



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

Interim Report

Summary



October 2020

Interim Report Summary

October 2020

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Australian Government

3–5 National Circuit, Barton ACT 2600

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Interim **Report**

Summary

This document contains the Summary of the Interim Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The full report is available on the Royal Commission [website](#).



Wiradjuri artist and disability advocate Uncle Paul Constable Calcott has depicted the Disability Royal Commission story in a specially designed work of art titled 'Respectful Listening'.

'Respectful Listening' depicts the story of seven Commissioners who, carrying their message stick, travel across many language groups and communities, depicted as multiple circles connected across many areas of the country. As they gather stories of violence, abuse, neglect, and exploitation from people with disability, these seven Elders will take these stories that have been entrusted to them and present them to a group of government representatives. These representatives will use the information from all these stories to suggest changes, to make sure people with disability and Elders are cared for, supported and respected in the future.

You can read the full story and what the colours and shapes in this artwork depict on our [website](#).

30 October 2020

His Excellency General the Honourable David Hurley AC DSC (Retd)
Governor-General of the Commonwealth of Australia
Government House
CANBERRA ACT 2600

Your Excellency,

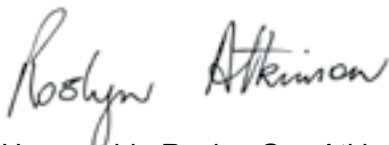
In accordance with the letters patent issued on 4 April 2019 and amended on 13 September 2019, we have made inquiries and now submit to you the *Interim Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.

We are also submitting this report to their Excellencies the Governors of New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia.

Yours sincerely,



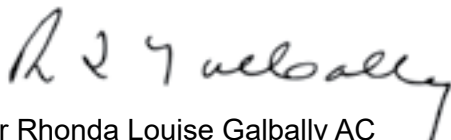
The Honourable Ronald Sackville AO QC



The Honourable Roslyn Gay Atkinson AO



Ms Barbara Bennett PSM



Dr Rhonda Louise Galbally AC



Ms Andrea Jane Mason OAM



Mr Alastair James McEwin AM



The Honourable John Francis Ryan AM

Acknowledgement of Country

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) acknowledges Australia's First Nations peoples as the Traditional Custodians of the lands, seas and waters of Australia, and pays respect to First Nations Elders past, present and emerging. We recognise their care for people and country, including First Nations men and women whose words and voices led to the establishing of this Royal Commission.

In particular, the Royal Commission acknowledges the Traditional Custodians of the lands on which our offices are based in Brisbane, Canberra and Sydney.

Content warnings

This report contains information that may be distressing to readers.

It includes accounts of violence against, and abuse, neglect and exploitation of, people with disability and references to suicide and self-harming behaviour.

In some first-hand accounts of violence, abuse, neglect and exploitation, people have told us of abusive or offensive language they have experienced or witnessed. As a result, some direct quotes in the report contain language that may be offensive to some people.

First Nations readers should be aware that some information in this report has been provided by or refers to First Nations people who have passed away.

If you need support to deal with difficult feelings after reading this report, there are free services available to help you. These are listed below and in Chapter 6, 'Support for people engaging with the Royal Commission'.

Support services

People who engage with or are affected by the Royal Commission can get free support from a number of services. Some of these are listed here.

More information about organisations at the state and territory level that provide counselling support to people affected by the Royal Commission is available in Chapter 6 or on the Australian Government Department of Social Services [website](https://www.dss.gov.au/disability-and-carers-disability-royal-commission-support-services/find-disability-royal-commission-support-services-in-your-area).¹

1 'Disability Royal Commission support services', Australian Government Department of Social Services, 25 June 2020. <<https://www.dss.gov.au/disability-and-carers-disability-royal-commission-support-services/find-disability-royal-commission-support-services-in-your-area>>

Blue Knot Foundation

Blue Knot offers a free and independent counselling and referral service for anyone affected by the Royal Commission, including people with disability, their families and support people. People can connect with Blue Knot by:

- telephone
- video conference
- webchat
- SMS.

Blue Knot operates a national telephone line (1800 421 468) between 9 am and 6 pm Australian Eastern Standard Time (AEST) from Monday to Friday and 9 am to 5 pm AEST on weekends and public holidays.

If you are deaf or have a hearing or speech impairment, telephone the National Relay Service on 133 677 and give 02 6146 1468 as the number you want to call.

If you need support in another language you can:

- call Blue Knot's national telephone line (1800 421 468) and ask for an interpreter, or
- use the free Translating and Interpreting Service (TIS) by calling 131 450 and ask to be connected to Blue Knot's national telephone line (1800 421 468).

For information: www.blueknot.org.au/

Beyond Blue Support Service

Telephone 1300 224 636 (24 hours/7 days), chat online (3 pm to 12 am AEST/7 days) or email for free, short-term counselling, advice and referral services.

For information: www.beyondblue.org.au/get-support/get-immediate-support

Lifeline Crisis Support

Speak to a crisis support worker by telephone on 13 11 14 (24 hours/7 days) or chat online (7 pm – midnight/7 nights). This confidential service provides support when you are feeling overwhelmed, having difficulty coping or thinking about suicide.

For information: www.lifeline.org.au/get-help/get-help-home

1800RESPECT

Telephone 1800 737 732 or chat online (both 24 hours/7 days) for support if you are affected by sexual assault or domestic and family violence or abuse.

For information: www.1800respect.org.au/



Foreword by the Chair



The interim report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) complies with the direction in our terms of reference to submit to the Governor-General an interim report not later than 30 October 2020.

The interim report has been written in circumstances that were not, and could not have been, anticipated when the Royal Commission was established in April 2019. The COVID-19 pandemic has affected, in one way or another, every person in this country. With the exception of people in aged care facilities, no group has been more profoundly affected than people with disability.

The Royal Commission itself has not been immune from the lockdowns and other consequences of the pandemic. We have experienced substantial interruptions to our scheduled program of public hearings and to our engagement

with people with disability, their families, advocates and supporters. Even so, as the interim report shows, we have made considerable progress in discharging our heavy responsibilities.

I particularly wish to pay tribute on behalf of the Royal Commission to all people with disability and their families and supporters who have shared their experiences with us and offered their insights into the issues we are required to investigate. The experiences and insights of people with disability and their families and supporters are the foundations on which the work of the Royal Commission is built. The interim report is an important milestone towards the completion of that work.

Our task

The Chair's opening statement at the Royal Commission's ceremonial public hearing, held in Brisbane on 16 September 2019, identified four particularly significant aspects of the terms of reference. These four matters have been, and remain, central to the scope of our inquiries and how we undertake those inquiries.

First, the voices of people with disability are at the forefront of our work. People with disability are the ones who have experienced violence, abuse, neglect and exploitation and who can recount those experiences. They understand only too well the barriers to a more inclusive society. As we have heard in public hearings, submissions, community forums and in other ways, people with disability

have strong views – often informed by their personal experiences – as to the measures needed to achieve the goals stated in the terms of reference.

People with disability and their families and supporters have contributed greatly to our inquiries through submissions and responses to our issues papers, community forums, private sessions and other forms of engagement. We have heard the voices of people with disability at public hearings and benefited from powerful and often moving first-hand evidence of the violence, abuse, neglect and exploitation they have experienced.

The 36 individual narratives included in the interim report provide a small sample of what we have heard in the course of our work so far.¹ These accounts bring home that people with disability can experience violence, abuse, neglect or exploitation in almost every aspect of their lives. The experiences also bring home the profound consequences that can flow from these experiences, for both people with disability themselves and their families.

The accounts in the interim report include children being subjected to cruel bullying and humiliating restraints in education settings; serious neglect and misdiagnoses of people with cognitive disability within the health care system, sometimes as the result of ‘diagnostic overshadowing’ (where symptoms of disease or injury are wrongly attributed to a person’s disability); physical and sexual abuse of people living in supported accommodation perpetrated by staff who are meant to provide care for

residents; and discrimination and abuse of people with disability at their place of employment.

The voices of people with disability are reflected in the policy themes and issues that the Royal Commission has identified for further inquiry and also influence the subject matter of hearings. For example, the first hearing held in August 2020 after our public activities resumed inquired into the impact of the COVID-19 pandemic on people with disability and the adequacy of the actions of governments to protect them. The decision to choose COVID-19 as the theme for that hearing was based on the numerous accounts given by people with disability to the Royal Commission on social media and elsewhere of the trauma and neglect they experienced during the pandemic. People with disability will remain at the centre of our work during the life of the Royal Commission.

Second, the Royal Commission’s functions and responsibilities are extremely broad. Among other things, we are required to inquire into violence against, and abuse, neglect and exploitation of, people with disability **in all settings and contexts**. The interim report demonstrates that people with disability experience violence, abuse, neglect and exploitation in a range of settings and contexts and at various stages of their lives.

The interim report records the difficulties of reaching all people with disability who have experienced violence, abuse, neglect or exploitation. For example, people with disability living in closed

or segregated environments and First Nations people with disability living in remote communities are not likely to respond to conventional techniques for eliciting submissions or accounts of personal experiences.

We must therefore make strenuous and innovative efforts to engage with as many people with disability as possible and to ensure they receive appropriate support to do so safely and comfortably. The measures that have been put in place have been devised and implemented by the Royal Commission's Community Engagement team under the guidance particularly of Commissioners Galbally and McEwin. The interim report records measures taken so far to engage with people with disability. These efforts have been maintained during the pandemic and will continue throughout the life of the Royal Commission.

Third, the terms of reference direct us to have regard to the multi-layered experiences of people with disability, particularly those from First Nations and culturally and linguistically diverse communities. The interim report explains the steps we have taken to expose the nature and extent of violence, abuse, neglect and exploitation experienced by these particular groups and to encourage their engagement with the Royal Commission.

It is unfortunate that the extraordinary and fruitful efforts made under the leadership of Commissioner Mason to reach out to First Nations people with disability have been hampered by COVID-19 travel restrictions and delays in holding

planned public hearings on First Nations issues in the Northern Territory. It is also unfortunate that the Royal Commission's program of engagements with people and representative organisations from culturally and linguistically diverse communities has to some extent been affected by the pandemic. Nonetheless, in each case important connections have been firmly established and we have continued our engagements online.

In due course we shall have to consider the effect of the pandemic on the timing for the completion of the Royal Commission's work. One way or another we will make up for any lost ground in our engagements with First Nations and culturally and linguistically diverse people with disability.

Fourth, we have adopted an approach that is informed by human rights, especially the rights recognised by the United Nations *Convention on the Rights of Persons with Disabilities (CRPD)* to which Australia is a party.² As stated in Chapter 16, 'Our theoretical approaches', we seek to translate the human rights recognised in the *CRPD* into practicable and sustainable policies and practices that will promote the right of people with disability to live free from violence, abuse, neglect and exploitation.

Chapter 16 also draws on the work of disability theorists to explain the theoretical models that guide our work. This chapter recognises that a sound theoretical framework is the necessary foundation for an effective reform agenda.

Our aim

The interim report records what we have done in the first 15 months of the Royal Commission's existence and outlines what we intend to do over the remainder of the Royal Commission's life. By its nature, the interim report does not attempt to comprehensively analyse all the issues raised by the terms of reference.

Even so, our ultimate aim is nothing if not ambitious. We seek to transform community attitudes and bring about changes to policies and practices that have exposed people with disability to violence, abuse, neglect and exploitation and that denied them 'full and effective participation and inclusion in society'.³ Only then will Australia fully achieve the goal of a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.

A tribute

The research for and the writing of the interim report have taken place in uniquely difficult circumstances. On behalf of all Commissioners I wish to pay tribute to the dedication, skill and thoroughness demonstrated by the many staff of the Royal Commission who have contributed to the drafting of the interim report. Their enthusiasm and commitment to the work and objectives of the Royal Commission have overcome obstacles that had the potential to be insurmountable.

The Commissioners are deeply indebted to all who have been involved in or supported the preparation of the interim report.

The Hon Ronald Sackville AO QC

Chair

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

-
- 1 As explained in the interim report, the narratives have been de-identified and do not represent findings by the Royal Commission. They are summaries of experiences people have shared with us in submissions and private sessions.
 - 2 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008).
 - 3 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), art 3(c).

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About this report

The letters patent for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission) require the Royal Commission to submit an interim report to the Governor-General by 30 October 2020 and a final report by 29 April 2022.

This report is based on the Royal Commission's work from 5 April 2019 to 31 July 2020. It draws on what we have heard so far from people with disability and their families and supporters, as well as many organisations, our First Nations Peoples Strategic Advisory Group and other experts who have provided their insights.

On 16 March 2020, the Royal Commission suspended all activities involving gatherings of people or close contact between individuals due to the COVID-19 pandemic and concerns for the health and safety of people with disability, the broader community and members of staff.

Despite this, the Royal Commission's work continued during the pandemic. We received submissions, published issues papers, progressed our research and policy work and prepared for future public hearings. We also continued to engage with people with disability, their supporters and stakeholders online and by telephone and mail. The Royal Commission resumed public activities in August 2020 and carefully adheres to all official advice regarding physical distancing and other public health measures.

In addition to this interim report, the Royal Commission has committed to publishing progress reports at intervals of approximately six months. The reports provide a brief account of the Royal Commission's activities over the preceding half-year period. The *First Progress Report* of the Royal Commission was published in December 2019 and covered the Royal Commission's program from its formal establishment in April 2019 until 30 November 2019.¹ The *Second Progress Report* summarised the work carried out by the Royal Commission during the period 1 January 2020 and 30 June 2020.²

Our gratitude to those who have shared their personal experiences

The Royal Commission is grateful to the many people who have shared their personal experiences of violence, abuse, neglect and exploitation with our inquiry to date. We recognise the strength shown by people with disability, their families and supporters who have shared experiences that have often caused significant pain or trauma. Hearing these experiences is critical for us to understand the nature and extent of violence against, and abuse, neglect and exploitation of, people with disability in Australia, and how it can be prevented.

We encourage anyone who has information relevant to our inquiry to engage with the Royal Commission. For information on ways to do this, see Chapter 19, 'Our future direction'.

Conveying personal experiences

The voices of people with disability and others who have shared their experiences with us are included throughout this report. With the consent of those providing the information, we have used quotes from submissions we have received, and from accounts given by participants at community forums, meetings and workshops. We have also used evidence from witnesses who gave evidence at our public hearings. Some witnesses at our public hearings were given pseudonyms, which we use when quoting their evidence. When we have included quotes, we have not amended the words or spelling used.

As stated earlier in this report, in some first-hand accounts of violence, abuse, neglect and exploitation, people have told us of abusive or offensive language they have experienced or witnessed. As a result, some quotes in this report contain language that may be offensive to some people.

We also use de-identified narratives throughout this report to reflect some of the accounts people have shared with us. 'Narratives' are summaries of the experiences people have shared with our inquiry through submissions or private sessions and given consent for us to use. We have tried to faithfully represent people's accounts of their experiences. Due to the length of some submissions, some narratives may only be a 'snapshot' of the full submission.

'De-identified' means that real names have been replaced with pseudonyms and some details have been left out to protect people's identities.

De-identification of narratives enables the Royal Commission to protect both those who have shared their accounts but may not want their identity disclosed, and people and organisations referred to in these accounts who have not had an opportunity to respond to any allegations made against them. In this way, de-identified narratives enable the Royal Commission to inform the public of the often terrible personal experiences of violence against, and abuse, neglect and exploitation of, people with disability, without breaching its legal obligations to afford procedural fairness to all.

In contrast to statements tendered at or oral evidence given at public hearings, the information a person provides in a submission or during a private session is not evidence and the person providing the account is not a witness. The narratives included in this report are not representative of any factual findings of the Royal Commission and any views expressed are those of the person who shared the information with us, not the Commissioners.

Language used in this report

The way language is used can be powerful. The Royal Commission aims to use current and respectful terminology. The use of inappropriate words and language to describe people

with disability and the violence, abuse, neglect and exploitation experienced by people with disability can harm them and silence their voices. Conversely, respectful language choices can promote awareness, inclusion and empowerment.

People with disability are the experts when it comes to language in this area. In deciding on the language we use, we have been guided by the definitions and principles in the United Nations *Convention on the Rights of Persons with Disabilities*³ and have consulted with disability experts. We recognise that people with disability have varying preferences about language and that language is constantly evolving. We will continue to listen to what people with disability tell us about language as the Royal Commission progresses. How we define terms may change between this interim report and our final report.

In this report, we use the phrases ‘we have heard’ and ‘we have been told’ when discussing information we have received through public hearings, submissions, community forums and meetings, private sessions and responses to issues papers. This language does not indicate that the Royal Commission has made findings of fact about this information.

Person-first language

The Royal Commission generally uses person-first language in this report. This means we refer to individuals as people first, rather than putting a disability, impairment, condition or diagnosis first. For example, we refer to ‘people with disability’, not ‘the disabled’ or ‘disabled

people’. This approach seeks to avoid labelling people by identifying them primarily by their disability.

However, we recognise that some people with disability and their representative groups may have different preferences about how they describe themselves and their disability. Some individuals and groups prefer identity-first language, which reflects the belief that disability is a core part of a person’s identity. For example, a person may prefer to be referred to as a ‘Deaf person’ rather than a ‘person who is Deaf’ or an ‘autistic person’ rather than a ‘person with autism’. Some individuals and groups may also prefer to use ‘disabled person’ rather than ‘person with disability’, reflecting their understanding of disability as arising from social barriers. When people have told us how they prefer to describe themselves, we have used the description they prefer.

Key terms and definitions

Key terms used in this report are defined in the Glossary. A list of acronyms and other abbreviations used appears before the Glossary.

The Royal Commission has adopted the following definitions for key terms used in this report. As noted above, how we define terms may change between this report and our final report.

Disability

Disability is an evolving concept that results from the interaction between a person with impairment(s) and attitudinal and environmental barriers that hinder

their full and effective participation in society on an equal basis with others.⁴

For more on this, see Chapter 16, ‘Our theoretical approaches’, which includes discussion of theories of disability and how concepts and models of disability have changed over time.

People with disability

Based on the terms of reference in the Royal Commission’s letters patent, the term ‘people with disability’ is defined as people with any kind of impairment, whether existing at birth or acquired through illness, accident or the ageing process, including cognitive impairment and physical, sensory, intellectual and psychosocial disability.⁵

Some people prefer to identify as ‘disabled people’.

Violence, abuse, neglect and exploitation

For the purposes of this Royal Commission, violence and abuse are best understood together. Violence and abuse include assault, sexual assault, constraints, restrictive practices (physical, mechanical and chemical), forced treatments, forced interventions, humiliation and harassment, financial and economic abuse and significant violations of privacy and dignity on a systemic or individual basis.

Neglect includes physical and emotional neglect, passive neglect and wilful deprivation. Neglect can be a single significant incident or a systemic issue that involves depriving a person with disability of the basic necessities of life

such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment.

Exploitation is the improper use of another person or the improper use of or withholding of another person’s assets, labour, employment or resources, including taking physical, sexual, financial or economic advantage.

Other versions of this report

This interim report is available on the Royal Commission website in the following formats:

- Easy Read summary
- Auslan video summary.

Braille versions of the report are available on request. To request a braille version, please contact the Royal Commission:

- email – DRcenquiries@royalcommission.gov.au
- telephone – 1800 517 199 or +61 7 3734 1900, 9 am to 5 pm AEST from Monday to Friday, excluding national public holidays
- post – GPO Box 1422, Brisbane Qld 4001.

Royal Commission data in this report

The quantitative information in this report about the Royal Commission’s early work is current at 31 July 2020, unless otherwise stated.

Endnotes

- 1 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *First Progress Report*, December 2019. <<https://disability.royalcommission.gov.au/publications/first-progress-report>>
- 2 Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, *Second Progress Report*, August 2020. <<https://disability.royalcommission.gov.au/publications/second-progress-report>>
- 3 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008).
- 4 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), preamble para 5.
- 5 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, recitals.



Summary

Purpose of this report

What is happening to people is not okay
and the stories need to be told.¹

The establishment of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission) was largely the result of determined and persistent advocacy over many years by people with disability and their supporters. They urged successive governments to take responsibility for and investigate widespread violence against, and abuse, neglect and exploitation of, people with disability.

The letters patent establishing the Royal Commission direct us to submit an interim report to the Governor-General by 30 October 2020.² This report has been prepared in accordance with that direction. The letters patent direct that the Royal Commission's final report should be presented by 29 April 2022.³

This Summary provides a brief overview of the 19 chapters of the interim report. It also recounts the principal issues addressed in the interim report.

They are:

- the reasons why the Royal Commission is needed
- the theoretical models influencing the work of the Royal Commission
- the activities undertaken by the Royal Commission to date, including public hearings, private sessions, engagement with the disability community, publication of issues papers, and careful consideration of submissions, responses to issues papers and what we have been told through community engagement activities
- the areas the Royal Commission has identified as warranting further inquiry, including those highlighted by evidence given at the first three public hearings
- the cumulative disadvantages experienced by particular groups of people with disability, especially First Nations people and members of culturally and linguistically diverse communities.

The interim report incorporates the voices of people with disability and their supporters who have shared their experiences with the Royal Commission. It includes narratives drawn from accounts in submissions and at private sessions. The narratives have been anonymised to protect the privacy of the people who have told us their experiences. We have also drawn on the contributions of experts, researchers and representatives of governments and other agencies.

Our seven Commissioners have diverse backgrounds and expertise. We acknowledge the expertise of the Commissioners with disability: Commissioner Rhonda Galbally AC and Commissioner Alastair McEwin AM, who are both long-term disability advocates. We also acknowledge the expertise of the Royal Commission's Disability Strategic

Engagement Group and all Royal Commission staff with disability.

We acknowledge the courage required for people with disability, their families and supporters to share their experiences with us at a private session, public hearing or community forum.

The Royal Commission acknowledges the ongoing custodianship of Australia's First Nations peoples of our lands, seas and waters. We pay our respects to all First Nations people with disability and recognise the distinct contributions they make to Australian life and this inquiry. We are guided by the leadership of Ngaanyatjarra and Karonie woman, Commissioner Andrea Mason OAM, the expertise of the First Nations Peoples Strategic Advisory Group, and all First Nations staff at the Royal Commission.



Establishment of the Royal Commission

The Prime Minister, the Hon Scott Morrison MP, announced the establishment of the Royal Commission on 18 February 2019. The letters patent containing the Royal Commission's terms of reference were issued on 4 April 2019 after extensive consultation with people with disability and the disability sector.⁴

The letters patent appoint the Hon Ronald Sackville AO QC as the Chair of the Royal Commission. He is supported by six Commissioners:

- the Hon Roslyn Atkinson AO
- Ms Barbara Bennett PSM
- Dr Rhonda Galbally AC
- Ms Andrea Mason OAM
- Mr Alastair McEwin AM
- the Hon John Ryan AM.

The terms of reference direct the Royal Commission to inquire into what governments, institutions and the community should do to report, investigate, respond to, prevent and better protect people with disability from experiencing violence, abuse, neglect and exploitation.⁵ They also direct the Royal Commission to inquire into what should be done to promote a

more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.⁶ In addition, the terms of reference direct us to have regard to the multi-layered experiences of people with disability, and the particular situation of First Nations people with disability and culturally and linguistically diverse people with disability.⁷

The terms of reference of this Royal Commission are distinctive in two major respects. The first is that they are extraordinarily broad. We are required to examine all forms of violence against, and abuse, neglect and exploitation of, people with disability in 'all settings and contexts'.⁸ The second is the express recognition that people with disability should be central to the processes that inform best practice decision-making on what Australian governments and others should do to prevent and respond to violence against, and abuse, neglect and exploitation of, people with disability.⁹ This underpins our commitment to ensuring that people with disability are central to our work.

We are conscious that people with disability who have been exposed to violence, abuse, neglect and exploitation have often experienced trauma. Our approach aims to minimise, to the greatest extent possible, the risk of re-traumatising people engaging with this inquiry.

Overview of this report

This interim report consists of 19 chapters in four parts.

Part A: About the Royal Commission

Chapter 1, 'Why this Royal Commission is needed' provides an overview of the history of discrimination, disadvantage and maltreatment experienced by people with disability. It traces key policy and social changes achieved through the advocacy of the disability rights movement. The chapter outlines the events that led to this Royal Commission and the consultations that informed our terms of reference. The chapter concludes with one person's experience to illustrate the importance of our task.

Chapter 2, 'Our Chair and Commissioners' outlines the backgrounds of our Chair and Commissioners.

Chapter 3, 'Our terms of reference' describes the scope of the Royal Commission.

Chapter 4, 'Nature and powers of the Royal Commission' explains key provisions of the *Royal Commissions Act 1902* (Cth), the powers of the Royal Commission and how the Act regulates the conduct of our inquiry.

Chapter 5, 'Our organisation' provides an overview of our organisation and the values that inform the work of the Royal Commission. It describes our Accessibility and Inclusion Strategy, which underpins

our work by guiding how we communicate with the community, recruit and train staff, and establish premises, hearing rooms and other venues where we engage with the disability community and the general public.

Part B: How we do our work

Chapter 6, 'Support for people engaging with the Royal Commission' describes the trauma-informed approach we take to all aspects of our inquiry and outlines the support provided to people who contribute.

Chapter 7, 'Public hearings' describes the formal proceedings through which witnesses give evidence, under oath or affirmation, about events and issues relevant to the Royal Commission's terms of reference. It describes how public hearings enable people with disability, their families and supporters to share experiences of violence, abuse, neglect and exploitation. Experts, advocacy groups, service providers, academics and government agencies may also give evidence.

Chapter 8, 'Submissions' outlines how individuals and organisations are able to share with the Royal Commission their experiences, insights and proposals for change. As the chapter explains, submissions can be about any issues that fall within our terms of reference and can be made in a variety of ways, including in writing, over the telephone, as videos or as artwork.

Chapter 9, 'Community engagement' sets out our approach to how we engage

with people with disability and the wider community. It also records our approach to targeted engagement with First Nations communities, culturally and linguistically diverse people with disability, people with cognitive disability and people with disability who live or work in closed or segregated environments.

Chapter 10, 'Private sessions' describes how individuals can confidentially share their experiences with a Commissioner in a safe, supportive and accessible environment. The chapter outlines how private sessions help the Royal Commission to better understand the impact of violence against, and abuse, neglect and exploitation of, people with disability, and to explore ideas as to how these experiences can be prevented.

Chapter 11, 'Research and policy' provides an overview of our research agenda, which explores (among other topics) the history, nature and extent of violence, abuse, neglect and exploitation experienced by people with disability. Chapter 11 also outlines our policy work, which is directed to the systemic factors that contribute to violence against, and abuse, neglect and exploitation of, people with disability and to the development of recommendations that will lead to lasting change.

Part C: Our work to date

The Royal Commission's ceremonial opening sitting was held in Brisbane on 16 September 2019 and is referred to as 'Public hearing 1'.

Chapters 12 to 14 provide an overview of the first three public hearings held by the Royal Commission.

- Chapter 12 outlines Public hearing 2: Inclusive education in Queensland – preliminary inquiry
- Chapter 13 outlines Public hearing 3: The experience of living in a group home for people with disability
- Chapter 14 outlines Public hearing 4: Health care and services for people with cognitive disability.

These chapters summarise the key themes that emerged from the evidence presented at the hearings and outline the areas for future inquiry that have arisen from each hearing. A detailed report of each public hearing is available on the Royal Commission website.

Chapter 15, 'Nature and extent of violence against, and abuse, neglect and exploitation of, people with disability' describes the importance of high-quality data. There is good data on the number of people with disability in Australia but little on the violence, abuse, neglect and exploitation experienced by people with disability, particularly for certain groups such as First Nations people with disability, people with disability from culturally and linguistically diverse communities, and people with disability living in closed or segregated environments. The chapter outlines the Royal Commission's strategy to address these gaps.

Part D: Emerging themes and our future direction

Chapter 16, 'Our theoretical approaches' outlines four approaches that come from our terms of reference and guide our work: human rights, disability theory, intersectionality¹⁰ and life course.

Chapter 17, 'Emerging themes and key issues' discusses the themes and key issues that have emerged in the first phase of our inquiry. Some themes and issues have been the subject of detailed evidence at the public hearings. Others have been identified in submissions, responses to issues papers and from what we have heard through our community engagement activities.

Chapter 18, 'First Nations people with disability' outlines what we have heard about what it means to live as a First Nations person with disability in Australia. Chapter 18 identifies key issues that we had planned to examine in hearings during the first half of 2020 but which have had to be postponed due to the COVID-19 pandemic. The issues will now be considered as soon as we are able to resume these hearings safely.

Chapter 19, 'Our future direction' describes how the Royal Commission will build on our work to date. It details how we will draw on what we learn through public hearings, submissions, community engagement, private sessions, research and policy work to deepen our understanding of the emerging themes and key issues and develop recommendations to prevent violence

against, and abuse, neglect and exploitation of, people with disability for publication in our final report.

Four appendices provide information concerning:

- A: Letters patent
- B: Past reports and inquiries
- C: Key activities and publications to date
- D: A brief overview of the National Disability Insurance Scheme (NDIS).

They are followed by a list of the acronyms and abbreviations used in this report, and the Glossary.

Why this Royal Commission is needed

The activism and advocacy of the disability rights movement since the 1970s and 1980s has led to substantial changes in Australian legislation, policy and practice. The achievements include the enactment of the *Disability Discrimination Act 1992* (Cth) and Australia's ratification of the United Nations *Convention on the Rights of Persons with Disabilities (CRPD)* on 17 July 2008.

Despite this progress, the high-profile cases of sexual abuse of people living in Yooralla group homes in Victoria between 2011 and 2014¹¹ brought to the public's attention what people with disability and their advocates have long known: violence against, and abuse, neglect and exploitation of, people with disability persist in Australia.

The number of people with disability in Australia

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’.¹² A series of questions about whether a person needs assistance or has difficulty with, or uses aids or equipment to perform, different types of activities are used to determine disability. The Australian Bureau of Statistics *Survey of Disability, Ageing and*

Carers, which is the best available source of information on the number of people with disability in the Australian population, states that there were around 4.4 million people with disability in Australia in 2018.¹³

The older a person is, the more likely it is they will have a disability. Table 1 shows that in 2018, 8.2 per cent of children aged under 18 had disability, while around 13 per cent of adults aged 18–64 had disability and nearly 50 per cent of adults aged 65 and over had disability.¹⁴ More than two in five people with disability were aged over 65 years.

Table 1: Number and percentage of people with disability by age group, 2018

Age group	Number of people with disability ('000')	Percentage of age group that has disability	Percentage of population with disability
Children aged under 18	453.7	8.2%	10.4%
Adults aged 18–64	1969.7	12.9%	45.1%
Older adults aged 65+	1941.5	49.6%	44.5%
Total	4367.2	17.7%	100.0%

Note: The numbers of people with disability in each age group do not add up to 4367.2 because the Australian Bureau of Statistics changes some numbers to protect the confidentiality of people completing the survey.

Source: Australian Bureau of Statistics (2019).

The percentage of the Australian population with disability has decreased over time, although the actual number of people with disability has increased as the population has grown.¹⁵

The Australian Bureau of Statistics *National Aboriginal and Torres Strait Islander Health Survey* suggests that around 306,100 First Nations people had a disability in 2018–19, representing 38 per cent of the First Nations population (see Table 2).¹⁶ The proportion of First Nations people with disability is considerably higher than the proportion of people with disability

in the general population. More than one in five First Nations children (aged under 18) are children with disability, and children accounted for almost one-quarter of all First Nations people with disability.¹⁷

The Australian Bureau of Statistics does not provide data to break down First Nations adults with disability into separate age categories. In Table 2, we have separated statistics for First Nations people with disability into two groups (children and adults) rather than three groups (children, adults and older adults) as we did for the general population.

Table 2: Number and percentage of First Nations people with disability by age group, 2018–19

Age group	Number of First Nations people with disability ('000')	Percentage of First Nations population	Percentage of First Nations population with disability
Children (aged under 18)	73.0	22.3%	23.9%
Adults (aged 18+)	233.6	48.1%	76.4%
Total	306.1	37.6%	100.0%

Note: The numbers for each age group of First Nations people with disability do not add up to 306.1 in the 'Total' row because the Australian Bureau of Statistics changes some numbers to protect the confidentiality of people completing the survey.

Source: Australian Bureau of Statistics (2019).

'Cultural and linguistic diversity' is an expression that is difficult to define. Researchers tend to use the expression to describe communities for whom English is not the main language or whose cultural norms differ from the wider community. The breadth of this description makes it difficult to measure how many people with disability also identify as culturally and linguistically diverse. Data suggests there are around 136,000 people with disability who were born in a country where English was not the main language *and* who speak a language other than English at home and who do not speak English well or at all.¹⁸ This is around 0.6 per cent of the Australian population and around 3 per cent of people with disability. However, the number of people with disability who identify as culturally and linguistically diverse is likely to be considerably higher.

Data on violence, abuse, neglect and exploitation

In Australia, almost two-thirds of people with disability have experienced violence in their lifetime, and people with disability

are twice as likely as people without disability to experience violence in a 12-month period.¹⁹ Of women with disability aged 18–64, 32 per cent experience sexual violence in a 12-month period, which is twice the rate of women without disability in the same age bracket. This pattern is repeated across different groups of people with disability.

The 2018–19 Australian Bureau of Statistics *National Aboriginal and Torres Strait Island Health Survey* suggests that First Nations adults with disability experience high rates of violence.²⁰

While Australia has improved its collection and reporting of data on violence and abuse experienced by people with disability, critical data gaps remain. In 2016, the Australian Bureau of Statistics *Personal Safety Survey* included questions to identify people with disability and the type of impairment they have. However, this survey excludes children, people in custody, people who live in institutional settings such as aged care homes, and people who do not

speak English or who cannot respond confidentially to questions. This means people with disability are more likely to be excluded from the survey than people without disability. People with communication disability, culturally and linguistically diverse people with disability and people with intellectual disability are particularly likely to be excluded.

There is no nationally consistent data on neglect or exploitation experienced by people with disability.

There is also no reliable publicly available data on the violence, abuse, neglect or exploitation experienced by:

- culturally and linguistically diverse people with disability, including people granted protection visas as refugees and humanitarian migrants
- lesbian, gay, bisexual, trans and gender diverse, intersex, queer or questioning people with disability
- children and young people with disability
- First Nations children with disability
- people with disability experiencing homelessness.

We commissioned researchers at the Centre of Research Excellence in Disability and Health to review the available data on the extent of violence, abuse, neglect and exploitation experienced by people with disability. The researchers concluded that:

the historical omission of people with disability from national data collections, and the lack of up-to-date

analyses where data on violence and disability are available, means there is limited empirical evidence to inform governments, institutions and the community about best practices in prevention and response.²¹

This absence of data means that nobody can estimate with confidence the levels of violence, abuse, neglect and exploitation experienced by people with disability. This makes it difficult for governments and other agencies with policy-making responsibilities to design and implement effective policies and programs. Data is needed to:

- set goals
- measure progress
- enable others to hold governments and organisations accountable for delivering those goals
- track progress on action plans such as the National Disability Strategy
- determine whether the Australian Government is meeting its obligations under the *CRPD*.

Without detailed data, it is not possible to assess whether a particular policy or program achieves its intended outcome, whether for people with disability as a whole or for particular groups within the disability community. The lack of useful data has emerged as a major theme in our work so far.

The Royal Commission will examine these data gaps through our ongoing work. Our areas of further inquiry are outlined at the end of this Summary.

Our theoretical approaches

It's okay to talk about violence, abuse and neglect ... but a lot of people don't even realise they are victims. Education is key. We all need a standard of rights that we all must abide by. PWD [people with disability] have no idea what their rights even are the majority of the time.²²

The Royal Commission is informed by four main theoretical approaches. These approaches, which come from our terms of reference, are human rights, disability theory, intersectionality – which describes the unique discrimination that arises from the interaction of ableism with other forms of oppression such as racism, sexism, ageism or homophobia – and life course.²³ The Royal Commission draws on existing knowledge in these areas to help us understand the forces that shape the lives of people with disability and make recommendations for lasting change.

We are guided by the human rights frameworks developed in a series of United Nations conventions, most notably, the *CRPD*.²⁴ The *CRPD* sets out obligations for the Australian Government to undertake to ensure and promote the full realisation of all human rights and fundamental freedoms for all persons with disability, without discrimination of any kind on the basis of disability.

Human rights play an important role beyond just imposing legal obligations on government. They reflect a set of values, such as the dignity, autonomy, freedom and equality of all people. The *CRPD* articulates values and standards by which people with disability should be treated and informs community values and standards. The human rights framework assists in understanding why people with disability experience violence, abuse, neglect and exploitation and will inform the recommendations we make.

In its preamble, the *CRPD* says that:

disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.²⁵

This definition is informed by theories and models of disability developed by advocates and scholars. In particular, the social model of disability challenges prevailing assumptions that disability is an individual medical problem or a tragedy to be eliminated, cured or hidden away. The social model shifts the focus from a person's impairment to the social structures, barriers and attitudes that exclude and disempower people. Some disability theorists have argued that the social model may not always be of great assistance in formulating proposals for change. But its profound influence in reshaping attitudes and the understanding of disability is undeniable.

People with disability face barriers to their full and equal participation in society. However, individual people's experiences vary and are influenced not only by the nature of their disability but also other factors like their age, sex, gender, gender identity, sexual orientation, intersex status, ethnic origin, socio-economic status and race. Our terms of reference require us to give attention to these multi-layered experiences.²⁶ To do this, we use an intersectional approach to help us understand how prejudice and oppression based on ableism interacts with other forms of oppression – such as racism, sexism, ageism or homophobia – to create unique forms of disadvantage and discrimination.

Finally, the life course approach is taken from the social sciences. It helps us to understand individual pathways and trajectories in the context of larger social changes and trends.

What we have done so far

The Royal Commission gathers information on and evidence about individual experiences and systemic issues to understand the nature and extent of violence against, and abuse, neglect and exploitation of, people with disability and inform our recommendations. Our work so far has included public hearings, submissions, community engagement, private sessions, research and policy work.

Impact of the COVID-19 pandemic

On 16 March 2020, the Royal Commission suspended all activities involving gatherings of people or close contact between individuals due to the COVID-19 pandemic. This was unavoidable in view of the risks to health, especially for people with disability but also to staff and members of the Royal Commission. Notwithstanding the suspension of public activities, the work of the Royal Commission has continued during the COVID-19 pandemic. That work has included preparing the interim report and reports on the first three public hearings, publishing issues papers, processing submissions and responses to issues papers, finalising the research agenda and continuing to engage with people with disability, their supporters and advocates through technology.

The Royal Commission resumed public activities in August 2020 and carefully

adheres to all official advice regarding physical distancing and other public health measures. We will continue to use technology to enable people to participate in the Royal Commission's activities and engagements while COVID-19 restrictions remain in place.

Our work so far

As at 31 July 2020, the Royal Commission has held our ceremonial opening sitting and three public hearings.²⁷ A public hearing on the 'Experiences of people with disability during the ongoing COVID-19 Pandemic as at August 2020' is planned for 18–21 August 2020, with a number more planned for the remainder of 2020. The Royal Commission has held eight community forums, where Commissioners and more than 560 registered participants listened to 87 people share their experiences of violence, abuse, neglect and exploitation.

We have received 1237 submissions, including from people with disability, their family members, advocates and organisations. We have held nine workshops, published nine issues papers and received 295 responses to those papers. We have a number of research projects underway as part of our research agenda and will publish reports on our website as the projects are completed.

The Royal Commission opened registrations for private sessions in January 2020 and the first five were held in February 2020. From March 2020

to July 2020, we suspended face-to-face private sessions due to the COVID-19 pandemic. However, 12 private sessions were conducted by telephone and videoconference during this time.

The Royal Commission's community engagement strategy sets out the aims of our community engagement, as well as who we engage with and how we do so. We have established the Disability Strategic Engagement Group to strengthen our engagement with the disability sector.

Emerging themes and key issues

We have heard about the violence, abuse, neglect and exploitation experienced by people with disability in many different systems including education, homes and living arrangements, health, the justice system and the NDIS.

Like everyone, people with disability live complex and multi-faceted lives that go beyond their interaction with systems and services. We have also heard about the experiences of people with disability in the context of their relationships and participation in the community and the economy, including at work. People with disability have also told us how they have been affected by the COVID-19 pandemic and government responses to it.

Emerging themes

A number of themes have emerged as particularly pertinent to the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation. The themes include:

- choice and control
- attitudes towards disability
- segregation and exclusion
- restrictive practices
- access to services and supports
- advocacy and representation
- oversight and complaints
- funding.

Choice and control

People with disability have the right to control their own lives, to make their own decisions and to exercise choice. This

can be described as the right to autonomy or independence.

People have described to the Royal Commission how their ability to make choices can be limited in large and small ways, affecting where or with whom they live, their intimate relationships, their health care, their education, their work and how they manage their finances. We have also heard about limits to their autonomy in the context of how they participate in the community, their experiences with the justice system and developing plans under the NDIS.

Exercising choice and control and being independent is sometimes confused with being self-reliant and needing no external support. Yet every person, with or without disability, depends on the support of other people and broader social networks.

The provision of appropriate support can enable people with disability to maximise their autonomy and independence.

I hope that this Royal Commission can help people with a disability to have choice and control ... People with disability should have a choice ... they should feel free.²⁸

Attitudes towards disability

Ableism is the foundation of our oppression and consequent suffering ... The deadly bigotry of low expectations and the consequences over a lifetime are killers.²⁹

People with disability have told us about the negative or harmful attitudes they often face, as well as assumptions other people make about their quality of life and value to society. They have described how these attitudes can influence their experiences across many areas of life.

Attitudes can contribute to violence against, and abuse, neglect and exploitation of, people with disability. Negative attitudes and unconscious bias can directly or indirectly affect behaviour, and may play a significant role in how people with disability are treated. These attitudes can manifest as unwarranted assumptions about a person's decision-making capacity, low expectations and discrimination. People with disability and

their family members have reflected on their experiences of being devalued and stereotyped, as well as of a broad lack of understanding and acceptance of them as equal members of society. This can send a message that people with disability have less value than other members of the community and therefore do not have the same rights as others.

Negative attitudes and beliefs towards disability can intersect with attitudes towards age, gender, gender identity, sexual orientation, ethnicity or race. For example, First Nations people with disability are almost twice as likely to experience discrimination as non-Indigenous people with disability.³⁰

Segregation and exclusion

Negative perceptions, negative judgements and negative expectations are reinforced and become woven into the fabric of our community when the 'other' places for the 'other' people exist.³¹

Segregation is when people with disability are separated from the rest of the community or from settings where people without disability can access supports and services and participate in community and economic life.

Historically in Australia, people with disability were segregated in institutions that provided housing, recreation, employment and education – a practice supported by some laws and policies. Although many larger institutions have now closed, some people with disability – particularly people with cognitive disability – remain separated from the wider community in segregated settings.

The Royal Commission has heard about violence against, and abuse, neglect and exploitation of, people with disability across a range of segregated settings, including education, homes and living arrangements, employment and

day programs. We have also heard about the negative effect this can have on opportunities to build meaningful and trusted relationships with friends and family.

Exclusion occurs when people are denied access to the social, economic, political and cultural systems that enable a person to be part of the community. The segregation and social exclusion of people with disability produces stigma and discrimination, which may lead to violence, abuse, neglect and exploitation.

First Nations people with disability and culturally and linguistically diverse people with disability may experience intersecting disability discrimination and racism, resulting in segregation, exclusion and isolation. For First Nations people with disability, ongoing intergenerational trauma may contribute to these experiences.

Restrictive practices

I was forced to take medications not directly tethered to the treatment of my diagnosis but as a tranquilising sedative.³²

Restrictive practices are interventions or actions that limit the rights or freedom of movement of a person. In Australia, restrictive practices can be used in certain circumstances to prevent or protect people from harm, including perceived harm. They may be used to prevent an individual from expressing what are characterised as 'behaviours of concern' for the protection of themselves or others. Restrictive practices include seclusion and the use of restraints, such as physical, chemical, environmental and mechanical restraints.

All states and territories have laws, policies and standards for the use

of restrictive practices but there is no uniform regulatory framework across all jurisdictions and settings. We have received information about the use of restrictive practices in educational, residential, health and detention settings, including the use of:

- seclusion and physical and chemical restraints in schools
- physical and environmental restraints in group homes
- physical, chemical and mechanical restraints in health facilities
- seclusion and chemical restraints in detention settings.

Access to services and supports

Having a good team of support workers who have spent time with me every day and come to understand my disability has been highly beneficial.³³

Services and supports range from everyday essentials, such as supermarkets, public transport, education and health care, to those that are disability-specific. We have heard how the people who provide or facilitate access to these services and supports, including family members and support workers, can be a source of support and safety and can help prevent and protect people with disability from experiencing violence, abuse, neglect and exploitation. However, we have also heard that sometimes these people can minimise or ignore experiences of violence, abuse, neglect and exploitation when they occur, or be the source of harm.

The Royal Commission has heard about the barriers that people with disability can face when accessing services and supports. These include attitudinal, institutional, environmental and communication barriers. We have also heard about the lack of appropriate services and supports in many places, a problem that can particularly affect First Nations people with disability in remote communities. We have been told about the barriers created by institutional racism towards First Nations people, and that this intersects with disability discrimination. Culturally and linguistically diverse people with disability can encounter particular barriers based on attitudes towards disability and ethnicity, as well as being unable to access information.

Advocacy and representation

The only strategy I've ever seen capable of making a difference is advocacy and self-advocacy, particularly self-advocacy, empowering people to stick up for themselves.³⁴

Advocacy and representation enable people with disability to have their voices heard at all levels of society and to influence issues of deep concern to them. Disability advocacy is acting, speaking or writing to promote, protect and defend the rights of people with disability. Independent advocacy by people with disability plays an important role in implementing and monitoring the *CRPD*.

We have heard from many advocacy and representative organisations that increased advocacy is a key measure to address violence, abuse, neglect and exploitation and would lead to a more inclusive society. We have also heard that there is a lack of advocacy services, including for First Nations people with disability and people with complex needs, and that existing advocacy services are under-funded.

Oversight and complaints

Put simply, people with a disability who disclose abuse are often not believed.³⁵

Oversight and complaints mechanisms help prevent violence against, and abuse, neglect and exploitation of, people with disability, and help ensure appropriate responses when they occur. Each state and territory has primary responsibility for oversight and complaints mechanisms for systems and services in its jurisdiction. Nationally, the NDIS Quality and Safeguards Commission is responsible for the regulation and oversight of services and supports provided for people with disability under the NDIS.

We have been told about difficulties in reporting and complaining in a range of contexts, and that incidents are sometimes minimised, ignored or go unreported. We have also heard that

some people with disability have been punished for making complaints about the care or services they receive. Some people with disability described fearing retribution or not being able to access confidential complaints procedures. We have also heard about complaint procedures that are inappropriate for people who are non-verbal or deaf. We have heard that complaints made by people with disability, particularly those with psychosocial or intellectual disabilities, are not always taken seriously or are considered minor. We have been told that reporting and investigation processes are often insufficiently independent and are inaccessible or re-traumatising for the complainant.



Funding

The Royal Commission has heard about the impact of funding on access to support and services for people with disability. Inappropriate funding structures can create disincentives, conflicts of interest and potentially poorer outcomes for people with disability. We have been told that changes to funding models and how funds can be used for supports could lead to more effective protection of people with disability from violence, abuse, neglect and exploitation. Changes of this kind may also encourage reporting and responses to violence, abuse, neglect and exploitation experienced by people with disability.

The Royal Commission will examine these emerging themes through our ongoing work. Our areas of further inquiry are outlined at the end of this Summary.

Key issues

We have heard about key issues across systems and services, including:

- education and learning
- homes and living
- health care
- relationships
- community participation
- economic participation
- the NDIS
- the justice system.

We have also heard about the experiences of people with disability during the COVID-19 pandemic.

The key issues are often connected to the emerging themes we have identified, suggesting that the violence, abuse, neglect and exploitation experienced by people with disability is not limited to discrete settings or contexts. Rather, violence against, and abuse, neglect and exploitation of, people with disability may be the result of systemic failures across multiple areas. We shall explore the association between these failures and the wider exclusion of people with disability from society.

Education and learning

School was supposed to be a place
of feeling safe and supported.³⁶

While the Royal Commission has received information about experiences of violence, abuse and neglect across all stages of education, many contributions so far have focused on primary and secondary education. The emerging picture is that not all students with disability in Australia receive the same quality of education as students without disability or have the opportunity to realise their full potential. People have described the long-term impacts of poor education on their employment, health, independence and relationships. What is clear from the information provided to us is the desire for real and lasting improvements to the quality of education for students with disability.

We have heard about the lack of access people with disability have to education and its opportunities and benefits. Many people with disability, their families and advocacy groups describe this as neglect. We have heard about barriers to enrolling in school, limited development opportunities and a lack of reasonable adjustments, supports and planning in the education system. We have also heard about the exclusions experienced by students with disability, including the disproportionate use of suspensions and expulsions. We have been told how

restrictions related to COVID-19 have exacerbated existing barriers to education or created new ones for students with disability.

We have heard about physical, verbal and emotional violence and abuse in educational settings, including restrictive practices being used on students with disability and schools asking parents to medicate their children to address behaviours of concern.

People and organisations have also described what they see as the key factors for safe, inclusive and quality education, including:

- strong leadership
- inclusive culture
- effective workforce training
- collaboration between students, parents and educators
- accessibility
- provision of adjustments and supports
- increased disability awareness and acceptance.

We have heard different perspectives about the best way to structure Australia's education system for students with disability.

Some students with disability are educated in ‘separate environments designed or used to respond to a particular or various impairments, in isolation from students without disabilities’.³⁷ The United Nations Committee on the Rights of Persons with Disabilities refers to this as ‘segregation’. In Australia, schools, classes or units for students with disability are often called ‘special’ schools, classes or units. All state and territory education systems include special/segregated education settings as a parallel or dual system. We have heard from some parents of students with disability, educators and associations representing special education that special/segregated education settings can differentiate education, adapt curriculum, provide specialist support and cater to diverse needs.

We have also heard different views from those who endorse inclusive education, including some people with disability, parents of students with disability, educators, peak organisations, and academics. Many have told us they believe there is a link between special/segregated education settings and higher rates of violence, abuse and neglect in these settings and in later life. Some organisations and academics describe these settings as based on an understanding of disability as deficit. Organisations have also told us this perpetuates the exclusion of people with disability and that once a student is placed in a special/segregated school, class or unit, they rarely transition into ‘mainstream’ education or into mainstream work.

Public hearing 2: Inclusive education in Queensland – preliminary inquiry

Public hearing 2 was the first of our hearings to examine violence against, and abuse, neglect and exploitation of, people with disability in educational settings.

Its main purpose was to undertake an initial examination of some of the systemic issues, challenges and barriers that can prevent students with disability from obtaining a safe, inclusive and high quality education.

The Royal Commission heard evidence about the education system in Queensland, as well as interstate, at public and private schools. It explored the experiences of students with disability and related policies and procedures.

The Royal Commission heard evidence from 14 witnesses, including parents of students with disability, representatives from advocacy organisations, academic experts, the president of the Queensland Teachers’ Union, and staff of the Queensland Department of Education.

Education is important to the life journey of people with disability and adverse experiences at school can have significant pervasive effects on a person’s life. The right to education belongs to everyone as a human right under international law. The *CRPD* provides that States Parties recognise the right of people with disability to education ‘without discrimination and on the basis of equal opportunity’.³⁸

The evidence from the public hearing indicates that there are several key drivers and forms of violence, abuse, neglect and exploitation in the context of the education of children with disability. These include:

- 'gatekeeping' practices (where people and organisations put barriers in place to stop students with disability engaging in mainstream services)
- mistreatment of students with disability by school staff and other students, including bullying and harassment
- the use of restrictive practices against students with disability, including physical restraint, chemical restraint and seclusion, such as when students are left alone and without educational materials as a method of occupying time or in response to behaviours of concern
- a lack of adjustments, supports and individualised planning that students with disability need to have proper access to education and participate in school life
- low expectations of students with disability and student outcomes, and how school staff exclude students with disability from activities as they expect they would not be able to participate
- the misuse of disciplinary measures, including suspensions and exclusions, in response to behaviours of concern, which can occur where school staff struggle to understand the nature and manifestations of the student's disability
- poor communication and collaboration between school staff and students with disability and their parents, which may lead to neglect, compared to the role of positive relationships in providing safe, inclusive and quality education
- poor complaint processes and responses to complaints about a student's educational experience, which can place the continued enrolment of the student with disability at risk or potentially damage the relationship between parent and teacher
- the impact of joint funding arrangements between the Australian Government and state governments and the different data collection requirements of each, which can be time consuming, onerous and inconsistent
- workforce capability, including inadequate initial and continuing teacher training and education.

Chapter 12 provides an overview of the evidence gathered during Public hearing 2 and outlines the areas for further inquiry arising from that evidence (which are also summarised in 'Areas of further inquiry' at the end of this Summary). A detailed report of Public hearing 2 is available on the Royal Commission website.

Homes and living

She was hit, pushed, spat upon and had her property constantly stolen both by workers and other co-tenants.³⁹

Everyone has the right to feel safe at home. A person's home is central to their independence and wellbeing. Yet people with disability are more likely to feel unsafe in their homes than people without disability. In Australia, most people with disability live in private homes, with a relatively small proportion residing in supported accommodation, including group homes, boarding houses and residential institutions. Some people with disability live in short-term accommodation or experience unstable housing or homelessness. Our early work has focused on group homes, but we have heard about violence, abuse, neglect and exploitation occurring across the range of residential settings.

We have heard about people with disability being subjected to violence, abuse, neglect and exploitation in private homes. We have been told about some people with disability having unexplained injuries and experiencing neglect in supported accommodation. We have also heard about the barriers to independent living that people with

disability can face, including attitudinal barriers and a lack of affordable and accessible housing options, which particularly affect First Nations people and people from rural and remote communities.

Despite the trend towards deinstitutionalisation, which began in the 1960s and resulted in many larger institutions closing by the 1980s, we have heard that newer facilities such as group homes can emulate the institutional cultures and practices typical in larger institutions.

Public hearing 3: The experience of living in a group home for people with disability

Public hearing 3 inquired into the experiences of people with disability living in group homes. We were particularly concerned to examine whether living in a group home heightens the risk of violence, abuse, neglect or exploitation for people with disability.

The Royal Commission decided to undertake this inquiry in an early public hearing because a person's home is the place where they should feel and be safe and secure. A home is central to a person's life, dignity, independence and wellbeing.

The Royal Commission heard evidence from 28 witnesses, including people with disability who had direct experience of living in group homes or other forms of supported accommodation. They described being deprived of choice in shared supported accommodation, leading to a loss of control and autonomy and exclusion from social, economic and cultural life.

We heard evidence that lack of choice can also lead to residents of group homes or other supported accommodation being exposed to violence, abuse, neglect and exploitation.

The key themes emerging from the hearing include:

- the consequences of deinstitutionalisation, including the emergence of the group homes model and the unintended consequences flowing from that model
- autonomy for people with disability, including having choice and control over where and with whom they live, choice of service provider, and individualised service delivery within their group home

- safety in group homes being undermined by the 'casualisation' of staff, poor training of disability support workers and a punitive culture among staff
- safety strategies, such as developing networks and trusted relationships with a range of people outside of the closed environment as well as independent advocacy and self-advocacy
- the critical importance of reporting violence, abuse, neglect and exploitation to ensure effective responses and the limits of compliance-based approaches to assessing the quality and safety of a service
- the importance of support for transitioning to alternatives to living in a group home
- redress for survivors of violence, abuse, neglect and exploitation in connection with the provision of disability services.

Chapter 13 provides an overview of the evidence gathered during Public hearing 3 and outlines the areas for further inquiry arising from that evidence (which are also summarised in 'Areas of further inquiry' at the end of this Summary). A detailed report of Public hearing 3 is available on the Royal Commission website.

Health

People with disability experience poorer health than people without disability. People with disability and their families have told us about their experiences accessing health care and the challenges they can face getting the care they need. We have also heard about violence and abuse in health care settings and of people with disability experiencing involuntary treatment and diagnostic overshadowing (when symptoms of physical or mental health conditions are misattributed to a person's disability).

We have heard about the range of barriers that people with disability face when accessing health care. While high quality health care is provided to some people with disability, we have also been told about health staff who appeared reluctant to provide people with disability with appropriate care. This was attributed to perceptions about the value of people with disability, people with disability being regarded as difficult and time-consuming, or financial disincentives to devoting the time necessary to treat people with disability. We have also heard about health staff not listening to patients with disability, or talking about them rather than to them.

We have been told that people with disability have faced difficulties accessing health care during the COVID-19 pandemic. Many people and services rely on face-to-face contact. As a result, we have heard that many people with disability have not been able to access

health care, despite increased provision of telehealth services. There have also been challenges accessing COVID-19 testing facilities and personal protective equipment.

We have heard that diagnostic overshadowing can result in delayed or incorrect diagnoses of medical issues. The intersection of disability discrimination and racism can result in serious medical issues being ignored for First Nations people with disability.

Some people with disability have told us about receiving involuntary medical treatment and the effect this has had on them. For example, we have heard about:

- electroconvulsive therapy used against a person's will
- medication used without consultation or informed consent
- police being used to enforce involuntary treatment
- chemical sedation without therapeutic benefit
- seclusion and physical restraint being used to manage mental health
- threats of involuntary treatment orders if people question medical professionals.

We have also heard that some women with disability in group homes are subjected to forced contraception.

Public hearing 4: Health care and services for people with cognitive disability

Public hearing 4 was the first of our hearings to inquire into health issues for people with disability.

The purpose of the hearing was to examine the health care and services provided to people with cognitive disability in Australia and to determine whether this group of people is subjected to systemic neglect. The Royal Commission acknowledges that the quality of health care provided varies and there are examples of excellent care. However, the evidence warrants finding that there has been, and continues to be, systemic neglect of people with cognitive disability in the Australian health system.

The Royal Commission heard evidence from 38 witnesses, including people with cognitive disability, their parents, siblings and supporters, as well as advocates, experts, medical professionals and representatives of government departments and agencies.

The evidence at the hearing included first-hand accounts from people with cognitive disability and their families about their experiences in the health system, what quality health care looks like for them, and the barriers to quality health care that they have faced.

Key themes from the hearing include the:

- critical role that a person-centred approach, trusting relationships with health professionals, and collaborative planning of care and treatment play in ensuring quality health care for people with cognitive disability
- influence of pervasive societal attitudes towards people with cognitive disability on decision-making concerning health care and treatment
- importance of communication and information sharing, including health professionals communicating directly with people with cognitive disability and their parents or supporters, as well as between health services and health professionals
- importance of strong advocacy in ensuring people with cognitive disability are provided with quality health care
- systemic challenges that exist in the health system, particularly:
 - providing health care over a person's lifetime, including preventative health care, dental health care, the transition from paediatric to adult health care, mental health care and end-of-life care
 - for First Nations people with disability
 - for people in non-metropolitan areas

- need to better integrate the health and disability service sectors
- trauma and distress that can be associated with health procedures and treatment for people with cognitive disability, which can accumulate and have implications for all aspects of a person's life
- need for better education and training to improve knowledge and attitudes of health professionals and their skills in communicating with people with cognitive disability and their families
- importance of data collection and research into the health of people with cognitive disability.

The hearing also examined Australian Government and New South Wales Government initiatives to improve health care for people with disability, including the National Roundtable and draft National Roadmap for improving the health of Australians with intellectual disability.

Chapter 14 provides an overview of the evidence gathered during Public hearing 4 and outlines the areas for further inquiry arising from that evidence (which are also summarised in 'Areas of further inquiry' at the end of this Summary). A detailed report of Public hearing 4 is available on the Royal Commission website.

Relationships

Everyone has a right to family and a right to be free from violence, abuse, neglect and exploitation in their relationships. The Royal Commission has received

information about people with disability being subjected to domestic and family violence, sexual violence, child removal and child relinquishment. Many people who have shared their stories with us have told us of experiencing multiple forms of violence and abuse in their relationships.

People with disability experience higher rates of domestic and family violence than people without disability. People with disability can experience particular forms of domestic and family violence, including the withholding of food, water, medication or support services, the use of restraints, reproductive control and forced isolation. We are also hearing about violence or abuse by other family or kinship network members and support workers.

Women with disability experience much higher rates of violence by a current or previous partner than women without disability, as do men with disability compared with men without disability. The same pattern exists for sexual violence experienced by women with disability compared with women without disability, and men with disability compared with men without disability.

We have heard that during the COVID-19 pandemic, people with disability experienced increased isolation because of restrictions on movement and close physical contact. This may mean that people with disability have had less access to support networks and been less able to report and escape domestic and family violence.

The Royal Commission has also received information about circumstances where children have been removed from a parent or parents with disability. We have heard from adults with disability about being removed from their families when they were children. We have heard about these experiences for First Nations families in the context of historical and current practices of child removal. We have been told that these experiences are, in part, responsible for widespread mistrust of mainstream systems by First Nations families, resulting in families being less likely to access mainstream supports and services.

Community participation

Participating in the community is about the relationships we form, our engagement in civic life and our sense of belonging. People with disability continue to confront barriers that prevent their full and equal participation in the community. These barriers are attitudinal, institutional, environmental and communicative.

Accessibility is essential for people with disability to live independently and fully participate in society on an equal basis with others. People with disability are excluded when buildings, public and private spaces and information are not accessible to them. Some people with cognitive disability discuss their experiences of safety in terms of the physical environment, such as using public transport or negotiating hazards in public areas. Some Deaf people associate safety with access to information. People with disability have also told us they often

encounter physical barriers to accessing building and environments, and that these barriers are only the ‘tip of the iceberg’ for how they are excluded from society.⁴⁰

We have heard how access to information was unreliable and confusing during the COVID-19 pandemic and that many people with disability feel that they have been overlooked or left behind during the crisis. For some people, it has not been possible to follow social distancing restrictions and they fear increasing social isolation after the pandemic.

Economic participation

People with disability experience high levels of socio-economic disadvantage and are more likely than people without disability to experience poverty, financial hardship and unemployment, with lower incomes and higher costs associated with living with disability.

People with disability have told us about their experiences of violence and abuse in open and in segregated employment. They have described being physically, verbally and sexually abused by colleagues and managers in the workplace. This includes experiences of violence and abuse in some Australian Disability Enterprises (ADEs), or ‘sheltered workshops’. We have heard that in some instances, when these issues have been raised with ADE service providers, they have been ignored or not addressed. We have also heard about the lack of meaningful work in ADEs and of poor workplace conditions, as well as of difficulties in transitioning to open employment.

We keep talking about how different these people are, we laugh at them, we mock them, we continually talk about what they can't do. We put them in low paid, hard factory jobs and we pay them in coins. For the whole of their life they have been put down and kept in sheltered workshops.⁴¹

Australian governments have many policies and programs related to the economic participation and employment of people with disability. Despite government investment in rehabilitation and employment-related services, labour force participation rates for people with disability have remained largely unchanged over the past two decades. A number of people with disability have described not being able to find work, experiencing discrimination in the workplace or lacking access to opportunities for career progression.

We have also been told about productivity-based wages resulting in wage inequity for some people with disability.

We have also heard about the socio-economic effects of the COVID-19 pandemic on people with disability. The Australian Government introduced two coronavirus supplement payments for eligible households and individuals

to manage the economic impact of the pandemic. The exclusion of people receiving the Disability Support Pension from the supplement payments adversely affected some people with disability.

National Disability Insurance Scheme (NDIS)

Our terms of reference direct us to consider the quality and safety of services, including those provided by the NDIS under the NDIS Quality and Safeguarding Framework.⁴² The NDIS is a major reform of social policy in Australia, replacing nine Australian, state and territory systems for funding supports and services for people with disability.

What we have heard so far includes acknowledgement of some improvements under the NDIS, but also frustration, dissatisfaction and anger that many of the intended benefits are yet to be realised.

Justice

The Royal Commission has heard that people with disability are over-represented in the criminal justice system and they often face a range of barriers to accessing services and supports needed to protect their rights and interests. The barriers include:

- a lack of awareness of legal rights
- the failure of those working in the system to recognise that people have a disability and to respond appropriately
- the difficulty faced by people with disability in negotiating an unfamiliar and often hostile system.

Many people with disability regularly come into contact with the justice system throughout their lives, whether as a victim of crime, as a person accused of committing an offence or as a witness.

We have been told about a range of experiences that people with disability have had with police. These include being disbelieved when they have tried to report violence and abuse and being treated as the offender, rather than the complainant. We have also been told about instances where people with disability have been approached by police or formally questioned when they believe they should not have been.

People with cognitive or psychosocial disability are at higher risk of moving in and out of the justice system through repeated short-term prison sentences. We have also heard that people with cognitive or psychosocial disability

are disproportionately subject to indefinite detention orders, which can mean they are held for a longer period than if they had been convicted. We have been told that repeated incarceration and indefinite detention are linked to inadequate support for people with complex needs when they are outside custodial settings.

People with disability may be at heightened risk of violence, abuse, neglect and exploitation in closed environments. Some people have raised concerns about the use of restrictive practices on people with cognitive disability and the use of solitary confinement to ‘manage’ people with disability.

People with disability also come in contact with the civil justice system. For example, we have been told that guardianship and administration orders – which authorise a person to make decisions on another person’s behalf – can limit people’s choice and control. These orders can have the unintended consequence of leading to violence against, and abuse, neglect and exploitation of, people with disability, particularly financial exploitation. On the other hand we have been told that guardianship orders may be put in place in response to violence, abuse, neglect and exploitation and that they can act as a mechanism to prevent abuses, such as forced medical treatment.

The Royal Commission will examine these key issues through our ongoing work. Our areas of further inquiry are outlined at the end of this Summary.



First Nations people with disability

Disability in Australia can be traced back 20,000 years to the footprint of a one-legged Aboriginal man who used a walking aid to participate in a group hunt near Lake Mungo in New South Wales. His footprint shows that First Nations people with disability were active participants in community life.⁴³ It is also symbolic of the inclusion that people with disability seek to achieve in Australia today.

Our terms of reference direct us to have regard to the particular situation of First Nations people with disability.⁴⁴ As a population made up of distinct Aboriginal and Torres Strait Islander groups, there is significant diversity among First Nations people, including those with disability.

Our work is informed by the human rights standards relevant to First Nations peoples as a distinct cultural group, as well as their rights as people with disability. Along with the *CRPD*, the Royal Commission is guided by the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, which Australia formally endorsed in 2009.⁴⁵

As First Nations people with disability start to share their experiences of violence, abuse, neglect and exploitation with us, we are seeing the human stories behind the numbers. What is emerging is a complex picture that suggests First Nations people with disability face multiple barriers to their safety, wellbeing and inclusion in Australian society and experience many different forms of violence, abuse, neglect and exploitation.

The Royal Commission has targeted engagement with First Nations people with disability, guided by our First Nations engagement principles. These principles recognise that First Nations people are the experts in their own experiences and have particular ways of working based on cultural protocols and governance systems. The First Nations Peoples Strategic Advisory Group provides advice and leadership on matters relating to First Nations people with disability. Throughout these engagements we heard of experiences that highlight the disproportionate challenges faced by First Nations people with disability.

Concepts of disability in First Nations communities

The vast majority of Aboriginal and Torres Strait Islander people with disabilities do not identify as a person with disability. This is because in traditional language there was no comparable word for 'disability'. Aboriginal and Torres Strait Islanders with disabilities are reluctant to take on a further negative label – particularly if they already experience discrimination based on their Aboriginality.⁴⁶

First Nations people with disability have told us that their understanding and experiences of disability differ to those of the general population. While there is no comparable term for 'disability' in many traditional languages, there are words that describe what people see, and these words describe different types of conditions, such as blindness and hearing loss.

We have been told that there may be a reluctance among some First Nations people to identify with the label of 'disability'. This can be due to a lack of awareness, shame, stigma or issues with accessing supports. Organisations such as the First Peoples Disability Network Australia (FPDN)

suggest that the number of First Nations people with disability is likely to be substantially higher than the figures reported in official data.

First Nations people with disability have identified the importance of understanding health as more than just the absence of disease or pain, and that health encompasses mental, cultural, spiritual and physical health and wellbeing. These sentiments inform thinking on disability, which is a relatively new conversation within some First Nations communities. The approach to disability is often expressed in a way that acknowledges the individual and what they are capable of, as opposed to their limitations, labels or medical diagnosis.

‘Double discrimination’ of First Nations people with disability

... I was laid up in the bed and I was left there and they knew that I was a quadriplegic, but, then again, the nursing staff just presumed that I was just a drunk Aboriginal.⁴⁷

First Nations people with disability face ‘double discrimination’ owing to their dual status of being Indigenous and a person with disability. This is compounded by the ongoing effects of factors such as colonisation, intergenerational trauma, poverty and chronic health issues. We know that First Nations people with disability are more likely to experience harm than the general population. They are more likely to have:

- experienced threats of physical violence
- been removed or had relatives removed from their family
- experienced high or very high levels of psychological distress
- been detained due to behaviours associated with a cognitive disability, fetal alcohol syndrome or other disability.

Despite the heightened risk of harm and the number of people with disability in the First Nations population, the experiences of First Nations people with disability have a relatively low profile in national policy discussions. There is, for example, no First Nations community-controlled

disability sector. The lack of culturally appropriate services and supports available for First Nations people with disability has emerged as an important theme in our work. It is in this context the Royal Commission acknowledges persistent calls by the FPDN and others to elevate discussions about disability, including through a First Nations disability sector.

We recognise the role of self-determination in addressing the barriers facing First Nations people with disability. First Nations people with disability have told us that to achieve real and lasting change they must be involved in decision-making that affects them. We have encouraged and continue to encourage First Nations people to share their experiences with us by making submissions, responding to our issues papers, participating in private sessions and giving evidence at public hearings.

We look forward to continuing to engage and work with First Nations people with disability, their families and support organisations to tell a more complete story of what it means to be a First Nations person with disability in this country.

It is the unwritten chapter in our history of Australia and also in the First Nations rights movement history. We don't have that chapter written ... We know it must be written and this is an opportunity for First Nations peoples to have their voice, and voice their truth about what has been happening today.⁴⁸

Andrea Mason OAM,
Ngaanyatjarra and Karonie woman and Commissioner



Culturally and linguistically diverse people with disability

Our terms of reference direct us to have regard to the particular situation of culturally and linguistically diverse people with disability.⁴⁹ As discussed earlier, there is no agreed definition of 'culturally and linguistically diverse'. There is also no reliable data available on violence against, and abuse, neglect and

exploitation of, culturally and linguistically diverse people with disability in Australia.

The Australian community includes people with disability from many different cultural backgrounds and who speak many different languages. Australian Bureau of Statistics data shows that the most commonly spoken languages for people with disability who do not speak English at home are Italian, Greek and Arabic, followed by Vietnamese, Mandarin and Cantonese.⁵⁰

Some culturally and linguistically diverse people with disability are from communities that have been established in Australia for generations. Other people with disability are from new and emerging communities, including migrants and refugees who have recently arrived in Australia.⁵¹ The barriers and challenges faced by people with disability in those communities are likely to be different from those faced by people with disability in other communities.

The Royal Commission has developed culturally and linguistically diverse engagement principles to help ensure our engagement with culturally and linguistically diverse people with disability is inclusive and culturally appropriate.

We are in the early stages of our work with people with disability from culturally and linguistically diverse communities. Nonetheless, we have engaged with culturally and linguistically diverse people, community leaders, advocates and organisations in all states and territories and have started to hear about the barriers and challenges they face. Our understanding of the critical issues for these communities is still developing and will be developed further as the Royal Commission proceeds.

Our future direction

... the most important part of the Royal Commission's work is our engagement with people with disability, their families and supporters. Your contributions will be the heart and soul of this Royal Commission. You are the key to its success.⁵²

The Hon Ronald Sackville AO QC,
Chair

The Royal Commission is well progressed in examining the issues set out in our terms of reference. Many people and organisations have shared their experiences and expertise and provided thoughtful and useful information during the first 15 months of our inquiry. However, there is still much to do.



The Royal Commission will continue its inquiry through public hearings, our research program, and policy work. We will continue to listen to the experiences of people with disability, their families and supporters through private sessions, submissions and community engagement.

We will continue our efforts to engage with the groups of people identified in our terms of reference, including First Nations people with disability and people with disability from culturally and linguistically diverse communities. We will also investigate the multi-layered experiences of people with disability based on their age, sex, gender, gender identity, sexual orientation and intersex status, including by engaging with people with disability from the LGBTIQ+ community.

The Royal Commission will also explore what needs to be done to create a more inclusive society, where people with disability are accepted and valued, and where their independence and right to live free from violence, abuse, neglect and exploitation are upheld.

The information and evidence we gather will inform the recommendations we make for reform. The Royal Commission is committed to identifying opportunities to support all people with disability to live fuller, safer, more inclusive lives, now and in the future.

However, this Royal Commission alone cannot bring about transformational changes. It will be up to governments, institutions and the community to embrace the call for change and implement our recommendations.

My hope for future is that people with disabilities are valued in the community & genuinely treated equally.⁵³

Areas of further inquiry

Through our work so far, the Royal Commission has identified a number of areas that warrant further inquiry. These include those arising from evidence at our first three public hearings, proposed measures to address gaps in data and the themes and issues emerging through submissions, responses to issues papers and engagement with the disability community.

Our inquiry will include a particular focus on the experiences of First Nations people with disability and culturally and linguistically diverse people with disability.

The Royal Commission will examine the areas for further inquiry outlined below through our ongoing work.

Public hearings

Public hearing 2: Inclusive education in Queensland – preliminary inquiry

Areas for further inquiry related to Public hearing 2 include:

- gatekeeping practices and the denial or informal discouragement of students with disability from attending the schools or educational settings of their or their families' choice, factors that contribute to gatekeeping and the connection this may have to educational neglect
- the causes of mistreatment of students with disability in schools by school staff

and students, as well as factors that protect against and measures that can prevent such conduct

- the use of restrictive practices in Australian schools, and the means by which the improper use of such practices can be prevented, including through clear policy and practice guidance, training, record keeping and improved data collection, and effective and efficient complaints processes
- factors that lead to adjustments, supports and individualised planning not being identified or implemented, and the resourcing needed to provide proper adjustments, supports and individualised planning
- why some educators and educational environments may have or create low expectations of students with disability, and measures that can be taken to counter this culture
- the misuse of disciplinary measures in response to behaviours of concern, including data on suspensions and expulsions, and factors that contribute to the use of suspension and expulsion rather than other, appropriate measures for dealing with behaviours of concern
- relationships, communication and collaboration between school staff, students with disability and their parents, and links to violence against, and abuse, neglect and exploitation of, students with disability
- the operation of oversight and complaints mechanisms in educational settings

- funding arrangements and what measures can be taken to streamline access to funding and resources, and best practice funding models for schools to support students with disability, including co-teaching models and those that use para-professionals alongside teachers
 - teacher education and training, both pre- and post-qualification, and the extent to which it adequately prepares teachers to educate and support students with disability
 - existing data collection models and how to address gaps
 - the experiences of First Nations students with disability and culturally and linguistically diverse students with disability
 - inclusive education, including measures to encourage more effective programs of inclusive education in mainstream schools.
- These are discussed further in Chapter 12.



Public hearing 3: The experience of living in a group home for people with disability

Areas for further inquiry related to Public hearing 3 include:

- potential reform of laws, policies and practices that will enable people with disability who reside in group homes or other forms of supported accommodation to exercise and enjoy their right to autonomy
 - measures that could improve the culture of providers of accommodation and disability services with the aim of eliminating, so far as possible, violence against, or abuse, neglect and exploitation of, people with disability residing in group homes or other supported accommodation
 - how disability support workers in group homes and other forms of supported accommodation can better meet the needs and wishes of the people with disability they support, including considering qualifications and experience of support staff
 - how the safety of people with disability living in group homes or other supported accommodation can be enhanced
 - alternatives to group homes for people with disability
 - the forms of redress available to people with disability who are subjected to violence, abuse, neglect or exploitation while residing in group homes or supported accommodation, and measures that should be taken to ensure that people in those circumstances receive independent advice and support to enable them to pursue the remedies available to them.
- These are discussed further in Chapter 13.



Public hearing 4: Health care and services for people with cognitive disability

Areas for further inquiry related to Public hearing 4 include:

- measures needed to enable people with cognitive disability, where possible, to make informed decisions about their care and treatment and to exercise choice and control in their interactions with the health system
- the ways in which negative attitudes towards people with cognitive disability within the health system reflect outcomes and inflict distress
- means of improving communication between both health professionals and the person with cognitive disability, their parents or supporters, and between health professionals and health services – including by requesting health departments review their policies, practices and information to identify actions that will make these more readily accessible and understood
- the particular barriers limiting the access of people with cognitive disability living in regional, rural or remote areas to adequate health care, and measures to overcome those barriers
- the multiple forms of disadvantage experienced by First Nations people with cognitive disability and the barriers to adequate health care they face, and culturally appropriate measures to improve access to health services for First Nations people with cognitive disability
- the means by which people with cognitive disability, their families, carers and supporters can be supported in advocating for health care and treatment, including support for independent advocacy and self-advocacy
- measures to improve preventative health, oral health, transition to adult health care, mental health and palliative care for people with cognitive disability
- integration of health and disability services, including the practices and systems adopted in closed settings such as group homes that may limit people with cognitive disability from accessing appropriate health care
- adjustments that should be made to the hospital and clinical environment and to clinical procedures to minimise distress for people with cognitive disability when consulting health professionals, undergoing tests, receiving treatment or being admitted to hospitals
- how training and education of health professionals can result in better quality health care and outcomes for people with cognitive disability
- measures to improve the collection, analysis and publication of data, including for use in research into the health of people with cognitive disability
- other initiatives to improve health care for people with cognitive disability.

These are discussed further in Chapter 14.

Data

The nature and extent of violence against, and abuse, neglect and exploitation of, people with disability is discussed in Chapter 15, which also outlines the areas that the Royal Commission will examine further to overcome data gaps. These include:

- examining the adequacy of the NDIS Quality and Safeguards Commission's data collection, monitoring and reporting systems for upholding the rights and promoting the health, safety and wellbeing of people with disability
- obtaining information about the barriers to widespread implementation of standard questions to identify people with disability in governments' and organisations' databases
- obtaining information about how the National Disability Data Asset can be used to effectively monitor violence against, and abuse, neglect and exploitation of, people with disability
- inquiring into the plans of governments, service providers and others for publishing data in a way that shows results separately for people with and without disability and, where possible, separately for First Nations people with disability and non-Indigenous people with disability
- exploring how to collect data on experiences of violence, abuse, neglect and exploitation from groups of people who are currently not included in existing surveys

- obtaining information about why previous recommendations to improve data collection have not been implemented to better understand the barriers to implementation.

Emerging themes and key issues

Emerging themes and key issues are discussed in Chapter 17, which also provides an overview of the areas that the Royal Commission will examine further. These include:

- the links between limits on choice and control across all settings and contexts, and the violence, abuse, neglect and exploitation experienced by people with disability
- how attitudes towards disability may influence violence against, and abuse, neglect and exploitation of, people with disability
- the impact of segregation and exclusion on the lives of people with disability
- the impact of restrictive practices on people with disability and the rules and safeguards that should apply to prevent their unwarranted use
- the role of families, supporters and advocates in preventing violence against, and abuse, neglect and exploitation of, people with disability
- oversight and complaint mechanisms
- funding structures and the impacts these can have on access to services and supports

- the nature and extent of violence against, and abuse, neglect and exploitation of, people with disability in all settings and contexts throughout their lives
- measures required to ensure students with disability receive a safe, inclusive and quality education, in addition to the areas for further inquiry arising out of Public hearing 2
- how homes and living arrangements can support the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation, in addition to the areas for further inquiry arising out of Public hearing 3
- changes necessary to achieve access to quality health care for people with disability, in addition to the areas for further inquiry arising out of Public hearing 4
- how to prevent people with disability from experiencing violence, abuse, neglect and exploitation in the context of relationships
- how to address barriers to parenting experienced by people with disability
- how community participation can contribute to a more inclusive society and support the independence of people with disability
- the connection between poverty, unemployment and underemployment and violence against, and abuse, neglect, and exploitation of, people with disability, as well as the effectiveness of employment policies and programs for people with disability
- the experiences of people with disability in the justice system, including access to justice and guardianship and administration orders.

During the course of this Royal Commission, we may identify additional areas for inquiry as we gather further evidence and information.

The information and evidence we gather will inform the recommendations we will make in order to promote a more inclusive society that supports the right of people with disability to live free from violence, abuse, neglect and exploitation.

Endnotes

- 1 Transcript, Sam Petersen, Public hearing 3, 6 December 2019, P-439 [14–15].
- 2 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (r).
- 3 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (s).
- 4 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019. Each state government in Australia has also issued letters patent establishing the Royal Commission under state legislation. These letters patent are in substantially the same terms as those issued by the Commonwealth and are available on the Royal Commission website.
- 5 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (a) (b).
- 6 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (c).
- 7 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (g).
- 8 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (a).
- 9 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, recitals.
- 10 Intersectionality describes the unique discrimination that arises from the interaction of ableism with other forms of oppression such as racism, sexism, ageism or homophobia.
- 11 ABC Four Corners, *In our care*, 24 November 2014. <www.abc.net.au/4corners/in-our-care/5916148>
- 12 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of findings, 2018*, Catalogue number 4430, 24 October 2019.
- 13 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*, Catalogue number 4430, 24 October 2019.
- 14 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*, Catalogue number 4430, 24 October 2019, Table 3.1.
- 15 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*, Catalogue number 4430, 24 October 2019, Table 1.1.
- 16 Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Health Survey, 2018–19*, Catalogue number 4715, 26 May 2020, Table 2.1 and Table 2.3.
- 17 Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Health Survey, 2018–19*, Catalogue number 4715, 11 December 2019. Results accessed using Australian Bureau of Statistics Table Builder Age of person 0–17, then 18 plus; by Disability status.
- 18 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings, 2018*, Catalogue number 4430, 24 October 2019. Results accessed using Australian Bureau of Statistics Table Builder Disability status by Whether has a disability and Country of birth (broad groupings) and Main language spoken at home (broad groupings) and Proficiency in spoken English. Numbers have been rounded and likely under-estimate the true prevalence of disability for people who do not speak English well or at all.
- 19 Georgina Sutherland, Anne Kavanagh, Gwynnyth Llewellyn, Sean Byars, Lauren Krnjacki and Jen Hargrave, *Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia*, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, March 2020, p 7.
- 20 Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Health Survey, 2018–19*, Catalogue number 4715, 11 December 2019. Results accessed through Australian Bureau of Statistics Table Builder, Age of person 0–17, then 18 plus; by Disability status; by Whether experienced physical harm in last 12 months.
- 21 Georgina Sutherland, Anne Kavanagh, Gwynnyth Llewellyn, Sean Byars, Lauren Krnjacki and Jen Hargrave, *Nature and extent of violence, abuse, neglect and exploitation against people with disability in Australia*, Report prepared for the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, March 2020, p 3.
- 22 Name withheld, Submission in response to *Rights and attitudes issues paper*, 2 May 2020.

23 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019.

24 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008).

25 *Convention on the Rights of Persons with Disabilities*, opened for signature 30 March 2007, 999 UNTS 3 (entered into force 3 May 2008), preamble.

26 *Letters Patent* (Cth), 4 April 2019 amended 13 September 2019, (g).

27 This interim report is based on the Royal Commission's work from 5 April 2019 to 31 July 2020.

28 Transcript, Jane Rosengrave, Public hearing 3, 2 December 2019, P-64 [32–33], P-65 [1–13]; Exhibit 3-20, Statement of Jane Rosengrave, 28 November 2019, at [28].

29 Glenda Lee, Royal Commission community forum, November, 2019.

30 Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings, 2015*, Catalogue number 4430.0, 20 April 2017.

31 Jane Sherwin, Submission in response to *Rights and attitudes issues paper*, 10 June 2020, ISS.001.00211_01, p 2.

32 Name withheld, Submission, 6 November 2019.

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Acronyms and abbreviations

List of acronyms and abbreviations used in this report

Acronym/ Abbreviation	Expansion
ACT	Australian Capital Territory
ADA Australia	Aged and Disability Advocacy Australia
ADACAS	ACT Disability, Aged and Carer Advocacy Service
ADEC	Action on Disability within Ethnic Communities
ADEs	Australian Disability Enterprises
AEST	Australian Eastern Standard Time
Aged Care Royal Commission	Royal Commission into Aged Care Quality and Safety
AGOP	Australian Government Plan to Improve Outcomes for Aboriginal and Torres Strait Islander People with Disability
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
AMIDA	Action for More Independence and Dignity in Accommodation
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APS	Australian Public Service
CHAP	Comprehensive Health Assessment Program
CIMS	Client Incident Management System
COAG	Council of Australian Governments
CORAS	Colac Otway Region Advocacy Service
COVID-19	Corona Virus Disease, discovered in 2019. The strain of coronavirus which causes the disease is severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
CRC	<i>Convention on the Rights of the Child</i>
CRPD	<i>Convention on the Rights of Persons with Disabilities</i>
CRPD Committee	Committee on the Rights of Persons with Disabilities
CRU	community residential unit
Cth	Commonwealth
DACSSA	Disability Advocacy and Complaints Service of South Australia Inc
DAS	Disability Advocacy Service Inc

Acronym/ Abbreviation	Expansion
DDA	<i>Disability Discrimination Act 1992 (Cth)</i>
DES	Disability Employment Services
DHHS	Department of Health and Human Services Victoria
DSEG	Disability Strategic Engagement Group
DSP	Disability Support Pension
DSS	Department of Social Services
EAP	Education Adjustment Program
ECEI	Early Childhood Early Intervention
FASD	fetal alcohol spectrum disorder
FND	functional neurological disorder
FNPSAG	First Nations Peoples Strategic Advisory Group
FPDN	First Peoples Disability Network Australia
GDA	Gippsland Disability Advocacy
GP	General Practitioner
HRW	Human Rights Watch
IAP2	International Association for Public Participation Australasia
LGBTIQ+	lesbian, gay, bisexual, transgender, intersex, queer and questioning
LHD	Local Health District
MBBS	Bachelor of Medicine and Bachelor of Surgery
MBS	Medicare Benefits Schedule
MD	Doctor of Medicine
MDAA	Multicultural Disability Advocacy Association of NSW
MEDA	Melbourne East Disability Advocacy
Midlas	Midland Information, Debt and Legal Advocacy Service Inc
National Roundtable	National Roundtable on the Mental Health of People with Intellectual Disability
NATSILS	National Aboriginal and Torres Strait Islander Legal Services
NATSISS	National Aboriginal and Torres Strait Islander Social Survey
NCCD	Nationally Consistent Collection of Data on School Students with Disability

Acronym/ Abbreviation	Expansion
NDA	National Disability Agreement
NDAP	National Disability Advocacy Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NDIS Commission	NDIS Quality and Safeguards Commission
NDIS Commissioner	NDIS Quality and Safeguards Commissioner
NDS	National Disability Strategy 2010-2020
NHLF	National Health Leadership Forum
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
NPY Women's Council	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
NSW	New South Wales
NT	Northern Territory
OECD	Organisation for Economic Co-operation and Development
OSA	Office of the Solicitor Assisting
OSCE	Objective Structured Clinical Exam
PHN	Primary Health Network
PTSD	post-traumatic stress disorder
PWDA	People With Disability Australia
PWDWA	People With Disabilities WA
QAIHC	Queensland Aboriginal and Islander Health Council
QHRC	Queensland Human Rights Commission
Qld	Queensland
RDAS	Regional Disability Advocacy Service
RIAC	Rights Information and Advocacy Centre
Royal Commission	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
SA	South Australia
SDA	Specialist Disability Accommodation
SIL	Supported Independent Living
Speak Out	Speak Out Association of Tasmania

Acronym/ Abbreviation	Expansion
SUFY	Speaking Up For You
SWAA	Southwest Advocacy Association
Tas	Tasmania
The Scheme	National Disability Insurance Scheme
TIS	Translating and Interpreting Service
Uluru Statement	Uluru Statement From the Heart
<i>UNDRIP</i>	<i>United Nations Declaration on the Rights of Indigenous Peoples</i>
VALID	Victorian Advocacy League for Individuals with Disability
Vic	Victoria
VicHealth	Victorian Health Promotion Foundation
VMIAC	Victorian Mental Illness Awareness Council
WA	Western Australia

Glossary

The way we use language can be powerful. As noted in ‘About this report’, the Royal Commission aims to use current and respectful terminology, mindful that respectful language can promote awareness, inclusion and empowerment.

People with disability are the experts when it comes to language in this area. We acknowledge that individuals have their own preferences about how they use language. In deciding on the terms the Royal Commission uses, we have been guided by the definitions and principles in the United Nations *Convention on the Rights of Persons with Disabilities* and have consulted with disability experts. We have taken care to recognise diversity in the terms we use. Chapter 16, ‘Our theoretical approaches’ outlines the theoretical approaches that have guided the way we understand the terms below.

This glossary is included to assist readers in understanding the terms used in this interim report. It does not capture all the terms in the report. The definitions here are not strict legal definitions, but reflect the Royal Commission’s evolving understanding of certain key terms. This understanding may change as we continue to listen to what people with disability tell us about language and their experiences. How we define terms may change between this interim report and our final report.

ableism

Ableism refers to a set of beliefs and practices about ‘typical’ or ‘normal’ abilities that feed into prejudicial attitudes and the refusal to adapt to the needs of people perceived as inferior or ‘abnormal’. See **disablism**.

abuse

For the purposes of this Royal Commission, abuse and violence are best understood together. See **violence and abuse**.

accessible

The term accessible refers to environments, facilities, services, products and information that people are able to use and interact with in a way that suits their needs.

adjustments

Adjustments are necessary and appropriate individualised adaptations or modifications to remove or minimise barriers to a person with disability participating and being included in society. See also **reasonable adjustments**.

advocacy

Advocacy is acting, speaking or writing in support of oneself, someone else or particular issues, including issues affecting people with disability.

Auslan

Auslan is the name for Australian Sign Language and is the language of Australia’s Deaf community.

Australian Disability Enterprises (ADEs)

Australian Disability Enterprises or ADEs are typically not-for-profit organisations providing lower paid employment to some people with disability. Some ADEs were previously known as ‘sheltered workshops’.

autonomy

Autonomy refers to a person being able to make their own decisions and exercise choice and control over their own life. Autonomy is sometimes linked to the concept of self-determination, a term which has particular significance for First Nations people. See **self-determination**.

carer

A carer is someone who provides supports to a person with disability on an unpaid basis, often a family member. Some legislation refers to 'carers' and some people with disability prefer the term over 'support person'. See **supports** and **support person**.

closed environments

The term 'closed environments' refers to facilities or places that may deprive people of their liberty by restricting their ability to leave and limiting those who can enter and access the environments. These include prisons and detention centres, forensic disability facilities and secure mental health facilities. See **segregation**.

cognitive disability

Cognitive disability arises from the interaction between a person with cognitive impairment and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.

'Cognitive impairment' is an umbrella term to encompass actual or perceived differences in cognition, including concentration, processing, remembering, or communicating information, learning, awareness, and/or decision-making.

People with cognitive disability may include, but are not limited to, people with intellectual disability, learning disability, dementia or acquired brain injuries, and some people with autism.

community visitors

Community visitors independently monitor accommodation facilities where people with disability live, such as group homes, boarding houses and Supported Residential Facilities. They report on the adequacy of services provided and whether human rights standards are being met. The role and title may vary between jurisdictions. Community visitors include both paid visitors and volunteers appointed by statute. Some community visitor schemes include visiting people in prisons, forensic disability facilities, mental health units or children in out-of-home care.

cultural respect

Respect for culture, cultural identity and history, cultural needs and cultural concerns are vital for inclusion and respect for the rights of First Nations and culturally and linguistically diverse people with disability in particular.

culturally and linguistically diverse people

Culturally and linguistically diverse people describes and reflects people from a diverse range of cultural and linguistic backgrounds. This may include people born in a non-English speaking country and who have a cultural heritage different from dominant Australian cultures, migrants and refugees (including asylum seekers) who identify as being from culturally and linguistically diverse backgrounds, and people with dual

heritage. Some members of the Deaf community and other Auslan (Australian Sign Language) users also identify as a cultural minority.

Deaf

‘Deaf’ (with a capital D) is used to describe those who use sign language such as Auslan to communicate, and who identify culturally as members of the signing Deaf community.

deaf/deafness

The word ‘deaf’ (with a lower case d), or ‘deafness’, is a broader term than Deaf (with a capital D). It is used to describe the physical condition of not hearing, and also to describe people who are physically deaf but do not identify as members of the signing Deaf community. See also **hard of hearing/hearing impaired**.

disability

Disability is an evolving concept that results from the interaction between a person with impairment(s) and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. See **people with disability**.

disablism

Disablism is a term complementary to ableism, which parallels sexism and racism. It focuses on the disablement and disadvantage people with disability experience when society is not structured to include them. See **ableism**.

discrimination

The *Convention on the Rights of Persons with Disabilities* defines discrimination as any distinction, exclusion or restriction

on the basis of a personal characteristic such as disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. See **intersectionality**.

Easy Read

Easy Read format is a way of presenting written information to make it easier to understand. It typically uses simple words, short sentences, accessible fonts and layouts, and images or photos to assist in illustrating the information.

exploitation

Exploitation is the improper use of another person or the improper use of or withholding of another person’s assets, labour, employment or resources, including taking physical, sexual, financial or economic advantage.

First Nations people/s

The term First Nations people/s refers to Australian Aboriginal and Torres Strait Islander people/s.

group homes

Group homes are houses that accommodate a number of people with disability as their residential home. The term group home may also be used to refer collectively to both the physical accommodation and provision of specialist disability supports to residents in the home.

guardian

A guardian is someone who is appointed by a board or tribunal to make decisions

about another person's health care, finances, accommodation, services, relationships or some other personal matters.

hard of hearing/hearing impaired

The terms 'hard of hearing' and 'hearing impaired' describe those who are unable to hear, have some hearing or become deaf later in life, and whose communication mode is usually by speech. The choice between these two terms usually depends on personal preference. People who are hearing impaired or hard of hearing may rely on hearing assistance devices (such as hearing aids or cochlear implants), lip reading and captions, and some may learn Auslan as a second language later in life. See **deaf/deafness**.

impairment

An impairment is a condition or attribute of a person, for example a condition that means a person cannot see. An impairment, in interaction with attitudinal, environmental and social barriers, may result in a disability. See **disability**.

indefinite detention

Indefinite detention is the detention of an individual without a specific release date.

intersectionality

The term 'intersectionality' refers to a way of understanding a person with disability's unique experience of multi-layered and intersecting discrimination and disadvantage based on their personal characteristics. These characteristics can include age, sex, gender, gender identity, sexual orientation, intersex status, ethnic origin or race, including the particular situation of Aboriginal and Torres Strait

Islander people with disability and culturally and linguistically diverse people with disability.

legal capacity

Legal capacity is about a person's decisions and actions being recognised and respected by the law. It refers to both (a) legal standing – the ability to hold rights and duties, and to be recognised as a legal person, and (b) legal agency – the ability to exercise these rights and duties and to perform acts with legal effects.

letters patent

The letters patent is an official document issued to establish a royal commission. The letters patent contain terms of reference that define the scope of the inquiry.

LGBTIQ+

LGBTIQ+ is an internationally recognised acronym used to describe lesbian, gay, bisexual, trans and gender diverse, intersex, and queer and questioning people and communities collectively.

National Disability Advocacy Program (NDAP)

The National Disability Advocacy Program is a Commonwealth funded program that aims to provide people with disability with access to effective disability advocacy that promotes, protects and ensures their full and equal enjoyment of all human rights, enabling community participation.

National Disability Insurance Agency (NDIA)

The NDIA is a statutory agency responsible for implementing and managing the National Disability Insurance Scheme (NDIS).

National Disability Insurance Scheme (NDIS)

The NDIS was established by the *National Disability Insurance Scheme Act 2013* (Cth) to provide funding directly to eligible people with disability for support and services. See Appendix D for an overview of the NDIS.

NDIS Quality and Safeguards Commission (NDIS Commission)

The NDIS Commission is a statutory agency established to oversee and monitor the quality and safety of NDIS supports and services.

neglect

Neglect includes physical and emotional neglect, passive neglect and wilful deprivation. Neglect can be a single significant incident or a systemic issue that involves depriving a person with disability of the basic necessities of life such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment.

people with disability

Based on the Royal Commission's terms of reference, the term 'people with disability' is defined as people with any kind of impairment, whether existing at birth or acquired through illness, accident or the ageing process, including cognitive impairment and physical, sensory, intellectual and psycho-social disability. See **disability**.

physical disability

Physical disability arises from the interaction between a person with physical impairment and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

A physical impairment is an impairment that affects a person's mobility, dexterity and/or speech.

psychosocial disability

Psychosocial disability is a disability that arises from the interaction between a person with a long-term mental health condition (that may be episodic) and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

reasonable adjustment

Reasonable adjustment means any adjustment for a person with disability to prevent less favourable treatment and that does not impose an unjustifiable hardship on another person.

See **adjustment**.

restrictive practices

A restrictive practice is any action, approach or intervention that has the effect of limiting the rights or freedom of movement of a person. Restrictive practices include physical restraints, chemical restraints, mechanical restraints, environmental restraints, psychosocial restraints and seclusion.

seclusion

Seclusion is a form of restrictive practice involving the confinement of a person, at any time, by themselves, in a physical space where free exit is prevented.

segregation

Segregation may occur when people with disability are separated from the rest of the community or from settings where people without disability access supports and services.

self-determination

Self-determination has two distinct meanings in the context of this interim report.

First, in a disability context, it refers to the right of a person with disability, with appropriate support, to exercise choice and control over their own life. It is linked to the concept of autonomy. See **autonomy**.

Second, from a First Nations perspective, it refers to the collective right of peoples rather than individuals. It is particularly relevant for First Nations people to have a say over matters that affect them through their own representatives, in a way that existed before colonisation.¹

sensory disability

Sensory disability arises from the interaction between a person with sensory impairment and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

A sensory impairment affects a person's ability to see, hear, touch, smell, have spatial awareness or otherwise be aware of and perceive the world around them.

substitute decision-making

Substitute decision-making refers to a range of processes and regimes that involve a person making decisions on another person's behalf, where (a) the person's legal capacity is removed, (b) the decision-maker can be appointed by someone other than the person concerned,² or (c) decisions are made according to the person's 'best interests'. See also supported decision-making.

supports

Supports are any actions, practices, strategies or resources that promote participation and inclusion of a person or people with disability in society.

support person

A support person is someone who provides supports to a person with disability. This may be a family member, friend, or a person contracted for paid or voluntary work. If a person is contracted as a paid or formal voluntary worker, it is appropriate to refer to them as a 'support worker'.

supported decision-making

Supported decision-making refers to a range of processes and approaches that assist people to exercise their legal capacity by supporting them to make decisions about their own lives according to their own will and preferences.

supported independent living (SIL) funding

SIL funding is a category of funding provided by the NDIS to people with high support needs. SIL refers to the approach of funding supports around a weekly roster, developed with a provider, rather than including those supports in an individual's NDIS plan.

terms of reference

The Royal Commission's terms of reference are the nature and scope of our inquiry, as set out in the letters patent. See **letters patent**.

trauma

Trauma refers to the lasting adverse impacts that may arise when a person has lived through an event, series

of events, or set of circumstances that is experienced as physically or psychologically harmful or life threatening.

trauma-informed

Trauma-informed describes frameworks and strategies to ensure that the practices, policies and culture of an organisation and its staff understand, recognise and respond to the effects of trauma and minimise, as far as possible, the risk that people may be re-traumatised.

violence and abuse

Violence and abuse include assault, sexual assault, constraints, restrictive practices (physical, mechanical and chemical), forced treatments, forced interventions, humiliation and harassment, financial and economic abuse and significant violations of privacy and dignity on a systemic or individual basis.

vision impaired/blind

People who are blind or vision impaired have reduced vision or are unable to see. See **sensory disability**.

Endnotes

- 1 *United Nations Declaration on the Rights of Indigenous People*, GA Res 61/295, UN Doc A/RES/61/295 (2 October 2007, adopted 13 September 2007), art 3.
- 2 A substitute decision-maker may also be appointed by a person under an enduring power of attorney.



Royal Commission

**into Violence, Abuse, Neglect and
Exploitation of People with Disability**