Preventing abuse and promoting personal safety in young people with disability.

Final Report

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A NOTE ON TERMINOLOGY

In this report, ‘young people’ is used to refer to all young people involved as participants, including young people with disability and young people with high and complex support needs. Where data relates to one of these groups specifically, the distinction is made.

Consistent with an interactional understanding of disability (Shakespeare, 2014), in this research we viewed the experience of disability as a holistic one where social and systemic factors are interwoven with the effect of impairment, and together encompass the experience of disability. Similarly, our working definition of ‘high and complex support needs’ acknowledged the intersection of complexity between person (e.g. social isolation, challenging behaviour, complex communication needs, or family circumstances), compounded for many people by interactions with services (e.g. health, housing, guardianship) and features of systems (funding, safeguarding, silos, collaboration) (Collings et al., 2015).

Consequently, we did not ask participants for information about their disability type, but recorded it where they shared it. From this, it is clear that young people with a range of impairment types were involved in the research. Some young people also identified as having more than one impairment type. Almost one quarter of the total participant group were young people with high and complex support needs. All of these people had multiple impairments intersecting with other social, service and system complexity.
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Executive Summary

This research addresses a knowledge gap about personal safety and abuse prevention by exploring the perspectives of young people with disability, their supporters and families about feeling safe and developing strategies to stay safe.

To do this, the project addressed four research questions:

1. What does 'being safe' mean to young people with disability (aged 16 – 30)?

2. What helps and hinders young people with disability in feeling and being safe?

3. How do people who provide support to young people with disability perceive and respond to young people's concerns about their own safety?

4. What are the implications of this knowledge for policy and practice, particularly in newly emerging models of support?
CONTEXT

Previous research shows that, while there are concerns about violence and abuse of young people with disability, there is little that focuses on preventing harm or promoting safety, or which asks young people themselves what they think is important.

Key findings from a literature review show that safety is embedded in relationships for young people with disability, but that this may also be a source of vulnerability; that access to key trusted adults is a key strategy used by young people to protect their own safety; the cross-cutting impact of social exclusion; and a need for a holistic approach to addressing young people’s safety promotion, particularly given that young people identify the need for continuity of support around safety from a network of people.

RESEARCH METHODS

Qualitative research was conducted in six sites (three metropolitan, two regional and one rural) across four states. Following this, two surveys were distributed online.

Focus groups, interviews and adapted interviews

68 young people with disability spoke with us about their experiences and ideas about safety.

- 40 young people with disability took part in focus groups, where they talked about what helped them to feel and be safe.
- 12 people had individual interviews, because they preferred to speak privately or they had support needs which made it hard to be part of group activities.
- 16 young people with disability and high and complex support needs and 6 people who support them were also involved, using a range of adapted interview methods.

30 service providers also participated in focus groups in the research sites.

Surveys

2 online surveys were conducted. One was for young people with disability (35 responses) and one was for people who provide paid and unpaid support to young people with disability (138 responses). Most of the survey respondents were family members (70%), and others were service providers, advocates and friends.
RESULTS: YOUNG PEOPLE’S PERSPECTIVES

Most of the young people in this research lived in their family homes. Eighteen lived in their own home, with friends, or in group homes. Three were in out of home care, one was homeless, and one at risk of homelessness.

Young people described a range of activities and ways they engaged in their communities. Many were employed, either in voluntary, supported or mainstream employment. A wide range of leisure interests were discussed. Educational pursuits varied widely, from TAFE to postgraduate education. Young people with higher support needs had more limited social networks and engagement with communities.

While most young people reported some involvement with disability service organisations, those with higher support needs were more likely to be involved with a range of services, and those with primarily physical impairments reported less involvement with services, including six who had no involvement with disability or other community services. All of the young people had been to school, most frequently in special units within their local high schools, but also in other systems.

Because the focus of this research was on safety, researchers did not ask young people about abuse or experiences of not being safe. However, 13 (19%) participants reported a range of experiences of violence or abuse.

What does ‘being safe’ mean to young people with disability?

Four factors were identified by many young people as fundamental to a sense of safety. For them to feel safe, it was essential that all four of these were met.

Four factors:
- A safe place
- Be out of danger
- Stick together
- Not mistreated

- Trusted relationships
- Comfortable
- Known and understood
- Respected
- Protected

- Physical
- Social
- Emotional

- Supported
- Listened to
- Able to influence

Young people were clear about connecting safe places with the actions of people in the places that either kept them safe, or would protect them if it was necessary.

Home was felt to be a safe place for most of the young people in the study – a secure base because they had some control over what happened there and because people there knew them and cared for them. Where home was tense or unsafe it had a big impact on young people’s sense of safety.
Almost all young people identified close relationships as important to them in supporting a positive sense of safety in their lives. These underpinned their confidence, built resilience, and contributed to their sense of identity. Personal networks that went across different life domains enabled young people to widen their social worlds and draw advice and support from a greater range of perspectives. However, a number of young people discussed their reluctance to have contact with people they did not already know well, either because they did not feel able to move out of a ‘comfort zone’, because of complex support needs, or because of the impact of previous violence and abuse on their confidence and resilience against potential future harm.

Most (but not all) people in the research had close relationships with family members, particularly at least one parent. They talked about trusting their family, feeling understood, acknowledging care and support they provided, and appreciating the long-term nature of this core relationship. However, some young people related difficult and sometimes volatile family dynamics at home which meant they navigated complex relationships to be safe at home.

Many young people talked about friends as important to their sense of personal safety, providing emotional support, solidarity, and back-up. For many, friendship was also a source of difficulty and tension, either in the present or the past. Friendship was much less evident for people with high support needs.

As in the home and personal relationships domain, young people's feelings about safety in services were integrally connected to relationships with workers and peers also in those places. What mattered most to them was being known and being valued across the different places and relationships in their lives.

Support workers, teachers and managers contributed to young people's sense of personal safety by building their sense of being valued, creating environments in which they felt respected, and taking their concerns seriously. However, young people also provided many examples of times when they spoke to people in authority about experiences of vilification, abuse and violence they were experiencing, to little or no effect. This heightened young people's fear of abuse and violence, and their expectation that little would be done to prevent, stop or redress it.

Some young people described feeling embedded in organisations and groups in their local communities which provided them with a sense of belonging and contributed to a sense of personal safety. Some people felt judged sometimes and it made them very anxious. Threats from people unknown to them worried many young people – either from aggressive strangers in public places or transport, or people who might rob them. Some people were very overwhelmed by lights, music and crowds and needed good support.
**Young people's ideas for improving their safety**

Underpinning all of these strategies is the basic need expressed by all young people participating in this research to be listened to, to be treated with dignity, and to have their concerns heard and responded to.

| Strategies that young people identified that they can do themselves to be safer included: | • Build stronger and deeper connections and relationships with people who can support them – for advice, guidance and support  
• Learn skills that will help them to be more resilient, emotionally strong, and able to support peers  
• Learn who to seek help from, when and how  
• Know how to act to be safe in common situations  
• Focus on wellbeing |
|---|---|
| Strategies that young people identified that other people can do that will help them to be safer included: | • Take action when something goes wrong (but not take over)  
• Have proactive strategies and measures to prevent harm in place  
• Lay strong foundations with high quality relationships – so young people feel comfortable, valued, respected  
• Understand and respond to the young person’s specific context – what is safe for one person is not for another  
• When one part of a young person’s support is lacking, build it somewhere else  
• Promote young people’s capability – learn young people’s safety strategies and help them use them & find new ones  
• Make the most of opportunities for learning – not just training  
• Change the environment so that young people feel welcome and included (and less personally responsible for keeping themselves safe) |
| Strategies for how services can improve safety included: | • Increasing the priority of responding to concerns about harm (e.g. bullying and violence in schools; abuse and violence in services)  
• Increasing meaningful choice and control in & over services  
• Addressing gaps in services that make people unsafe (e.g. lack of choice of same gender or culture provider; lack of services in regional & rural areas)  
• Education for staff and young people: how to recognise & respond to harm, about all kinds of relationships, & also for leadership development & peer support |
| Strategies for improving safety at a community level included: | • Building a sense of belonging, to help young people feel more welcome in their communities  
• Focusing on universal access measures  
• Connecting safety to a human rights agenda  
• Focusing on systems reform where young people’s safety is at a turning point – legal, out of home care, housing, child protection, domestic and family violence, and school systems  
• Prioritising choice and control in disability policy reform |
PERSPECTIVES OF SUPPORTERS

There was strong agreement by supporters that the safety issues identified as priorities by young people were very important.

Supporters thought young people felt very safe at home and with family. They felt young people were concerned about their own safety when going to new places, and unsure about their safety with paid workers, friends and especially in intimate relationships.

Supporters thought that young people knew most about safety at home, but at least 50% said that the young person they support knew little about safety with friends, with support workers, at work, in the community, and in intimate relationships.

When young people were not safe, supporters said they looked for different ways that they expressed feeling unsafe; and responded to young people's concerns by acting on concerns, minimising risk, and building confidence. They said they helped young people to understand safety by being there for them, providing a safe space, through positive behaviour support and through education.

Things that supporters did to help young people included education and training; building relationships; addressing problems in systems; building safe cultures; planning for safety; improving support; and linking people with advocacy.

Having good relationships was seen as important, but paid workers felt like they did not have enough experience or guidance to know how to support young people well about safety.

Things that made it hard for them to support young people in being safe were when services did not prioritise safety of young people; lack of support from managers; lack of resources; lack of time and location. Families found it more difficult to have safety issues recognised, and workers found it harder to make time to focus on safety issues. It had been hard for some people to find help from other services when they needed it. They also felt that service systems were ill-resourced and under-skilled to respond to the complexity of need of young people who had experienced trauma.

Ideas for improving young people's safety by supporters included building relationships of trust; doing more to protect young people; building young people's capability; education and training; and influencing and improving other systems.

IMPLICATIONS OF THE RESEARCH FOR ACTION

The ways that young people understood safety sets the context in which the implications are framed. These four elements highlight the complex interplay between young people being protected by having their safety needs met and being active agents by participating in determining what they want and need to feel and be safe. For young people to be safe and feel confident in their safety, they need to be engaged across all four intersecting elements. This will simultaneously help to ensure they feel protected while also mobilising what they know and can do in contributing to their own and others' safety.

Physical safety

Problems in being physically safe were more likely to create a response in services and systems which activated procedures or policies than any other form of harm.

However, a number of the strategies that young people employed for being safe show how the ways that they negotiate physical safety are more subtle and sometimes come at a cost to their wellbeing or personal growth. For example, a number of young people's strategies for being safe involved them minimising their presence in the community, either by not going to places, or by not going out alone or at certain times of day.
**Emotional safety**

In this study, young people focused most consistently on relational safety issues in their lives, which were often much more amorphous and more complex to negotiate than physical safety.

Young people commonly spoke about emotional and psychological harm that had caused them significant pain and had been poorly responded to. Central concerns for all the young people were security and insecurity in relationships, navigating interactions and relationships with paid and unpaid supporters, and forming and maintaining peer relationships.

**Having access needs met**

The meaning of access in this study is broad – being to understand whether young people feel that relationships, services, local and wider communities are physically accessible, available, approachable, welcoming and appropriate for them (Levesque et al., 2013).

Having access needs met is a unique contextualising factor in this research. For young people, it establishes, constrains or makes fragile a sense of safety, impairs or emboldens confidence, and affects how young people feel in their worlds and how secure they feel in engaging outside of their immediate known close relationships.

Widening the lens of access and accessibility to think about the way that places and interactions can help young people with disability to feel safe is important in understanding how to improve communities on a range of levels.

**Feeling capable**

Young people were much more confident in their knowledge and ability to implement safety strategies than were supporters. It was important to young people that they could use their own safety strategies wherever possible, and that when they needed help it was offered in a complementary way, rather than by taking control.

Depending on their context, they were more or less able to influence how well they could put strategies into action. The context also influenced the likelihood of others listening to them and finding ways to resolve problems with them.

Supporters worried about whether and how young people could put strategies into action, and the lack of safe opportunities they had to learn and explore boundaries in ways that other teenagers and young adults did. They focused primarily on minimising risk, providing safe spaces, and building trusting relationships rather than on building networks or promoting capability with and for young people as a safety strategy.

**Implications for young people’s lives**

- **Sustaining solid, foundational relationships with a range of people support safety.** Where there are limitations in young people’s close relationships, it is of paramount importance to build relationships in other spheres of their lives, so they have somewhere else to turn for support.

- **Supporting young people to feel able to take action and have their strategies received and acknowledged helps build resilience and safety.** Organisations need to resource and train supporters to recognise, respond and support young people to raise concerns and resolve them.

- **Information and knowledge about how to build young people’s capability around safety is needed** for young people and supporters.
Implications for practice

- **Young people’s aim of being more self-determining about safety needs to be built and sustained through high quality relational support.** Strategies to increase choice and decision-making and young people’s control over change, and to build robust networks across young people’s life domains are important to mitigate negative interactions and the effects of change.

- **Proactive strategies that act early on concerns and avoid abuse are needed in order to build a strong sense of personal safety for young people** and vital to prevent damage to young people’s developing identity.

- **Supporters across practice contexts need education and skill development about safety and abuse prevention.**

Implications for policy

- **Agencies relevant to young people need to proactively address abuse prevention and develop evidence-informed strategies for promoting the personal safety of young people with disability.** The need for systematic responses to experiences of violence and harm is clear. However, this is not sufficient to reconcile tensions, constraints and feelings of disquiet in relationships that leads some young people to feel unsafe and unsupported. Capacity in systems needs to be built to support relational support for young people who are lacking it in their informal relationships, and need assistance for purposeful relationship building (and funded where necessary). This includes, but is not limited to, the developmental component of the NDIS Quality and Safeguarding Framework.

- **Expectations about safety in the organisations that young people use need to be made explicit for young people, staff, managers, families and volunteers.** This should include safe and unsafe practices and relationships; boundaries; ways to speak up; and how problems will be resolved. Responsibility for developing and delivering information and responding to concerns about safety needs to be allocated and resourced within organisations. Organisations need to be encouraged to discuss safety with young people, and to develop and use clear definitions of safety to underpin delivery of information.

- **Planning about safety with young people with disability is needed to build resilience and strength throughout the life course.** The high rates of harm experienced by young people with disability (and people with disability more generally) indicate that greater depth and quality in planning around safety is urgently needed. This should not be limited to NDIS planning, but rather developed from a standpoint of positive safety planning similar to that used in the domestic and family violence sector. This includes elements of starting early in the life course, coming from a strengths base, looking at what is needed to build strength and resilience, what is needed to educate, support, and develop knowledge in young people and what is needed in those who support them around safety.

Implications for communities

- **Governments at local, state and federal levels need to plan for physical, social and emotional access of young people with disabilities in their communities.**

- **Public awareness strategies need to be developed to encourage solidarity of community members to engage with young people with disabilities.** Strategies to activate bystanders in the general community should be explored, and funded.
Governments and organisations need to invite young people to participate in policy processes that inform inclusion and safety policy and practice. Championing and supporting the leadership of young people shines a light on their capability, resourcefulness and energy and opens new conversations about safety for children and young people with disability at important life stages.

Implications for developing further knowledge

- While recruitment was challenging, and careful and ethical approaches needed, participation was also reinforcing and validating for many young people involved.

- Young people have many ideas about how services and systems can change to improve their lives. They contributed to knowledge across the research process through lived experience, focused reflection, and analysis of data.

- Further theorising of the findings from this research would be valuable. Key elements of the results resonate strongly, for example, with recognition theory and intersectionality.

- Knowledge transfer will help apply the key findings of this research to practical projects to improve young people’s safety.
This research aimed to develop an in-depth understanding of what ‘being safe’ means to young people with disability, what helps and hinders them to feel and be safe and how their concerns about safety are perceived and responded to by others. These are areas that have historically been under-represented in existing research. As further detailed below, there has been an increasing focus in research on the risk and realities of abuse, neglect and harm to people with disability. However, both the perspectives of young people and a clear focus on the perceptions and promotion of safety have been less evident in the literature, meaning that much less is known about young people with disability’s experience of feeling and being safe.
To develop new knowledge about safety and harm of young people with disability and address existing gaps in research and policy, this project addresses the following research questions (RQs):

1. What does ‘being safe’ mean to young people with disability (aged 16 - 30)?
2. What helps and hinders young people with disability in feeling and being safe?
3. How do people who provide support to young people with disability perceive and respond to young people’s concerns about their own safety?
4. What are the implications of this knowledge for policy and practice, particularly in newly emerging models of support?

The outcomes of the research include insight into the lived experience and perspectives of young people and their supporters; improved understanding of the facilitators and barriers to personal safety and abuse prevention for young people across a range of domains; and nuanced evidence to support the development of policy and practice which better recognises incoming models of support for young people with disability in both specialist disability and mainstream systems.

1.1 PREVIOUS RESEARCH

The limited research on abuse has focused to date primarily on the extent to which people with disability are at risk of and/or experience abuse, neglect and harm. This includes physical abuse and domestic violence (Dixon and Robb, 2015; Frohmader et al., 2015), sexual abuse and exploitation (Warrington, 2013), neglect of needs and maltreatment (Jenkins and Davies, 2011; Hernon et al., 2015), emotional and psychological abuse (Robinson, 2013) and financial and legal abuse (Manthorpe and Samsi, 2013; Northway et al., 2013). The literature also reports on harm perpetuated by both family (Hughes et al., 2011; Daniel and Bowes, 2010) and service providers (Saxton et al., 2001; Robinson and Chenoweth, 2011). The research has found that people with disability experience abuse, neglect and harm at higher rates than the general population (Robinson, 2015; Reeve et al., 2016). For example, people with disability are significantly more likely to be victims of physical violence than people without disability (Reeve et al., 2016).

Children and young people with disability are among those who are subject to heightened experiences of abuse, neglect and harm. Exact prevalence rates of abuse, neglect and harm of children and young people with disability are difficult to ascertain due to the inconsistent inclusion of children and young people with disability and identification of disability within relevant child and youth datasets (Sullivan, 2009; Llewellyn et al., 2016). One meta-analysis has, however, estimated that, on average when compared to peers without disability, children and young people with disability are 3.56 times more likely to experience physical violence, 2.88 times more likely to experience sexual violence, 4.36 times more likely to experience emotional abuse and 4.56 times more likely to experience neglect (random effects pooled odds ratios, 95% confidence intervals) (Jones et al., 2012).
Further to prevalence estimates, research has also shown that there is particular concern about maltreatment of children with disability and its impact on their quality of life (Algood et al., 2011; Brown and Schormans, 2014; Hernon et al., 2015) and about the vulnerability of children and young people with disability to sexual abuse (Finkelhor, 2009; Franklin et al., 2015; Kaufman, 2011; Llewellyn et al., 2016). For children and young people in particular, their experiences of harm may also intersect with issues surrounding bullying and victimisation at school (Cummings et al., 2006) and with issues with regard to child protection and their treatment within the child protective services system (Manders and Stoneman, 2009; Stalker and McArthur, 2012). In these youth settings, children and young people with disability may experience harm that reflects both their experience of disability and their stage of the life course. Their experiences of abuse, neglect and harm are commonly compounded by family, school and service settings in which children and young people may be disempowered, potentially due to both age and disability, from speaking up about their experiences or from learning necessary protective strategies (Sobsey and Mansell, 1990; Prince and Hadwin, 2013). Young people with complex communication needs – for example, who use augmentative and alternative communication or who have sensory disabilities that affect communication, such as a hearing impairment, or who have intellectual disability - may be particularly disadvantaged in speaking up, as the necessary vocabulary and/or communication support may not be available (Taylor et al., 2015; Collier et al., 2006).

Responses have typically included programs to reduce bullying and victimisation (Farrington and Ttofi, 2009) or have been focused on programming for abuse prevention (Mikton et al., 2014). Such responses are still however in general limited for children and young people with disability compared to adults, with one study finding that only one of the six abuse-prevention skills courses evaluated included people younger than 21 years of age (Doughty and Kane, 2010). Further, although there are broader safety policies in place in schools, beyond the specific programming to reduce bullying, victimisation and abuse as noted above (Farrington and Ttofi, 2009; Mikton et al., 2014), there are few proactive approaches to address issues of abuse, neglect and harm which more generally consider the needs and preferences of children and young people with disability (e.g. Ministerial Council on Education et al., 2011). The limitations in the extent of safety promotion responses specific to children and young people with disability are further examined in the following section, which also draws on insights about promoting safety from a range of studies about safety, but also about abuse, neglect and harm.

Research about safety for young people with disability

While research about abuse, neglect and harm has increased in the last decade, as discussed above, research that clearly focuses on perceptions and promotion of safety for people with disability is much more limited, particularly for children and young people. Only a small number of studies have examined what safety means to people with disability in everyday life and how to proactively promote it on a day-to-day basis. Where such studies are available, most are about adults (Ottman et al., 2016; Daniel and Bowes, 2010; Marsland et al., 2007; Hallahan, 2012), including some about older adults (Ottman et al., 2016), and only a minority relate to children or young people (e.g. Robinson, 2015; Taylor et al., 2015; Briggs and Hawkins, 2005). This is significant as perceptions and experiences of safety may vary over the life course.

A particular gap in the literature is evident in research about children and young people with higher support needs. While there is a literature about the experiences of violence committed on children with disability and high and complex support needs (see Stalker & McArthur, 2012), there is an almost complete silence about these young people’s place as participants in research, particularly about sensitive issues in their lives. This is concerning, given their known risk of experiencing harm and the need for increased education and awareness (as detailed above). Expert children’s researchers Rabiee et al. (2005), Beresford (2012) and Franklin and Slop (2009) have shown not only that this work is possible, but that the results of young people’s participation in research brings to light new
knowledge about important issues in their lives, including their subjective wellbeing and involvement in decision-making.

The findings from the few studies that relate to children and young people’s views on safety are reported below, including some newer studies and limited research which was conducted some time ago, but which remains relevant given the small literature base. While there has been very little research directly on meanings or definitions of safety for young people with disability, the review briefly notes in the following section the findings of one study in this area and then reports in more depth on young people’s perceptions of safety by examining literature on the settings and relationships in which they consider safety and the strategies implied for protecting their safety.

Importantly, almost all of the literature has been research about young people with disability, rather than research done with them, for example, by using an inclusive or participatory research approach. While some studies have used accessible research methods (Robinson, 2015), there does not so far appear to have been a great deal of work that has used this latter inclusive and participatory approach and only two studies included young people with disability on their advisory group (Taylor et al., 2015; Franklin et al., 2015). This is significant, as research that uses inclusive and participatory methods is recognised for providing nuanced perspectives that better incorporate the lived experiences of people with disability (Walmsley and Johnson, 2003; Nind, 2014). In this respect, the review below evidences a need for further research that includes young people with disability within the research process itself, in order to deepen the understanding of what these issues mean to them.

Meanings or definitions of safety used by young people with disability

Very little research has reported directly on the meanings or definitions that young people with disability ascribe to safety. One study in this area has reported that young people with disability and high support needs have said that ‘being safe’ means feeling safe and secure, being protected, not being hurt, not trusting strangers, following rules, having strategies for safety and having some control over what is happening to them (Robinson, 2015).

While there appears to be little other research that looks at meanings of safety for young people with disability, research with people with disability at a range of ages has suggested that this broader group differentiates between physical safety (e.g. safety from fires, emergencies and within one’s home) and relational safety (e.g. protection from abuse, violence and maltreatment) (Robinson, 2014b). Some research has also suggested that older people with disability are more concerned about health-related safety than those younger than them (Ottmann et al., 2016). While the research findings about meanings and definitions of safety are limited, broader insights into the perceptions of safety of young people with disability are however available by looking at the settings and relationships in which young people with disability consider safety.

1 Other inclusive and participatory approaches, such as including co-researchers with disability on the research team, have however been used in safety research with adults with disability, for example Northway et al (2013), however less commonly with children and young people with disability.
Settings and relationships in which young people with disability consider safety

Young people with disability live their lives in diverse settings, in which they encounter a range of different people who can have significant implications for their safety and associated experiences of abuse, neglect and harm. Accordingly, the available literature highlights that young people with disability commonly consider safety across multiple settings, including within a range of relationships. Their safety considerations are summarised below.

Home and close personal relationships

Young people with disability experience safety considerations at home and in other similar settings that imply close personal relationships (Briggs and Hawkins, 2005; Robinson, 2015). While the broader literature has commonly reported on issues such as maltreatment of children and young people with disability by family (e.g. Algood et al., 2011), other related safety issues are also important to young people with disability, such as their difficulty in resisting coercion within close personal relationships (Khemka et al., 2009), especially where there is a high level of dependency or inter-dependency at play. This is particularly significant as young people with disability may be relying on these close relationships to assist in managing safety issues in other settings, such as at school or with services (Briggs and Hawkins, 2005; Robinson, 2015) – thus, the difficulty of resisting coercion has multiple safety implications.

Further, research also highlights that young people may be required to stay in difficult or abusive personal relationships due to their age, only being able to exit when they grow older and leave home or leave other childhood settings of close personal relationships (Taylor et al., 2015). In this respect, childhood and young adulthood can be a time of particular vulnerability for young people with disability who do not have a safe home or personal life.

Finally, in a separate issue, other research has highlighted that some children and young people with disability may not want to ‘burden’ their family with the safety issues they experience in other settings, such as at school, thereby highlighting their attempts to shelter their personal relationships from at least some of their safety concerns (Bourke and Burgman, 2010).

School and relationships with peers

Young people experience a range of safety issues at school and in other related settings that imply close interactions with peers (Briggs and Hawkins, 2005). Most notably, this includes safety issues related to bullying (Cummings et al., 2006; Bourke and Burgman, 2010), especially as children with disability experience more bullying than peers without disability, regardless of age or gender (Prince and Hadwin, 2013). To some extent, young people with disability say that they expect to be targeted for bullying by peers at school – this perhaps relates to a broader context in which children and young people with disability may be seen as ‘safe targets’, as there is an expectation by peers that they will be less able to report what was happening and less able to distinguish what is wrong about other students’ behaviour (Briggs and Hawkins, 2005).

Despite this expectation however, young people show that they are indeed aware of and feel the complexities of abuse at school and from peers (Briggs and Hawkins, 2005; Bourke and Burgman, 2010).

Service settings and relationships with support workers and other staff

As people who frequently use support services and may develop strong attachments with support workers, young people with disability are also aware of safety issues within service settings. Such issues are particularly important for young people who live or spend time within institutional settings (Robinson, 2015). Young people's considerations in this regard include that relationships with support workers and other staff can be anywhere on a spectrum from close and mutually supportive relationships to relationships that involve physical, psychological and relational abuse (Marquis and
Jackson, 2000), and that the nature of trusted relationships with staff can change over time or may be
different on various occasions (Robinson, 2015). In this context, the ongoing nature and tone of their
relationships with support workers is a clear safety consideration for many young people with disability.

Conversely, however, even having access to appropriate formal support services can be a safety
consideration in the lives of many young people with disability. Where young people with disability do
not have access to appropriate formal support services (including formal support for advocacy and
communication), this can heighten their concerns about safety (Taylor et al., 2015). This is potentially
because a lack of appropriate formal supports limits the number of available options to disclose
instances of abuse, neglect and harm to.

**Systemic settings and systemic relationships (child protection, criminal justice, institutional settings)**

Young people with disability who come into contact with systemic settings that imply particular
vulnerability or complex needs may experience safety considerations at a heightened level. For
example, for young people with disability in child protection and other criminal justice settings,
maintaining voice, communication and rights are key safety and self-advocacy considerations (Flynn
and McGregor, 2017). Research that includes young people with disability and high support needs
who live or spend time in institutional settings has also reflected difficulties in maintaining control
over what is happening to them and having access to information as safety considerations (Robinson,
2015; Moore et al., 2015; Moore and McArthur, 2017).

These considerations relate to broader tensions related to the protection of children and young
people with disability, specifically about whether child protection and other related services should
be child- or parent-centred and about the extent to which child protection services can and should be
individualised for every child (Taylor et al., 2015). The research shows that maintaining the capacity
to speak up in these settings is a clear safety consideration.

**Strategies by young people with disability for promoting safety**

In considering safety across multiple settings and relationships, young people with disability have
made suggestions less directly about strategies for protecting their safety. This is important given
calls for proactive protection of their safety (Robinson, 2012, 2014a; Llewellyn et al., 2016). Young
people’s considerations in this regard however provide contextualised evidence to suggest that
responses to improve their safety have not so far always been effective. The literature suggests that
ineffective responses may be for two inter-related reasons.

First, young people with disability disclose their experiences and concerns about safety in a range of
ways, and sometimes disclosures of distress are interpreted by other people as part of their disability,
rather than as a call for help. The literature cites instances in which methods of disclosure include
internalising or externalising behaviours that are interpreted as part of the young person’s disability
(e.g. withdrawal, avoidance of other people, sexualised behaviour, aggression) and include suicide
attempts which may be interpreted as a mental health issue (Taylor et al., 2015; Taylor and McKeown,
2013). In these instances, young people’s safety concerns are not heard and as a result, strategies to
promote safety are not put in place.

Second, but inter-relatedly, the effect of not hearing from young people with disability in these
situations is that there is a de-authorisation of their voices to speak for themselves and to have their
safety concerns heard and believed. As a result, some research has found that young people with
disability infrequently report abuse, neglect or harm, due to embarrassment, fear and a lack of faith
that their reports will be acted on adequately by the adults in their lives (Briggs and Hawkins, 2005).
In this respect, the literature suggests that the de-authorisation of their voices contributes to a cycle
of under-reporting and non-disclosure.
In this context, it is important to understand the strategies that young people with disability themselves suggest for protecting their safety. Notably, while literature and practice has commonly focused on strategies such as educational programs or workshops focused on safety promotion and abuse prevention for people with disability (e.g. Khemka et al., 2005; Lund and Hammond, 2014; Finkelhor, 2009; and others as noted in Dixon and Robb, 2015), when suggestions are drawn from the literature in which young people themselves have voiced their perspectives, the strategies implied vary from this approach. Across a range of studies, strategies drawn from literature voiced by young people with disability include those documented in Table 1 below.

<table>
<thead>
<tr>
<th>Strategies that address relationships</th>
<th>Ensuring access to a range of relationships with well-equipped trusted adults</th>
</tr>
</thead>
</table>
| Young people with disability indicate that they have felt safe disclosing safety concerns to a range of trusted adults, including parents, friends, police education officers, teachers, older relatives, foster carers, neighbours and priests (Briggs and Hawkins, 2005; Taylor et al., 2015; Bourke and Burgman, 2010; Robinson, 2015). In this respect, ensuring access to relationships with a range of trusted adults is implied as an important safety strategy for young people with disability. This is similar to young people without disability, where access to trusted adult relationships can be an important factor for many (Meltzer et al., 2016). This strategy also relates to having a range of informal relationships and reducing reliance on paid supports, an important consideration for many people with disability across different ages (Robinson, 2013). This continues to be an important strategy into adulthood (Northway et al., 2013; Ottmann et al., 2016). Where people with disability do not have this range of informal support, increased formal support may be required (Ottmann et al., 2016).

Importantly, ensuring access to trusted adults means also adequately equipping trusted adults to assist. For example, one study found that almost half of parents do not provide safety and harm prevention education to their children with disability (Briggs and Hawkins, 2005), suggesting that further work is required with the adults young people seek support from to ensure they are able to provide the required support and assistance. It also implies the need for increased information, expertise, services, and access to funding to be made available to support this necessary skill development.

<table>
<thead>
<tr>
<th>Ensuring access to people who can assist with communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people who have disabilities that affect communication have highlighted that someone to assist with communication has been an important factor when they disclose safety concerns, e.g. an interpreter (Taylor et al., 2015). This implies that proactively considering how best to meet the support needs that are relevant to protecting safety – including cultivating a proactive understanding that communication support will be available when required – is another important safety strategy.</td>
</tr>
<tr>
<td>Strategies that address skills and knowledge</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Creating opportunities to learn self-protective decision making</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Educating young people on issues that may affect their safety</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Strategies that address context</td>
</tr>
<tr>
<td>Addressing isolation and social exclusion in general</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Ensuring continuity of proactive support over a long time-period</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Table 1: Safety-promoting strategies in previous research from young people with disability
Alongside these strategies drawn from literature with young people with disability specifically, in other work, people with disability across a range of ages have suggested other related strategies, many of which may also apply to young people. These strategies include making sure appropriate and accessible information is provided to people with disability about their rights with regard to safety protection (Northway et al., 2013; Stevens et al., 2014), having opportunities for problem-solving discussions and practice at knowing how to talk with people about solving safety problems (Daniel et al., 2013) and cultivating self-advocacy skills more generally (Northway et al., 2013). While drawn from literature with people with disability at a range of ages, these strategies have clear implications for young people with disability as well.

**Literature review conclusions: Key insights from young people with disability and implications for the current project**

Across the reviewed literature, some key insights emerge as important in how young people with disability experience and perceive safety, which are important for informing the current project and positioning its contribution to research and practice. These are insights that are particularly evident through focusing on the research where young people’s own voices and perspectives are foregrounded.

Firstly, one insight is that safety is embedded in relationships for young people with disability (Robinson, 2015), and this is both a source of support and of vulnerability for them. As young people with disability navigate close personal relationships, such as those with family, and relationships with peers, support workers, other staff and people within systemic settings, these relationships may provide considerable support and back up in situations where safety is at risk. However, they may also be a source of vulnerability due to issues of coercion (Khemka et al., 2009), negative attitudes or limited perceptions of them by others (Briggs and Hawkins, 2005) and the variability in spectrums from close to abusive relations that can change over time (Marquis and Jackson, 2000). Access to trusted adult relationships is a key strategy that young people with disability appear to appreciate in protecting their safety (Briggs and Hawkins, 2005; Taylor et al., 2015; Bourke and Burgman, 2010; Robinson, 2015). However even within this, there is a need to simultaneously equip young people with self-protective decision-making skills so that they can self-advocate for their own support outside of their trusted relationships when required. The access of supporters to skill development and expertise about safety and harm prevention is also limited. The complexity of the relational context of young people’s safety is therefore significant, especially considering that it is difficult for young people to exit some core relationships prior to reaching adulthood (Taylor et al., 2015).

Further, the extent to which young people recognise their safety as embedded within relationships has significant consequences when the extent of social exclusion among people with disability is considered. Where young people with disability are socially excluded, but also do not always have access to appropriate formal support, their safety can be particularly at risk (Taylor et al., 2015). Safety is therefore a cross-cutting experience in young people’s lives, manifesting in particular ways in different settings, where social exclusion in one or more settings can have significant consequences in other areas.

The need for a holistic approach to addressing young people’s safety promotion is a key finding of this review. This is particularly evident given that the strategies for protecting safety suggested by research with young people with disability depend on continuity of support from a network of people who can teach young people safety, self-care and decision-making skills over time. Given the emphasis on social support in various contexts, some of which may be quite nuanced, an ecological approach to the current project will help facilitate a more holistic understanding of what is needed, where, from whom and why.
1.2 INTERSECTION WITH NATIONAL POLICY

The research reported above intersects with an Australian policy context which is at a time of rapid change. In this shifting environment, young people with disability are subject to multiple sets of policy and legislative regimes which aim to uphold and protect their rights to safety. Between teen years and adulthood, they may engage with a wide range of systems and services directed by diverse policy settings and legislation. For many, this includes education, employment services, social security and disability support services. For a smaller (but significant) proportion, this may also include child protection, family and domestic violence, criminal justice, housing, and out of home care.

Some of the priority areas of policy which relate to young people's safety are highlighted below as illustrative examples.

- Australia is a signatory to UN Conventions on the Rights of Peoples with Disability (UNCRPD), the Rights of the Child, and the Convention Against Torture. All of these contain provisions for the protection of the rights to safety and against harm of young people with disability. At a national level, the National Disability Strategy (2010–2020) articulates Australia's obligations to implement the UNCRPD, including a key element of 'rights protection, justice and legislation'. It includes a specific policy direction for 'people with disability to be safe from violence, exploitation and neglect' (COAG, 2010). The Strategy details areas for future action which include a requirement to develop strategies to reduce this harm.

- The National Disability Insurance Scheme Quality and Safeguarding Framework was released at the end of 2016. It aims to provide a national approach to safeguarding participants in the Scheme. The framework articulates developmental, preventative and corrective safeguards at individual, workforce and provider levels. The emphasis of the framework in promoting safety and preventing abuse through developmental safeguards are primarily aimed at the individual level through the Information, Linkages and Capacity Building tier of the Scheme, which aims to build community and mainstream capacity; at staff through workforce training; and at providers through improving sector diversity and organisational culture. The Framework will be progressively implemented from July 2018, but not fully implemented until July 2020. An independent NDIS Quality and Safeguards Commission has been established to register providers and oversee provider quality; respond to complaints and manage reportable incidents, including abuse or neglect of NDIS participants; provide leadership on restrictive practices; and take an educative function (DSS, 2017). There is limited reference to age of participants in the Framework.

- The National Safe Schools Framework (MCEECDYA, 2011) does not recognise children or young people with disability as a group who experience higher rates of harm. The Disability Standards for Education discuss a variety of abuse, but await the consolidation of Commonwealth discrimination legislation.

- Due to report in December 2017, the recommendations arising from the far-reaching and authoritative Royal Commission into Institutional Responses to Child Sexual Abuse will be very relevant for this research. Key research contracted by the Commission has not only been important for progressing policy and practice about what is needed to build safe cultures and practices for young people (including those with disability), but also for progressing wider knowledge about children and young people’s perspectives on these issues. This includes studies on principles for child-safe organisations (valentine et al. 2016); exploring the perspectives of children and young people about safety in institutional settings (Moore et al. 2016, Moore & MacArthur, 2017), including children and young people with disability (Robinson, 2016); and a review of disability and child sexual abuse in institutional contexts (Llewellyn et al., 2016).
• The National Framework for Protecting Australia’s Children 2009-2020 is a cooperative document which aims to provide guidance and a pathway for a shared national approach to improve responses to child protection issues. Given the increased prevalence of abuse, the Framework has been slow to include children or young people with disability in any depth, and at the time of the Third Action plan, still makes minimal reference to young people with disability in strategies aimed at young people, such as effective transition from out of home care.

• Similarly, the National Plan to Reduce Violence against Women and their Children (DSS 2014) has included some specific project work on stopping violence against women and girls with disability. It contains little other reference to young people or children with disability. For example, there is no mention of young people or children as potentially remaining residential members in their families for longer than siblings, of access barriers for young people with disability in families experiencing violence, or of issues for children and young people who acquire disability as a result of familial violence.

Young people with disability are particularly poorly represented in policy. They are neither the focus of child protection nor adult violence protection strategies. Characteristics important to their youth are not recognised in disability policy frameworks, and youth policy such as out-of-home care does not give considered attention to the needs of people with disability. While there is movement in several areas to better recognise the needs of children and adults with disability, there is clear need for research and collaboration to better inform the development and implementation of policy in disability, child protection, youth and family violence arenas and to recognise the distinctive needs of this group.
Methodology

A theoretical frame to understand safety for young people with disability

As discussed above, understanding the interwoven and complex factors influencing safety and prevention of abuse of young people with disability requires an approach that situates the young person within their broader social networks, and which is open to the many ways in which specific contexts shape their lives as they navigate their social worlds. To do this, ecological systems theory provides the overarching theoretical frame for this study.

Social ecological approaches view individuals as active agents who shape, and are shaped by, their environments (Lounsbury & Mitchell, 2009). Originating with Bronfenbrenner’s social ecological model of child development (Bronfenbrenner 1986; Bronfenbrenner & Evans 2000), our approach in this research also draws from constructs applied in disability abuse research by several scholars (Sobsey, 1994; Hollomotz, 2009; Robinson, 2010, 2012; and Fitzsimons, 2009). Common to all of these approaches is a focus on the person at the centre of their wider socio-ecological context, which is comprised of various interacting domains or spheres of influence.
This approach fits comfortably with understandings of disability which recognise it as a product of individual, environment and social factors (Clifford Simplican et al., 2015; Shakespeare, 2014). It also calls for responses which move beyond individualistic conceptions of ‘vulnerability’ and ‘risk’, looking to multi-dimensional solutions for complex social problems (Hollomotz, 2009). The growing use of intersectionality as a theoretical frame for understanding violence in communities of people facing inequality also resonates with this approach. Intersectionality critiques the neglect of difference in analysing the experience of violence (most particularly women) (Cho et al., 2013; Stubbs, 2015), and is increasingly informing applied research in feminist-informed research on violence and safety (see Dyson, Frawley and Robinson, 2017).

The influences from social ecological theory, intersectionality and disability studies theory together underline an emphasis on capturing the ways in which young people’s agency is in dynamic relationship with variables at interpersonal, organisational, community and socio-cultural levels. Importantly, it also helps us to highlight where barriers may constrain young people’s safety and intersect with established practices and cultures, policies and community norms.

The four interacting domains of the social-ecological framework are used in this research. They are:

**Micro: (Intra/personal):** Interactions between personal and intrapersonal factors and influences in the person’s immediate context such as their family, school, friends, and other domains where the developing person spends a good deal of time engaging in activities and interactions (e.g. the way that young people feel about their safety at school, home, peer group).

**Meso: (People in community):** The interrelationships among the multiple microsystems in which people spend their time (e.g. interactions and relationships with family, friends and others in community, including interactions in places of work, services, school, and other public and private spaces and places.) Understanding the relationships among and between these systems is important in this research because people spend time in more than one microsystem.

**Exo: (Systems):** Systemic contexts in which the individual is not directly situated, but which have important influences on their lived experience - social institutions, policies, accepted standards, protocols, techniques and practices relating to safety or abuse. (e.g. medical services; policies relating to working with people with disabilities in police or courts).

**Macro: (Structures and cultures):** Envelops remaining systems, structural and societal factors, such as poverty and homelessness, and broader cultural concepts like rights, participation, discrimination, inclusion and exclusion. For any particular value system to have any influence on a person, it has to be experienced within one or more of the microsystems within which that person is situated. (e.g. housing, public attitudes).

Two further concepts are key to the model – the proximal processes which are about how individuals make sense of their interactions and relationships; and the effect of time on these experiences.

**Proximal processes**

Individuals and their reciprocal engagement in the activities and interactions in their daily life are core to the social-ecological model. These enduring forms of interaction are proximal processes – the types of things that go on in the lives of developing individuals, such as being part of a family, or the way that regular relationships at school or work are conducted. Proximal processes are key to understanding how individuals come to make sense of their world and understand their place in it, and both play their part in changing the prevailing order while fitting into the existing one (Tudge et
al., 2009). In this research, an emphasis on proximal processes enables close examination of the tacit and explicit ways that relationships shape understandings and experiences of safety, and individuals' learned ways of responding.

**Time**

The impact of time on the experience of safety can be helpfully conceived as micro-time (what is occurring during the course of some specific activity or interaction); meso-time (the extent to which activities and interactions occur with some consistency in a person's environment) and macro-time (developmental processes which are likely to vary according to the specific historical events that are occurring at this point in time). This focus on time within a socio-ecological framing is potentially significant for this research because of the characteristics of some participants (who have a concrete frame of reference); the cumulative effect of small acts of support, and of micro-aggressions; and the large scale policy changes currently in play and directly shaping young people's lives.

![Figure 1: social-ecological model](image)

Taking an ecological approach enabled us to explore ways in which young people, and those who support them, understand safety in each domain, and also the intersections and dynamic interaction between domains.
Research methods

The research used a four-phase mixed methods approach (incorporating both qualitative and quantitative data) to investigate the research questions detailed above.

**Phase one:** embedded ethics, planning and literature review.

**Phase two:** qualitative research, including small focus groups, individual interviews and in-depth innovative methods with young people with disability and focus groups with service providers.

**Phase three:** quantitative research, via surveys conducted with young people, family members and service providers who support them across Australia.

**Phase four:** analysis, reporting and knowledge dissemination.

Ethical considerations

Ethical approval for the study was obtained from Southern Cross University Human Research Ethics Committee (approval number ECN-15-321). Additional approval was obtained from several non-government organisations as the research progressed in order to satisfy requirements for them to promote the research and support people who used their services.

Information and consent materials were developed in a range of formats for young people with communication support needs (easy-read, pictorial, text-only). Young people were provided with a booklet about personal safety at the end of our meeting with them, developed for the research, which included a personalised simple safety plan. A small number of disclosures of harm or concerns about safety were followed up during the research, with the consent of young people. This was not unexpected, given the topic of the research. No young people withdrew during the research. A free-to-participants counselling service was available to participants, but not taken up by anyone.

The surveys included links to counselling support and information about safety, and also links back to warm referral contact points. No ethical concerns were identified to the researchers.

All names used in this report are pseudonyms, and some identifying details have been altered for participants in very specific situations.

Coproduction

Two advisory groups were integral to the project, actively involved in design, data analysis and report writing phases. Both groups will continue to be involved in the dissemination phase of the project.

The *Community Research Advisory Group* comprised representatives from the two community organisations that partnered in the research, and the academic team. The group met at key points in the project, contributing to the research design, development of interview methods and guides, connecting the researchers with potential participants, advising on emerging data, and providing feedback on reports.

The *Young People's Advisory Group* comprises six young people with cognitive disability. The group met monthly throughout 2016 and into 2017, developing relationships and interests in the research, building skills and understanding about research methods, reviewing recruitment materials and participating in capacity building workshops. They contributed significantly to the research by providing feedback on the research instruments via participating in mock focus groups and interviews, engaging in data analysis, including thematic coding and interpreting analytic codes, and developing the easy-read summary of the report. The CCYP Community Researcher, herself a young person with disability, contributed to the peer support of this group.
Qualitative research

Research structure

Qualitative research was conducted in six sites across four states, selected for maximum variation and national coverage (three metropolitan, two regional and one rural).

Young people were invited into the study in ways that sought to be flexible, respond to their interests and needs, and adapt to their strengths. A total of 68 young people contributed to the qualitative research. They were involved in one of the following ways:

1. Focus groups and individual interviews were offered to young people with disability. In small groups, 40 young people used supported activities to identify the ways in which safety is conceived, and key people and places which facilitate and constrain feelings of safety (RQ 1 and 2) (Skattebol et al., 2013; Robinson & McGovern, 2014). Individual interviews were offered for 12 twelve young people who preferred to speak privately or who had support needs which precluded their involvement in group activities.

2. Sixteen young people with disability and high and complex support needs and six people who support them shared their perspectives on personal safety using more flexible adapted approaches. Using a range of methods, including photovoice, video, pictorial mapping, story boards, talking mats and ‘walk along’ interviews (refer to appendix one for details), we worked with young people in the sites over 6 months, using individualised resources to enable sharing of their understanding and experience of personal safety across a range of specialist and mainstream sites and relationships (RQ 1-3) (Robinson 2016; Skattebol et al., 2013).

All young people who participated in the study were given a $30 gift voucher to thank them for their contribution to the research and an easy read booklet about personal safety.

Qualitative data was gathered using research methods adapted to the specific needs and capabilities of the young people in each interaction. In focus groups, conversation was mapped pictorially and with some words, and key elements of the discussion recapped regularly. Individual interviews were conducted using a semi-structured format, scaffolded by interviewer guidelines for ensuring emotional safety for participants and promoting the young person selecting and leading the conversational structure and format (e.g. walk-along interviews, pictorial mapping). Interview guides are attached at appendix 2.

On making contact with family members or other close supporters of young people with high and complex support needs, researchers worked to identify young people’s likely preferred methods of communication and participation. A range of adapted research methods were used in three sites to engage with these young people, including multiple meetings to establish a relationship and communication with the young person, walk-along interviews, involving a key support person or family member in the research to support young people’s participation, repeat informal interviews, mapping, use of images or communication boards, and development of social stories using photography and Pictello, a software program that assists users to create visual stories about their lives.

Researchers focused conversations with all young people on what helps young people with disability to feel and be safe. Young people were not asked about experiences of being unsafe nor about abuse. Supporters were provided with information about how to enable young people with high or complex needs to participate, by reading through the information and consent forms with them, and exploring their interests in, or concerns about, being involved. Family members and service providers also acted during interviews to support young people’s communication and building of relationship with the researchers.

Thirty service providers also participated in the qualitative research through standard focus groups of up to 6 participants across the six sites.
Recruitment and participants

Three metropolitan and three regional and rural sites were included in the study. In each location, young people were recruited through extensive direct email and phone contact to key organisations and individuals; through warm referral; and by social media event promotion. Information packs were provided with an invitation to young people to participate in the research (easy-read, pictorial and plain text versions), invitation to service providers, and an easy read consent form.

Recruitment was time-intensive and it was difficult to engage participants in all phases of the research. Service providers and family members were frequently reluctant to provide information to young people, on the basis that they felt that young people would not be able to understand the research nor consent or assent to participation (particularly those with high support needs); that young people would be upset by the research; and that supporting the young person would require greater resources than the supporter was able to afford at the time.

A diverse range of young people aged 16-31 years (mean = 21.7 years) were recruited, with an equal distribution of female and male participants.

![Figure 2: age range and gender of young people participating in focus groups and interviews](image)

Sixty-three percent of all young people participating were located in metropolitan areas, and 37% came from regional and rural locations. Ten percent of young people were from culturally and linguistically diverse backgrounds, and only one participant reported Aboriginal cultural heritage.

We did not ask participants for information about their disability type, but recorded it where they shared it. From this, it is clear that young people with a range of types of disability were involved in the research. Some young people also identified as having more than one disability.

Sixteen participants, or 23% of the total participant group, were young people with high and complex support needs. All had multiple disabilities which intersected with other social, service and system complexity (for example, homelessness, mental ill health or exclusion from core services).
The service providers who participated in focus groups were directly providing services to young people in direct support and professional roles. Twenty five were women, and 25 came from metropolitan settings. Five came from culturally diverse backgrounds, and nobody identified as being Aboriginal. Types of services represented by providers included disability services (accommodation, day services, employment support), education, counselling, systemic advocacy, youth work, and community development.

Figure 3 details participant types across research sites. Data in Sites 1, 4 and 6 were gathered in regional and rural locations, while Sites 2, 3 and 5 were located in metropolitan centres.

Analysis

All focus groups and interviews were audio recorded where permission was given by participants. The resulting data was transcribed and coded into NVIVO. Visual data (photos, maps, scribed focus group sheets) was uploaded into NVIVO. Data was initially coded according to the research questions and sub-questions, and then sub-coded according to the inductive themes emerging from the priorities of the young people participating.

Once thematically coded, the data was analysed using iterative categorisation (Neale, 2016), a systematic analysis technique for reliably building from inductive coding into a conceptual framework. Iterative categorisation provides a procedure for systematic data reduction, display and verification, allowing comparison both within and across codes (Richards & Morse, 2013). In effect, this process provides an ‘audit trail’ from the raw data to published findings, and provides a rigorous pathway for clarifications, elaborations and confirming or disconfirming evidence (Shenton, 2004).
Quantitative research

Research structure
Two online surveys were developed to confirm and extend the findings from the focus groups and interviews.

The first survey from the survey.

The second survey was for families, friends, support workers and advocates who provide paid and unpaid support to young people with disability. It aimed to explore their perspectives about assisting young people to feel and be safe. It was a standard survey.

Both surveys were pilot tested, the young people's surveys twice due to the wide range of users.

Recruitment and participants
Five recruitment paths were used to promote the surveys: direct email invitation to contacts from phase 2; promotion through members of community partner organisations; email to relevant support organisations; social media promotion on Facebook and Twitter; and promotion on the researchers' websites.

Data in this report is based on the responses of 35 young people who answered the online survey. Fifty-four looked at the survey without responding, or answered only one question. These latter responses were removed from the analysis, as were the responses of three people aged 30 years or older.

The initial dataset in the supporter's survey of 170 responses was cleaned to remove 19 with no data. As this survey was focused on young people, thirteen cases were removed where the supporter worked with just one person, and that person was aged 31 years or more. This resulted in a dataset of 138 respondents.

Analysis
The surveys were analysed using SPSS. Descriptive statistics identified key characteristics and perspectives. To examine any differences among groups of respondents, the analysis applied multiple cross-tabulations, but in this report for reasons of space important findings only are reported. Numbers and percentages are reported for supporters. Because the number of respondents to the young people's survey was small, their data is reported using numbers only. This is to avoid giving an inflated sense of the size and transferability of the data.

Limitations
This project privileges the perspectives of young people with disability in order to deepen understanding of their experiences and ideas and contribute new knowledge. We acknowledge, however, the limitations in not also interviewing other stakeholders in the research who have important perspectives to contribute. It was not possible to use a validated measure for the survey design, due to the lack of availability of surveys on this topic. For this reason, self-designed surveys were implemented. Validated measures, particularly the Personal Wellbeing Index (which has versions for people with intellectual disability and children), were used to inform the young people's survey design.
Feeling and being safe for young people with disability

In this section the results are presented to respond to each of the two overarching research questions:

1. What does ‘being safe’ mean to young people with disability?
2. What helps and hinders young people with disability in feeling and being safe?

Firstly, however, the contexts of young people’s lives are detailed to describe the patterns and rhythms of their lives, needed to understand how this intersects with their relationships with other people, organisations and communities in helping them to feel and be safe.

3.1 CONTEXT OF YOUNG PEOPLE’S PARTICIPATION IN THIS RESEARCH

Young people’s experiences and the communities they engaged in

Home

Most of the young people participating in phase 2 interviews lived in their family homes (n= 50), where the majority of them had grown up. Fourteen young people lived alone or with friends / flatmates, either independently or with a mixture of paid and informal support. Four lived in group homes. Three young people were living in out-of-home care and one person was at imminent risk of homelessness. One person was homeless. Because of experiences of disruption in their family life during their childhood due to family breakdown, violence and abuse, or significant family discord, a small number of young people had lived in more than one kind of arrangement.

In Phase 3 most young people (n=24) responding to the survey lived with their family most of the time. Eight lived in their own home either alone or with a partner and two lived in group homes.
Patterns of daily living

Young people described a range of activities and ways they engaged in their communities. Many young people described their involvement in employment including youth disability advocacy, disability enterprises such as woodwork and packaging, as well as retail. Volunteer work was also common, primarily in child care or aged care services. Other young people reported a strong desire to work but felt they lacked skills or that structural barriers preventing them gaining work.

Young people also related their involvement in recreational and leisure activities, from online activities like gaming, to singing, making art, playing and watching football, singing in bands, and listening to music. Several young people were currently or had been enrolled in tertiary education, ranging from TAFE certificates in child care, hospitality and aged care, to having completed undergraduate degrees in marketing, social work and current honours research relating to the political agency of young people with disability.

Some young people also used social media to stay in touch with friends and arrange social activities – particularly common amongst those who were Deaf or hearing impaired – although other young people reported fear about social media, such as worries that their smartphone would run out of battery or that they might be hacked online.

Young people with higher support needs also reported more limited social networks and less engagement with communities, attributing the majority of their daily support to family (particularly mothers) and to disability support services.

Services

Young people’s engagement with services was also wide-ranging including involvement with peak and advocacy organisations and participation in social programs, primarily by those in metropolitan centres; receiving personal care at home, transport by services to service-based employment, volunteering and recreation, and regular participation or attendance at day centres and group programs intended to build independent living skills, including cooking, gardening, and shopping.

While most young people reported some involvement with disability service organisations, those with higher support needs were more likely to be involved with a range of services, and those with primarily physical disability reported less involvement with services, including six young people who had no involvement with disability or other community services.

Most of the young people with higher support needs spent a large part of their week at day services where they participated in a range of leisure and skill building activities. However, several young people with very high and complex support needs had little involvement with services, with their primary carer (mother) providing all of their support following a period of unsatisfactory service provision.

All of the young people participating in this research had been to school, most frequently in units offering special education within their local high schools, but also as part of regular classrooms, or to special schools for people with cognitive impairments or who are Deaf.

Experience of abuse

Although researchers did not ask young people about abuse or experiences of not being safe, 13 (19%) participants reported experiences of violence or abuse. These included physical and sexual abuse, emotional abuse, being taken advantage of financially, as well as neglect by services and systems that had attributed the young person’s needs to impairment, rather than a health or other issue (such as failing to access needed medical care). The settings of abuse included the family home, school, within mainstream and disability services, at university and at work.
3.2 WHAT DOES ‘BEING SAFE’ MEAN TO YOUNG PEOPLE WITH DISABILITY?

At the start of the focus groups and interviews, young people were asked to share what 'being safe' meant to them. From this, a conceptualisation of safety has been developed which reflects the views and priorities of young people with disability. This section of the report presents the data linked to each aspect of the model.

- a safe place
- be out of danger
- stick together
- not mistreated

- trusted relationships
- comfortable
- known and understood
- respected
- protected

- physical
- social
- emotional

Figure 4: interpersonal safety model

Four factors were identified as fundamental to a sense of safety. Many of the young people perceived it was essential that all four of these were met in order to feel safe.

First, being **physically safe** was identified as a basic requirement which needed to be met in order for them to feel, and be, safe. Physical safety was the entry point for many young people’s conversations, including the ways that young people acted to keep themselves physically safe – with particular emphasis on locking the doors and windows at home, road safety, and being careful with hot water and electrical cords and other potentially dangerous items. These conversations were an important ‘lift-off’ point for discussing relational safety. For example, Danni talked about how she helped other people to be safe in their group bike riding activity;

> Well, the first thing you do is you tell everybody to put their helmets on and the second thing you do is you look out for each other. Like say if one person is going down the middle, you just wait until they have passed before you go, so you don’t have any head-on collisions.”
Many participants discussed ways in which they acted to minimise certain risk (e.g. of falling) and potential risk (e.g. of being assaulted by strangers) to their physical safety. Some with very high support needs were not able to articulate their ideas about physical safety, but their supporters described the ways that they acted – for example, dropping to a crawl to avoid falling on uneven ground – which indicated awareness of physical risk.

Second, being **emotionally safe** in a wide range of situations and relationships was identified by a number of young people as necessary for them to feel able to develop as individuals, to relax into environments, and to build confidence in participating in different contexts. Meaningful connection with other people in informal and formal relationships was raised by every person.

> For me safety is also about emotional safety as well. So feeling that where you are at the particular point. So not just physical safety like you’re not going to trip over or not going to burn yourself but also that you can look around and think well this is where I am either meant to be or I feel happy here?
> 
> Lina

Third, many young people stressed the importance of having (disability-related) access needs met as a foundational safety requirement.

> Accessibility is linked to safety. If something is inaccessible, it’s usually entirely unsafe for someone with a disability.
> 
> Jason

They talked about not only physical, but also social and emotional access needs, and how having these needs unmet impaired their ability to fully participate at best, and put them at risk of violence and abuse, at worst. The idea of emotional access was that young people felt that spaces and places in their communities were safe for them and their peers, available to them, and easy to approach. Social accessibility meant that there were spaces where young people could either be or meet with friends and feel accepted and safe.

> I think safety is where I have access to everything... you know I imagine ... somewhere that would be great, where safe equals access, where I’m not missing out on anything.
> 
> Louis

Finally, **feeling capable** was expressed by young people as foundational for a sense of safety. This was not equivalent to independence – some people required high levels of support for various parts of their lives, and this was very important for their sense of safety. Rather, it was about ensuring that they were listened to about both what helped them to feel safe, and times when they did not feel safe; that they were able to have at least some degree of influence over what happened to increase their personal safety; and that they were effectively supported (if needed) in ways that helped them to build on their own influence.
The first two conceptions of physical and emotional safety are aligned with those of other young people, both with and without disability (Taylor et al., 2015; Bourke & Burgman, 2010; Hopkins, 2010). The second two focus areas bring a new dimension to young people’s conceptualisations of safety.

These aspects of being safe relate to both the actions taken by young people to be safe against potential and actual harm, and to protective actions taken by other people to keep them safe. They are, in the main part, about setting up the conditions that enable young people to be in, and move around in, spaces and places confidently and safely.

Following discussion about safety with young people, we turned to what promotes and hinders safety in their lives. These findings are discussed next at individual, service, and community or structural levels.
3.3 WHAT HELPS AND HINDERS YOUNG PEOPLE WITH DISABILITY IN FEELING AND BEING SAFE?

Drawing on data from both the Phase 2 interviews and Phase 3 survey, this section reports the perceptions of young people about how they recognised safe and unsafe situations, what helped them to be safe and what made it difficult for them to be safe.

**Summary of what helped and hindered young people's safety:**

- Place and people are integral in helping young people to feel safe.
- What mattered most to many young people was being known and valued across the different places and relationships in their lives.
- Home was a safe place for most of the young people in this research, because people were there who were important to them, cared about them and looked after them; they had some control over what happened there; and it was set up so they could be as independent as possible.
- Home did not feel as safe for people who had conflict at home, or not enough support or privacy.
- Good relationships with family and friends helped young people to feel confident, resilient and positive.
- It helped people to feel and be safe if they had good relationships in different parts of their lives.
- Some people did not like to mix with people they did not know.
- Friendship was very important to young people. Friends ‘have your back’ and help in feeling safe, but some people were lonely and wanted more and deeper friendships. A lot of people had painful times with bullying in the past that affected their feelings about friendship.
- Paid workers who listened and took young people seriously were highly valued. However, young people had many experiences of not being listened to or supported in their concerns and worries, and with complaints about abuse.
- Being a member of community groups and organisations helped young people to feel safe and like they belonged.
- Young people worried quite a lot about strangers who might attack or harass them in public, come into their homes, or take advantage of them by stealing from them.
- Some people felt included in the community, but some people felt judged sometimes and it made them very anxious. A small number were very overwhelmed by lights, music and crowds and needed good support.
- Young people’s ideas for improving their safety are impressively detailed and cover a wide scope of areas.
- Young people identified safety strategies that they can implement themselves; actions that other people can take; strategies for how services can improve safety; and strategies at a community level that will help promote their safety.
- Underpinning all of the strategies is the basic need expressed by all young people participating in this research to be listened to, to be treated with dignity, and to have their concerns heard and responded to.
Young people were clear about connecting safe places with the actions of people in the places that either kept them safe, or would protect them if it was necessary.

“Safety is like a place you can be where people will stand up for you and protect you if there’s problems.”
Kaiden

At home
Home was felt to be a safe place for most of the young people in this study. For some, this was expressed as a foundational sense of security - home as a secure base. Many young people talked about home as their safest place because they had control over what happened in that space, family members looked after them, and they had control over part or all of their own home. The homes of other family members, and of friends, were also named by several young people as safe places.

Safety at home was predominantly relational in nature for most of the young people who still lived with their families. As Vic put it, ‘I have my family to look after me’.

Most young people still living in their family homes valued their bedrooms as places where they could control what they did, and who came and went from their space. They rated privacy highly, and several young people talked about the importance of privacy in their bedrooms in helping them to feel safe.

People living in their own or shared houses talked about the importance of adaptations to physical space so that it was safe (locks, non-slip flooring, etc.), but also about adaptive equipment that provided them with independence, giving them a sense of emotional safety as young adults. For example, Jenny talked about how she kept all the doors and windows of her home in her rural town locked when she was home alone:

“Like when my boyfriend or family is there I feel fine and safe but when they’re not there I feel uncomfortable.”

Young people with high support needs were mostly reliant on their family members or support staff to create a safe home, such as establishing and maintaining a safe physical space, setting up home life and routines to maximise the young person’s capability, and being vigilant about access to dangerous items within the house. For example, Alice’s mother had set up their home to be safe for her to move around independently:

“Yes, her room is safe and she feels safe in her room and she will come out …. like if I’m in my bedroom and her video stops she’ll come and source me out, and come and sit on the bed as if to say ‘come on, fix the video’. So she feels safe meandering through the house.”
Some young people valued their current home as a safe space because it was not something they had always had:

“My other placements they don’t quite feel like this place, this place feels like home. So I wouldn’t call the other places safe ... But I got to say this is the safest place I’ve been since I’ve been in care. I know that this family will never let anything happen to me and I know that they’ll stand by me no matter what.”

Bianca

However, a small number of young people found their homes uncomfortable because they felt under-supported, either because they were nervous about recently moving out of their family home, they felt scared being left alone on rural properties, or because they were frightened of potential ‘strangers’ coming into their home. For another group, interpersonal conflict at home made it an uncomfortable and at times frightening place. A small number of young people described family life in which personal support was limited or inconsistent, privacy was unreliable, and the climate often volatile. For young people who had experienced family violence and homelessness, physical and emotional stability in their home was highly valued, and connected closely to relationships with key trusted adults. For example, Rachel talked about retreating to her room because of domestic violence from her stepfather, and about her concern for her mother and siblings after the police removed her stepfather and charged him with domestic violence offences:

“Mum had to change all the locks on the door because he is not allowed to come where we are up to us.... As we go everywhere, out and about, always have to be careful in a way.”

Consistent with the qualitative research, most survey respondents felt confident in their safety at home and with family (see figure 2, appendix 3). Most survey respondents said they have access to privacy when they want it always or sometimes, and nearly all said privacy contributes a lot to their sense of safety (see table 1 & 2, appendix 3).

**With family**

Most (but not all) people in the research described close relationships with family members, particularly at least one parent. The nuanced and individual nature of family relationships is clear in young people’s narratives. Some related straightforward relationships in which they felt supported and protected by their nuclear and extended families. They talked about trusting their family, feeling understood, acknowledging care and support they provided, and appreciating the long-term nature of this core relationship:

“Mum and Dad are an instant comfort zone because they understand me the best. And they know when to help and when not to.”

Kate
Many of the young people in this study related close relationships with their mothers, either speaking about (or in the case of young people with high and complex support needs, demonstrating) emotional closeness and mutual concern about safety. Several young people talked about their patterns for managing safety with their mothers (and some dads), such as phoning when they had safely arrived somewhere, negotiating boundaries around growing independence as young adults, and seeking advice about decisions – similar to peers of similar ages without disability. For example, Tibby talked about a daily touch-base with her father over the dinner table they called ‘the biz’, where they shared anything interesting, or troubling, from their day. Things related to disability included that some of the young people used adaptive equipment to do these things, some made multiple phone calls per day to manage their complex anxiety, and the places some went were heavily mediated by services and funding.

Discords and tensions within families appeared in several people’s narratives, particularly evident in young people’s hesitations and worries about how and from whom they were able to draw support if they had concerns about safety. This was common in the people who lived in separated families, and where there was conflict in households.

Ten young people related difficult and sometimes volatile family dynamics at home which meant they navigated complex relationships to be safe at home. This ranged from significant conflict at home to multiple forms of childhood abuse, sexual assault and domestic violence which not only profoundly affected their safety and wellbeing, but also influenced their family functioning. For example, one person talked about the impact of familial abuse on the way that she now engaged in the wider world, saying:

“The way I see it is that it’s not your skin that gets damaged but your insides that do.”

Some talked about a delicate balance that their family straddled, sometimes feeling safe and sometimes not. For example, Tibby said that her dad ‘yells all the time’, but she gets support from her mum (and the example above mentions the way she connected with her dad). Kaiden talked about how his mother had reached an equilibrium that allowed her to care for the family:

“Well she’s basically an alcoholic and she’s also in a lot of pain a lot, but she’s sort of learnt not to be too drunk.”

For two young people, family relationships had completely broken down and they were homeless and severely affected by trauma and complex, multiple disability. Celia felt that she had applied lessons from these experiences to her life:

“I learn the signs of abusive and unhealthy relationships so I can stay away, and not just intimate relationships…. I think that you have to oust certain people from your life to stay safe, and then keep the ones who love and support you close to you. So that’s something that I do.”
Two young people talked about the transformative effect of living with a stable family, after multiple placements in Out of Home Care. Naomi’s foster parents supported her through a traumatic court case to address criminal assault and removing her permanently from her mother’s care. She talked about how she started to call her foster mother ‘mum’ quite quickly:

“Because I classed her as a real Mum because she cared for me, and she protects me when I need it. She always gives me hugs too.”

Survey responses were consistent with the qualitative research. Most survey respondents felt confident in their safety at home and with family. Even during times when respondents were unhappy in their family life, 22 said they still feel safe, although four said they feel unsafe during these times.

**In close relationships**

Almost all young people identified close relationships as important to them in supporting a positive sense of safety in their lives. These underpinned their confidence, built resilience and contributed to their sense of identity. Family and friends were most commonly named in interviews as supporting young people to be safe, along with some workers in services. A number of people described this as people who treated them well, or with respect, as Jem says:

“I have had a lot happen to me. One of the things that I’ve learned from these [things], is if you don’t learn to be resilient, things will continue to happen to you. It doesn’t matter what your disability is, you need to surround yourself with people that know you and respect you.”

Several young people talked about the need for personal networks that went across different domains of their lives, in order to widen their social worlds, and draw advice and support from a greater range of perspectives. For example, Jocelyn was entering a new phase of life with pregnancy and a new partner, and she perceived the need for extra support may not directly be about avoiding a safety crisis, but ‘having a support team around you to help you with your disability and with your feelings’ as life shifts and changes. Being able to turn to more than one person for advice with a problem was seen as a protection against harm by a number of young people.

However, a number of young people discussed their reluctance to have contact with people they did not already know well. Several people related the idea of a ‘comfort zone’, which they established and didn’t want to move out of, either geographically or by bringing in new relationships. For some young people with high and complex support needs, their families had worked to create a stable environment in which they were safe and supported, and where other people also were safe (for example, from violent behaviour when one young man was not well supported). The range and volume of abuse experienced by one Aboriginal person led her to reject all non-Aboriginal supports and services. For some, particularly people with cognitive disability, a longstanding fear of ‘strangers’ in public who might have harmful intent drove their reluctance to have contact with people not well known to them already. Multiple experiences of harassment, insult and bullying in their lives gave rise to this. For example, Mick, who is also blind, only went into his local regional town when accompanied after several abusive encounters:
So, if there’s anything coming towards me that worries me or frightens me... that’s when I need to have two or more people with me.

Most respondents to the survey also felt very safe with most of the important people and places in their lives. Almost all respondents felt very safe at home (34/35); followed by family. Of those who had boyfriends or girlfriends, and paid workers, three-quarters indicated they felt very safe with these people (see figure 2, appendix 3).

**With friends**

Many young people talked about friends as important to their sense of personal safety. Friends played multiple roles – they provided emotional support, helped build a sense of solidarity and security in the places young people spend time, were a back-up and protection when socialising or going into new places, and helped some young people to extend their horizons. Friendship was much less evident for people with high support needs. For many, friendship was also a source of difficulty and tension, either in the present or the past.

The emotional support provided by friends meant that some young people said they felt connected, could ‘be myself’ with them, and felt able to talk with close friends about problems or worries. Several young women talked about the strength of their feelings about their friends, rating friendship extremely highly and saying they felt more emotional support from friends than family, or that their family provided a solid base, but they turned to friends for more emotional issues.

The way in which friends helped to build a sense of solidarity and security was described well by Bianca:

“To keep safe is to look after each other. So have each other’s back. Whoever you’re with have their back and no matter what you’ll be safe.”

This sense of mutuality was discussed by several people, who both provided friendship and appreciated its return. For a number of people this was embodied – for example, Mick said that he liked to talk with his friends, but also just to be close to them, and found it protective and comforting to know that they would see any problem or danger that he could not (due to vision impairment), and help him navigate it. Jonathon noted that maintaining strong friendships takes time and effort and provided advice on how he keeps his friendships solid and avoids the elements he is uncomfortable with:

“I think don’t fight. We do good. We do good together. We contact together on my Facebook Message. Some friends send me rude [messages] that is not good to look at. It’s really hard to have good friends... I don’t like Wendy’s attitude to say f-word. It’s an ugly word. I stay with Olivia she’s my close friend. And I stay with others as well.”
Friends were also seen as a back-up and protection when socialising or going to new places. Several people mentioned that they would not go out alone, either to familiar or new places. Many more said they were uncomfortable going to new places alone. A number of people used phrases such as ‘safety in numbers’, ‘back-up’ and ‘got your back’ to describe the role that friends played in helping them feel safer in public places.

“I have a best friend and I’m more comfortable with her, because I know she won’t leave me if we’re out. Whereas with other friends I also go out with, I don’t have that same comfort level.”

Kate

For participants with high and complex support needs and cognitive disability, friendships were more likely to be mediated through service interactions. For example, Elizabeth was very happy one day when meeting the researcher, because her close friend from school had started at her day service, and she hadn’t seen him since leaving school years earlier.

However, the effects of bullying and abuse were clear on the attitudes to friendship of a number of young people. Many described unhappy school years and ineffective responses by people in authority to vilification, bullying, interpersonal abuse and exclusion by peers. The legacy of this treatment was seen in the levels of confidence young people felt around friendship, in complaining about unfair or abusive treatment, and in going into public spaces.

Isolation and loneliness was mentioned directly by a small number of participants, and present indirectly in the narratives of several others. Ty, for example, is geographically isolated, living outside of his regional town without transport apart from his part-time attendance at a disability day service. He struggles with anger and depression, but says he doesn’t tell anyone about his feelings because:

“I think that nobody needs to hear it... so I just keep it all to myself and bury it. And eventually it all just gets to a point where it bursts out. And the way I call it, that outbreak happens when nobody’s around, so then just it just goes away.”

Others talk about wanting more friends, and deeper friendships. Navigating friendship was not easy for a number of people, as Danni explains:

“Well, there’s a lot more things you’ve got to think about, who you have to be friends with. You’ve got to think about all those things beforehand and there are some people you can’t trust...”

For young people with high and complex support needs who have experienced trauma, friendship appears to be very hard to sustain, and intersections with homelessness, health, socio-economic disadvantage and family circumstances increase the difficulty.
My friend who is like a sister to me stole a bar of soap from a shop and she ended up [being sexually assaulted by] a security guard there for 45 mins in a car park because he convinced her he wouldn’t call the police or fine her if she did this for him. She has a history of stealing so she knew she couldn’t get away with it again if the cops were called and the ways that disabled peoples are oppressed puts us into situations like this.

Responses to the survey did not provide such depth of data about friendship. Twenty-two young people felt very safe with their friends. During times of sadness in friendship, 14 said they still feel safe and 11 said they feel ‘okay’. Most people responding to the survey had more than three close friends, and 11 respondents had three or fewer friends. One person had no friends.

In services people use

The services most commonly used by young people were disability support services - used for day activities, support with employment, and assistance at home (in family homes, group homes and young people’s own houses and units). Young people also discussed their experience of safety in schools, health and medical services, youth services, housing and homelessness services, and supported leisure groups.

As in the home and personal relationships domain, young people’s feelings about safety in services were integrally connected to the relationships with workers and peers also in those places. Many young people perceived there was a blending between personal and service spheres, as what mattered most to them was being known and being valued across the different places and relationships in their lives.

Some participants made reference to policies and practices in services that operated to constrain their personal safety. These included lack of choice about the gender of staff providing personal (and other) care to young women; restrictive rules about bedtimes, mealtimes and access to technology in respite care; and active discouragement of communication between support workers and parents of people who don’t communicate verbally. At a broader level, lack of availability of support workers led to lack of choice about patterns of daily living. As Lee put it:

Safety means not being forced to be put to bed at 8pm cos that’s the only time you can get a support worker to assist you to go to bed.

With paid workers

Several people talked about individual support workers or teachers who had contributed to their sense of personal safety by building their sense of being valued for their contribution:

Workers who are friendly, welcoming, kind, positive, honest, who have trust, faith, hope and belief in you, knowing and trusting you will make the right decisions for yourself and for your family and that they trust in you that your self-determination is the best, like trusting our decisions and supporting us in our decision making, backing us, being connected to us, advocating for us and advocating well.

Pat
People with high support needs relied on the quality of relationships with support workers for communication as well as practical and relational support. Young people in this research communicated in a variety of ways, including through body language, eye gaze, using SIRI and other augmentative assistive communication systems, and through modified Auslan signing. For all of these people, support workers who knew them well, and knew how to use their preferred communication systems were essential for them to be able to share ideas, information and worries. For example, Derren and his support worker Angus had worked together for 3 years, and over time Angus had learned to better understand his communication:

“Derren responds in his nuanced way which is usually facial expression. We know when you are happy mate because you smile and we know when you are sad because you tend to bite your lip to express it.”
Angus, Derren’s support worker

Having personal working relationships with workers, supervisors and managers gave several participants confidence in making complaints about interpersonal violence, concerns or safety issues that happened in their supported employment workplace or day service. They spoke about feeling listened to and their concerns taken seriously (although this was not a universal experience – see next section). In some cases, managers were active in addressing safety issues, for example excluding a person who was subject to an AVO quickly and authoritatively, which left the young person feeling well protected at work.

Young people had mixed feelings about the extent to which they trusted workers with private information. Some with cognitive disability expressed the view that ‘staff can keep your problem private’ and they would not share confidential information given to them by the young person. Others who were less embedded in service systems were not so trusting, and preferred to keep private information outside of the professional domain wherever possible:

“I’m not that comfortable with [Auslan] interpreters. I feel that it’s really hard to divulge information to them.”
Josh

However, participants also provided many examples of times when they spoke to people in authority about experiences of vilification, abuse and violence they were experiencing, to little or no effect. For many, this started at school, where bullying, exclusion and interpersonal violence was related by many as a common experience. Some young people had vigorous responses from teachers and principals, but several felt that little was done, and that the mistreatment certainly did not stop.

“Over four interviews, Elizabeth shared through sign, pictures and communication support how kids in school bullied her and poked her with sticks. She told the teachers, and they gave those kids time out, but it didn’t stop them from hurting her next time. More recently at respite, she said she has been bullied by other people staying there. She told the manager, who told her to ignore them and do something else. This does not stop the bullies next time either.”
This early harm both heightened young people’s fear of abuse and violence, and their expectation that little would be done to prevent, stop or redress it. A number of people talked about having to persevere with complaint making, after being told to forget about it or ignore the issue/person by the first worker or supervisor they told. Knowing ‘the boss’ helped them to raise issues again at a higher level, in three cases with a successful resolution.

Discriminatory and negative attitudes of support workers, out-of-home-care providers and teachers in a few cases resulted in very negative outcomes for young people. Alice had a teacher at school who, in a meeting about her educational progress said ‘she is just a vegetable … I can't teach her anything, she doesn’t even acknowledge me’. In a regional area, few other choices of school were open to Alice’s family. Bianca recalled her fear in one of her OOHC placements:

“I’ve got epilepsy … and when I’m having a seizure I just want to sleep and I went like that [slumps] on the table. So then they dragged the chair in the middle of room away from the table and just made me sit there while they were over completely with their back facing me and them sitting over eating chicken treat watching Star Trek without even keeping an eye on me and I could’ve died right then and there.”

Young people responded more positively in the survey about paid workers than in the qualitative research. It asked young people to list the sorts of paid workers who support them. The most common were disability support workers (n=13) and teachers (n=12); followed by support planners (n=6) and employment consultants (n=4). Most young people said they felt safe with their paid workers (18/24) (see appendix 3, figure 2). During times when young people did not feel good about the staff they were working with, six said they still felt safe, 11 felt okay, and one felt a bit unsafe.

In community spaces

Some young people described feeling embedded in organisations and groups in their local communities which provided them with a sense of belonging and contributed to a sense of personal safety. They felt that people in their spaces knew them and would look out for them if it was needed. For example, Vic talked about his membership at his local gym, where he went several times a week:

“There are a lot of people there and they all look after me. They know me and they respect me and treat me well.”

This was connected to having meaningful roles and purpose – which meant different things to different people. For some, work provided meaning, autonomy, and a sense of purpose, and gave a psychological sense of safety. As Jem put it:

“My work and university has really opened up my social life, and opened up my doors. Because before uni I was depressed and isolated. I felt out of control.”
Several talked about enjoying social memberships of local clubs where they were known and greeted, and involved in activities like regular karaoke, bocce and swimming. A small number of people talked about belonging to church communities. Local shops where they were known by shopkeepers, and also shopping centres where familiar layout and easy access helped young people feel comfortable were both valued.

On a more general level, some young people talked about feeling safe as they moved around their city because of their social positioning as a person with disability. As Jason put it:

“I feel safe – I feel like I’m safer than most people, because I feel like if someone is going to attack me, they have to be the lowest [sort of person].”

Threats from people unknown to them worried many young people. Several spoke about their general sense of unease about people in public who swore or used bad language, who yelled or spoke aggressively, or who otherwise behaved in ways that were not conventional. If they came across anyone in these categories, they moved away, kept walking, or avoided the area. Others still went out into pubs and clubs, but had an increased awareness of how drunk people posed a threat to their safety, as their physical disability meant they were more easily knocked over if bumped.

A number of participants worried about the possibility of being targeted by strangers and attacked on public transport. For most, this was a worry rather than lived experience and something they had discussed avoiding with family members and some staff in their services. To mitigate potential harm, they did not travel at night, only used busy stations and familiar routes, and phoned family when they arrived safely. For one person, however, fear was based on two experiences of harassment and assault on public transport in the previous year:

“I got sexually harassed on the bus… this guy made a big scene, I think he was on drugs or something. He started targeting me, pulling me by my arm, swearing at me, and yelling at me, and I panicked. I literally panicked… the most thing that most scared me after that, as he got off the bus, was that he said ‘the next time I see you I will get you’.

Chewy

The final concern about strangers were those people who might take advantage – either by stealing money from young people at work or at the shops, persuading them to buy things on unfair contracts, or being mugged in the street. One participant had been robbed of his backpack in the street.

Lack of understanding by people in the wider community was raised by a number of participants as something that they struggled with at times, particularly when they were battling with anxiety, panic or episodes of mental ill-health.

“I feel that people look at me and think ‘you’re normal, you’re fine, you should be able to do it. But then I’m feeling that well, I’m not normal, I can’t do that … I feel really uncomfortable and vulnerable because I’ve been put in a position like, you’re twenty years old, you’re living on your own, you’ve got to do it yourself.”

Margie
As young people with high and complex support needs and cognitive disability have left the school system, the patterns of their lives have changed so that they are exposed to many more people, and out in the community more than before. This brings many benefits, but also risks because family members and support workers were concerned about the ability of young people to identify and respond to risks of harm (see section 5 for further on views of supporters). For example, sensory over-stimulation from shopping centre lights and music is a big problem for Tim, putting himself and others at risk if he gets too overwhelmed and lashes out. Alice likes to sit on people’s laps, and is very fond of men. Without effective, empathic and skilled support, they are at risk in several ways.

Again, the results from the survey were consistent with the qualitative research, with most young people who answered the survey saying that they felt very safe on an ordinary day (21/35) (figure 1, appendix 3). However, respondents were not so confident about their safety when going into new places. Only four said they still felt safe. Eleven said they felt ‘okay’ and eight felt a bit unsafe (figure 3, appendix 3).
3.4 IMPROVING SAFETY: YOUNG PEOPLE’S STRATEGIES AND IDEAS

In the interviews and focus groups, young people were also asked for their ideas about how safety could be improved for young people with disability. This section of the report presents their strategies for being safe along with their ideas for improving safety, and discusses significant differences between strategies and ideas.

Safety strategies at an individual level

In this section, we report first on what young people did and their ideas, and then on what they found that other individuals did to help them be safe, and their ideas for how these strategies could be improved.

Young people’s strategies and ideas about how they keep themselves safe

Young people related a range of strategies they initiated to keep themselves safe when they were concerned about their safety.

<table>
<thead>
<tr>
<th>THINGS I DO NOW TO BE SAFE</th>
<th>IDEAS FOR IMPROVING SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Build relational closeness</strong></td>
<td><strong>Prioritise emotional safety</strong></td>
</tr>
<tr>
<td>• Building emotional closeness, giving and receiving support, establishing a stronger foundation on which you can rely if you need it.</td>
<td>• Protect yourself emotionally</td>
</tr>
<tr>
<td>• For YPHSN, being known, know how to look for and minimise causes of distress</td>
<td>• Solidarity with friends and peers, family</td>
</tr>
<tr>
<td><strong>Support seeking</strong></td>
<td><strong>Support seeking</strong></td>
</tr>
<tr>
<td>• Sharing problems/confiding in trusted adults to mitigate potential problems and resolve concerns about harm that has happened</td>
<td>• Tell someone who can help you (a trusted person close to you; someone you know; someone in authority)</td>
</tr>
<tr>
<td>• keep things confidential</td>
<td>• Ensure you have the support you need for the situation (a way to contact people; emotional support in a difficult situation)</td>
</tr>
<tr>
<td><strong>Get help if you’re harmed</strong></td>
<td><strong>Follow rules</strong></td>
</tr>
<tr>
<td>• Knowing and using help-seeking skills – calling police and other help numbers; when and how to leave a situation</td>
<td>• Follow rules (traffic; who to talk to/kiss/hug; social media sharing/information and privacy; Worksafe)</td>
</tr>
<tr>
<td><strong>Seek protection</strong></td>
<td>• Know your limits</td>
</tr>
<tr>
<td>• Staying close to other people – physical and emotional protection if you need it (against threats and also for reassurance).</td>
<td>• Be sensible</td>
</tr>
<tr>
<td><strong>Know your limits</strong></td>
<td><strong>Prevent harm from happening</strong></td>
</tr>
<tr>
<td>• Be responsible, manage your own wellbeing, be realistic about what is not safe in the world</td>
<td>• Awareness/be aware of people around you</td>
</tr>
<tr>
<td><strong>Avoid</strong></td>
<td>• Change mode of travel at night</td>
</tr>
<tr>
<td>• Avoiding potential and actual harm by minimising contact with others; pretending something isn’t happening, ignoring it.</td>
<td>• Stay physically secure (locking doors, etc)</td>
</tr>
<tr>
<td></td>
<td>• Retreat if you’re unsure</td>
</tr>
<tr>
<td></td>
<td>• Limit contact with people you don’t know</td>
</tr>
<tr>
<td></td>
<td>• Stay in contact</td>
</tr>
<tr>
<td></td>
<td><strong>Capability building</strong></td>
</tr>
<tr>
<td></td>
<td>• Be strong (physically and emotionally)</td>
</tr>
<tr>
<td></td>
<td>• Build friendship and networks</td>
</tr>
<tr>
<td></td>
<td>• Structured/deliberate strategies to be safe</td>
</tr>
<tr>
<td></td>
<td>(manage anxiety; peer mentoring; safety planning)</td>
</tr>
<tr>
<td></td>
<td>• Need for support/adaptation to enact strategies</td>
</tr>
<tr>
<td></td>
<td>(some people need a lot of support to be safe)</td>
</tr>
</tbody>
</table>

Table 2: young people’s strategies and ideas for keeping themselves safe
The emphasis of young people's advice about ways that they can improve their own safety is on building stronger relational foundations which will help them to feel safer. The strategies that young people already employ include building emotional closeness, particularly with family and friends. The emphasis that they place on the need to extend and deepen connections shows that this is not sufficient. They have included in their advice an extended focus to include their own wellbeing, and into broad ideas about improving accessibility so that they feel welcomed and included across the community:

*Social perceptions bleed into accessibility. If people perceive a wheelchair or crutches as an inconvenience, then you’re not going to feel like you want to be there, and therefore it becomes inaccessible.*

*Jason*

Young people talked about ways that they avoided potential and actual harm in concerning ways by minimising their presence and ignoring their feelings of unease and concern, often on the advice of others. In their ideas for improvement, they focus on both practical strategies for minimising risk, and also on broader strategies for building capability, such as resilience, emotional strength, and peer support:

*I really believe that you have to be strong minded as a disabled person and that you have to choose that over seeing yourself as vulnerable because that’s how everyone else sees us.*

*Celia*

Results from the survey are consistent with the qualitative research. Young people were asked in the survey how much they know about safety in different situations. They reported that they felt most confident in their knowledge about safety at home (28 knew a lot) and with family (27 knew a lot) (appendix 3, figure 4). However, with boyfriends and girlfriends, ten young people said they knew nothing about safety. With support workers, eight young people reported knowing nothing about safety.

Young people were also asked in the survey to select the strategies they use to feel safer (appendix 3, figure 6). The strategies they used most often involved avoiding unsafe people (n=25) and unsafe places (n=22). Others avoided going out at night (n=14). Others relied on contact with other people to keep them safe. They kept their phones at hand (n=17), tried to be with others (n=16) and made and kept friends (n=15). Some discussed their safety with others, with eleven saying they would make a complaint and ten saying they would talk to others about worries or problems. Nine said that they “try to ignore it”.
How other people can support young people’s safety

Young people related several different kinds of ways that other people who provided support to them helped them to feel and be safe. These were primarily family members and support workers in organisations providing disability support, health services and housing assistance.

<table>
<thead>
<tr>
<th>THINGS OTHER PEOPLE DO NOW TO HELP YOUNG PEOPLE BE SAFE</th>
<th>YOUNG PEOPLE’S IDEAS FOR IMPROVING HOW OTHER PEOPLE CAN HELP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care about me</strong></td>
<td><strong>Know me</strong></td>
</tr>
<tr>
<td>• Family members love me and protect me (mostly)</td>
<td>o Respect me</td>
</tr>
<tr>
<td>• Workers care about me (usually)</td>
<td>o Care about me</td>
</tr>
<tr>
<td>• Working to develop relational connections with other people</td>
<td><strong>Promote my capability</strong></td>
</tr>
<tr>
<td></td>
<td>o Increase the agency/authority of people with disability</td>
</tr>
<tr>
<td></td>
<td>o Help me use my own safety strategies</td>
</tr>
<tr>
<td></td>
<td>o Support aspirations and goals</td>
</tr>
<tr>
<td><strong>Understand and respond to my context</strong></td>
<td><strong>Understand and respond to my context</strong></td>
</tr>
<tr>
<td>• Know about my family life</td>
<td>o Acknowledge when people’s families are important to them</td>
</tr>
<tr>
<td>• Solidarity and friendship from peers</td>
<td>o Respond, build alternative support when people don’t find their families supportive</td>
</tr>
<tr>
<td>• Balance challenge and support, so I’m growing, but not too far outside my comfort zone</td>
<td>o Recognise the importance of friendship and help build and support it</td>
</tr>
<tr>
<td></td>
<td>o Lay the groundwork for access not to be an issue</td>
</tr>
<tr>
<td><strong>Promote my capability, know me</strong></td>
<td><strong>Do something</strong></td>
</tr>
<tr>
<td>• Don’t make assumptions about me</td>
<td>o Take action if you’re concerned</td>
</tr>
<tr>
<td>• Set a baseline of respectful conduct</td>
<td><strong>Provide structure</strong></td>
</tr>
<tr>
<td>• Demonstrate my right to safety through practice</td>
<td>o Manage the environment</td>
</tr>
<tr>
<td></td>
<td>o Build systems to minimise risk of harm</td>
</tr>
<tr>
<td></td>
<td>o Build trusted relationships with workers</td>
</tr>
<tr>
<td></td>
<td>o Give me practical support for daily living</td>
</tr>
<tr>
<td><strong>Do something</strong></td>
<td><strong>Support</strong></td>
</tr>
<tr>
<td>• Take action when someone goes wrong</td>
<td>o Support my health and wellbeing</td>
</tr>
<tr>
<td>• Practical strategies that work to protect YPs safety</td>
<td>o Support my access</td>
</tr>
<tr>
<td>• Proactive measures that work to build safer lives</td>
<td>o Support my communication</td>
</tr>
<tr>
<td></td>
<td><strong>Provide learning opportunities</strong></td>
</tr>
<tr>
<td></td>
<td>o Support my learning</td>
</tr>
<tr>
<td></td>
<td>o Support my decision-making</td>
</tr>
<tr>
<td></td>
<td>o Make sure I’ve got the information I need</td>
</tr>
<tr>
<td></td>
<td>o Help young people build their social and support networks</td>
</tr>
<tr>
<td></td>
<td><strong>Environment change</strong></td>
</tr>
<tr>
<td></td>
<td>o Accessibility (physical, information &amp; communication, be welcomed</td>
</tr>
<tr>
<td></td>
<td>o Support me to be included</td>
</tr>
</tbody>
</table>

Table 3: young people’s strategies and ideas for how other people can keep them safe
Strategies about other people taking action when something goes wrong and having proactive strategies and measures for preventing harm are evident in both current experiences and proposed ideas for improvement. These set a baseline for young people’s hopes and expectations of how other people will help them to be safe.

In addition, young people placed emphasis on the importance of laying safe foundations by increasing the depth and quality of relationships between themselves and key people in their lives. Improving the quality of environments and relationships in personal and service domains that help young people feel comfortable, respected and valued may reduce the likelihood of harm in those spaces, increase the chances of others noticing, and help if something does go wrong in their lives.

Young people wanted the people who supported them to take action when they were concerned about safety issues in their lives, but within a particular context. They did not want people to take over, but rather to work with them if they had a problem. For this to happen, young people needed to feel known, and that they mattered to the person who was helping them with a concern or problem about their safety. It was important to young people that they could use their own strategies wherever possible. There were few barriers to this for a small group, but for many young people, support was needed in parts of their lives. They thought it was important that they have control over as much as possible.

For example, some were completely independent in their lives, using very little or no support. Others received support in every aspect of their lives. All of them had ways of indicating when they felt unsure, unsafe or worried, but a widely ranging level of knowledge of the person and skill was needed in supporters to understand and act on their communication. This is a building block for supporting young people to use their own strategies to communicate about safety in their lives.

… she does have an awareness …if she is feeling unsure she’ll poke out her tongue, so I understand that she doesn’t trust how she is.

Alice’s mum

Attention to promoting capability was raised by several young people as important in maximising their agency and capacity to keep themselves safe. This can be done through discovering young people’s own safety strategies, supporting and helping them to find even more effective ways to use these, and developing new ones they can add to their repertoire. Many young people advised broad based learning as a way that other people could support them here – not only through training, but in making the most of incidental learning opportunities, maximising the potential for people to know about safety to the greatest extent possible.

The focus on changing the environment so that all young people feel more welcome and included, and therefore safer in the community, features in the ideas for improvement, but is not the current experience of young people in this research. Activated, this may mitigate some of the focus that some young people had on being personally responsible for keeping themselves safe in all situations, expressed in both the avoiding and knowing your limits strategies. It will also incorporate the rights and interests of young people with high and complex support needs.

Safety strategies that involve other people were also explored in the survey (appendix 3, figure 5). Respondents were asked ‘How do other people help you feel safe?’ The most common response related to listening when young people have a problem (n=23), followed by helping the young person feel better when they are worried (n=18). Around ten young people said other people teach them about safety and about caring for other people; ask them directly about safety and help resolve problems when they arise.
Safety strategies at a service level

At the level of services, young people identified a range of strategies that currently helped them to feel and be safe, and several ideas about how services could operate in ways that would improve their safety. The strategies in both this and the following category come from both direct reflection and examples from the young peoples’ experiences.

<table>
<thead>
<tr>
<th>THINGS YOUNG PEOPLE SEE THAT SERVICES DO NOW TO HELP THEM BE SAFE</th>
<th>YOUNG PEOPLE’S IDEAS FOR IMPROVING HOW SERVICES CAN HELP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Choice and control</strong></td>
<td><strong>Greater action on harm</strong></td>
</tr>
<tr>
<td>• More choice about the way that support is provided in disability services</td>
<td>o Increasing young people’s ability to put strategies into action when something happens</td>
</tr>
<tr>
<td>• Support to be able to communicate effectively within and across services and service types, especially for people who use assistive communication</td>
<td>o More action in schools to recognise and respond to bullying, violence and harm from peers</td>
</tr>
<tr>
<td>• Increasing the range of options available for support – within and across systems</td>
<td><strong>Increasing choice and control</strong></td>
</tr>
<tr>
<td><strong>Access to information</strong></td>
<td>o Increasing the choice and quality of support provided in disability services – relational, principle-driven, responsive to preferences and led by people with disability</td>
</tr>
<tr>
<td>• Make information available about who can help, when, and how if you have a problem</td>
<td>o Staffing structures that respond to preferences of young people and their families/supporters</td>
</tr>
<tr>
<td><strong>Quality of support</strong></td>
<td><strong>Education, training and learning</strong></td>
</tr>
<tr>
<td>• Some training for staff, and young people, about safety and harm</td>
<td>o Staff training</td>
</tr>
<tr>
<td>• Quality care in medical systems; listening to young people’s own expertise about themselves</td>
<td>o Building knowledge in young people about who can help, when, and how</td>
</tr>
<tr>
<td><strong>Applying policies</strong></td>
<td>o Normalising relationship education for YPWD – peer and intimate relationships</td>
</tr>
<tr>
<td>• Workplace rules on safety</td>
<td>o Peer leadership and support</td>
</tr>
<tr>
<td>• Having complaints procedures, and using them</td>
<td><strong>Addressing service gaps that make people unsafe</strong></td>
</tr>
<tr>
<td>• Some flexibility in transitions between systems at age 18</td>
<td>o More options for support in regional and rural areas</td>
</tr>
<tr>
<td><strong>Addressing service gaps that make people unsafe</strong></td>
<td>o More culturally safe options (gender, ATSI, CALD informed)</td>
</tr>
<tr>
<td>• More culturally safe options (gender, ATSI, CALD informed)</td>
<td>o Earlier support and diagnosis of complex mental ill health</td>
</tr>
<tr>
<td>• Inclusive education</td>
<td>o Inclusive education</td>
</tr>
<tr>
<td>• More flexible approaches to transitions so they are blended, gradual and supported</td>
<td><strong>Greater action on harm</strong></td>
</tr>
</tbody>
</table>

Table 4: young people’s strategies and ideas for how services can help them to be safe
Many of the experiences young people shared in this domain were once-off or small scale activities that they felt had benefited them, and things that they thought should be widened. For example, a number of young people either benefited from relaxed transition arrangements and moved into adult services in more individualised ways, or had found abrupt transitions very difficult. They thought that these sorts of practices should be applied in a systematic way across services so that all young people with disability were able to benefit from their experience.

The ideas shared about what would help to embed safety-supporting experiences into services were about more highly prioritising the responses to harm, particularly in schools and through addressing gaps in services that made people unsafe. These gaps included lack of therapy services and choice of providers in rural and regional areas; lack of choice about the way care services were provided (such as the gender of the support worker or compatible cultural background); and inclusive education which, with effective supports, could provide young people with opportunity and skills to build their confidence for later life. As Tania pointed out:

“I loved my Deaf school, I really did love it. But perhaps I, if I could go back and do it all again, I … I’d like to go to a mainstream school because I think I would have learnt more. I think I had a hard time navigating in the wider community, and transitioning and so if I had mainstreamed it might have been easier.”

Education within and across systems was also identified by young people as a priority for improvement, for staff and also for young people. They perceived the need for more education about how to recognise and respond to harm, about all kinds of relationships, and also for leadership development and peer support that would enable young people to advocate for themselves and others, and act as role-models for younger people with disability. Gavin connected this to existing models of peer-leadership:

“I’d love to see people with disabilities go back into schools and work with younger people with disabilities, so they can actually relate to those people. … I’ve been doing work in a mentoring program, and I can see the benefits of it. We should have a similar program for disabilities as they have with AIME for indigenous students.”

Young people were asked in the survey what they would like to learn about being safe (appendix 3, figure 7). The most common response related to safe places (n=14). But many young people also said they want to know more about how to deal with safety issues. Thirteen said they want to know about how to get help, twelve said they want to know what to do when they have safety problems and ten said they want to know about making complaints. Five young people were already confident in their knowledge about safety and said there was nothing more they wanted to know.
Safety strategies at a community/systems level

Strategies at a community level were about the things that helped young people to feel that they had a place in the communities of their choice, that they were welcomed, and that they belonged.

<table>
<thead>
<tr>
<th>Things Communities and Systems Do Now to Help Young People Be Safe</th>
<th>Young People’s Ideas for Improving How Communities and Systems Can Help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Making young people welcome</strong></td>
<td><strong>Building belonging</strong></td>
</tr>
<tr>
<td>• Actions of community members that helped young people feel welcome</td>
<td>o Help YP feel more welcome in communities</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td><strong>Broadening access</strong></td>
</tr>
<tr>
<td>• Specific access accommodations which improve access for one person at a time; and some universal access measures.</td>
<td>o Universal access measures</td>
</tr>
<tr>
<td>• Phone apps are responsive, easy to use, available, cheap (e.g. Uber, SIRI)</td>
<td><strong>Activating human rights</strong></td>
</tr>
<tr>
<td><strong>System reform</strong></td>
<td>o Connecting safety to a human rights agenda</td>
</tr>
<tr>
<td>• Limited legal and policy reform to systems that affect young people’s safety – NDIS, family violence, child protection</td>
<td><strong>System reform</strong></td>
</tr>
<tr>
<td><strong>Policy reform</strong></td>
<td>o Reform to systems at points where the safety of young people is often at a turning point – particularly the legal, out of home care, housing, and school systems</td>
</tr>
<tr>
<td>• NDIS is coming – training, interest in how it will take form</td>
<td><strong>Prioritising choice and control in policy reform</strong></td>
</tr>
<tr>
<td></td>
<td>o Disability policy changes that increase choice and control</td>
</tr>
<tr>
<td></td>
<td>o Prioritising changes in the NDIS that increase choice and control; safety; and facilitate long term stability in housing, support relationships and access to needed supports</td>
</tr>
</tbody>
</table>

Table 5: Young people’s strategies and ideas for how communities and systems can help them to be safe

Many young people shared experiences of feeling welcome, or otherwise, in their communities, and related times where they had interactions which either helped or constrained their access to their community in a range of ways. For example, three young people with high support needs and cognitive disability who participated in walk-along interviews showed through the research methods how being known in their local communities was warmly reinforcing of a sense of personal safety as they signalled their pleasure in being greeted by name by a range of people.

Universal access was discussed particularly by two groups of young people. Deaf young people talked about the importance of captioning in public spaces, along with wider access to interpreting.
for significant events to increase access for their community. Young people with physical disability spoke about the difference between accommodations (made after request or complaint by an individual about lack of access) and universal access, where spaces were designed to be accessible for everyone. The evidence that access was part of design-thinking also encouraged young people to feel welcome, as Jason explained:

“
[I feel welcome when]...they don’t have to alter anything to welcome you into their spaces. When you go into a place and they start moving chairs around, you feel unsafe straight away, because you feel like I’m not meant to be here, they’re altering so much of that place for me to be here.
“

A small number connected these issues to a human rights discourse. In saying that ‘safety means for me being able to access the community and mobilise for disabled peoples and other minorities’ rights when I want or need to’, Pat elevated the rights agenda and connected it to the rights of other groups of people who also meet high rates of violence, abuse and harm, particularly women and children. Similarly, other young people talked at a range of levels about workplace rights, including workplace health and safety and also employee rights and rights to be free from violence in the workplace.

The need for system reform was raised by a small number of participants, but brought up indirectly by a larger group who spoke about lack of housing stability, homelessness, precarious income, domestic violence, and school exclusions. At the points where the safety of young people is often at a turning point - such as in high school, in out-of-home-care, at transition out of care, in domestic and family violence, and in housing and homelessness – young people identified directly or indirectly a need for their perspective to inform reform.

People judge disabled homeless people for complaining about housing, when most people are living in places you wouldn’t want anyone to live in. The housing and homelessness system would often try to place me not just in and out of dangerous crisis accoms, and community housing places where ... it was really unsafe, highly hostile and highly dangerous - like most of the men had just gotten out of prison and were socially isolated.

Pat

Several talked about the National Disability Insurance Scheme, and expect it will deliver improvements to their lives in terms of personal safety. For this to happen though, they say they need choice and control over their supports, education about safety and harm, and stability in their housing and support arrangements.

Young people’s ideas for improving their safety cover a wide scope of areas. They are impressively detailed, and range from tailoring individual relationships through to incorporating human rights principles. Underpinning these strategies is the basic need expressed by all young people participating in this research to be listened to, to be treated with dignity, and to have their concerns heard and responded to.
How do people who provide support to young people with disability perceive and respond to young people's concerns about their own safety?

People who provide support to young people with disability were also invited to contribute their perspectives about how they perceive and respond to young people's concerns about their own safety. These were family members, service providers, advocates and friends. Supporters participated in the research through a survey and focus groups.

Summary of supporters’ perspectives:

- There was strong agreement by supporters that the safety issues identified as priorities by young people were very important.
- Supporters thought young people felt very safe at home and with family. They felt young people were concerned about their own safety when going to new places, and unsure about their safety with paid workers, friends and especially in intimate relationships.
- Supporters thought that young people knew most about safety at home, but at least 50% said that the young person they support knew little about safety with friends, with support workers, at work, in the community, and in intimate relationships.
- When young people were not safe, supporters said they looked for different ways that young people expressed feeling unsafe; and responded to young people’s concerns by doing something, minimising risk, and building confidence. They said they helped young people to understand safety by being there for them, providing a safe space, through positive behaviour support and through education.
- Things that supporters did to help young people included education and training; building relationships; addressing problems in systems; building safe cultures; planning for safety; improving support; and linking people with advocacy. There was not a strong emphasis on responding to abuse allegations or complaints.
- Having good relationships was seen as important, but paid workers felt like they did not have enough experience or guidance to know how to support young people well about safety.
Summary of supporters’ perspectives: continued

- Things that made it hard for them to support young people in being safe were when services did not prioritise safety of young people; lack of support from managers; lack of resources; lack of time and location.

- Families found it more difficult to have safety issues recognised, and workers found it harder to make time to focus on safety issues. It had been hard for some people to find help from other services when they needed it. They also felt that service systems were ill-resourced and under-skilled to respond to the complexity of need of young people who had experienced trauma.

- Ideas for improving young people’s safety by supporters included building relationships of trust; doing more to protect young people; building young people’s capability; education and training; and influencing and improving other systems.

For clarity, in each section below the survey data is reported first, followed by qualitative responses from the focus groups and survey comments.

4.1 CONTEXT OF SUPPORTERS’ PARTICIPATION IN THE RESEARCH

Survey

A survey was widely distributed in phase three of the research, and resulted in a dataset from 138 respondents.

Most supporters responding to the survey were family members (96 respondents, 70%). Nearly all of these were supporting their own children (86 respondents). Others were service providers, advocates or friends. Of the 18 respondents who described their role as ‘advocate’, 11 provided individual advocacy and 6 provided systemic advocacy, one respondent did both. Service providers mostly had direct support (n=9) or managerial (n=7) roles, and were working in accommodation support (n=7), education (n=7) and day activities (n=6) services.

Just over half of the respondents (51%) provide support to one person. Those who supported more than one person (48%) usually supported between one to three young people (49%). Just under a tenth supported more than 30 young people in an ordinary week (9%). Two thirds (92 respondents) provided unpaid support, a quarter (32 respondents) provided paid support and just under a tenth (11 supporters) did both.

Most (69%) were supporting young people with intellectual disability, people on the autism spectrum (44%) and with physical disability (27%), although many selected more than one option, indicating that some young people had complex needs with additional sensory and psychosocial impairments and medical conditions.

Forty-five percent of respondents reported that they supported young people aged less than 15 years old. This is significant, as it means these supporters are commenting on issues for children still at school. Almost a third (29%) supported young people between the ages of 15 and 18 years, and another quarter (27.5%) supported young people aged 19 to 21 years. Twenty-one percent supported young people aged between 22 and 25 years. A sixth supported people aged over 30 years.
Focus groups

Thirty service providers participated in focus groups conducted concurrently in each of the five sites where research was undertaken with the young people. Types of services represented by providers included disability services (accommodation, day services, employment support), education, counselling, systemic advocacy, youth work, and community development. Most participants were directly providing services to young people in direct support and professional roles. Twenty five were female, and 25 came from urban areas. Two were from culturally and linguistically diverse backgrounds, and no-one identified to us as being Aboriginal.

4.2 RECOGNISING SAFETY AND LACK OF SAFETY: PERSPECTIVES OF SUPPORTERS

In the research with young people, we had established a shared understanding of safety and lack of safety. The survey sought to test these concepts with supporters, and to see whether the priorities that young people expressed resonated with them.

Priority safety concerns

Supporters were asked in the survey to rate how important they thought a range of issues were to the young people they supported. The listed issues were based on those identified as important by young people in the qualitative research phase. There was strong alignment between supporters responses and priorities of young people. Over 90 per cent of respondents said that the safety issues identified as priorities by young people were either extremely important, or very important, to the young people they support (see appendix 4, figure 1).

In some areas the proportion of supporters who agreed the issue was extremely important or very important increased with the age of the young person. These were being physically safe; being able to leave a place or situation; not being isolated; and feeling emotionally safe. Additional qualitative comments indicated that this may be because young people were felt to be moving in a wider range of social circles once they leave school, and because after age 18 child protection legislation no longer covers them.

Priorities for supporting young people to be safe

Supporters were then asked to select the three issues of top priority to them in supporting young people to be safe (see appendix 4, figure 1). The priorities which were most commonly selected over all were:

- Someone the young person can trust (56%)
- Not being mistreated (44%)
- Feeling emotionally safe (37%)
- Feeling known or understood (36%)
- Being physically safe (35%).

There were notable differences between paid and unpaid supporters (see appendix 4, figure 2). While they agreed about the top most important issues for supporting young people, a larger proportion of paid supporters (78%) felt that someone the young person can trust was important compared to unpaid supporters (50%). In addition, paid supporters were more likely to rate the following issues as important:
• Feeling respected (38%, compared to 19% for unpaid supporters)
• Having a safe place to go (34%, compared to 13% for unpaid supporters)
• Not being isolated (31%, compared to 23% for unpaid supporters)
• Having their access needs addressed (28%, compared to 12% for unpaid supporters)

Unpaid supporters (40%) were more likely to rate being physically safe as important compared to paid supporters (28%).

Safety in different situations

The survey also explored how safe supporters thought that young people feel in different situations (figure 5, below). Those who support more than one young person were asked to respond about just one of the people they support.

Figure 5: How safe do you think the young person feels?
(note that percentages are not comparable between this question and the previous, as respondents could select all items in the first question).
Most thought that young people felt safe at home and with their family, with 91 per cent saying that they felt safe or very safe at home and 90 per cent saying the same about family. In other situations, however, supporters did not think young people felt safe, or did not know. For example, many supporters thought young people did not feel safe when going to new places (41%). The greatest uncertainty related to how young people felt in intimate relationships, where 67 per cent did not know (it is possible some may have felt this question was not applicable and so chosen ‘don’t know’). This was followed by 19 per cent who did not know how young people felt about safety with paid support workers and 13 per cent who did not know how they felt about safety with their friends.

Safety knowledge

Survey respondents were asked how much they thought the young people they support knew about safety in a range of situations, where relevant to that young person. They generally felt young people’s knowledge was limited (figure 6, below). They felt knowledge was greatest regarding family life, where 38 per cent said young people know a great deal or a lot, and home, where 34 per cent said young people know a great deal or a lot.

Many felt young people knew very little about safety regarding:

- intimate relationships – 74 per cent said young people knew a little or nothing at all about this
- work – 55 per cent said young people knew a little or nothing at all about this, noting that this question was answered by a minority of respondents, as it was not applicable in many situations
- the general community – 54 per cent that young people knew a little or nothing at all
- support workers – 53 per cent said that young people knew a little or nothing at all
- friends – 51 per cent said that young people knew a little or nothing at all
There were a few issues in which unpaid and paid supporters demonstrated differences in their understandings about young people’s knowledge (appendix 4, figure 3). Not surprisingly, unpaid supporters, mostly being family members, were more likely to say that young people knew a lot about safety in family and home life. Similarly, paid workers were more likely to say that young people knew about safety with support workers. Regarding intimate relationships, while most supporters thought young people knew a little or nothing at all, this was the case for a greater proportion of paid supporters (80%) than unpaid supporters (69%). It is important to note, however, that very few paid supporters (n=29) answered this question as many reported that it was not applicable. It is not known whether this is due to reasons of age, capacity of young people to consent, attitudes of supporters to relationships for young people or perceptions of their role with young people.

Supporters perceptions in the focus groups and from comments made in the survey drew in some additional perspectives about their priorities for young people’s safety. Several family members raised the impact on young people of witnessing violence, particularly situations of challenging behaviour from peers, and how poorly this was recognised or responded to for their child. This was heightened in school contexts. One family member noted:

**An issue that I keep having is being made to accept that my child will be exposed to traumatic situations. At the time of an event all resources move to what is causing the incident and they forget about the impact on the others... We have been told that withdrawal is caused by anxiety and not that our child does not feel safe... [when a violent incident happens] the school [needs] to accept that this kind of incident will have an impact on my child for a long time.**

Several supporters raised their concern that limitations in the knowledge of young people put them at potential or actual risk of harm. Supporters in all categories felt there was a tendency for (at least some) young people to think in binary terms – that all family members, or all service providers – could be trusted, by virtue of their position in their lives. One advocate noted that for this reason, it is particularly important to identify the person’s capacity to understand who they can trust. Similarly, the concrete frame of reference of some young people meant that some supporters noted that safety messages can be taken too literally, giving the example ‘no-one can touch you’ as having caused problems for the person they support. Lack of knowledge about rights, sexuality and relationships was discussed at length in focus groups by service providers as a gap in young people’s knowledge which put at potential or actual risk of unhealthy relationships, exploitation or abuse.

A small number of family members expressed doubts that young people would be able to put their knowledge into practice, and felt that the young person may be too confident, given the limited knowledge they had. This connected to comments made in focus groups by service providers about how ‘stranger danger’ is prioritised in the media, but little information is provided about the higher risk to young people with disability from people who are already known to them. The difficulty of providing this education in sensitive ways that don’t traumatised young people was also pointed out.

Finally, the lack of a normative framework within which young people with disability can learn about and explore safety was identified by both paid and unpaid supporters as a structural safety issue. The rite-of-passage experiences that teenagers and young adults explore are frequently diminished
or unavailable to young people with disability, particularly those with cognitive disability and complex
needs. Young people with disability are unused to being asked for their opinions in important ways,
and on important matters; many are quite traumatised by the effects of peer violence, witnessing
violence and being segregated; and some young people are used to living unsafe lives because this
is what they are used to, and feel comfortable in – they lack a benchmark for judging what a safe life
feels like. A family member noted:

There is a highly problematic lack of recognition and understanding
within disability services and educational institutions regarding how
young people with autism and related developmental disorders express
feeling unsafe. This results in young people being forced to remain in
situations where they feel unsafe, and then punished for behavioural
outbursts, causing trauma.

4.3 WHAT HELPS YOU TO SUPPORT YOUNG PEOPLE TO BE SAFE?

Supporters were asked through the survey and focus groups how they help young people they support to be
and feel safe. They were also asked about what helps them to support young people in their strategies.

Supporters told us that young people expressed their safety concerns in a number of different ways
(appendix 4, figure 4). For most (71%) feeling unsafe was expressed through things that the young
people would do. Just under half (48%) said that young people’s behaviour changed in ways they could
not explain. Others said young people tell supporters directly (38%), stop doing particular things, like
speaking or going out (37%), or say other less direct things (30%).

Supporters were also asked how they respond to young people when they communicate or demonstrate
they feel unsafe (figure 7, below). The most common responses were:

• Taking action to resolve the issue (67%)
• Developing strategies to minimise the risk of harm (61%)
• Identifying risk factors (57%)
• Building young people’s confidence (49%)

Figure 7: What do you do in response to the things that the young person says or does that show you they are feeling unsafe? (%)
Building from this immediate response to young people’s indication of concern, respondents were asked what they did more generally to help young people with safety, to understand, feel and be safe (appendix 4, figure 5). The most common responses were:

- Being available to young people (78%)
- Providing a safe space or place (74%)
- Providing positive behaviour support (62%)
- Teaching them about reducing risks (60%).

Through the focus groups and survey comments, supporters provided a volume of information about strategies that they used to help young people to feel and be safe. Summarised below, these clustered across a number of domains:

<table>
<thead>
<tr>
<th>Specific strategies to build capacity in young people</th>
<th>training programs; learning resources and tools; informal approaches to learning that helped young people build confidence and skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building relationships of trust</td>
<td>To establish rapport and a level of comfort between young people and individual workers</td>
</tr>
<tr>
<td>Addressing systemic disadvantage</td>
<td>Using these relationships of trust in paid positions to work with and for young people to address systemic issues that contribute to a lack of safety (punitive rules that garnish their benefits, for example)</td>
</tr>
<tr>
<td>Education and training</td>
<td>Building skills and knowledge across organisations; for young people about rights, relationships; foundations and basics of safety from school onwards.</td>
</tr>
<tr>
<td>Planning</td>
<td>Within goal setting and NDIS frameworks; need to identify person’s capacity to understand who they can trust; finding the hook of ‘what’s important to them, and what’s important for them’</td>
</tr>
<tr>
<td>Improving support</td>
<td>Amount and quality; skill levels; increasing consistency and stability</td>
</tr>
<tr>
<td>Building safe cultures</td>
<td>Staff training and awareness building of what constitutes a safe culture in services and wider community spaces</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Recognising and addressing the need for support and action.</td>
</tr>
</tbody>
</table>

Table 6: strategies currently used by supporters to help build safety for young people
The approaches used to help support young people to be safe both confirm the priorities of survey respondents, and either extend or clarify some survey findings. The areas in which the qualitative data adds detail of note concerns relationship building and the ways in which supporters prioritised action.

Supporters discussed in focus groups and in the survey how they prioritised relationship building with and for young people as a way to promote their personal safety. In order to be able to ‘get into the nitty gritty of exactly what’s going on’, it was seen by several paid workers who participated in focus groups as essential to have the relational skills to build a bond and a sense in young people that they cared about their work, and about them as people. However, paid workers across a range of professional domains felt that they lacked experience and guidance in how to raise and address safety concerns with young people.

While focus group participants discussed building relationships of trust and safe cultures as ways to promote safety for young people, it is of interest that in neither the qualitative responses or the surveys was there a strong emphasis on developing networks of support for young people. Less than 30% of supporters responded that they would develop networks as a way of responding to young people’s indications that they felt unsafe.

The ways in which supporters prioritised taking action to support young people is another areas of note. The emphasis across both sets of data was more strongly on minimising risk, providing safe spaces, and building trust with young people. Neither proactive nor reactive strategies to build a complaints-responsive culture in organisations were raised in the qualitative data, apart from indirectly through safe cultures and rights education. Similarly, fewer than 40% of supporters indicated that they would respond to allegations of abuse, make complaints or respond to complaints as measures to support young people in understanding, feeling and being safe.

4.4 WHAT MAKES IT DIFFICULT FOR YOU TO SUPPORT YOUNG PEOPLE TO BE SAFE?

Supporters were asked in the survey how much a range of barriers affected their ability to support young people’s safety (figure 8, below). The issues that were most often listed as having ‘significant’ impact were:

- Lack of recognition of safety as an issue in services the young person uses (24%)
- Lack of support from managers in organisations young people are connected to (23%)

The barriers which were most often identified by all supporters as either having either a ‘moderate’ or ‘significant’ impact were:

- Lack of resources (46%)
- Lack of support from managers in organisations young people are connected to (40%)
- Lack of recognition of safety as an issue in services the young person uses (38%)
- Lack of time (36%)
- Location (36%)
Figure 8: How much do these barriers impact on your ability to support young people's safety?

There were considerable differences between unpaid and paid supporters in how great an impact they felt this range of barriers made on their ability to support young people's safety (appendix 4, figure 6). Unpaid supporters were more affected by lack of recognition of safety in services; lack of support from managers; lack of resources; and lack of access to decision makers. Paid supporters were more likely to be affected by the location in which they worked; and lack of time. Lack of time affected a greater proportion of paid supporters than unpaid supporters. However, at the same time, a larger group of paid supporters said that they were minimally affected by lack of time compared to unpaid supporters. The only barrier which was felt by both groups to have little impact was lack of autonomy.

Survey respondents were also asked if the young people they support with get help from other services in addressing a lack of safety. Twenty five (22%) said yes. These supporters were asked which kinds of services have helped. They told us that disability advocacy services (n=13), education and training services (n=13), and family support services (n=11) were most likely to have helped.

Sixty-five supporters, just over half (57%), said that no other services had helped the young person they support in addressing lack of safety. They were then asked if they had tried to get support from other services because of a lack of safety. Of these, 35 supporters said no and 22 said yes.
Participants in the focus groups also contributed a range of issues about barriers that confirm and extend the survey findings, along with comments made by people in the surveys. Similar to the surveys, they focused strongly on the lack of recognition of safety as an issue in young people’s lives, lack of resources, and lack of response at an organisation level and more widely. These are summarised below in figure 14.

<table>
<thead>
<tr>
<th>Transition and context challenges as young people move into adult life</th>
<th>Growing range of relationships; working out who is genuine and who is taking advantage; moving into new social life; staff struggle with distinction between friend and friendly; lack of crisis support services for 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma informs experience</td>
<td>For some, lack of safety is their norm; some young people are not safe in families or intimate relationships; lack of understanding about how young people with high and complex needs express fear, concern; inability of some young people to tell if they are afraid or harmed; some are lacking ‘healthy’ support networks</td>
</tr>
<tr>
<td>Impact of previous harm</td>
<td>Witnessing peer violence; previous bullying &amp; interpersonal abuse reduces where young people go, who they see, what they do; cyber-abuse, especially on social media</td>
</tr>
<tr>
<td>Lack of experience/limiting experience in decision making, planning, dreaming</td>
<td>Young people don’t develop a voice, or lose it, because they don’t get the experience; people with communication impairments are ignored, their systems not used; ‘choice’ not possible because services make the big decisions (e.g. where to live, who to live with); strategies, policies, legislation not aimed at the most vulnerable; coordinating supports for people who are unsafe is not adequately costed in NDIS, not explicit in plans; lack of community understanding about living with disability &amp; high support needs;</td>
</tr>
<tr>
<td>Lack of quality in service provision</td>
<td>Lack of resources to implement what is known to work; inappropriate &amp; ineffective staff (unskilled, inexperienced, can’t communicate well, temporary, fill-in); gaps in quality and amount of staff in regional and rural areas; silos of expertise and unwillingness to cross boundaries (e.g. DV sector unwilling to take young people with disability); segregation and exclusion from wider communities; lack of accountability, poor reporting; lack of opportunities for leadership by young people with disability.</td>
</tr>
<tr>
<td>Cultures in which harm is poorly responded to</td>
<td>Lack of effective sanctions against poor quality/abusive providers; lack of transparency, accountability in services; too much acceptance of negative treatment of young people; too much ignorance in the wider community of what is unacceptable</td>
</tr>
</tbody>
</table>

Table 7: Summary of focus group and survey qualitative data on barriers to supporting young people to be safe
The areas in which the qualitative data most notably extends the survey results is about the ways in which young people’s early experiences of trauma colour both their expectations and experiences as they move into adulthood, and the ways in which this intersects with service systems that are ill-resourced and under-skilled in recognising and responding to this complexity of need.

Several family members noted the impact on their children of witnessing violence, and expressed concern about the long term impacts as they grew into adulthood with little recognition by systems of either the impacts of this on their identities, or of how they consequently learn to express fear and a feeling of being unsafe:

“They have less intellectual resources to understand and react to what they experience and yet their plight is not taken seriously. More effort should be devoted to improving their resilience and minimizing their experience of the challenging behaviours of their peers.”

Connected to this is the reflection by service providers that limitations in staffing, resourcing and planning (for people with complex needs in particular) did not address the level of need of young people who were what one person called ‘trauma experienced’ for the development of networks of formal and informal relational support:

“Young people with a disability who are also trauma experienced and live in the out of home care environment are additionally exposed to possible breaches of safety due to not usually having a ‘healthy’ natural support network and relying on funded services to keep them safe.”

At an environmental level, supporters also pointed out that the ways in which young people with disability were provided with services could either facilitate or constrain their safety. Unfortunately, as one advocate noted:

“The environments where some young people with disability are compelled to be to receive an education, housing, supports and services can make them feel unsafe.”
4.5 IMPROVING YOUNG PEOPLE’S SAFETY: PERSPECTIVES OF SUPPORTERS

The survey concluded by asking respondents to state whether they agreed or disagreed with a range of statements about safety and young people (figure 9, below).

Nearly half agreed or strongly agreed that ‘Relationships with a range of people keep young people safe’ (49%). Unpaid supporters were both more likely to have strong views on this statement, with a larger group agreeing with this statement (49%), and also to disagree or strongly disagree with it (27%) than were paid supporters (42% and 16% respectively). (Refer to appendix 4, figure 7 for further detail on comparisons).

Most respondents disagreed with the statement that ‘All young people are able to express a sense of safety/lack of safety’ (74%). Paid support workers were more likely to disagree (77%), compared to 65% among unpaid supporters. Only 19% agreed or strongly agreed with this statement.

Confidence that ‘The NDIS will improve safety for young people’ was not high, with 21% of respondents agreeing or strongly agreeing, and 40% disagreeing or strongly disagreeing.

Not surprisingly, unpaid supporters were far more likely to disagree that ‘Disability services understand what matters to young people about safety’ (53%, compared to 31% among paid supporters). Even among paid supporters, confidence was not high in this statement, with only 15% of paid supporter respondents agreeing (and 8% of unpaid supporters).

Both groups strongly disagreed with the statements that, ‘The wider community understands safety issues for young people with disability’ (84%) and ‘Young people grow safer as they grow into adulthood’ (82%).
In focus groups and through written responses in the surveys, supporters provided a range of ideas and strategies for acting on current concerns and improving safety for young people, summarised below:

| Building relationships of trust | • Someone in YP’s life who notices, listens, can connect to help  
| | • Developmental opportunities – chances growing (practice in room; then on a managed date; then on own)  
| | • Consistency of support – for YP to know they are going to see so-and-so and they are going to do their utmost for them  
| | • Avoiding labelling – starts at school and carries over |
| More active/vigorous protection of young people | • More effort to minimise impact of peers’ challenging behaviour  
| | • Crisis funding for immediate support while issues are being investigated  
| | • Control over who works with the young people  
| | • Support for young people to make decisions about how to be safe  
| | • Addressing major life issues – homelessness, poverty, hunger – affecting rural Aboriginal people especially.  
| | • Addressing safety in more depth in NDIS planning |
| Strategies to build capability in young people | • Break down into bite sized steps  
| | • Social stories  
| | • Tools for communication so YP can tell a trusted person when they feel unsafe – introduce early, at school, and build/link from here to home  
| | • Supported transitions that the young person has control over  
| | • Normalise teenage experiences (e.g. allow privacy, provide space for ordinary private activity)  
| | • More funding/support/emphasis on speech therapy – communication is a high priority to be able to understand and express safety  
| | • More effort to improve young people’s resilience  
| | • Address isolation and loneliness for young people  
| | • Supporting and honouring young people’s evolving capacity for decision making, including from professionals providing services |
| Education and training | • Education & training for young people re rights to safety, & how to access/enjoy their rights  
| | • Training for staff and managers in disability services; schools  
| | • Training for workers in related sectors (DFV; homelessness; criminal justice; child protection; etc)  
| | • Education of planners and NDIS support planners |
| Influencing/improving other systems | • Break down silos between the agencies/services that YP use  
| | • Disability specific DV shelters, and more shelters generally  
| | • Role of emergency services (ambulance, police, etc) is important and could be better considered  
| | • Activate bystanders in community  
| | • More acceptance in wider community  
| | • More awareness of human rights  
| | • Work to have AAC and facilitated communication accepted in the criminal justice system |

Table 8: supporters’ strategies for improving safety for young people with disability
A number of supporters pointed out that a sense of safety for young people is both context dependent, and person dependent. Individual differences in children and young people impact on their understanding and manner of responding to safety issues, and also on supporters and carers’ ability to respond to YP safety needs.

From the survey questions, it can be seen that supporters’ concerns are high about young people’s safety as they grow into adulthood, confidence in current systems is low in both unpaid and paid supporters, and while supporters place significant trust in relationships, they also have doubts about young people’s capacity to indicate harm.

The strategies that are identified by supporters for improving safety for young people confirm the positive survey response about the importance of core relationships. In focusing on building the capability and capacity of young people, the qualitative data provides a different emphasis to the survey. It is likely that this is complementary rather than contradicting the survey results – that the strategies suggest ways to overcome the concerns of survey participants about the limits that they feel young people have in their ability to be self-reliant in managing their own safety.

In the following section, the results from supporters will be drawn together with the young peoples’ experiences and advice to highlight implications for young people’s lives, for policy and practice, and for research.
Discussion and implications for action

This section of the report discusses implications of the results for action to promote personal safety for young people with disability, and to better prevent violence, abuse and harm in their lives. In framing the implications, particular attention is given to the ways that young people understood safety and to the diversity of young people's lives and experiences.

This study highlights distinctions between the experiences of young people who are more self-reliant and those who depend more on others for most things in their daily lives; those who are able to draw on support from informal and formal support networks for advice and support and others who are socially isolated; those who are primarily safe in places and relationships; and others who are severely impacted by trauma. The contexts and views of all these young people provide a rich insight into what helps them to feel safe, be safe, and recover a sense of safety if something goes wrong in their lives. Hence the findings merit close and considered attention.

This new knowledge reveals an emphasis on the importance of relationships which is consistent with previous research, but which highlights the tensions and constraints in the way that these relationships are articulated and embodied (Briggs and Hawkins, 2005; Taylor et al., 2015; Bourke and Burgman, 2010; Robinson, 2015). The four elements which explain the way that young people understood safety provide a framework for articulating where, and how, they felt safe and importantly, how constraints to safety can be approached.

The four core elements in this inter-related and multi-dimensional approach to safety are about having physical and emotional safety needs met, having access needs addressed, and feeling capable. These four elements highlight the complex interplay between young people being protected by having their safety needs met and being active agents by participating in determining what they want and need to feel and be safe. For young people to feel safe, be safe and feel confident in their safety, they need to be engaged across all four intersecting elements. This will simultaneously help to ensure they feel protected while also mobilising what they know and can do in contributing to their own and others’ safety.
**Physical safety**

While young people were concerned to ensure they were physically safe, this was a foundation for other kinds of safety, rather than a constant preoccupation.

Problems in being physically safe were more likely to create a response in services and systems which activated procedures or policies than any other form of harm. However, a number of the strategies that young people employed for being safe show how the ways that they negotiate physical safety are more subtle and sometimes come at a cost to their wellbeing or personal growth. For example, a number of young people's strategies for being safe involved them minimising their presence in the community, either by not going to places, by not going out alone or at certain times of day.

**Emotional safety**

In this study, young people focused most consistently on relational safety issues in their lives, which were often much more amorphous and more complex to negotiate than physical safety. Young people commonly spoke about emotional and psychological harm that had caused them significant pain and had been poorly responded to. Central concerns for all the young people were security and insecurity in relationships, navigating interactions and relationships with paid and unpaid supporters, and forming and maintaining peer relationships. Emotional safety in relationships involves processes of continuing negotiation and change, in which all people involved in the relationships play a role.

**Having access needs met**

The meaning of access in this study is broad – being to understand whether young people feel that relationships, services, local and wider communities are physically accessible, available, approachable, welcoming and appropriate for them (Levesque et al., 2013). Having access needs met is a unique contextualising factor in this research. For young people, it establishes, constrains or makes fragile a sense of safety, impairs or emboldens confidence, and affects how young people feel in their worlds and how secure they feel in engaging outside of their immediate known close relationships.

Widening the lens of access and accessibility to think about the way that places and interactions can help young people with disability to feel safe is important in understanding how to improve communities on a range of levels. Being able to move unimpeded around spaces is clearly important, but young people pointed out the difference between having to ask to be accommodated, and how much better it feels when people in venues have clearly thought about access ahead of their (potential) arrival. Feeling and being welcomed into groups, services, clubs and less formal interactions opens doors into emplacement, regularity, and being missed if they are not there. Having spaces and places where they feel comfortable to be themselves, either alone or with friends, supports confidence in their own identity as a person of value and worth. Access to the normative opportunities available to most young people – such as the repetition of core safety and human rights messages appropriate for different ages/developmental stages through school years – are constrained for many young people with disability due to limited access to education curricula and diminished opportunities for friendship. At a community level, evidence that access has been thought about is a tangible indicator to young people that their contribution is valued and factored in to community spaces, supporting a positive sense of safety for them.

**Feeling capable**

The degree to which young people felt self-reliant and able to take some control to act on their own safety and capacity to be free from harm was enmeshed with their success in deploying safety strategies in the other domains. Depending on their context, they were more or less able to influence how well they could put strategies into action. The context also influenced the likelihood of others listening to them and finding ways to resolve problems with them.
An important part of this context was whether and how their relationship with supporters was enabling in helping young people to enact their own strategies for feeling and being safe. This was the area where the difference between the views of young people and supporters was most distinct. Young people were much more confident in their knowledge and ability to implement safety strategies than were supporters. It was important to young people that they could use their own safety strategies wherever possible, and that when they needed help it was offered in a complementary way, rather than by taking control. Supporters worried about whether and how young people could put strategies into action, and the lack of safe opportunities they had to learn and explore boundaries in ways that other teenagers and young adults did. They focused primarily on minimising risk, providing safe spaces, and building trusting relationships rather than on building networks or promoting capability with and for young people as a safety strategy.

Implications for action in responding to these priorities were identified in terms of: supporting the agency of young people to build safety in their lives; improving services, systems and communities; and areas for further research. They incorporate principles for safer lives from research and policy in areas where there has been recent intensive focus, particularly in creating child-safe organisations (valentine et al. 2016) and in building quality and safeguarding (NDIS 2017, Wayland & Hindmarsh 2017).

Implications for young people's lives

- **Sustaining solid, foundational relationships with a range of people support safety.** These core relationships both help young people to feel secure, cared for and safe; and build the confidence that they can better deal with unexpected situations that may arise in their lives. This is particularly important for children and young people because of their life stage, the opportunity to prevent harm in their lives and alter their trajectories. Where there are limitations in young people's close relationships, it is paramount to build relationships in other spheres of their lives, so they have somewhere else to turn for support.

  While in many ways this is no different than for other young people, the context of the lives of young people with disability, who live with more social isolation, more engagement with services, and more mediated relationships means that they are less likely to be able to form and be able to maintain their own relationships without some focused support.

- **Supporting the agency of young people to feel able to take action and have their strategies received and acknowledged helps build resilience and safety.** Young people felt a lack in autonomy in managing their safety, unlike supporters. Young people had many experiences where they asked for help but it was not forthcoming, or they tried to use safety strategies but without success, and of poor responses to complaints. Organisations need to resource and train supporters to recognise, respond and support young people to raise concerns and resolve them.

- **Information and knowledge about how to build young people's capability around safety is needed.** Young people in this study wanted to know about safe places, how to get help to be safe, knowing what to do if you have a problem, how to make a complaint, and being safe in both paid and unpaid relationships. This needs to be provided in the places young people spend their time, and be informed by principles of human rights.
Implications for practice

This study has confirmed and extended previous research about the role that quality support plays, over time, in building young people’s confidence and sense of safety in known spaces and in feeling able to go into new domains or wider interactions.

- **Young people’s aim of being more self-determining about safety needs to be built and sustained through high quality relational support.** Strong relationships helped many young people with disability to scaffold the way they viewed themselves, and set them up to feel confident that they will be able to deal with an unexpected issue that arises in their lives. This quality of support intersects with young people’s agency. Young people related consistently in this research about how they rely on known, trusted supporters, and that having people beyond their close, known networks of support affected their sense of safety. Strategies to increase choice and decision-making and young people’s control over change, and to build robust networks across young people’s life domains are important to mitigate the effects of change.

- **Proactive strategies are needed to act early on concerns and avoid abuse in order to build a strong sense of personal safety for young people.** The impact of violence and abuse on young people's confidence, sense of safety and capacity to implement future safety strategies was clear in this study. Many young people described unhappy school years and ineffective responses by people in authority to vilification, bullying, interpersonal abuse and exclusion by peers. The legacy of this treatment was seen in the levels of confidence young people felt around friendship, in complaining about unfair or abusive treatment, and in going into public spaces. Some people who were traumatised were resistant to receiving services, and mistrusted workers they did not know well. Preventing harm from taking place is vital to prevent damage to young people’s developing identity.

- **Supporters across practice contexts need education and skill development about safety and abuse prevention.** Workers in this study said they lacked experience and guidance to discuss safety and to plan how to support, or recover, safety with young people. Young people pointed to a lack of expertise in this area as well. Across supporter groups, young people’s agency was not strongly acknowledged. Further, education and training for supporters in recognising the priorities of young people is needed – particularly around supporting their ideas and strategies for safety and friendship and relationship building.

Implications for policy

- **Agencies relevant to young people need to proactively address abuse prevention and develop evidence-informed strategies for promoting the personal safety of young people with disability.** The need for systematic responses to experiences of violence and harm is clear. However, this is not sufficient to reconcile tensions, constraints and feelings of disquiet in relationships that leads some young people to feel unsafe and unsupported. Capacity in systems needs to be built to support relational support for young people who are lacking it in their informal relationships, and need assistance for purposeful relationship building (and funded where necessary). This includes, but is not limited to, the developmental component of the NDIS Quality and Safeguarding Framework.

- **Expectations about safety in the organisations that young people use need to be made explicit for young people, staff, managers, families and volunteers.** This should include safe and unsafe practices and relationships; boundaries; ways to speak up; and how problems will be
resolved. Responsibility for developing and delivering information and responding to concerns about safety needs to be allocated and resourced within organisations. Organisations need to be encouraged to discuss safety with young people, and to develop and use clear definitions of safety to underpin delivery of information.

- **Planning about safety with young people with disability is needed to build resilience and strength throughout the life course.** The high rates of harm experienced by young people with disability (and people with disability more generally) indicate that greater depth and quality in planning around safety is urgently needed. This should not be limited to NDIS planning, but rather developed from a standpoint of positive safety planning similar to that used in the domestic and family violence sector. While children are identified in NDIS safeguarding conversations, young people with disability are under-acknowledged as a group and have unique circumstances which need to be considered. This includes elements of starting early in the life course, coming from a strengths base, looking at what is needed to build strength and resilience, what is needed to educate, support, and develop knowledge in young people and what is needed in those who support them around safety.

**Implications for communities**

At a broad level, safety for young people relates to a sense of belonging and feeling welcomed into public spaces and multiple communities.

- **Governments at local, state and federal levels need to plan for physical, social and emotional access of young people with disabilities in their communities.** The impact of discrimination, stigma, and exclusion is clear in the way that unmet access needs (physical, social and emotional) resonate across all levels of the ecological framework. A broader understanding of access should be prioritised, taking in young people’s emphases on universal access regarding impairment(s), along with principles around availability, affordability, acceptability and approachability of wider community infrastructure, systems services and cultures.

- **Public awareness strategies need to be developed to encourage solidarity of community members to engage with young people with disabilities.** Strategies to activate bystanders in the general community should be explored, and funded. Encouraging community members to be more confident, engaged and equipped to take action if they have concerns or doubts about the safety of a young person with disability is strongly protective. These strategies need to be informed by and responsive to the knowledge and preferences of young people.

- **Governments and organisations need to invite young people to participate in policy processes that inform inclusion and safety policy and practice.** Some young people in this research were looking at the impact of their participation and perspectives on systems, including transport, personal care, out of home care, and disability policy. They are eager to contribute to the way that systems are designed and operate to improve their personal safety, particularly around accessibility and availability. Promoting and enabling young people’s participation will increase not only their capacity for action on own behalf, but also progressively increase their confidence to act in future. Championing and supporting the leadership of young people shines a light on their capability, resourcefulness and energy and opens new conversations about safety for children and young people with disability at important life stages.
Implications for developing further knowledge

The importance of personal engagement with young people was clear in this study. The team had difficulty in reaching young people with disability directly with recruitment materials, and there were low responses to surveys for young people. The high number of empty responses received in the surveys may indicate that it was not accessible to young people or that supporters decided not to show it to young people, as the early very simple questions were not attempted. Surveys for such a diverse young-person participant group may not be an effective data collection approach in such a sensitive topic area. Alternatively, a paper survey or online version completed in person by researchers with young people may be more effective. However, young people's participation in the qualitative research processes led to very rich data, consistent themes and strong findings which resonated across groups, age ranges and geographies.

From a socio-ecological perspective, young people have contributed in at least three valuable ways to knowledge production through their involvement in this research. First, every young person in the study shared with us their lived experience of safety through a range of ways of participating. This supported the involvement of people with high and complex needs in the study. As well as detailing micro-relationships, some of these lived experiences demonstrated the effects of systemic effects of safety or lack of safety in young people's lives. Second, some young people in the study directly contributed focused thinking about the impacts of discrimination, and lack of access and accommodation, and a missing societal emphasis on safety for the lives of young people with disability. Third, through the co-production approach, young people with disability analysed some of the thematic data about safety in micro and meso domains.

While social ecological theory is not new, privileging young people's experiences in this study allows a valuable focus on proximal processes (Tudge et al., 2009) – what helps and constrains young people in the ways that they navigate relationships, where they feel able to go, and what helps and constrains them in enacting safety strategies. It has highlighted that young people have many ideas about how services and systems can change to improve their lives. The alignment with intersectionality is also clear and important. The ways in which cultural/systemic barriers denied young people with disability opportunities to safeguard against abuse and to undertake a range of actions which would allow greater promotion of their personal safety was striking. To extend this emerging emphasis, further theoretical exploration of key themes around power and the way that space and place are mediated that emerge from this research would be valuable.

Key elements of the results also resonate strongly with interests of recognition theory (Honneth 1995), in its focus on the importance of relationships in developing and maintaining personal identity. Through mediating three modes of recognition - being cared about, being respected, and being valued – relationships can provide individuals with self-confidence, self-respect and self-esteem (Graham & Fitzgerald, 2010).
There are many opportunities for knowledge transfer to apply the key findings and recommendations from this research to practical projects which will improve personal safety and prevent violence and abuse of young people with disability. Work to progress these will begin in the dissemination phase following publication of this report. However, collaborative effort will be needed to ensure projects are led and supported by young people with disability, that they are resourced and given profile, and that they are taken up widely to contribute to meaningful change.

In conclusion, this research highlights that notwithstanding the need for careful and ethical approaches in research of this sensitive nature, it was reinforcing and validating for many people in the research to share their perspectives and feel listened to.

The richness and depth of young people’s many ideas about how services and systems can change to improve their lives demonstrate how much they have to contribute to public policy and service design. Combined with the resistant barriers in service and systems domains that they collectively described, this points strongly towards the need to prioritise both their perspectives and their inclusion in finding new solutions to the longstanding problems that impede young people’s inclusion and safety.
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APPENDIX 1: METHODOLOGY – SUPPLEMENTARY FIGURES

Glossary of terms: adapted research methods

Photography-supported interview methods: Where possible, in this project we will use participatory photo mapping, which incorporates mapping and interviews to explore with young people their perspectives on safety. Where this is too difficult for children and young people, but they remain interested in photography, we will use documentary or elicitation methods, as follows:

a) Participatory photo mapping – this is the most comprehensive approach, and includes mapping, documenting and talking about the photos. With support, children and young people can indicate where experiences occurred (via maps), what their experience looked like (via photos or drawings) and how experiences unfolded (via narratives or communication tools) (Dennis et al, 2009).

b) Documentation – with the support of activity guides, young people can take photographs of place and people which are important to them, and which help or hinder feelings of safety. In interviews, they will participate in a supported process of describing the meaning of the photographs.

Pictorial mapping: aims to identify the places, people and relationships important in creating a sense of personal security for each person. Mapping can be used either as part of the photographic methods, or as a stand-alone method. Fieldworkers use a guide to ensure consistency of approach in supporting young people to map sites and relationships.

Story boards: working with supporters, fieldworks can identify likely topics of interest and bring to interview pre-prepared images that young people can use to create a story board which they can use to scaffold a narrative about key places and people important to them in creating a sense of safety.

Talking mats: an interactive resource that uses three sets of picture communication symbols – topics, options and a visual scale – and a space on which to display them. This can either be a physical, textured mat, or a digital space, for example a tablet, smart board or computer screen. It is a lighthouse example of a communication resource for people with high support needs. Once the topic is chosen e.g., ‘activities’ or ‘people’, the participant is given the options one at a time and asked to think about what they feel about each one. They can then place the symbol under the appropriate visual scale symbol to indicate what they feel.

‘walk along’ interviews: For young people who prefer not to sit still, or who dislike formalised processes, walk-along (or go-along) interviews can be used. These involve fieldworkers accompanying young people (and supporters) in their activities (e.g. to the local park, or playing in the back yard) and engaging in more informal conversation about the research topics.
The next questions are about **going to new places.**

**How safe do you feel when you go to new places?**

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>😞</td>
<td>Very unsafe</td>
</tr>
<tr>
<td>😞</td>
<td>A bit unsafe</td>
</tr>
<tr>
<td>😕</td>
<td>OK</td>
</tr>
<tr>
<td>😊</td>
<td>I still feel safe</td>
</tr>
<tr>
<td>😐</td>
<td>I don't know</td>
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</table>

**Does having a phone or iPad help you to feel safe?**

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>😞</td>
<td>No</td>
</tr>
<tr>
<td>😞</td>
<td>Helps a little bit</td>
</tr>
<tr>
<td>😊</td>
<td>Helps a lot</td>
</tr>
<tr>
<td>😐</td>
<td>I don't know</td>
</tr>
<tr>
<td>❌</td>
<td>I don't have this</td>
</tr>
</tbody>
</table>

Sample from survey for young people
APPENDIX 2: INTERVIEW GUIDES

Fieldwork logic

Research Questions:

1. What does ‘being safe’ mean to young people with disability?
2. What helps and hinders young people with disability in feeling and being safe?
3. How do people who provide support to young people with disability perceive and respond to young people's concerns about their own safety?
4. What are the implications of this knowledge for policy and practice, particularly in newly emerging models of support?

We need to strike a balance between being clear and concrete with participants; and inviting them to contribute in a way that resonates with and informs the social-ecological approaches underpinning the research.

To do this, each participant group will be asked to concentrate first concretely on what they do in the domain most familiar to them, or through which we are approaching them, before being asked their views/questions which expand to their interaction with and understanding of safety in the other domains. This domain becomes a ‘window’ into the conversation about safety.

Depending on who they are, the questions should be framed in terms of:

• what they do, where they go and who they are in relationship with (young people),
• how they perceive and respond to young people re safety (in family roles), and
• what they do or their organisation does to support young people re safety (as professionals).

<table>
<thead>
<tr>
<th>GROUP</th>
<th>CIRCLE</th>
<th>DOMAIN</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people</td>
<td>Centre – my safe place [e.g. home]</td>
<td>Micro</td>
<td>Micro: interactions between personal and intrapersonal factors and other domains, including safety concepts such as trust vs fear, acceptance, comfort, attachment, resilience, self-concept, secure home, coping strategies, trusted relationships, relational skills, capability to recognise abuse and seek help</td>
</tr>
<tr>
<td></td>
<td>Other places I go</td>
<td>Meso</td>
<td></td>
</tr>
<tr>
<td>Families of young people with high and complex support needs</td>
<td>Centre – my safe place [e.g. home]</td>
<td>Micro</td>
<td>Meso: interactions with family, friends and others in community, including interactions in places of work, services, school, and other public and private spaces and places</td>
</tr>
<tr>
<td></td>
<td>Other places I go</td>
<td>Meso</td>
<td></td>
</tr>
<tr>
<td>Service providers</td>
<td>Services and systems</td>
<td>Exo</td>
<td>interactions with systems, social institutions, policies, accepted standards, protocols, techniques and practices relating to safety or abuse, such as risk management and safety education</td>
</tr>
<tr>
<td>All</td>
<td>Wider community</td>
<td>Macro</td>
<td>interactions with structural and societal factors influencing safety, such as poverty and homelessness, and broader cultural concepts like rights, participation, discrimination, inclusion and exclusion.</td>
</tr>
</tbody>
</table>
Young people interview guide

1. What does safety mean to you?

Chart responses on poster paper.

For remainder of discussion, use poster paper to map the conversation, according to

- What helps young people to be safe
- What young people do/don’t do to be safe
- How other people help young people to be safe
- What could make things better for young people

2. Your safe place

Now we would like to find out from you about your special safe place. This could be your home, or another special place where you feel safe. Can you think of this place?

What helps you to feel safe there? What do you do to be safe there?

- What kinds of tools or equipment help you to be safe? This might include the key to your home, your wheelchair, your car, your phone, hearing aids, assistive technology or medicine.

What do other people do to help you be safe there?

3. Places you go

- Prompt for — school or work; public places such as shops, parks, etc; and services that help you with the things you need to do

What do you do to be and feel safe there?

- Are the things you do when you are out different to what you do to be safe at home?
- How do you be safe when you’re on the move?
- What part do you play in deciding what action you will take to be safe?

What do other people do to help you be safe there?

- What could other people do to make it safer for young people on the move?
- Does someone else decide about what things you do to be safe, or do you decide together?
- How have your ideas about safety changed from when you were a child/little?
- Are there times when you don’t want to be too safe — when it’s exciting to be taking some risks? How do you stay in control of risk-taking?

4. What do you need for things to be better?

Map into this as the conversation allows as the questions above are explored.

In closing, recap the key points raised by young people about — what they do; what others do to keep them safe.
Family Interview Guide

[Initial meeting with family has already been held to discuss communication needs, preferences, and requirements for the interview with the young person]

Purpose of interview to provide context to support the adapted methods with the young people.

Intro to reinforce the role of the supporter – to support the communication of the young person, provide information to the researcher that would otherwise not be available to them, add context.

1. Do you think safety is a concept that has a lot of meaning for [person]?
2. How do you think [person] expresses feeling safe?
3. What do you do to help them build a sense of safety?
4. In relation to their own safety, what sorts of things do you think your [son/daughter/family member] is concerned about?
5. How do you think [person] expresses feeling unsafe? [with behaviour, things they say, actions, etc]
6. What do you do in response to the things they say or do that show you they are feeling unsafe?
7. Do they, or you, get any support from any services [disability services, community services, police, doctor, health service, therapists, etc] with any of these things?
8. What would help?
9. Do you feel that changes coming [like the NDIS] will affect [person's] safety? How?

Service Provider Focus Group Guide

1. What are the most important parts of “being safe” for young people with disability in your work/your organisation?
2. How do you/organisation act on these parts of being safe – examples, policies?
3. What do you/organisation do to support young people to understand, feel and be safe – examples?
4. What helps you do that support well? What hinders you? - examples
5. What do the young people who you/organisation work with think/feel about safety?
6. What do other people or organisations do to make the young people you/organisation works with feel and be safe?
7. How do you think changes like the NDIS will affect young people’s safety?
### Young people focus group

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIMING</th>
<th>LEAD NOTES / METHOD</th>
<th>NOTES ON SCRIBING AND HARVESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>5 mins</td>
<td>Introductions, welcome and thank you About our research Ice breaker: What does safety mean to you?</td>
<td></td>
</tr>
</tbody>
</table>
| What does safety mean to you? | 5 mins | **What does safety mean to you?**  
Aim – to develop a shared language from the young people that we can use in the group; to get a sense of how well developed their understanding of safety is, how focused on place/relational safety they are, how sophisticated their understanding of safety is to frame the group discussion.  
Add our words to theirs to ensure that the safety concepts include relational safety. | Chart responses on poster paper "Safety" |
| Your safe place           | 10 mins| You are a famous photographer. People pay you thousands of dollars for your photos. You have been asked to take a photo of somewhere that makes you feel  
• happy to be at that place;  
• that you were pretty sure nothing bad would happen;  
• that you were included, valued and people were happy you were there; and/or  
• that you made things better by being there  
• warm inside  
• comfortable,  
• that no-one is going to hassle you or bother you  
• Imagine you were going to take a photo of your safe place.  
**What would you say about that photo?**  
This could be your home, or another special place where you feel safe. Where is this place?  
What is in your photo?  
Who is in your photo?  
Why did you take a photo of this place?  
**What helps you to feel safe there? What do you do to be safe there?**  
**What do other people do to help you be safe there?** | Scribe on page 'my safe place' |
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIMING</th>
<th>LEAD NOTES / METHOD</th>
<th>NOTES ON SCRIBING AND HARVESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Places you go</td>
<td>10 mins</td>
<td>What would you rather? Activity</td>
<td>Scribe safety relevant responses on page ‘places I go’ and other sheets as indicated. Use images to scribe</td>
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<tr>
<td></td>
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<td>Ask the group to straddle a tape line or imaginary line across the room.</td>
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<td>When asked ‘Would you rather?’ they have to jump to the left or right as indicated by the leader. Facilitators join in too.</td>
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<tr>
<td></td>
<td></td>
<td>Would you rather..?</td>
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<td></td>
<td></td>
<td>• Watch TV or listen to music?</td>
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<tr>
<td></td>
<td></td>
<td>• Go out at night or in the daytime?</td>
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<td></td>
<td></td>
<td>• Be an apple or a banana?</td>
<td></td>
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<td></td>
<td></td>
<td>• Travel by car or in the bus?</td>
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<td></td>
<td>• Be hairy all over or completely bald?</td>
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<td></td>
<td></td>
<td>• Be on Facebook or not?</td>
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<td>• Go without TV or Maccas for the rest of your life?</td>
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<td>• Talk to your family or to a worker if you had a problem with a friend?</td>
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<td></td>
<td>• Always be cold or always be hot?</td>
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<td></td>
<td>• Have a say about where you live or where you work?</td>
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<tr>
<td></td>
<td></td>
<td>• Have a dog or a cat?</td>
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</table>

Now we want to ask you about safety when you’re out and around.

- What places do you go? Prompt for – school or work; public places such as shops, parks, etc; and services that help you with the things you need to do.

What do you do to be and feel safe there?

- Are the things you do when you are out different to what you do to be safe at home?

What do other people do to help you be safe there?

- How about when you’re moving around or travelling to places? How do you be safe when you’re on the move?

- What could other people do to make it safer for young people on the move?
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIMING</th>
<th>LEAD NOTES / METHOD</th>
<th>NOTES ON SCRIBING AND HARVESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>10 min</td>
<td>Tell us a story</td>
<td>Scribe into paper with images of me in the middle and other people around – I do; others do</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tell us a time you did something to be safe</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tell us a time when someone else did something that helped you to be safe</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use scenarios to support conversation as necessary – if YP don’t identify many stories from their experience, ask them to comment on the scenarios.</td>
<td></td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recap</td>
<td>5 mins</td>
<td>Review responses and what young people have helped us to learn – focus on how the detail in the responses around the sense exercise brings relationships into the places.</td>
<td></td>
</tr>
<tr>
<td>Constraints</td>
<td>5 mins</td>
<td>Sometimes it can be hard to do all these great things.</td>
<td>Scribe onto 'tricky' paper</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have there been times when it has been tricky for you to stay safe?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>What made it hard?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have you done something that has helped someone else that was having a hard time with being safe?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use scenarios if necessary</td>
<td></td>
</tr>
<tr>
<td>How could things be better?</td>
<td>10</td>
<td>What else could help young people be safe?</td>
<td>Scribe on page with images and rules column</td>
</tr>
<tr>
<td></td>
<td>mins</td>
<td>What ideas do you have about things that you could do?</td>
<td>Fill this sheet as the discussion goes along, so that by the time we get to this, it will likely have some ideas already on it.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What could other people do that would improve your safety?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>What rules/ things need to change to make life safer for young people? [e.g. safer public transport, education about safety, more responsive police]</td>
<td></td>
</tr>
<tr>
<td>Close</td>
<td>5 mins</td>
<td>THANK YOU! In closing, recap the key points raised by young people about – what they do; what others do to keep them safe. Explain Safety booklet. Vouchers.</td>
<td>Hand out Safety Booklet – help young people complete it?</td>
</tr>
</tbody>
</table>
APPENDIX 3: SAFETY SURVEY – YOUNG PEOPLE’S DATA

<table>
<thead>
<tr>
<th>Perception</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>19</td>
</tr>
<tr>
<td>Sometimes</td>
<td>13</td>
</tr>
<tr>
<td>Not much</td>
<td>1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1: Can you be on your own and have privacy when you want it?

<table>
<thead>
<tr>
<th>Helpfulness</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps a lot</td>
<td>27</td>
</tr>
<tr>
<td>Helps a little bit</td>
<td>6</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2: Is privacy important for you to feel safe?

Figure 1: On an ordinary day in your life, how safe do you feel? (n=35)

Figure 2: How safe do you feel?

<table>
<thead>
<tr>
<th>Relationship</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family (n=29)</td>
<td></td>
</tr>
<tr>
<td>Home (n=34)</td>
<td></td>
</tr>
<tr>
<td>Friends (n=29)</td>
<td></td>
</tr>
<tr>
<td>Boyfriend or Girlfriend (n=13)</td>
<td></td>
</tr>
<tr>
<td>Paid workers (n=24)</td>
<td></td>
</tr>
</tbody>
</table>
Figure 3: How safe do you feel when you go to new places? (n=26)

Figure 4: How much do you know about how to keep safe in these places? (n=35)
Figure 5: How do other people help you feel safe? (n=35)

- Listen when I have a problem
- Help me feel better when I’m worried
- Ask about me about safety
- Do things that fix problems
- Teach me and others about caring for each other
- Teach me about safety

Figure 6: What do you do to feel safer? (n=35)

- Avoid unsafe people
- Stay away from unsafe places
- Keep phone with me
- Try not to be alone
- Make and keep friends
- Avoid going out at night
- Make a complaint
- Speak up about worries
- Try to ignore it
- Manage my emotions
- Find out more
- Self defence

Figure 7: Are there more things you want to learn about being safe? (n=35)

- Safe places
- Getting help to be safe
- Knowing what to do if you have a problem
- Making complaints
- Safe relationships
- Making decisions
- Nothing - I know enough already
APPENDIX 4: SAFETY SURVEY - SUPPORTERS DATA: SUPPLEMENTARY FIGURES

Figure 1: How important do you think these issues are to the young person you support?

- Not being mistreated
- Someone they can trust
- Being physically safe
- Feeling known/understood
- Having a safe place to go
- Feeling respected
- Feeling emotionally safe
- Being protected
- Not being isolated
- Having their access needs met
- Being able to leave a place or situation

Figure 2: What are the three most important issues to you in supporting the young person to be safe?

- Someone the young person can trust
- Not being mistreated
- Feeling emotionally safe
- Feeling known/understood
- Being physically safe
- Being protected
- Not being isolated
- Feeling respected
- Having a safe place to go
- Having their access needs addressed
- Being able to leave a place or situation
Figure 3: Young people’s safety knowledge, comparing unpaid and paid supporters

<table>
<thead>
<tr>
<th>Safety in family life</th>
<th>UNPAID</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A moderate amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety at home</th>
<th>UNPAID</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A moderate amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety with support workers</th>
<th>UNPAID</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A moderate amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety in intimate relationships</th>
<th>UNPAID</th>
<th>PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A lot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A moderate amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing at all</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 4: How does the person you support express feeling unsafe? (%)

- Through things they do (becoming agitated or unsettled)
- Changes in their behaviour that I can’t explain
- They tell me directly
- Through things they don’t do (not going out, or not speaking)
- Through other less direct things they say
Figure 5: What do you do to help young people you support to understand, feel and be safe?

1. Be available to them
2. Provide as safe space/place
3. Provide positive behaviour support
4. Teach them about reducing risks
5. Tech about developing a range of relationships
6. Provide access to assistive technology
7. Respond to allegations of abuse
8. Make complaints
9. Respond to complaints
10. Help them learn to take some risks

Figure 6: Barriers to supporting young people’s safety, compared unpaid and paid supporters

- Lack of recognition of safety in services
- Lack of support from managers
- Lack of resources
- Lack of access to decision makers
- Location (e.g. rural areas)
- Lack of autonomy in your support role
- Lack of time

Legend:
- Significant impact
- Moderate impact
- Some impact
- Minimal impact
- No impact
Figure 7:
Understanding and support for the safety of young people with disability, compared unpaid and paid supporters

Diverse relationships keep people safe

All young people can express safety

Disability services understand
Preventing abuse and promoting personal safety in young people with disability.

Full Report

Prepared by the Centre for Children & Young People
Sally Robinson, Anne Graham, Karen Fisher, Ariella Meltzer, Megan Blaxland, Kelley Johnson.

November 2017

FURTHER INFORMATION
Further copies of this report and the accompanying resources can be obtained on our website, www.rcypd.scu.edu/safety email ccyp@scu.edu.au or by phoning the Centre for Children and Young People on 02 6620 3134