible and all efforts should be made to connect them with an alternative service. Doing so demonstrates a commitment to ensuring the person remains safe and receives the care and support they require. If appropriate, this may also include adding them to a service’s waitlist.

Ensure that people with disability can access and participate in the process by providing adjustments as needed, such as accessible communication methods or documents. This may include having a document translated to easy English or easy read, using an Auslan interpreter or calling them, rather than providing written communication, if it safe to do so.

Tips

Tips for referral forms

Regardless of how a referral is received, either from the person or from an agency, it is important to consider how a person will share their experiences and disability needs with an FDV service at this point.

Tips for developing a referral form include –

- Explain why the service is asking about a person’s disability and needs. Emphasise that the information will only be used to tailor communication and support to them
- Make it clear that sharing information about disability is optional, however it may assist in providing suitable services. Respect a person’s right to choose if and what they share
- When asking about disability, use inclusive language that does not stigmatise. Avoid terms that may be offensive or judgemental
- Ask specific questions about disability needs, including challenges with mobility, communication preferences, sensory sensitivities or required adjustments to service delivery
- Allow the person with disability or their referrer an opportunity to describe their needs in their own words by having open text boxes
- Ensure referral forms are accessible to people with disability. Provide alternative formats or methods of submission including word version, easy read, a phone number, or online form
- Offer contact information so people know who to contact if they have questions or require assistance completing referral forms. This demonstrates a genuine commitment to access and inclusion
- Consider testing referral documents and processes with people with disability to ensure clarity and accessibility.

Intake

Key considerations:

- Prioritise a woman or child with disability's safety and address their immediate concerns, particularly if they are at imminent risk of harm
- Ensure the intake process is accessible and conduct a comprehensive assessment of a person's disability and related needs
- Where possible and suitable, involve a person's support network in the process to ensure they feel safe

Intake processes are used to determine a person's suitability for a service and determine their strengths and needs. It may also assist a service to identify whether they can meet a person with disability's needs.

An intake appointment should be undertaken in whatever format is most suitable for the women or children with disability. This information should be provided to the service at the point of referral and may include phone appointments, providing adjustments such as Auslan interpreters, using accessible documents or having the discussion using the person's assistive technology or communication devices. When undertaking an intake appointment with a person with disability, use plain English and avoid jargon to ensure that it is a positive experience.

A trauma-informed intake appointment prioritises safety, trust, and empowerment by creating an environment where a victim-survivor with disability feels safe to share their experiences. It recognises disability related triggers or past trauma and avoids re-traumatisation. By actively listening, showing empathy, and validating a person's experience, the intake process acknowledges the significance of a person's experiences and feelings.

Risk assessments should be completed upon intake to understand the priority needs for a client, as well as determine risks to staff and/or other clients. It should be a collaborative process between the women and children with disability, their circle of support and other stakeholders determined by the client. If there are urgent safety concerns, take appropriate steps to address them directly. Completed risk assessments which outline a person's disability requirements should be well documented and recorded in line with organisational process. Where a service is not able to meet the immediate safety needs of the person, they should be supported to access a relevant alternative service.

Prior to receiving support, a client should be given information about the assistance they will receive, how their information will be collected and who it will be shared with. This will ensure that they provide informed consent prior to engaging with the service or organisation. They should also be given enough information to allow them to decide whether to accept an offer of service.

Workers should clearly explain a person's rights and responsibilities prior to accessing a service, including those around privacy and confidentiality.

People with disability can provide informed consent when information is clear, provided in accessible formats and in a supportive environment. Extra time may be required for them to process the information and they should be provided with opportunities to ask questions, so their understanding is clear. A disability advocate, guardian or support person may be required to assist or facilitate a decision-making process. Forms should be in plain or easy English and people should be aware of their right to refuse or withdraw consent.

A Disability Needs Assessment may assist in determining how a person's disability impacts their experiences of violence, the way they access support services and their community. It can involve evaluating how the disability impacts daily activities, identifying barriers to accessing services, understanding the person's existing supports and exploring their needs and preferences. The assessment informs the development of a case plan that focuses on enhancing the individual's independence and quality of life whilst ensuring they remain safe and free from violence.

Respecting the autonomy of women and children with disability ensures that their dignity is respected. It involves recognising their capacity to make decisions about different aspects of their lives including, but not limited to, their safety, healthcare, education, and daily activities. It means providing people with disability the ability to, with support if needed, choose and control what happens in their lives and ensuring they have access to disability advocates if they need support with this.

A person may need assistance to make some decisions but not others. It is important to check in regularly to understand their needs and ensure that their choice and control is not being removed.

Tips

Tips for a Disability Needs Assessment

A Disability Needs Assessment is a comprehensive evaluation of disability related needs and may be completed during an intake. It involves gathering information about a person's requirements to ensure they receive appropriate and suitable support during their engagement with a service.

Tips for developing a disability needs assessment include –

- Clearly document the person's disability as this may assist in understanding their needs, as well as eligibility for additional supports
- Ask about a person's communication preferences and determine whether they use Auslan, communication services or other methods to communicate effectively
- Evaluate the person's mobility and physical requirements. If suitable, ask about mobility aids and devices, physical accessibility, or other access needs
- Determine whether the person has a sensory disability, including whether they are deaf or hard of hearing or have low levels of vision. Assess their needs for adjustments in this area
- Determine whether the person uses or requires equipment or assistive technology such as a wheelchair, screen reader or communication device
- Understand their cognitive capacity and identify strategies for suitable communication. You may ask their social supports about tailored support plans
- Explore the person's ability to undertake daily living tasks independently or with assistance. Use this to identify their needs related to daily tasks
- Record any medical conditions or health requirements associated with the person's disability. This may include assistive technology or equipment, medication, therapy, allied health services and medical appointments
- Discuss safety concerns related to the person's disability, such as the risk of falls or accidents, and develop strategies to mitigate these risks. This may include developing several safety plans, as based on the person's disability type
- Evaluate the person's living environment, including the suitability of residential FDV services, and identify modifications or adjustments required
- Discuss the legal or financial aspects of the person's disability, including their access to income, guardianship or Power of Attorney orders and other legal matters.

A Disability Needs Assessment should involve the person with disability and their referrer or advocate, if suitable. It acts as a tool to inform service delivery, providing information about a person's needs which can assist in ensuring people with disability remain safe.

Assessment

Key considerations:

- Establish a genuine positive relationship which creates a safe space for victim-survivors with disability to share their goals and strengths
- Collaborate clients to gather information and develop a plan that aligns with their goals and needs
- Ensure that assessments are facilitated using a client-centred and strengths-based approach.

Case work assessments are a process of client engagement and information collection to best determine how to support women and children with disability experiencing family and domestic violence (FDV). They should be an engaging process where clients are encouraged to explore their presenting issues, concerns, and needs, as well as unique strengths, community connections and supports, including those related to a person's disability.

The purpose of an assessment is to identify a person's needs and goals and determine support pathways to assist in meeting them. Workers should use the process to develop positive rapport with clients, enabling ongoing client engagement to ensure their needs are being met.

Before meeting with a person with disability, workers are encouraged to review any information available to them, including the referral and intake documentation. The way in which the assessment is undertaken should be determined by their disability specific needs.

An assessment should be undertaken in a safe and respectful environment which ensures that a client's privacy is being maintained, regardless of how many people are involved in the process. Workers should begin by introducing themselves, explaining their role and the purpose of the assessment with the victim-survivor and their supports. This will ensure a shared understanding of the appointment's scope, as well as the assistance which can be provided. Concerns or questions the person has should be addressed at this point to ensure they feel safe to continue the conversation.

Case work assessments should consider disability related needs and how this may intersect with their experience of FDV. Asking about a person's disability at the time of assessment enables workers to provide tailored support that respects their individual circumstances. This ensures the support services being provided are accessible, culturally sensitive, and accommodating of their disability-related barriers. Recognising disability related safety concerns also enables workers to consider these during the safety planning process.

A person may need assistance to make some decisions but not others. It is important to check in regularly to understand their needs and ensure that their choice and control is not being removed.

Exploring and understanding a person's support networks is an important part of engagement for women and children with disability and, with consent, they may be involved in the case work or safety planning process. Collaborating with a person's network ensures that everyone in their life has a mutual understanding of their goals, safety needs and concerns.

Before meeting with a person with disability, workers are encouraged to review any information available to them, including the referral and intake documentation. The way in which the assessment is undertaken should be determined by their disability specific needs.

Questions to ask during a case assessment

A case management assessment helps workers determine the best way to assist a client and it is important that all aspects of a person's life are considered during the process.

Questions to ask women and children with disability include –

Safety and immediate concerns

- Do you currently feel safe?
- Do you have any safety concerns or fears related to your disability?
- Disability and access needs
- Do you require any adjustments to the way we work, such as sign language interpreters, accessible documents, or assistive technology, to access our services?
- Does your disability impact your daily life and your experience of domestic violence? If so, how?
- Are there challenges or barriers related to your disability that we should know about?

Support networks

- Who are the people in your support network, such as family members, friends, or advocates?
- What do these people help you with?
- Do you want them to be a part of the assessment or safety planning process?

Legal

- Do you need legal help or advice regarding your rights and responsibilities?
- Health and wellbeing
- Are there any health concerns or medical needs that we should be aware of?
- Has your experience of violence or abuse affected your physical or emotional wellbeing?

- Financial, education and employment
- Do you have control over your own money? If not, who does?
- Are there any adjustments or supports you need to be able to study or work?

Other

- Are there any disability related services that you would like us to help you connect with?
- Is there anything else you would like the service to know about your disability?

The questions above are also suitable to ask when supporting a woman with a child with disability.

Case Planning

Key considerations:

- Understand a person with disability's short- and long-term goals and, collaboratively plan to assist them to achieve these
- Clarify the role of all involved in the plan to ensure clear roles and responsibilities
- Engage with other services and supports by referring as appropriate.

Case planning is the process of, in partnership with the client, developing strategies and to address their presenting needs and concerns by working on their short- and long-term goals. The purpose of case planning is to ensure that tailored services are provided to ensure women and children with disability experiencing family and domestic violence (FDV) are provided with suitable supports.

The case planning process involves person-centred planning to enable a client to make important choices about how they want to live their life, both now and in the future. The worker should focus on listening to the person, their goals and how they can support them to achieve this, rather than what they believe the client should be prioritising.

Understanding a person's disability and the impact it has on their life, as well as their current strategies to address this impact, is important when developing a case plan so goals can be tailored appropriately. Whilst a person with disability may have an advocate or support person with them during a case planning appointment, their active involvement in the process of goal setting is vital. They should be central to all decision making and set their own goals unless they are unable to do so. This empowers them to take ownership and make decisions about their life and the direction they would like it to go. Goals should not be set on behalf of the person with disability.

The first step is to understand what a client wants from their future and what matters to them. This may also help workers to understand what is working well in the person's life and what they would like to change.

Open-ended questions have a significant role in supporting women and children with disability to identify their goals. By asking questions that facilitate conversation, such as "what are some things you want to do in the future?" and "how do you think you can stay safe?", you encourage the person to talk about the future and their goals. Where the person is unable to articulate their goals, another strategy is to encourage a client to identify their goals by visualising their future such as "if you could use a magic wand and have any job, what would it be?"

Short term goals can assist in establishing hope and building momentum in clients who have experienced FDV and had their autonomy taken away. These goals are often small steps which can be taken to assist in the achievement of a bigger goal, providing a sense of achievement. Long-term goals provide direction and insight into what all clients want to achieve. Breaking down bigger goals into small, achievable steps, may make the process feel possible and less overwhelming.

EXAMPLE: Sarah is a single 27-year-old autistic woman who is living in refuge. Her long-term goal is to live independently in an apartment she rents where she feels safe and financially secure. Her short-term goal is to attend two home opens before her next fortnightly appointment with her case worker so she can be assisted to apply for the properties.

A strength-based approach is built on the foundational understanding that all people possess unique skills, strengths and abilities that should be celebrated and utilised. It shifts the focus from a person's inabilities or limitations to their potential, inherent strength, and capacity. The approach has many benefits, including but not limited to, an increase in self-worth and confidence. It empowers people by encouraging and enabling them to set and achieve their goals and make informed choices which can impact their lives. It may also assist clients to overcome challenges and setbacks more quickly by increasing resilience.

When developing a case plan with a victim-survivor with disability, it is important to recognise that they may be best supported through a collaborative approach, recognising the expertise of specialised services. This may include engaging with the services a person is already connected with, as well as making meaningful referrals to meet their needs and support their goals. This process should be undertaken with a person's informed consent. Referrals provide opportunities for people to access support to meet their specific needs and circumstances, whilst reducing their reliance and/or dependence on an individual service provider or worker.

A case plan will include a list of actions which should support the person with disability to meet their goals. These action plans should include the name of the person responsible for the action, as well as the timeframe for them. In situations where referrals are made or there are many people involved in a person's plan, it's important that clear boundaries are established so that everyone is aware of their roles and responsibilities. This will also help the person with disability understand who to talk to about their specific needs.

Clients should receive a copy of their case plan, as well as updates as their engagement progresses, in a format which is meaningful to them. For people with disability, this may mean visual copies, easy read translations or versions which can accessed via screen-readers or other assistive technology. Providing a copy of the document ensures that there is transparency within the service and clients are accountable for actions within their plan. People with disability may request that their support networks be provided with a copy also.

Setting SMART Goals with People with Disability

Setting SMART goals (Specific, Measurable, Achievable, Relevant, Time-Bound) with a person with a disability experiencing family and domestic violence (FDV) requires a person-centred approach which focuses on their wants and needs.

Tips for developing SMART goals with people with disability include –

SPECIFIC	Begin by having a conversation so the goal can be well identified. In the context of FDV services, a goal might address a specific concern the person has.
	Write the goal so it clearly states what the person wants to do.
	Encourage the person to consider who will assist them to achieve the goal.
	Write the goal in a way that everyone can understand. This might mean having it in multiple formats.
	Write the goal in the person's own words, if possible. This will reduce confusion and encourage them to take ownership.
MEASURABLE	Consider how the person will know if they have met their goal; What will the marker or evidence be?
	Set milestones with specific tasks to track the progress.
	Track, record and acknowledge progress.
ACHIEVABLE	Encourage the person to think about how they will achieve the goal and document who will be responsible for various aspects.
	Using a strengths-based approach which considers their abilities and resources, ask the person whether they think it is achievable given their circumstances and adjust if needed.
	If a long-term goal feels overwhelming, consider breaking it down into smaller goals that might feel more achievable for the person.
	Consider barriers to achieving the goal and strategies to manage or mitigate them.

RELEVANT	Consider why the goal exists and whether it will result in a meaningful outcome for the person.
	Consider if it aligns with their wants, needs, and values.
	Ask the person if the goal will help them to live the life they want to live.
	If the goal is related to the impact of their experience of FDV, explore how it will impact their safety.
TIMELY	Consider when actions to achieve the goal will start and end. Document this clearly.
	Ensure that safety concerns are prioritised.
	Talk to the person about what is most important to them and prioritise goals accordingly.
	Revisit the goal as needed to discuss challenges and delays; adjust the timeframes if needed.

When goal setting and case planning with a person with disability, it is important to use open communication and actively involve the person with a disability in defining their goals. Listen to their input, be flexible in the approach, and document the SMART goal and the action steps needed to achieve it.

SMART goal template

Name

What is my goal?

S

SPECIFIC

What do I want to do?

Who will help me do it?

Why is it important to me?

M

MEASURABLE

How will I know if I am getting close to my goal?

How will I record what I have done to get to my goal?

What will show me that I met my goal?

A

ACHIEVABLE

How will I achieve this goal?

Is this something I can do now or will I need help?

Is this the right time to work on this goal?

What will make it easier?

R

RELEVANT

Why did I pick this goal?

How will reaching this goal make me feel?

Is this important to me in my life now?

T

TIMELY

When will I start working on this goal?

When will I finish working on this goal?

How will I make sure I am on track with my goal?

What is my SMART goal?

Notes

Implementation

Key considerations:

- Understand a person's goal and case plan, as well as their disability needs
- Maintain clear communication with victim-survivors with disability and their supports
- Provide suitable and accessible resources in a format the person can understand
- Develop relationships with other meaningful stakeholders or services to support people with disability achieve their goals
- Document progress and celebrate a person's achievements.

Assisting women and children with disability to implement a case plan involves having ongoing contact to ensure they are achieving their goals. The process requires the worker to engage and work with them, as well as all other supports and services, to ensure that their views, choices, and rights are being respected and upheld. Frequent scheduled communication offers an opportunity to review progress of goals, identify barriers or challenges and consider changes to needs as they become apparent.

To work with a woman or child with disability to implement their case plan, it is important that workers start by ensuring they are familiar with the document, particularly if they did not participate in its development. This involves understanding the goals, actions required to achieve them and any disability related needs or adjustments. By understanding the plan, workers can ensure that they tailor their client engagement approach to the person's circumstances.

Effective communication is essential to ensure that a client meets their goals. It involves ensuring that a person with disability fully understands their case plan and why certain actions are being taken, as well creating opportunities for them to talk about their challenges, barriers, and suggested changes to the plan.

To foster a positive working relationship with women and children with disability, it is paramount that their communication needs be taken into consideration during the process. From paperwork and information to meetings and appointments, all elements of case plan implementation must be accessible for a person with disability. This may mean that a worker needs to deviate from their standard delivery practice by providing adjustments such as Auslan interpreters, documents that are easy to access and understand, or assistive technology tailored to the person's needs. In doing so, people with disability can fully participate in the implementation of their case plan.

Breaking down goals into smaller, more manageable steps is a strategy to ensure the successful implementation of a case plan by providing a clear path forward. By working with the person with disability to break down their goals and outlining the steps, they gain a sense of control and ownership of their progress. Empowering clients in this way will also encourage them to believe in their own ability to achieve their goals, increasing independence and confidence in the process.

Self-advocacy is the ability of individuals to speak up for themselves, communicate their needs, enforce their rights, and make decisions about their own lives. It involves actively representing their own interests, wants and concerns and may be needed in any aspect of life, including education, employment, healthcare and more. People with disability regularly need to self-advocate to ensure that they are receiving the support and assistance they require. They often experience unique challenges and barriers and must advocate for their own rights to access suitable adjustments and participate in aspects of their own lives. Self-advocacy can assist people with disability navigate complex systems in a way that in meaningful to them.

If a client is not able to advocate on their behalf, or requires ongoing support to do so, it may be suitable to engage with a disability advocate.

Workers in the family and domestic violence (FDV) sector may be required to support and encourage women and children with disability to advocate for themselves, especially if this is a new concept to them. Supporting someone involves creating a safe environment where they feel safe to express their needs, providing information about their rights, particularly if it is observed that they are not being asserted, and educating them on the importance of self-advocacy. It is recommended that a person starts with small self-advocacy goals and works towards larger goals, with workers celebrating successes, offering support, and recognising that it is a skill that evolves over time.

It is important to work within the timeframes of the case plan and length of service delivery, and to be proactive and flexible if an activity isn't working. If required, the worker should discuss difficulties with the client and gain their input and ideas on possible changes or solutions.

Case plans may identify that some of a women or child with disability's needs are outside of the scope of the FDV service and referrals to individuals, services or community may be required. Meaningful referrals are critical to ensure that clients receive suitable support and do not become reliant on one service or worker. The process involves identifying and connecting people with various organisations or services that align with their specific needs and the goals outlined in their case plan. A client's preferences should always be considered when making a referral.

When making a referral, be sure to communicate the person with disability's needs, including communication preferences, to ensure a seamless transition.

Accessibility must be considered to ensure that the service is suitable and able to adjust to meet a person’s disability related needs, including physical access and modified communication methods. The aim is to ensure that people receive appropriate assistance, support, and expertise to address their unique needs and circumstances, ensuring that they are achieving their goals whilst remaining safe.

A strengths-based approach involves supporting clients to celebrate their achievements, milestones, and accomplishments, regardless of how big or small they are perceived to be. By highlighting a person with disability’s successes, a worker is reinforcing their self-worth and capabilities, empowering them to continue their journey to recovery.

Effective communication is essential to ensure that a client meets their goals. It involves ensuring that a person with disability fully understands their case plan and why certain actions are being taken, as well creating opportunities for them to talk about their challenges, barriers, and suggested changes to the plan.

What to consider when making a referral

When making a referral for women and children with disability, there are several factors which should be considered to ensure that it is suitable and will be beneficial.

Questions to ask include -

- How will this referral meet the client's needs?
- Is this service/referral pathway appropriate for their needs?
- Is there another suitable service that the client would prefer to engage with?
- Will the service meet the client's disability related needs? How will they be aware of them?
- Is the timing of this referral right for the client?
- How will the outcome of the referral be fed back to the referrer/ FDV service?
- Has the client been provided with information about the purpose and process for the referral?
- Does the client understand why the referral is being made?
- Would a warm referral help the person feel safer?

By considering the above, workers can ensure that a person with disability's needs are being met and that services align with their goals and preferences.

Monitoring and Evaluating

Key considerations:

- Follow the actions outlined in a person's case plan whilst considering their disability specific needs
- Regularly communicate with victim-survivors with disability and/or their support services
- Check the person's progress often, offer support, and celebrate achievements to empower the implementation of their case plan.

Monitoring and evaluating the implementation of case plan provides workers with insight into how a client is progressing towards achieving their goals. Reviews should take place at regular intervals, as determined by services, and at the request of clients due to change in circumstances. By continuing to evaluate a client's progress, workers can make informed decisions about ways to optimise support to assist a person to meet their goals, ensuring that it adapts with their ever-changing needs. Reviews provide opportunities to evaluate the effectiveness of referrals and supports made, activities being undertaken, and resources being provided to ensure they are supporting the client effectively.

To effectively monitor and evaluate a client's progress, regular check ins are required. Check ins should be structured to maintain consistency and respect a person's availability. This is important for all clients, including those with disability who may require time to plan and prepare or might like to arrange for a support person to participate. Conversations should be had based on a client's preferred method of communication and they should be actively involved in the assessment of their own progress.

Case plan reviews involve assessing progress, as well as determining and acknowledging barriers experienced by women and children with disability or workers implementing the plan. Identifying and addressing the barriers in an appropriate and inclusive manner ensures that a case plan is person-centred and tailored to their specific needs and circumstances.

Acknowledging a client's progress and celebrating their achievements is an important part of the case management process, particularly for clients with disability who may experience additional challenges. By recognising their achievements, disability related or otherwise, workers empower people and encourage them to continue working towards their goals.

Collecting feedback is an important part of the progress, especially when supporting people with complex challenges. For clients with disability, their feedback may identify disability specific barriers. They may provide insight into the accessibility of services, the suitability of adjustments being made or their experience in having their disability related needs met. Upon receiving such feedback, particularly if it's related to barriers to engagement with services, it's important to follow up and advocate on a person's behalf to ensure that their needs are being met.

Based on the conversations had with clients during this phase of the process, it may be suitable to work with them to plan for exit or transition to another service. This is particularly important for services that have a strict service delivery timeline. The process might involve considering whether additional supports are required, or if additional goals need to be achieved prior to exiting the service.

For some people with disability, the idea of changing or exiting services can be overwhelming and anxiety inducing. Having regular and open conversations about service expectations and timelines with the client, as well as their supports, will help to prepare them for the transition.

When a person with disability is ready to engage with another service, support, or resource, it is important to consider how this will be facilitated to ensure a seamless transition. Transition processes should be documented so all parties involved, including the person's social supports, are able to assist in the process.

Record keeping which aligns with organisational and service process is an important part of the case management process, including but not limited to the monitoring of a plan. Keeping records or case notes of client progress, changes or modifications to a case plan or service delivery adjustments ensures a complete history of a person with disability's journey and the way that their needs have been met. By maintaining a high standard of compliance, workers can safeguard the rights of a client with disability.

Keeping records or case notes of client progress, changes or modifications to a case plan or service delivery adjustments ensures a complete history of a person with disability's journey and the way that their needs have been met.

Questions to ask during a case review

When talking to women and children with disability about their case plan, it is important to ask questions that provide them with opportunities to give meaningful updates on their life.

These questions may include:

How have you been since the last time we spoke?
This open-ended question provides the person with an opportunity to give updates about their life and share information about changes in circumstances.

Can you update me on changes to your safety and/or recent incidents where you felt unsafe?

Can you update me on the progress of the goals in your case plan?

When working on your goals, have there been any barriers or challenges due to your disability?
Encourage them to share their experiences and validate the impact it may have had on them.

How have the support services you work with been helping you?
This is an opportunity to assess the suitability of referral pathways and the adjustments being provided.

Is there anything missing from your case plan?
Encourage the person to provide feedback on their plan, focusing on disability related needs and the related challenges.

Are the goals in your case plan still relevant or important to you?
A client's needs are always evolving, and this should be reflected in a case plan.

Is there anything missing from your case plan to better help with your needs?

Encourage the person to provide feedback on their plan overall, focusing on their disability related needs and the related challenges.

Is there any extra support or adjustments that you need to help keep you safe or achieve your goals?

This is an opportunity to explore disability and safety related needs.

What are some of your recent achievements related to the goals in your case plan?

Celebrate a person's success and encourage them to discuss how they achieved it. Encourage them to reflect on the barriers they overcame or worked around.

How can I better help you achieve the goals in your plan?

People can provide feedback on the service overall and share barriers related to their needs or circumstances.

Transition and/or Exit Planning

Key considerations:

- Recognise victim-survivors with disability's progress towards goals, as well as other achievements.
- Identify supports required during the exit process and support engagement accordingly.
- Collect feedback from client regarding supports provided.

Exit planning is the process of preparing a client to maintain their progress without a case worker's support, or with the support of another service or organisation. It is a time to reflect on their progress, recognise their achievements and encourage them to take charge of their future. It also provides an opportunity to work with clients to ensure a smooth transition, regardless of if that means accessing other services or moving forward feeling empowered.

Exit should be discussed throughout a case management process to ensure that it is not unexpected. When intending on exit planning or formally exiting a client from a service, schedule a meeting and notify them of the intent of the conversation ahead of time. Providing information to clients, particularly women and children with disability, ahead of time promotes accessibility, reduces anxiety, and ensures equal participation in the conversation. Advance notice allows people to prepare for the conversation and ensures that they can arrange for suitable supports to be present, if that is what they would like. It also empowers them to make informed decisions about their safety and respects their disability related need.

Begin the conversation by confirming that they have achieved the goals established in their case plan and, if not met, has made significant progress towards them. Prior to exit, both a client and the worker should be satisfied with the outcomes of the case management process. Reflect on the person's journey, discussing the progress they've made and the challenges and barriers they've overcome or worked within the parameters of. Recognise the valuable skills that they have developed along the way and self-determination which has resulted in their success. Where suitable, consider the additional barriers that they experienced because of their disability and discuss this also.

As appropriate, and with the consent of the client or their legal guardian, referrals to other services may be made as part of the exit planning process to offer continued support which meet ongoing needs. People should be invited to provide feedback on this to ensure continued engagement with new supports.

If suitable and possible, stay in touch with women and children with disability or schedule a follow-up meeting with them after case closure to check on their wellbeing and promote social inclusion. This engagement, based on their disability related needs, can assist the person to maintain their success and ensure they continue progressing their goals.

Providing people with disability with a formal case closure letter acts as a physical record of their progress and achievements, acting as a presentation of their success, self-determination, and resilience. The letter may also be a practical support tool, providing other service providers with a comprehensive overview of a client's achievements, whilst noting the ongoing support and adjustments to service delivery that they require. For clients with cognitive disability or memory impairments, the letter may ensure they do not forget their key milestones and needs.

Inviting clients to provide feedback at the end of their experience with a service is an important step to ensure continuous improvement. It occurs formally, both through discussion and client satisfaction surveys, as well as other tools. Collecting feedback assists in identifying areas that may require improvement and ensures that services and processes are inclusive and accessible for people with disability. It cultivates a person-centred approach, where unique needs, challenges and ideas are incorporated into a service provider's delivery moving forward.

Begin the conversation by confirming that they have achieved the goals established in their case plan and, if not met, has made significant progress towards them.

Tips

Tips for exiting a client with disability

Having an exit checklist involves ensuring that all aspects of a person's transition out of a service is handled respectfully and appropriately. For women and children with disability, it will also ensure that their specific needs and circumstances are considered.

Tips for exiting a client with disability include:

- **Schedule** an exit or case closure meeting with the person with disability which formalises the end of the working relationship. Discuss the next steps for all parties and ensure the person understands by asking them to summarise the conversation
- **Consider** that the process and conversation may evoke a range of emotions for the person with disability. Be prepared to offer support
- **Provide** a reflection of the client's progress, particularly in relation to the goals in their case plan. Consider the challenges they've overcome and the skills they have developed during service engagement
- **Explore** whether the client will be transitioned to other services or supports. If so, provide information about the service, including what to expect and how they can contact the service
- **Make** referrals to services that can offer suitable and relevant ongoing support. Ensure that the person and their social supports are aware and, if possible, facilitate a warm handover

- **Provide** person client and/or their social supports with information about community resources or support groups that may be suitable. Try to only provide information about services that are accessible for them and their disability related needs

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- **Ask** the person and/or their support people to provide feedback on their experience working with you and the organisation. Use the feedback to improve services and processes to promote access and inclusion

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- **Consider** whether a case closure letter would be suitable. If yes, write a letter summarising their achievements, progress towards goals, disability related needs and any ongoing support they might require. If the client has difficulty relaying information, provide information about their experiences prior to engaging with the service

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- **Ensure** that the person feels supported throughout the transition and they have a clear understanding of the next steps.

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Part Four

Service Response and Collaboration

Navigating the complexities of family and domestic violence (FDV) requires a multifaceted approach that recognises the diverse support networks available to people with disability. This section of the Guide explores the pivotal role of leveraging both informal and community supports, as well as formal and funded supports, to promote the safety and wellbeing of women and children with disability.

Determining a Person's Supports

In facing the challenges of FDV, women and children with disability draw on strengths and assistance from a range of support networks. These networks span from informal connections, such as family and friends, to formal and funded supports provided by disability services, community organisations and government agencies.

Informal supports can include family, friends, and community connections, all who play a role in providing emotional support, understanding, and companionship. For people with disability, someone within their informal network may be their decision-maker so it is important to establish this early.

Additionally, the perpetrator is likely to be an informal support, with the Disability Royal Commission 2023 reporting that 81.2% of perpetrators of violence are someone known to the person with disability such as current or previous partner, family member or friend.

For victim-survivors with disability, maintaining their connections during this time is crucial. Knowing and involving the person's support network empowers as it respects their agency and autonomy by recognising that they are experts in their own lives. Collaboration ensures that decisions and actions are guided by the person's preferences.

Community connections can include:

- Education: school, TAFE, university
- Health services: GP, community nurses, hearing, or vision services
- Community health: mental health services or counselling
- Social networks: community groups or service organisations
- Recreational activities: sporting clubs, art clubs or local government groups.

Beyond personal connections, people with disability often access formal and funded supports provided by disability service organizations and relevant government agencies. This can include department of housing, NDIS, Centrelink, and disability service providers. It is imperative that these connections are maintained during the clients' engagement with the FDV service as they could be providing essential personal care, therapy, or rehabilitation. Collaborating with formal supports, such as disability service providers, ensures that FDV workers can tap into specialised resources and expertise.

Determining these supports early on in engagement has many benefits to the holistic service approach for the FDV worker. By understanding the informal, community, and formal supports FDV workers can tailor their support strategies to the specific needs, preferences, and circumstances of the person with a disability. This will also allow the FDV worker to provide culturally competent assistance that that respects the unique values, beliefs, and practices of the person.

Another benefit to understanding and collaborating with existing supports can be a more robust and effective safety plan that aligns with the person's overall wellbeing as it considers the entirety of a person's support system. It can also contribute to conducting a comprehensive risk assessment by recognising potential protective factors within the person's network and understanding any barriers that might hinder support.

Beyond personal connections, people with disability often access formal and funded supports provided by disability service organizations and relevant government agencies.

Accessing Disability Supports

Please note that this information is valid at date of publication. Due to the changing nature of disability services, some of the information and links may become outdated as they continue to be updated.

National Disability Insurance Scheme

What is the NDIS?

The National Disability Insurance Scheme (NDIS) provides funding to eligible people with disability to gain more time with family and friends, greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life.

The NDIS also connects anyone with disability to services in their community. This includes connections to doctors, community groups, sporting clubs, support groups, libraries, and schools, as well as providing information about what support is provided by each state and territory government.

How can my client access the NDIS?

1. **Check access eligibility:** The NDIS has specific eligibility criteria for people with disability accessing the NDIS. The eligibility criteria can be found here:

   https://bit.ly/ndisamieligible

2. **Begin application:** To apply for the NDIS, the person with disability can complete an access request form or call the NDIS and make a verbal application. Information about completing the application can be found here:

   https://bit.ly/ndishowtoapply

3. **Gather evidence of disability:** To meet the eligibility criteria, some people will need to provide evidence of their disability. Information about what evidence is required can be found here:

   https://bit.ly/ndisinfosupportrequest

Tips

- The Local Area Coordination (LAC) office can assist with access requests. Clients (with or without assistance) can call up or visit their LAC office for assistance. They can also assist to link them to the relevant health professional for further assessment or completion of the forms.

- GPs and other health professionals can assist with completing the NDIS access forms. Information for GPs and health professionals about filling out the documents can be found here:

  https://bit.ly/ndisgpsandhealthprof

- The Neurodevelopmental Disability Assessment Service is a state government funded service delivered by the Department of Communities to provide diagnostic assessments for autism spectrum disorder and intellectual disability. Access to the service is via paediatrician or child psychiatrist referral only. More information:

  https://bit.ly/docneurodevassess

The NDIS also connects anyone with disability to services in their community. This includes connections to doctors, community groups, sporting clubs, support groups, libraries, and schools, as well as providing information about what support is provided by each state and territory government.

What services and support can my client access under the NDIS?

The NDIS website states that the types of supports that the NDIS may fund for participants include:

- daily personal activities
- transport to enable participation in community, social, economic, and daily life activities
- workplace help to allow a participant to successfully get or keep employment in the open or supported labour market
- therapeutic supports, including behaviour support and counselling
- assistance with household tasks to allow the participant to maintain their home environment
- assistance to a participant by skilled personnel in aids or equipment assessment, set up and training
- home modification design and construction
- mobility equipment
- vehicle modifications.

The NDIS cannot fund a support that is:

- the responsibility of another government system or community service
- not related to a person's disability
- relates to day-to-day living costs that are not related to a participant's support needs, or
- is likely to cause harm to the participant or pose a risk to others.

Further information about the funding responsibilities of the NDIS and mainstream supports such as health, mental health, education and child protection can be found here:

https://bit.ly/ndis-supportsyouneed

What do I do if my client has a NDIS plan, but it needs to be changed?

There are many reasons why someone's NDIS plan needs to be changed if they are engaged with FDV services. For example, they may have lost informal caring supports and need an increase to their support worker hours, or they need to move out of their current home due to violence and require support to access appropriate disability-related accommodation.

There are 3 ways that a client can ask the NDIS to change their plan:

1. Complete the change of details or change of situation form
2. Call the NDIS
3. Visit a local office

The change of details or change of situation form can be found here:

https://bit.ly/ndischangeyourplan

This form can be used to explain the people with disability's situation or contact details have changed, and if a reassessment of their NDIS is required. Involving the participants' service providers in this process is imperative to ensure that they provide reports and information.

The people can ask a support (including an FDV service) to fill this form out, but they need to provide consent for this to happen. They can provide consent by:

- calling the NDIS
- sending a letter or email
- completing the Consent for a Third Party to Act on Behalf of a Person form from the 'Consent forms' website:

https://bit.ly/NDISconsentforms

Who can I contact about my client's NDIS plan?

The NDIS phone number is 1800 800 110, however a worker will need the person with disability with them when making the call to confirm their identity and to provide content to speak with their contact.

Each state and territory have Local Area Coordination (LAC) and Early Childhood Partners. If the child is under nine, the Early Childhood Partner will support with all NDIS related matters. For anyone between the ages of nine to 65, an LAC or NDIS directly can assist. To find the Local NDIS office and LAC based on a person's location, search here:

https://bit.ly/NDISResourcesEachState

To speak to the NDIS or LAC, workers will need consent from the client. The client can give verbal consent for a worker to speak to the NDIA, but this is time-limited and not continuous consent. The most effective way to manage consent is to have the client fill out the consent forms on the NDIS website here:

https://bit.ly/NDISconsentforms

The client can also remove this consent at any time, for example when the client exits a service.

A support coordinator is someone appointed by the person with disability to assist them to make best use of their NDIS plan. If a person with disability has a support coordinator, a worker may also seek to speak to them. They can receive consent to do this from the person directly or complete the consent forms request the contact details from the NDIS or LAC.

What should I do if the perpetrator is the representative of the client for their NDIS plan?

Some people with disability have a nominee in place for their NDIS plan. A nominee acts on behalf of, or makes decisions on behalf of, a participant and will usually be in place because the person requested that a nominee be appointed.

If the person has requested a nominee, they can ask for this to be changed or cancelled at any time. The NDIS will also cancel a nominee appointment if they have reasonable grounds to believe the nominee has caused the client physical, mental, or financial harm.

The person will need to contact the NDIS directly to ask for the nominee to be cancelled. They do not need to provide evidence of FDV details if they do not want to. A participant can request the NDIS cancel a nominee without providing evidence. Further information can be found here:

https://bit.ly/ndisappointingnominee

What other services are available for my client?

There are several supports and services provided by the Government and community for people with disability across Australia.

For people with disability who not eligible for the NDIS, they may access other supports. Local Area Coordinators can assist with linking into these services, including supports for Aboriginal and Torres Strait Islanders, culturally and linguistically diverse communities, housing services, legal concerns, and mental health supports. They can also assist with connection into aged care for people over 65.

Services and supports can be found here:

https://bit.ly/ndisapplydecisionsupport

What services are available to a clients' carers or support network?

FDV services may support parents of children with disability, or the client with disability may have carers that require support. Below are two options for supports for carers in WA.

Carer Gateway provides in-person, phone and online services and support to unpaid carers. Carer Gateway has many services that can help with any daily challenges, emotional and financial stresses a carer may experience. Services offered include coaching, counselling, respite care, peer support, online skills courses, and financial support. Website:

www.carergateway.gov.au

Carers WA supports the empowerment and wellbeing of carers through a range of innovative programs, services, and advocacy.
Website:

https://www.carerswa.asn.au/

Disability Advocacy

Disability Advocacy is a term used to describe speaking, actin or writing to promote, protect and defend the human rights of people with disability (Disability Advocacy Resource Unit, 2016).

There are 6 main models of advocacy according to the Disability Advocacy Network Australia (2024):

1. **Self-advocacy:** undertaken by someone with disability who speaks up and represents themselves. Support and training for self-advocacy is available through advocacy agencies and community groups.
2. **Family advocacy:** undertaken by a family member of a person with disability to support them to get what they need to live an equal and full life. Advocacy agencies can support a family member to learn how to advocate and promote the person with disability's views and wishes.
3. **Citizen advocacy:** a member of the community offers their time to work with a person with disability to advocate for them. A Citizen Advocacy agency will match you with a person with disability and support the person to learn how to advocate on behalf of that person.
4. **Individual advocacy:** Individual advocacy is when a professional advocate supports a person with a particular problem or challenge. An individual advocate either supports a person one-to-one or supports them to advocate for themselves. The advocate will support someone with an issue they've not been able to solve on their own.
5. **Legal advocacy:** when a professional advocate with legal experience helps a person with disability with a legal issue. The advocate can help the person through the justice system and to understand their legal rights. They can also stand up for a person if they are being discriminated against, abused, or neglected. Legal advocacy can also help make changes in the law, so it works better for people with disabilities.
6. **Systematic advocacy:** involves working for long-term social changes to ensure the collective rights and interests of people with disability are served through legislation, policies, and practices.

Whilst all advocates work in different ways under these 6 models, there are some key aspects that apply to all. These include:

- listening to the person they are working with
- finding the issues that they can help them with
- giving the person information about their options for addressing the issues
- helping them to present and express their views and wishes to others
- helping them to understand and defend their rights
- staying independent and on the side of the person with disabilities and no-one else's.

A disability advocate can support a person to share their experiences. They may speak to other people/organisations on their behalf and, most importantly, will only say what the person wants them to say. An individual advocate must be independent, only be on the side of the person with disability, and only represent their interests.

More information about advocacy services for people with disability in WA can be found here:

https://bit.ly/advocacyservicesdisability

A disability advocate can support a person to share their experiences. They may speak to other people/organisations on their behalf and, most importantly, will only say what the person wants them to say.

Guardianship and Power of Attorney

A person with a disability that impacts their decision-making capacity may require formal and legal support to safeguard their autonomy. As a family and domestic violence (FDV) worker, it is important to establish whether a Guardianship or Power of Attorney order is in place when engaging with a client with disability.

Workers may also notice that a Guardianship or Power of Attorney order is required but not in place. In these situations, as well as any others related to such orders, it is recommended that the Office of the Public Advocate's Telephone Advisory Service be contacted on **1300 858 455.**

Guardianship

A guardianship order is a formal agreement which enables a person to make personal and lifestyle decisions on behalf of a person with disability. The guardian may be a close friend or family member of the person being represented. In the absence of these, the Public Advocate may be appointed by the State Administrative Tribunal.

Enduring Power of Guardianship can be ordered so that, should the person with disability lose the capacity to make decisions, the guardian can do so on their behalf.

A Guardian is appointed by the State Administrative Tribunal to make decisions for a person who has already lost the capacity to make decisions.

Power of Attorney

A Power of Attorney is a legal document that enables an appointed decision maker to make financial and property decisions. A person can appoint a power of attorney to make decisions on their behalf at any time, or only if they lose legal capacity.

An Enduring Power of Attorney may be selected by a person with disability if they have the legal capacity to make decisions. If a person makes an Enduring Power of Attorney, they can choose for the authority to start immediately, or only if they lose capacity.

If the person has lost capacity to make legal decisions, the State Administrative Tribunal will appoint an administrator. The Power of Attorney can be a family member, spouse, unpaid-carer, friend, accountant, or a Public Trustee.

https://bit.ly/CivilLawEnduringPowerofAttorney

Decisions a Guardian CAN MAKE

- decide where a person lives, whether permanently or temporarily
- decide who a person with disability will live with
- decide whether someone will work and if so, any matters related to that work
- provide or refuse consent, on a person's behalf, to any medical, surgical, or dental treatment or other health care (including palliative care or life-sustaining measures such as assisted ventilation and cardiopulmonary resuscitation)
- provide or refuse consent to any new or experimental treatments proposed for someone as part of approved medical research relevant to their condition
- decide what education and training someone receives
- determine who a person will associate with
- commence, defend, conduct, or settle any legal proceedings on a person's behalf, except proceedings that relate to their property or estate
- advocate for and make decisions about the support services a person with disability will have access to
- seek and receive information on a person's behalf.

Decisions a Guardian CAN'T MAKE

- make decisions about a person's finances, property or estate
- vote for someone in an election
- consent to an adoption
- consent to a marriage involving a person with disability or a person under 18 years of age
- consent to someone being sterilised without the approval of the Tribunal
- make or change the person's Will without an order from the Supreme Court.

Frequently Asked Questions from FDV workers

If I suspect that an enduring guardian is acting inappropriately in the role, what should I do?

If a worker has reason to believe that an enduring guardian is abusing or neglecting the person being represented, and/or not making decisions which are in their best interests, and talking with the enduring guardian has not resolved the concerns, they can make an application to the State Administrative Tribunal in relation to the operation of the Enduring Power of Guardianship.

More information can be found here:

https://bit.ly/EnduringPowerofGuardianship

How can I support a guardian who is struggling with their role?

If a worker can see that an enduring guardian is experiencing challenges in the role, it is helpful to discuss the concerns and see if they can be resolved.

The Office of the Public Advocate has a Guide to Enduring Power of Guardian in Western Australia which provides information about the process and may assist. They can also contact the Office of the Public Advocate's Telephone Advisory Service on **1300 858 455.**

Office of the Public Advocate has a Guide to Enduring Power of Guardian in Western Australia:

https://bit.ly/opaepgguide

What happens if I am concerned about the decision-making capacity of a client?

Firstly, discuss your concerns with the person and their supports including family, friend, GP and/or an independent advocate. Continuing the principles of supported decision making, work with the person and their supports to get a plan in place to manage the client's capacity. This may mitigate the need for further escalation to the State Administrative Tribunal, as this should be treated as the final option and the person with disability should be involved in this decision.

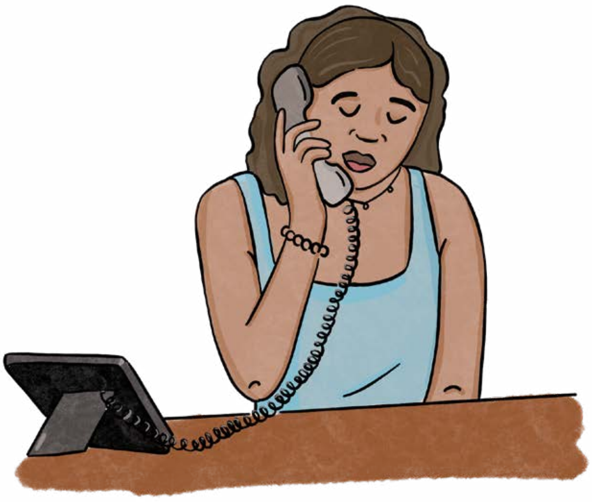
People who have concerns about the physical, financial, and psychological wellbeing of a person with a decision-making disability, or about someone's capacity to make reasoned decisions, are encouraged to contact the Telephone Advisory Service on **1300 858 455.**

What happens if I report a concern?

Community members and service providers who are concerned about the welfare or wellbeing of a person with a decision-making disability often refer their concerns to the Public Advocate. If a case warrants further attention, an investigator from the Office of the Public Advocate examines all relevant information to determine whether an application to the State Administrative Tribunal, seeking the appointment of a guardian or administrator, is required.

Alternatively, concerned individuals or service providers can make an application directly to the Tribunal. This may be more appropriate if the matter is considered urgent.

If the concerned party is unsure about what action to take, they can call the Telephone Advisory Service on **1300 858 455** or on **08 9278 7300.**



Part Five

Best Practice Principles

Access and Inclusion

Making sure that services, places, and activities are accessible for everyone.

Advocacy

Promoting the rights of people, ensuring equal access, and amplifying their voices to ensure fair treatment.

Community Connection

Creating a sense of belonging and promoting inclusion within local networks and support systems.

Empowerment

Fostering self-confidence, autonomy, and resilience to enable people to assert control, make choices and advocate for their rights.

Family Aware

Understanding a person's family dynamics and recognising the impact of support systems.

Person-Centred

Prioritises individual needs, preferences, and goals, enhancing client collaboration to promote wellbeing.

Rights-Based

Integrates human rights principles into policies, procedures, and organisational practices.

Service Callaboration

A joint effort between organisations to share information, expertise, and resources, resulting in positive outcomes for people.

Strengths Based

Identifies and leverages off a person's existing strengths, skills, and capabilities to empower and support their goals.

Trauma Informed

Acknowledges the impact of trauma and prioritises safety, trust and empower to support healing and recovery.

Access and Inclusion

Access and Inclusion ensures that services and communities are liveable for everyone.

Access refers to the removal of physical, social, and communication barriers that may result in a person with disability being unable to fully participate in society. Providing access means that people with disability can enter public and private spaces, use services, and engage in activities. It also means that they can receive the support they require to remain safe.

Inclusion is more than access; it ensures that people with disability are actively engaged, valued, and welcomed into spaces and their community. Inclusive practices recognise the strengths and abilities of diverse communities by ensuring that everyone has the same rights and opportunities.

Advocacy

Advocacy ensures that women and children with disability who have experienced family and domestic violence (FDV) receive the assistance, protection and respect they deserve. It involves speaking up on behalf of people with disability to ensure they have equal access to opportunities, services, and resources, and that their voices are heard in decisions that affect their lives.

Self-advocacy is the ability of individuals to speak up for themselves, communicate their needs, enforce their rights, and make decisions about their own lives.

Community Connection

Community connection refers to the social networks and relationships that people have within their local communities and can facilitate a sense of community inclusion. People with disability may find a sense of belonging and acceptance in people who share their values, culture, or history, reducing isolation and feelings of exclusion. A community network may include people who provide emotional support or safety for a client, such as family and friends, neighbours, local community groups and support services, disability or otherwise. For clients with disability who have experienced the trauma of FDV, the connections may act as a support system by helping them to manage challenges.

Where safe and suitable, encouraging clients with disability to reach out to family and friends, local support groups, disability networks or online communities may assist them to create or enhance their support systems.

Empowerment

Empowering a person involves providing them with the tools, skills, knowledge, and assistance required to regain control over their lives, as well as the confidence to make informed decisions which will impact their future. It entails understanding and acknowledging a person's strengths, increasing their autonomy, and creating a supportive environment where the person can participate in making decisions which impact them.

Empowering victim-survivors with disability who have experienced FDV involves working and collaborating with disability support services and groups, offering peer support networks or reference groups, and ensuring that mental health services and/or counselling are made available in a format that meets their needs. It may also include improving life skills and resilience to increase their confidence to make choices independently.

Family Aware

Being family aware means having a comprehensive understanding of a person with disability's family and the complex relationships and interactions which are associated. It recognises that a person's wellbeing can be closely linked to family dynamics and suggests that factors such as relationships, support systems and communication styles within a family can have a significant impact on them.

Where it is safe to do so, family aware case management involves engaging with family members throughout the process to ensure that goals and services are written into a Case Plan to address an individual or family's strengths and needs. The practice recognises family connection as a core support for people.

Person-Centred

A person-centred approach to service delivery ensures that clients are seen as the experts of their own lives and are at the centre of all decisions by encouraging active participation in all activities. It begins by recognising that each client with disability is unique, as is their experience of violence, understanding their situation and goals for the future. Workers and service providers should actively work with clients to develop a Case Plan that aligns with their individual preferences and disability related needs.

A person's right to make informed choices about their own life is underpinned by a person-centred approach, even if the choice differs from recommendations.

Rights-Based

A rights-based approach empowers women and children with disability experiencing FDV to understand and assert their rights, recognising the principle of dignity and respect by ensuring that they do not experience discrimination based on their circumstances. It involves providing people with disability with ongoing opportunities to actively participate in making decisions which impact their supports and services and aims to increase the capacity of those responsible for fulfilling those rights, including service providers and family or friends, respect these rights.

The approach ensures that human-rights principles are embedded into organisational policies and procedures to inform service delivery approaches. It is particularly important that they be incorporated into work with vulnerable communities, such as victim-survivors with disability, as their human-rights are often undermined or exploited.

Workers and organisations should regularly review the impact of their services and use the feedback they receive to make improvements and adjustments.

> **“When I felt vulnerable and was in family and domestic violence, I felt like I didn’t deserve to voice my rights.”**
>
> - Modified Service Delivery pilot co-design member

Service Collaboration

Service collaboration refers to the coordinated efforts of support services and providers to work together by developing a support network which assists clients to meet their goals outlined in a Case Plan. It brings together professionals with varied expertise, including FDV services, disability service providers, legal services, and healthcare workers, to develop a coordinated and person-centred approach.

This approach works best when ongoing communication occurs, often in the form of regular case conferences, so all services remain up to date with a client’s progress and to ensure that efforts across services align.

Strengths-Based

A strengths-based approach to service delivery recognises a client's abilities, knowledge, capacity, and experiences, rather than their issues and/or deficits. It acknowledges that clients are resilient and able to grow and change by working with them to identify their strengths. By acknowledging and building upon a person's strengths, workers promote positive self-image and self-efficacy.

For this approach to be successful, workers must collaborate with their clients and value their input and choice, recognising that they are active participants in their recovery journey. By working in partnership, clients with disability can make informed decisions about their life which align with their strengths, wants and values.

Trauma-Informed

A trauma-informed approach recognises the unique experiences of women and children with disability who have experienced FDV and the ways in which it can impact a person. It starts with an understanding of the trauma they have experienced and creates a safe environment which prioritises a person's physical and emotional wellbeing.

Trauma-informed care has an individualised approach, acknowledging that each person's response to an experience is different. Workers should tailor their approach to meet the person's needs, disability or otherwise, to encourage a sense of control over their lives and empower them to achieve their goals.

> **"It was like I had trauma, on top of trauma, on top of trauma and nobody really believed me because they thought it was just me being stressed."**
>
> - Modified Service Delivery pilot co-design member

References

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