



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

Overview of responses to the **Group homes** **Issues paper**

August 2020

Please be aware that the content in this Overview may be distressing or raise issues of concern for some readers.

There are a range of services available if you require support after reading this paper. Contact details for these services are located at the end of this paper under the heading 'Counselling and support'.

Outline

The Group homes Issues paper

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability published the Group Homes Issues Paper (the Issues Paper) on 28 November 2019 and invited responses by 28 February 2020, though responses were accepted after this date.

The Issues Paper referred to the definition of group homes in the National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2016 which is 'houses that are enrolled (or will be enrolled) to house four or five long-term residents typically classified as Building Class 1(b) (i) or 3 under the Building Code of Australia'.¹ The Issues Paper also discussed the establishment of group homes in the context of deinstitutionalisation in Australia.

The Issues Paper noted that while group homes were established to provide people with disability with more independence and meaningful life choices, there are concerns from people with disability, community members and disability advocates that group homes may segregate and isolate residents including through the use of restrictive practices. Responses were invited to answer 10 questions.

Purpose of this document

This document provides a brief summary of what we have been told in 39 responses to the Issues Paper. The responses express a range of views and this summary is not an authoritative statement of the contents of the responses. We will consider all responses received to this Issues Paper in the course of our work.

Scope of this document

This document does **not** summarise what we have heard so far across all sources of information, including submissions, community forums, private sessions, hearings or via research projects that relate to homes and living.

1. Rule 4.5(d) of National Disability Insurance Scheme (Specialist Disability Accommodation) Rules 2016

However, all of this information informs our work. The Interim Report, due not later than 30 October 2020, will provide more information about what we have heard so far about the homes and living arrangements of people with disability and their experiences of violence, abuse, neglect and exploitation. The Royal Commission will continue to consider issues arising for people with disability in their homes and living settings and seek input in a variety of ways.

Who responded?

As at 31 August 2020, we have received 39 responses to the Issues Paper. We have received responses from:

- family members of people with disability who live or had lived in group homes
- professional bodies
- advocacy organisations and individual advocates
- government and statutory agencies
- service providers.

The Royal Commission is looking to engage directly with people with disability in group homes in other ways, for example through private sessions and submissions.

We did not receive responses from any individuals who identified as First Nations or culturally or linguistically diverse people with disability or from organisations who represent these groups. However, several responses raised issues relating to First Nations people and culturally and linguistically diverse people.

What did the responses say?

The responses provided information on the nature and extent of violence, abuse, neglect and exploitation of people with disability in group homes. Respondents provided their views on the possible enablers of violence, abuse, neglect and exploitation and on the efficacy of reporting and responding to complaints in group homes. Some respondents also outlined their views on whether there is a continuing role for group homes in Australia and told us their recommendations for change.

Nature and extent of violence, abuse, neglect and exploitation

Violence and abuse

Many of the responses we received detailed incidents of violence, abuse, neglect and exploitation of people with disability in group home settings. These included physical assault, sexual assault and verbal abuse allegedly perpetrated by a range of people including staff, volunteers, community members and other residents in group homes. The Victorian Office of the Public Advocate told us that about half of all serious incidents in disability accommodation services reported by Community Visitors each year relate to violence between residents, including physical assault, verbal abuse and sexual assault. Several respondents told us that they are aware of ongoing violence between some residents in some group homes, including instances where individuals are forced to make a decision between remaining in an environment where they experience violence or to be homeless.

Neglect of residents' needs

Respondents told us about incidents of neglect of basic health care needs and failure to provide communication aids as well as lack of access to the community for people with disability living in group homes. They also told us about alleged cases of financial exploitation of people with disability in group homes, including money stolen from residents and the misuse of residents' NDIS funding by service providers and support staff.

Several professional bodies highlighted particular types of neglect they have seen in group homes. For example, the Dieticians Association of Australia raised concerns about the quality of nutrition provided to people with disability living in group homes.

Several respondents told us that there is a lack of general and specialist health care available to residents. They noted that specialist services may be particularly difficult to access for people living in group homes in regional and remote areas. Speech Pathology Australia highlighted failures in assessing the health and support needs of residents of group homes, including for people with swallowing and choking risks. They also told us that a failure to provide people in group homes with communication aids should be considered a form of neglect.

Other professional bodies supported this view, noting that a failure to provide communication aids can lead to frustration and distress for residents and can be related to escalating 'behaviours of concern'. 'Behaviours of concern' are behaviours exhibited by people with disability that may impact upon their quality of life or physical safety and/or that of those around them. We were told that staff sometimes use restrictive practices to respond to these behaviours.

Restrictive practices

Multiple respondents told the Royal Commissioner about the widespread use of restrictive practices in group homes, including the use of chemical restraints, physical barriers, physical restraints and environmental restraints. Examples included a resident being tied to a chair and locking fridges and doors to restrict or deny residents' access to food and free movement. The

NSW Ageing and Disability Commission told us that that Official Community Visitors have noticed that the use of restrictive practices in group homes in NSW has recently increased. In 2018-19, NSW Official Community Visitors raised 275 issues about the use of restrictive practices that did not comply with consent, authorisation and review requirements in disability supported accommodation.

Experiences in group homes for particular groups of people with disability

Several organisations and individuals outlined the experiences of violence and human rights violations experienced by women in group home settings. Women with Disabilities ACT and Women With Disability Australia told us that violence against women in group homes can include sexual assault, menstrual control and forced contraception. Women with Disability Victoria told us that a barrier for women with disabilities in group homes to recognising violence used against them is that they are generally not provided with education or information on healthy relationships, what constitutes violence, or about their human rights.

The NSW Ageing and Disability Commission told us that Official Community Visitors noted that in their experience, young men are more likely to be victims and perpetrators of physical abuse in group homes.

First Nations people and culturally and linguistically diverse people

A community visitor told us that some First Nations peoples living in group homes do not have access to their culture or community. The Dieticians Association of Australia told us that First Nations peoples, culturally and linguistically diverse people and older people may experience greater disadvantage and limited access to healthy food and dietician services in group homes. Several respondents told us that marginalisation and discrimination that occurs in the community based on age, gender, cultural or sexual orientation can also occur in group homes.

People who are non-verbal and people who have high support needs

Multiple respondents told us that those most at risk of abuse and neglect in group homes are people who are non-verbal and people who need a high level of support. It was the view of some respondents that people with high support needs are often housed together and that this does not promote safety. Women with Disability Victoria pointed to research indicating that people with high support needs and/or barriers to communication are much more likely to experience abuse and assault than the general population.

People who have previously lived in institutions

Community Visitors also noted that people who have been previously accommodated in institutions and now live in group homes can be more vulnerable, particularly to neglect. The Community Visitors are of the view this may be due to a number of factors such as higher support needs,

communication difficulties, impacts of past institutionalisation, and lack of access to external supports and advocacy.

Potential enablers of violence, abuse, neglect and exploitation

Limitations on choice and control

A central concern raised in responses was the lack of choice and control for people with disability living in group homes. Respondents told us that choice and control can be limited for people with disability in a group home in terms of:

- where they live
- who provides their support
- who lives with them.

One example included in responses about the lack of choice around who provides support was that female residents may not have access to female support staff to assist with their personal care. We were told that choices around activities of daily living and access to the community can also be restricted for people living in group homes. Advocacy groups told us that 'single service provision', where one service provides accommodation and all other supports can lead to an increased risk of violence, abuse, neglect and exploitation for people with disability.

Responses also described 'resident incompatibility' as causing or contributing to violence, abuse, neglect and exploitation in group homes. Multiple respondents spoke about the poor quality of life and trauma that their family member experienced when living in a group home. Several respondents pointed out that in some jurisdictions, violence between group home residents is not considered domestic violence, which impacts upon legal and support responses. Organisations and community visitors noted that poor matching or grouping of residents can often lead to distress for people with disability, which may result in escalated behaviours of concern.

Lack of workforce training

People told us that some staff of group homes may lack expertise, training, and resources to properly support people with disability. Respondents had multiple concerns about the workforce in group homes, including insufficient training and supervision for staff. National Disability Services (NDS), the peak industry body for disability services organisations, told us that there is inadequate funding to cover the costs of the training and professional supervision of workers, and that this is exacerbated by high turnover rates. Several respondents told us there is a need for increased behaviour support training and specialist practitioner support for staff in group homes. Behaviour support involves creating individualised strategies for people with disability so staff are able to respond effectively to the person's needs. Behaviour support aims to reduce the occurrence and impact of behaviours of concern and minimise the use of restrictive practices.

Organisational culture

Several respondents told us that organisational culture and support are critical to residents' quality of life. Respondents were concerned about increased casualisation and high turn-over of staff in group homes. Some respondents told us that casual staffing can have a negative impact upon the wellbeing of group home residents because staff may not have the opportunity to build rapport with residents or understand their needs and preferences. One respondent told us about her sister who had a high level of communication support needs and had previously been living in a group home. She commented that established relationships between staff and residents are particularly important because staff need to be able to observe and understand her behaviour in order to understand her needs. This is particularly important for knowing when something is wrong.

Some respondents raised concerns about the attitudes of some staff towards their work and towards the residents in group homes. Some respondents discussed staff-centred practices which included, for example, group home routines that suit the staff rather than the residents. Those respondents told us that the staff in some group homes set meal and bed times for all residents to suit their rosters and make their work easier, and that 'outings' are designed to suit staff rather than meet the wishes of residents.

Advocates raised that some group homes do not have independent oversight, which is critical in preventing violence, abuse, neglect and exploitation in group homes.

Lack of trauma-informed care

We were also told that a lack of trauma-informed care in group homes can be an enabler of violence, abuse, neglect and exploitation of people with disability. For example, Women with Disabilities ACT told us about women with disability who have experienced sexual assault in the past can be re-traumatised by practices in group homes, which can create further negative impacts upon their mental health and quality of life. Women With Disability Australia told us there are no comprehensive programs focused on preventing and responding to violence, abuse, neglect and exploitation that are targeted at women and girls with disability, particularly those living in institutional settings, such as group homes. In their discussion of violence between residents in group homes, the Victorian Office of the Public Advocate noted that trauma-informed care can be effective in reducing violent behaviours and minimising trauma.

Lack of alternative accommodation options

Several respondents raised that there is a lack of alternative supported independent accommodation options for people with disability, and that there is an undersupply of affordable and accessible housing in Australia. Several respondents expressed the view that current funding models such as Specialist Disability Accommodation (SDA) and Supported Independent Living (SIL) that are available through the National Disability Insurance Scheme can be difficult to access and may limit choices around the type of accommodation for some people with disability.

Several responses discussed the group home model in terms of human rights. People with Disability Australia (PWDA) and Women With Disability Australia argued that the group home model does not meet human rights obligations outlined in the Convention on the Rights of Persons with Disabilities (CRPD) in terms of the right to adequate housing, the right to live independently and be included in the community, and the right to be free from all forms of violence, abuse, neglect and exploitation. Queensland Advocacy Incorporated told us that looking for small areas of good practice in congregated living settings is not advisable due to the fundamental flaws of this model and its failure to support human rights.

Responding to violence, abuse, neglect and exploitation

Responses identified several barriers to reporting, investigating and responding to violence, abuse, neglect and exploitation in group homes.

Numerous respondents told us about their experiences of reporting violence, abuse, neglect and exploitation in group homes and the poor responses they received. A recurrent concern in responses to the Issues Paper was an alleged lack of accountability of staff and service managers when complaints or issues were raised.

We were told about organisational cultures that protect staff and normalise violence, and experiences of retaliation from staff and services when complaints were made. Some advocates told us that people with disability have had negative experiences reporting abuse including being threatened with eviction from the group home. Responses also stated that complainants had not been listened to or believed.

Multiple responses told us about difficulties in accessing complaints and reporting processes and raised the need for simple and accessible reporting processes. This included transparent and independent investigation of reports and complaints. Women with Disability Victoria told us that women's reports of violence are often not heard or believed. The Victorian Office of the Public Advocate raised issues around responses to violence between residents in group homes including barriers to accessing independent legal advice and appropriate justice system responses.

Potential good practice in group homes

Several respondents felt there is still a place for group homes in Australia but that this role was conditional upon providing residents with more control and choice over their location, staffing and co-residents. Several respondents told us that without a group home, their family member or client with disability would have no social contact and would not receive the level of support they require. A service provider said that when operated well, group homes can promote inclusion and social connection. One parent gave a detailed account of a group home in the ACT where residents participate in decisions about the functioning of the home, and are reportedly satisfied with their living arrangements.

NDS stated that research does not provide evidence that closing group homes would lead to a better quality of life for residents, but that research suggests smaller group homes of two to three residents may be better. NDS outlined the factors that contribute to a better quality of life in a group home, including:

- organisational culture
- staff training
- person centred support for residents.

The NSW Ageing and Disability Commission told us that Official Community Visitors see examples of better group homes and a major feature of these homes is that residents are at the centre of and actively involved in the running of the home.

Proposals for change

Numerous proposals for change were made by organisations and government agencies in the responses to the issues paper. We will further consider and investigate these proposals. They included:

Enabling choice and control

- Support people with disability to make choices about who they live with, the staff that support them and the services they are provided.
- Review the eligibility for SDA and SIL funding to ensure that people with disability can access the funding to support them to live where they want to live and with whom they want to live.
- Ensure that one organisation does not provide both accommodation and support services to people with disability.

Support in group homes

- Do not force people to share their supports in order to have a home, and do not force people to live together in order to have support.
- Elevate the consideration of compatibility of residents above operational concerns.
- Do not house multiple people with high support needs together.
- Support access to better food, fluids and nutrition care in group homes.
- Provide assessment of swallowing and communication needs to support people with disability in group homes.
- Provide independent advocacy and support with decision making for people living in group homes.

Preventing, reporting and responding to violence, abuse, neglect and exploitation

- Provide community education to improve general community attitudes about people with disability.
- Reduce restrictive practices through improved behaviour support, and provision of communication aids and support.
- Improve complaints procedures and ensure they are accessible.
- Enforce reporting requirements for serious incidents in group homes.
- Establish financial and other penalties for service providers failing to report violence against, or abuse, neglect or exploitation of residents with disability.
- Ensure violence between co-residents in group homes is responded to by the justice system.
- Provide trauma-informed care and responses to violence in group homes.
- Take an intersectional, gendered and human rights approach to preventing and responding to violence in accommodation.

Monitoring and oversight

- Increase external oversight over group homes, including allowing unannounced visits by Community Visitors and independent investigation of reports.
- Mandatory CCTV monitoring in group homes. Several respondents felt that the need for safety and protection of their family members in group homes outweighed rights to privacy.
- Ensure the use of CCTV monitoring protects the rights of residents to privacy.

Workforce

- Establish a national disability support worker register to manage the movement across the sector of staff who perpetrate violence, abuse, neglect or exploitation.
- Conduct a national review of workforce issues including salary, professional development and supervision.
- Ensure minimum professional standards and a higher level of training for staff in group homes.

Future of group homes and alternative accommodation options

- Develop a transition plan to phase out group homes and other forms of congregate living.
- Reduce the number of people living in each group home.

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- Group homes should be government run, as other organisations may not have sufficient accountability and may be profiting from group homes.
 - Increase affordable housing options including through SDA funding.
 - Provide greater support for people with disability facing transitions in their living arrangements.

How will we use the information we received?

All information provided to us, including all responses to issues papers, is carefully considered by the Royal Commission. It informs our ongoing work, including public hearings, policy processes and our research agenda. It will also inform our Interim and Final Report and help us to develop our recommendations.

Counselling and support

Blue Knot Foundation offers specialist counselling support and a referral service for anyone affected by the Disability Royal Commission.

For support please call their national hotline on **1800 421 468** (9am to 6pm AEST Monday to Friday, 9am to 5pm AEST Saturday, Sunday and public holidays).

In addition to the Blue Knot Foundation, the Australian Government provides support to assist people to engage with the Royal Commission. This support includes:

- free legal advisory services provided by National Legal Aid and the National Aboriginal and Torres Strait Islander Legal Services through the Your Story Disability Legal Service
- advocacy support services provided under the National Disability Advocacy Program.

Further information about these supports, including how to access them, is available on the [counselling and support](#) section of our website.



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