

NSW Health Sexual Assault Services and New Street Services Access Strategy for People with Disability

Summary Report on Needs Assessment

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Disability and Community Inclusion

This is a heavily summarised version of an evidence review. Please visit the ECAV website to access this report <http://www.ecav.health.nsw.gov.au/>



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Introduction

This is a summary of the Needs Assessment Report developed for the NSW Education Centre Against Violence (ECAV). The report is about how NSW Health Sexual Assault Services and New Street Services can develop an access strategy to improve services to people with disability.

This report is the first stage of the access project. The second stage is co-design, and the third stage is developing an evaluation framework to measure change.

This needs assessment provides the evidence to help ECAV to design and implement the access strategy – called the *NSW Health Sexual Assault Services (SAS) & New Street Services Access Strategy for People with Disability*. The Strategy is part of the work that NSW Health is doing to respond to violence and abuse. This work is called the *Integrated Prevention and Response to Violence, Abuse and Neglect Framework* (the Framework).

1. Aims, approach and context

The needs assessment aimed to identify positive practice that can help NSW Health specialist services:

1. To improve service accessibility for
 - i. children, young people and adults with disability requiring NSW Health specialist therapeutic services in relation to sexual assault, and
 - ii. children and young people with disability who have engaged in problematic and/or harmful sexual behaviours
2. For consumer and stakeholder participation in the co-design stage of project and begin co-design capacity building with NSW Health.

Finding the evidence

The researchers reviewed the evidence from existing research on these issues, and consulted with 40 expert stakeholders about policy and practice in individual and group interviews.

Background

Statistics show people with disability of all ages are more likely to experience sexual violence than people without disability. It is likely that these numbers under-represent the problem.¹

There is little evidence about how many children and young people with disability may have engaged in problematic or harmful sexual behaviours. The research tells us that children and young people who have engaged in problematic and/or harmful sexual behaviours are also often victims of sexual violence themselves, and other forms of domestic violence, physical abuse and neglect.²

¹People who experienced violence since they were 15, women with disability 25%, women without disability 15%, men with disability 6.5%, men without disability 3.9% (Personal Safety Survey 2016 in Australian Institute of Health and Welfare, 2019)

² (Hackett, Branigan, & Holmes, 2019 ; The Expert Group on Preventing Sexual Offending Involving Children and Young People, 2020)

Over the last decade, many **inquiries and royal commissions** into the treatment of people with disability have focused on violence and abuse. These inquiries identify important ways to prevent violence.

These include

- activating the human rights of people with disability,
- meaningfully including people with disability in mainstream violence policy and practice responses,
- addressing the siloed approach³ to policy and service provision to better address violence prevention and response, and
- developing useful ways to support people with disability who experience violence and abuse.

The Royal Commission into Institutional Responses to Child Sexual Abuse made many recommendations. These recommendations underpin the need for service support for people with disability who have been victims of sexual abuse and violence, and children and young people with disability who have engaged in problematic and/or harmful sexualised behaviour.

The current Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability is due to hand down its final report in 2022.

Policies in NSW guide practice. For this project, the NSW Health *Integrated Prevention and Response to Violence, Abuse and Neglect Framework* (IPARVAN) framework is important. It will be used to strengthen NSW Health service responses to violence, abuse and neglect in NSW. The framework highlights an intersectional⁴ approach and identifies people with disability as one of the Government priority population groups.

It is important for services to know that although many people with disability have experienced violence, they don't use support services.

ECAV already uses co-design in their training for support of people who experience violence. ECAV wants their new training about disability and violence to be built on co-design with people with disability.

2. Practice principles for improving accessibility

We found clear evidence of eight practice principles that can be used to guide all services. These principles were in the research literature and the interviews.

Activating a human rights-based approach

Putting rights into action; especially participation, accountability of services to people with disability; non-discrimination; and including expert knowledge from people with disability.

³ Siloed approach – when services don't work together

⁴ Intersectional approaches understand that people may experience multiple disadvantage based on multiple identities, for example having disability, and culturally and linguistically diverse background, among others.

Improving access and accessibility

Ensuring services are both available to people with disability, and usable (or useful) to them.

Recognising and responding to barriers

Developing an understanding of the many barriers that people with disability face in accessing services when they experience sexual violence; and developing practical responses to address these barriers.

Countering discriminatory attitudes

Actively addressing the persistent discrimination faced by people with disability, especially around the experience of sexual violence and sexual expression.

Recognising and responding to capabilities

Learning about and responding in practical ways to the strengths and capabilities of people with disability, including the resistance, resilience, and other approaches people with disability use to stay safe.

Taking a holistic approach

A holistic approach builds on strengths and individual capabilities, approaches people individually, and responds to people's broad health and wellbeing needs.

Using trauma informed approaches

Trauma informed approaches emphasise the need to prevent re-traumatisation, and the essential principles of safety, trustworthiness, choice, collaboration, and empowerment, cultural, historical and gender issues.

Applying an intersectional lens

When looking at disability and sexual violence, thinking about intersectionality can help us to understand how people can be disadvantaged in multiple ways at the same time, and how having multiple disadvantages can increase the severity and frequency of sexual violence and barriers to support.

3. Practices for improving accessibility in sexual assault services

Effective pathways, referrals and access

Victim-survivors need to feel confident they will be safe following disclosure, and service pathways should respond to the needs of the whole person.

Referral pathways should be accessible, publicly known, easy to find and participate in, confidential, and culturally, emotionally and physically safe.

Effective pathways, referrals and access to support services rely on

- accessible information
- a person's capacity and opportunity to disclose experiences of sexual violence
- timely and appropriate referrals

- finding accurate accessible information about service options
- availability of accessible services capable of providing support.

Effective sexual assault services and support for people with disability

Sexual violence often occurs at the same time or with other forms of abuse, domestic violence, neglect and exploitation.

The impact of sexual violence across different parts of people's lives (e.g. health, education, housing, justice) means different agencies and services need to work collaboratively. It also means it is important to build on a person's strengths and abilities using person-centred approaches.⁵ It is important that services respond to the many diverse circumstances of people with disability.

A range of positive services and practices for people with disability who have experienced sexual violence were identified in our review. When good practice is used, services and workers:

1. Are accessible: in attitude, information and approach, and are open to diversity in disability. Services need to be flexible, have time, communication skills and care-coordination for people with disability.
2. Are relationship-based: the victim-survivor's needs are at the centre of service responses. They are person-centred and strengths-based and also include family support. Service responses are confidential, and culturally, emotionally and physically safe. They use supported decision-making so that victim survivors can make choices.
3. Draw on expert knowledge from people with disability, especially women and girls.
4. Use multisector collaboration and share information with other services to make sure the person has their needs met.
5. Are flexible: services take a flexible and timely approach, in different service locations and outreach. Flexibility also means there are opportunities for peer and individual support programs.
6. Build their workforce: staff have the training they need, are available, competent and confident. Staff are skilled and diverse.

4. Practices for improving accessibility in services for children and young people with disability who have engaged in problematic and/or harmful sexual behaviour and their families

Good practice for children and young people who have engaged in problematic and/or harmful sexual behaviours requires:

- Seeing the child first. Taking a holistic approach to address the harmful behaviours and also any factors that increase young people's vulnerability to harm.
- Early intervention and a proportionate response to behaviours, including preventing harm as part of support.

⁵ Person-centred approaches – make sure the person's needs are the priority. This means the service will need to be flexible and have different ways of working to make sure they can support different people.

These practices are also guided by the eight principles.

Pathways, referral and access to support

Families, communities, and people working with children find it challenging to identify and respond to children's problematic and/or harmful sexual behaviours. This is especially the case when the child or young person has intellectual disability.

Referral and access pathways for children and young people who have engaged in problematic and/or harmful sexual behaviours rely on

- recognising or understanding the behaviours,
- disclosure by the victim or witness
- help-seeking or referral by families, schools or others
- Knowledge about HSB services (by families, and wider community services)
- Timely and efficient referrals

Improving education and prevention work across the community is important to help stop this problem before it happens:

- about problematic and harmful sexual behaviours and sexual violence
- sexuality and sex education for children and young people with disability
- education about developing healthy relationships
- managing bullying
- social inclusion

Access to services can be slow in rural and regional areas.

Effective services and support

Children and young people who have engaged in problematic and/or harmful sexual behaviours are children first, and often have other needs. Those with disability require specific interventions based on their needs and additional vulnerabilities.

We learned from the research that positive responses to harmful sexual behaviours

- are person-centred,
- relationship-based and
- address the child's life domains.

Stakeholders emphasised that it is important to look to the young person's strengths, and their needs. It is also important to work with support from their family and carers, and work with other services. They said it was important not to focus only on 'vulnerability' or 'risk factors'.

Services need

- adapted methods to work with the child's skills,
- adapted resources, such as scaffolding information, using pictures or other modes of communicating, cartooning, developing emotional regulation, social storying and other social skills including prompting.

Practices for improving accessibility in services for children and young people with disability who have engaged in problematic and/or harmful sexual behaviour and their families are:

1. Strengths based, timely and proportionate responses. They include
 - person-centred and relationship-based responses.
 - developmentally and culturally appropriate programs, which include safety plans for children to prevent future harmful behaviours and who may be at risk.
 - Holistic and trauma informed responses that recognise children and young people often have other traumatic events in their lives.
2. Multi-modal approaches to support children and their families, using different methods of support. Also developing parent/guardian support and skills.
3. Multiagency partnerships and collaborations.
4. Education and training to improve and develop workforce skills in trauma informed practices, working with children and young people with disability and their families.

5. Co-design and co-production

Co-design makes a more equal partnership between service users, service providers and policy makers. It assumes that the people involved can work actively together in designing and implementing ideas and services.

Co-design is a way for governments and service providers to work with communities and service users to understand issues and create knowledge for change. Done well, co-design can lead to social transformation.

We found six principles of co-design and co-production. These aim to ensure meaning engagement as citizens.

1. Power sharing – all stakeholders acknowledge and manage power differences, share responsibility, and have ways to make sure there is shared responsibility, collective control and ownership of the project
2. Diversity – different expertise and skills are brought together and all voices are respected and valued
3. Accessibility – any barriers that might prevent participation are addressed (e.g. physical and information accessibility)
4. Reciprocity – for the benefit of all participants and stakeholders
5. Transparency – there is a shared understanding of the goal of the co-production.
 - a. Each participant's skills are recognised, and open communication builds trust in the co-design relationships
6. Flexibility – co-production adjusts to the participant's needs, skills and resources.

Inclusive co-production

- Values building relationships and rapport
- Develops a shared language and accessible communication protocols
- Facilitates participation through training for all participants, including disability supports
- Works with and supports to the diverse needs of participants
- Listens to people with disability across the community

Challenges to co-design and production include

- Not accepting the diversity of worldviews
- Misunderstanding around shared goals and expectations
- Relying on text-based information

6. Recommendations

The recommendations support change in practices to strengthen ECAV, and connect to the eight practice principles for accessible services (see details in the full report).

1. ECAV role in improving integrated cross sector collaboration

ECAV is a trusted education provider. This means ECAV can play a valuable role in improving integrated service delivery between NSW Health Sexual Assault Services, New Street Services and wider VAN Services.

ECAV can build on their existing collaborative relationships with other key central NSW Health organisations.

ECAV can promote and support cross sector collaboration between NSW Health Sexual Assault Services and New Street Services and disability sectors to improve the use of sexual assault services by people with disability.

Collaborations would focus on providing

- a holistic strategy approach for children, young people and adults with disability, and
- referral pathways (in a 'no wrong door' approach),
- therapeutic interventions, addressing housing, financial support, cultural support, medical care, mental health or drug and alcohol support etc.

ECAV can lead solutions to break down siloed services through

- delivery of localised integrated and interagency training opportunities that will enhance knowledge of existing services and referral pathways.
- offering education and training outside of the sexual assault sector as one strategy to open the door to collaboration.

When developing priorities and targeting training opportunities

- it would be useful to know about the workforce and service user populations.
- it would be helpful to build communities of practice. These would be multi-disciplinary collaborations. They would also include the network of people and service providers around

the person with disability. For example, including education, health, justice, and specialist services such as NDIS and disability support agencies.

2. Promoting disability inclusive service design

Statistics suggests that people with disability 'should' present to sexual assault services. However, we know that they don't, and this is not because they don't experience sexual violence etc.

The reason people with disability do not seek support is because they are an afterthought in service design. Services are not inclusive of their needs.

It is important that

- service design **assumes** disability in potential clients rather than seeing disability as an 'exception'. This can lead to inclusive design principles that benefit all clients and lead to 'disability-ready' services.
- Service design thinking⁶ is a very useful approach to build inclusive services. The five principles of the framework are that services are **user centred; co-creative; sequenced; evidenced; and holistic**.

We recommend ECAV incorporate

- inclusive service design thinking into training for managers of sexual violence services to support and encourage co-design with people with disability,
- imaginative thinking about creating inclusive environments,
- generate a holistic approach that avoids diagnostic approaches to disability
- embed accessible service engagement, in clinical outreach and resource use from the outset
- develop responsive and strength based clinical practices and
- respond to localised priorities.

3. Embedding co-design

ECAV has a 30-year history of embedding co-design principles into their work with Aboriginal communities. They do this with the Aboriginal Communities Matter Advisory Group and Aboriginal Training Portfolio. They work together and develop and deliver state-wide community and worker programs

ECAV has experience using community-based participatory research methodology to violence projects. They have established developed practice-based evidence through close collaboration with people with lived experience and relevant practitioners. ECAV's knowledge can be used and its principles applied to future work with people with disability.

In this project there are strong opportunities to work in collaboration with people with disability and the disability and sexual assault sectors. (That includes sexual assault services and services for children and young people with problematic and/or harmful sexual behaviours).

Opportunities are facilitated through these approaches.

- Co-designing foundational training, ongoing professional development and an effective supervision model.

⁶ (Stickdorn,& Schneider, 2012)

- Co-designing resource development for children, young people and adults with disability and their families and carers; as well as the disability and sexual assault harmful sexual behaviours sectors.
- Co-designing the development of communities of practice, through state-wide practice forums and roundtables to build and strengthen capacity within Sexual Assault, New Street and wider VAN workforces.
- All initiatives are to embed the leadership of people with disability (for example, consumer-led governance models, consumer co-facilitation and consumer involved supervision).

We recommend ECAV establish a Co-design working group with at least three disabled people's (peer-led) organisations to develop a Co-design Framework. They can consider the value of an accessibility audit tool for sexual violence and harmful sexual behaviour services. Other relevant stakeholders should be included as appropriate.

The Co-design working group's role will be

- to advise, critique and strengthen co-design principles and practices,
- give advice on how to make practical change to improve violence education in the disability context; and
- build on existing practice in disability training, resource development and collaboration.

4. Education for leadership and collaboration

This needs assessment demonstrates the need for leadership education. Developing leadership is needed to drive change across sexual assault and harmful sexual behaviour services.

ECAV should consider developing a leadership development program for NSW Health SAS and NS Services. The leadership development program would be around disability inclusive practice in the following areas:

- Building state-wide and local partnerships with disability providers/peak bodies
- Driving NSW Health and interagency⁷ policy reform
- Promoting and supporting staff to improve skills and engage in flexible clinical outreach
- Engagement and counselling with people with disability
- Establishing and encouraging ongoing supervision and peer support to develop and contribute to practice informed evidence in this area
- Implementing co-design framework and audit tool within VAN services and across LHDs/Networks.

5. Building and maintaining high quality resources

Making resources accessible to people with a diverse range of disabilities is essential for accessible service provision.

There are many resources about violence and sexual violence for people with disability. However, these vary in quality and availability. One barrier is reliability of access to resources is that when project funding finishes, so does access to resources.

⁷Interagency – relationships between different agencies, for example between health, police, education all working together.

ECAV can

- Establish an accessible Information and Resource Database under the ECAV Disability and Sexual Violence Information and Resources Databases online sharepoint.
- Ensure there are easy read, multi-language and accessible to screen-reader online formats.
- Undertake an audit of existing resources and consult with consumers and stakeholders to find gaps in resources. This can help with future development of useful resources: e.g. supported (warm) referral, how to persist in getting what you need, managing your feelings, getting support from workers and your own networks at the same time

6. Visibility of services and expertise within the sector and across the community

It is important that services are well known and have skilled workers and expertise. The following can help.

- Develop information and promotional material to help sexual assault services explain their role and services in an accessible format for people with disability
- Develop community education resources for sexual assault and harmful sexual behaviours services and disability providers to work together and raise awareness of sexual assault and harmful sexual behaviours to increase engagement with disability community
- Consider developing a matrix which local services can adapt to develop pathways to support for all sectors (a local 'no wrong door' approach)
- Build capacity for disability providers to identify and respond effectively to sexual violence
- Build capacity for Sexual Assault and New Street services to deliver clinical outreach and effective community engagement strategies with disability communities
- Build capacity and provide training for workers to understand and work with existing frameworks about information sharing across sectors.

7. Evaluation

Evaluation is key to making sure that positive practices reflect the needs of people with disability and children and young people who have engaged in problematic and/or harmful sexual behaviours.

The literature notes a lack of evaluation in this field. The literature supports collecting and using data to implement positive change and develop services.

Inclusive evaluation with all stakeholders (including people with disability), in a meaningful way, will be important to make sure the depth and quality of the initiatives are measured properly.

An evaluation framework is part of the next phase of ECAV's work.

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