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Royal Commission
into Institutional Responses
to Child Sexual Abuse

To the Commission

Independent Advocacy SA Inc (IA) is a disability advocacy organisation funded by the Department of Social Services under the National Disability Advocacy Program. We advocate for vulnerable individuals with intellectual disability and those who are identified or treated as having an intellectual disability. The model of social advocacy undertaken by IA is intensive and long term in response to situations of extreme vulnerability and complexity. Much of the work we do is advocating to human services to protect the vulnerable person from further harm and to ensure that they receive appropriate support and service.

Many of the individuals we advocate for are, or are at risk of being, victims of abuse; particularly abuse of a violent and sexual nature. We also advocate for a number of individuals who have been and continue to be at risk of abuse within institutional settings.

IA currently advocates for forty three vulnerable individuals, of these we know that ten have been abused and neglected within institutional settings, including sexual abuse, and suspect that a number of others have also experienced abuse and neglect in similar settings, including sexual abuse. The impact of abuse and neglect is commonly longstanding and affects most aspects of the person's life.

It is from this position of walking alongside extremely vulnerable individuals who have, are and continue to be at risk of abuse and neglect, including sexual abuse, that IA responds to this submission invitation. Our written submission is attached but we would also be interested in providing additional information through an oral submission to the Royal Commission as appropriate.

Yours sincerely

Fiona Campbell
Coordinator

Funded by the Australian Government Department of Social Services



Response to the Royal Commission Issues Paper 10: Advocacy and Support and Therapeutic Treatment Services

Topic A: Victim and survivor needs and unmet needs

It has been the experience of Independent Advocacy (IA) that social advocacy has offered vulnerable individuals a consistent and constant relationship from which the vulnerable person's needs have been more adequately understood. For many of the individuals for whom IA advocates the advocacy relationship is often the only long standing or trusting relationship the vulnerable person has. The presence of an advocate who holds the long term history of a vulnerable individual is often critical in helping to shape how services and supports can best respond and act positively in meeting the person's needs and also in protecting the vulnerable person from further harm.

It is all too common in the life experiences of a vulnerable person with intellectual disability to have paid services and supports come and go and change on a regular basis. This is often due to service policies and processes which require the vulnerable person to perform or comply with rules and procedures that are based on service constraints rather than the person's needs. For instance time limited services, supports that are narrow in focus and inflexible, constant change of support staff and service workers.

Knowledge of a person's life experiences is essential in meeting the person's needs. In our experience services and supports struggle to engage appropriately with a vulnerable person with intellectual disability. There is a lack of understanding and acknowledgment of the person's vulnerability and their lived experience and the societal devaluation that is ever present. Services and supports are often resistant to changing their practice to meet the needs of individuals and the person is then disadvantaged when they are unable to engage as dictated by the service. It is most often the case that a formula for support and service is created within the support organisation which is then imposed upon the vulnerable person. The most common outcome is that if the person does not show improvement or comply with the service or support being offered they become a 'difficult' person to work with and a negative reputation is imposed. The negative reputation follows the person from worker to worker, service to service and often creates an unassailable barrier to anything better. The impact on the person is further isolation, rejection and abuse.

IA is loyal and accountable to the vulnerable person with intellectual disability. Where possible and in the best interests of the vulnerable person, advocates work with allies including family members, to ensure the vulnerable person's needs are met. Incidentally advocacy may assist the secondary victim. IA understands there are services and supports that may respond directly to secondary victims but cannot comment on how well this occurs. From the perspective of IA the National Disability Advocacy Program ought focus its limited efforts on the most vulnerable. There is limited funding available to the program and therefore limited efforts available to vulnerable persons who could significantly benefit from having an advocate alongside in seeking appropriate services and supports.

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Topic B: Diverse victims and survivors

As described IA is a disability advocacy organisation funded under the NDAP. We advocate for vulnerable individuals with intellectual disability and those who are identified or treated as having an intellectual disability. The model of social advocacy undertaken by IA is intensive and long term in response to situations of extreme vulnerability and complexity. Our approach is a protective style of advocacy that responds to the person's sincerely perceived best interests which are understood by knowledge gained over time about the person and their lived experience. From this understanding advocacy promotes a valued and meaningful life and seeks to influence services and supports in meeting the person's needs. It is also from this understanding that advocacy seeks to connect the person with appropriate services and supports as needed. The advocate stands alongside the person to promote, protect and defend their wellbeing.

We advocate for a number of people from diverse backgrounds. Our work is focused on meaningful participation in community and home life and where appropriate and necessary advocacy contacts specific services and supports in responding to the persons needs, including culturally specific.

IA understands that vulnerable person's with intellectual disability are overrepresented in the prison system. IA is unclear about services and supports that may be provided following release as none have been evident in regard to individuals we are aware of, apart from referral to boarding house type accommodation that is unsuitable for vulnerable persons. IA's experience is that the prison system is not particularly supportive of vulnerable individuals. A person we advocate for was pressured to participate in an interview which resulted in negative backlash from other prisoners. Another person was not able to access numeracy and literacy support while incarcerated. There appears to be no consistency across prisons and within prisons in relation to professional visits. Advocates have to negotiate and renegotiate visits even in situations where the organisation has been having professional visits with an incarcerated person for many years.

Topic C: Geographic considerations

IA is a small organisation based in the CBD of Adelaide. Philosophically IA considers it essential to maintain a single office to ensure consistency of advocacy, team cohesion and appropriate review and supervision of advocacy efforts. IA also considers it essential to good advocacy for the advocate to be physically present to the vulnerable person and in attendance at meetings etc. In undertaking a regional, rural or remote effort a team approach may be employed initially to allow for greater gathering of the concerns and issues and to allow the allocated advocate to focus most directly on building the relationship with the vulnerable person. The impact of the cost of regional, rural and remote advocacy efforts is primarily felt in limiting the number of overall efforts IA can respond to alongside and on behalf of vulnerable people with intellectual disability.

IA responds to referrals and it is uncommon to receive referrals from remote areas. Referrals from regional and rural areas are received and responded to as appropriate. Where we are unable or it is not appropriate to respond we refer on to another advocacy organisation or appropriate service. In some situations we may offer a Strategic Conversation which is the opportunity for the person

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and/or their ally to meet with an advocate(s) to explore the issues and identify potential resolution or pathway forward.

Topic D: Service system issues

IA would consider that using the terminology *Advocacy and support* is confusing. The working definition describes quite well the role of social advocacy but the title suggests two separate ideas. It would perhaps be more appropriate to simply use the term advocacy or if necessary advocacy support with the conjunction *and* being removed. Support services are quite separate to advocacy action and are often the focus of advocacy efforts. If the commission is seeking to draw specific attention to support services like housing etc then it would be best done in a separate statement (terminology and working definition) to ensure that the independence of advocacy is maintained.

It is the experience of IA that vulnerable people with intellectual disability who rely on services and supports to meet their day to day and essential needs are often poorly served without the benefit of an advocate or ally standing alongside. Service systems typically offer standard approaches, methods and models of service that respond to service constraints rather than being tailored to a person's individual needs. For vulnerable people with intellectual disability this is another significant disadvantage. Flexibility, understanding and acknowledgment of lived experience, preparedness to persist in delivering the service in the face of a person's struggle to readily engage and tailoring of the service to fit the person would assist greatly in meeting the needs of the very vulnerable.

Skilful practitioners with experience in their field of service are more likely to result in good outcomes for the vulnerable person. It is however IA's experience that what is most often offered to a vulnerable person with disability is assessment without therapeutic support. In those situations where a person is offered therapeutic support the practitioner often has little understanding of the lived experience of vulnerable individuals with intellectual disability, has limited experience overall in their field of service and struggles to convey meaningful information.

Topic E: Evidence and promising practices

IA has no particular comments to offer in regard to these matters.