Normalization Based Framework for Risk Taking and Community Living in Offenders with Intellectual Disability [SS1]

***Dr. Deepali Singh[1], Pratiksha Singh[2], Manni Sruthi[3], Ankit Punia[4], Dr. Utkarsh Shah[5] and Dr. Rubi Talukdar[6]**

[1*]Associate Dean (R&D), Department of Development Studies, Vivekananda Global University, Jaipur, India. E-mail: deepali.singh@vgu.ac.in, Orcid: https://orcid.org/0000-0002-9842-3209

[2]Assistant professor, Department of Agriculture, Noida International University, Noida, Uttar Pradesh, India. E-mail: pratiksha.singh@niu.edu.in, Orcid: https://orcid.org/0000-0002-2886-7234

[3]Centre for Multidisciplinary Research, Anurag University, Hyderabad, Telangana, India. E-mail: mannisruthi2024@protonmail.com, Orcid: https://orcid.org/0009-0007-1580-465X

[4]Centre of Research Impact and Outcome, Chitkara University, Rajpura, Punjab, India. E-mail: ankit.punia.orp@chitkara.edu.in Orcid: https://orcid.org/0009-0003-6508-2596

[5]Professor, Department of Community Medicine, Parul Intitute of Medical Sciences & Research, Parul University, Vadodara, Gujarat, India. E-mail: utkarsh.shah29779@paruluniversity.ac.in, Orcid: https://orcid.org/0000-0003-0827-4922

[6]Assistant Professor, Department of Law, SOA National Institute of Law, Siksha 'O' Anusandhan (Deemed to be University), Bhubaneswar, Odisha, India. E-mail: rubitalukdar@soa.ac.in, Orcid: https://orcid.org/0000-0001-6664-4739

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Abstract

The purpose of the study was to formulate and test a framework of a normalization-based approach to risk-taking and community living among individuals with mild- to medium-level intellectual disability (ID) and determine its effect on both adaptive functioning and risk-related incidents, community participation, and recidivism factors. A sequential exploratory design with a mixed-method was used on 124 offenders with ID. The participants were separated into a community living group that was based on normalization (n = 62) and a traditional supervision group (n = 62). Adaptive behavior scales, structured risk assessment tools, community participation index, quality-of-life measures, and official recidivism records were used to collect data during a 12-month follow-up duration. The statistical tests were repeated-measures ANOVA, regression modeling, and logistic regression. The adaptive functioning in the normalization group showed a large improvement (mean increase = 9.2 points, $p < 0.01$) than in the traditional group (mean increase = 3.4 points, $p = 0.08$). Serious incidents were lower in the normalization group (0.4 vs. 0.8). Community participation (74.6 vs. 61.3, $p < 0.001$), quality of life (78.9 vs. 66.7, $p < 0.001$), and perceived autonomy (72.4 vs. 59.8, $p < 0.001$) were significantly higher. The recidivism rates became lower (12.9% vs. 27.4%), and the chance of reoffending was lower by 58% (OR = 0.42, $p < 0.05$). The adaptive skills, serious incidents, and recidivism are reduced significantly, which promotes strengths-based and community-oriented rehabilitation of the offenders with intellectual disability, as demonstrated by the normalization-based frameworks.

Keywords *Adaptive Functioning, Community Integration, Intellectual Disability, Normalization Framework, Recidivism.*

Introduction

Intellectually disabled (ID) offenders are a very vulnerable group of offenders in the criminal justice and community correction systems. It is always reported that people with ID have an increased rate of recidivism, adaptive functioning, and problems with mastering social norms and legal expectations [1][2]. The objectives of community living programs are to assist rehabilitation, independence, and social inclusion, but successful reintegration depends on the capacity of the individual to control risk-taking behaviors and handle complicated social conditions [3]. The conventional risk assessment models tend to be deficit-based and may not serve well to explain normalized developmental trajectories or the needs of community participation by persons with ID. The normalization-based model that focuses on fair chances, supportive, and person-centered risk management can be a possible alternative option to balance the interests of the population and social inclusion [4].

The proposed study will seek to conceptualize and examine a normalization-based model that would enable safe risk-taking and successful community living of offenders with intellectual disability [5]. It aims to explore the effect of normalized social engagement, structured support systems, and adaptive risk management on the outcome of rehabilitation and the integration of communities [6].

Current literature mainly revolves around clinical risk management or custodial supervision as opposed to normalization principles that will facilitate the promotion of autonomy and the inclusion of the community [7]. There are not many studies that combine the theory of normalization and the application of structured risk-taking models that are designed to fit offenders with ID. Further, limited empirical or conceptual research exists involving the impact of normalized community living environments on the consequences of behavior, the risk of recidivism, and long-term social functioning [8][9].

Implementing a framework based on normalization, which facilitates risk-taking and person-centered community involvement, will positively influence adaptive functioning, maladaptive behavior, and positive outcomes in successful community reintegration among offenders with intellectual disability more than the traditional restrictive approaches to management [10].

The current paper presents a conceptual framework of an integrative approach to normalization theory and the structured risk-management practices applied to offenders with ID. It adds a framework of balance between autonomy and safety in community life, gives practical advice to rehabilitation and correctional professionals, and forms the basis of future empirical studies on the topic of inclusive justice practices and sustainable reintegration routes.

This paper is divided into six large sections. The introduction is the statement of the rationale, objectives, research gap, hypothesis, and main contributions of a normalization-based framework of offenders with intellectual disability. The Literature Survey discusses theoretical, forensic, and human rights views guiding the model. The section of Materials and Methods explains the mixed-method design, participants, data collection, outcome measures, and the procedures of analytical work. The Results section reveals demographic information, adaptive functioning performance, incident rates, population engagement indicators, and recidivism results statistically. Results are discussed regarding the theory and practice. The Conclusion means a conclusion, implications, and future research directions.

Literature Survey

Reintegration of offenders with intellectual disability (ID) to community environments needs a framework that is able to balance between the principles of risk management and normalization and the protection of human rights. Normalization theory and social role valorization insist on the idea that the disabled receive an opportunity to live under the same conditions and have equal social opportunities with the rest of the population. [14] emphasize the significance of lived citizenship among individuals with deep intellectual disabilities, and they hold that practitioners of professional care should enhance the autonomy and involvement of individuals with intellectual disabilities, instead of restraining them. On the same note, [20] [21] highlights how specialized intellectual disability nursing is central in contributing to adaptive functioning and community participation.

In the forensic setting, there have been intervention strategies designed to regulate violence risk within people with ID. The evidence-based interventions described in [10] are specific to violent offenders with intellectual and developmental disabilities, thereby emphasizing the importance of specific treatment planning. [12] further develops the Good Lives Model (GLM), a rehabilitation model based on strengths that is quite consistent with the concept of normalization since it encourages the development of personal objectives, prosocial identification, and positive risk-taking. Statement [19] also asserts that the restrictive confinement increases the vulnerability of the youth with intellectual and developmental disabilities, and community-based options are advocated.

Recent empirical studies by [17] reveal that there are demographic and forensic factors that impact service attendance in adult patients who are sent to community-based learning disability forensic teams, especially after COVID-19. Their results point to the need to have responsive and community-based forensic services that promote incremental autonomy instead of punitive incarceration. Acceptance and Commitment Therapy (ACT) has also been shown to be effective in enhancing family functioning when it comes to the case of intellectual disability [11], which implies wider usage in terms of adaptive skill development and psychological flexibility in terms of community reintegration strategies.

Human rights and labor scholarship also influence normalization-based views. [2][5][6] radically question the use of prison labor regimes, which may foster reintegration or create further exclusion. Such evaluations highlight the conflicts between custodialism and rights-based inclusion and support ethical, community-based solutions. [4][15][16] Describe the abolitionist and human rights change in carceral systems and structural changes aimed at dignity and social inclusion. The findings of comparative legal studies by [13][18] also demonstrate the changing environment of law changes and responsiveness to vulnerable communities. Taken together, the literature suggests that normalization-based models, including organized risk evaluation, strength-based rehabilitation, and human rights concepts, are a promising line of intervention with regard to promoting risk-taking that is safe and sustainable community residency among intellectually disabled offenders.

Materials and Methods

Study Design

This study adopts a mixed-method, multi-phase research design to develop and validate a normalization-based framework for risk-taking and community living among offenders with intellectual disability (ID). The study incorporates the conceptual modeling, data gathering, and framework testing. Sequential exploratory design is used, where initial qualitative exploration is used, and then the proposed framework is constructed, and quantitative validation of the proposed model is carried out.

Theoretical Framework

The research is based on normalization theory and the social role valorization viewpoint, which underline the right of disabled people to receive life conditions as similar as possible to social norms. These values are combined with systematic risk evaluation and risk-need-responsivity (RNR) paradigms that are typically applied in forensic and correctional settings. The conceptualization of risk-taking as a socially mediated and developmental process, instead of just being a criminogenic indicator, is part of the framework. It distinguishes between harmful risk, socially normative risk, and supported positive risk-taking within community environments.

Study Setting and Participants

The research is carried out through community correction programs, supported accommodation facilities, and forensic rehabilitation centers for adults with mild to moderate intellectual disability with a known history of offending behavior. The participants will consist of the offenders with the ID who are already in community living programs, as well as probation officers, forensic psychologists, social workers, and support staff who participate in their rehabilitation.

The factors used as inclusion criteria of offenders are a confirmed diagnosis of intellectual disability as determined by standardized tests of cognitive and adaptive functioning, age of 18 years, and current engagement in supervised or semi-independent living in the

community. Persons who are severely mentally unstable and need acute inpatient care are not allowed to ensure stability in assessment conditions.

Sampling Procedure

In the qualitative phase, the purposive sampling strategy is applied to achieve the representation at various levels of supervision and intensity of community support. In the quantitative stage, stratified sampling is used to compare the people who are exposed to the normalization-based community practices with those in more traditional risk-averse models of supervision. The estimation of the sample size (the quantitative phase) will be calculated using power analysis to ensure an adequate level of statistical validity.

Data Collection Procedures

Data collection occurs in three stages.

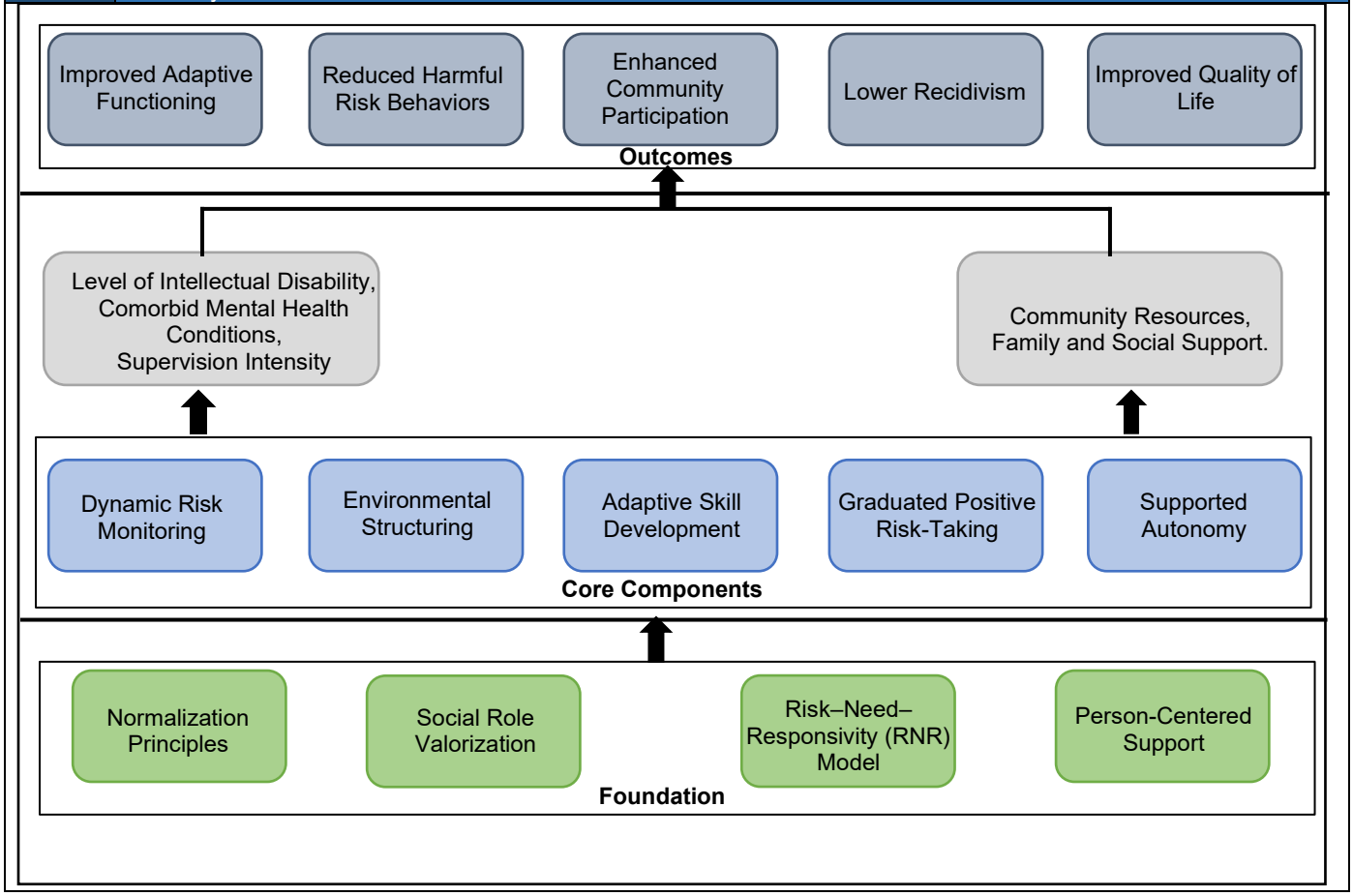
The qualitative semi-structured interviews can take place in phase one and will be carried out on offenders with ID and professionals to examine the perceptions related to the risk, autonomy, community involvement, and supervision experiences. Interview guides are simplified in terms of language and visual prompts, where necessary, based on the level of cognitive understanding.

At the second stage, standardized assessment tools are used. These are structured risk assessment tools, adaptive behavior scales, community integration measures, and quality of life scales. Institutional records also have behavioral incident records and recidivism data collected with proper consent and ethical approval.

Observational tests are performed in the third phase in community conditions, where they study life risk-taking behavior, support, and supervision measures. Field notes capture the environmental organization, employee reactions to hazardous actions, and chances of normalized involvement.

Development of the Normalization-Based Framework

Figure 1 Normalization-Based Conceptual Framework for Risk-Taking and Community Living in Offenders with Intellectual Disability



The information on the qualitative stage is processed using the thematic approach to define the essential areas of the impact on risk-taking and living in the community. These realms are combined with quantitative discoveries to form the conceptual framework. The model defines some of the critical elements, such as supported autonomy, risk exposure in a gradual form, development of adaptive skills, environmental modification, and dynamic supervision strategies.

The framework is reviewed by an expert panel of forensic clinicians, disability researchers, and community rehabilitation professionals regarding its content validity and practical applicability.

The proposed normalization-based framework that was developed in this study is illustrated in Figure 1. The model combines the normalization theory, the social role valorization, the risk-need-responsivity values, with the systematic positive risk-taking and dynamic supervision strategies. It shows that underlying theoretical principles play a role in shaping core aspects of interventions, which subsequently affect such outcomes of community living as adaptive functioning, fewer harmful risk behaviors, and decreasing recidivism. The framework includes the moderating contextual factors and a continuous feedback loop to portray the dynamic and longitudinal risk management in the community.

Outcome Measures

The main outcomes are the adaptive functioning level, risk events rate, and severity, the rate of the community, and recidivism rates in a specified follow-up period. Quality of life, perceived autonomy, and staff-reported supervision burden are examples of secondary outcomes. The longitudinal assessment of changes is conducted in order to evaluate the effectiveness of the normalization-based practices in the long term.

Data Analysis

Thematic analysis is used to transcribe and analyze qualitative data in order to discover trends associated with risk perception, autonomy, and support structures. Descriptive statistics, correlation, and regression modeling are used to generate quantitative data that can predict successful community living and reduced maladaptive risk behaviors. The three settings are compared, which are the supervision models based on normalization and the traditional supervision model. Repeated-measures analysis is used when longitudinal data are available so that the change with time can be analyzed.

Ethical Considerations

The institutional approval of the study is provided by the appropriate institutional review board. All participants gave informed consent with simplified consent forms given to those with intellectual disability. The ability to give consent is evaluated with legal and ethical principles. Records are anonymized to enhance confidentiality, and anonymity is guaranteed to the participants who are made aware of their right to withdraw at any time. Protections are also taken to make sure that the participation does not disrupt law enforcement and community safety.

Rigor and Trustworthiness

The triangulation of the data is used to improve credibility as it involves the use of data in the form of interviews, standardized tests, and observational data. Member checking is done where possible to confirm qualitative interpretations. In the quantitative measures, reliability is guaranteed by the application of standardized ones with known psychometric characteristics. External expert review strengthens the content validity of the developed framework.

Results

Sample Characteristics

A total of 124 offenders with mild to moderate intellectual disability participated in the study. Among them, 62 were put into normalization-oriented community living programs, and 62 were administered through traditional risk-averse supervision models. The average age of the participants was 29.4 years (SD = 6.8), and most of the participants were male (82%).

The majority of the respondents had mild intellectual disability (68%), with the rest having moderate intellectual disability (32%). Forty-one percent of the sample had comorbid mental health conditions, mostly mood and anxiety disorders.

Table 1	Demographic and Clinical Characteristics of Participants		
Variable	**Normalization Group (n=62)**	**Traditional Group (n=62)**	**Total (N=124)**
Mean Age (SD)	28.9 ±6.5	29.8± 7.1	29.4 ±6.8
Male (%)	80.6%	83.9%	82.3%
Mild ID (%)	71.0%	64.5%	67.7%
Moderate ID (%)	29.0%	35.5%	32.3%
Comorbid Mental Health Condition (%)	38.7%	43.5%	41.1%

Table 1 summarizes the demographic and clinical data of two groups, namely, the Normalization Group (n=62) and the Traditional Group (n=62). The two groups also show a similar mean age with a mean age of 28.9 years (SD = 6.5) and the Traditional Group 29.8 years (SD = 7.1) in the mean age of the two groups. The two groups are largely male, as the percentages of the Normalization Group and Traditional Group are 80.6% and 83.9%, respectively. Regarding intellectual disability (ID), 71.0% of the Normalization Group and 64.5% of the Traditional Group have mild ID. The participants with moderate ID in the Traditional Group (35.5%) are slightly more than in the Normalization Group (29.0%). The Normalization Group and Traditional Group have a comorbid mental health rate of 38.7% and 43.5%, respectively.

Adaptive Functioning Outcomes

Individuals who participated in normalization-based environments showed great improvement in adaptive functioning scores within a period of 12 months of follow-up. The normalization group expressed a mean score of 9.2 points on the Adaptive Behavior Scale in comparison with a 3.4-point increment in the conventional supervision group. Repeated-measures showed that there was a statistically significant effect of group-by-time interaction ($p < 0.01$), meaning that interventions based on normalization were linked with larger functional improvement.

Table 2	ITSO Application Gaps in Neurodiversity Literature			
Group	**Baseline Mean (SD)**	**12-Month Mean (SD)**	**Mean Change**	**p-value**
Normalization Group	62.5 ±8.3	71.7 ±9.1	+9.2	<0.01
Traditional Group	63.1 ±7.9	66.5 ±8.7	+3.4	0.08

Table 2 shows the means of the baseline and 12 months, accompanied by the means of the change and p-values of the Baseline and Traditional Groups. The Normalization Group has a great difference in scores, where the average score at the baseline of 62.5 (SD = 8.3) was corrected to 71.7 (SD = 9.1), and the mean difference is +9.2 ($p < 0.01$). The Traditional Group, in its turn, has a smaller change in scores, between 63.1 (SD = 7.9) and 66.5 (SD = 8.7), with the mean change of +3.4, which is not statistically significant ($p = 0.08$).

Figure 2 Distribution of Adaptive Functioning Scores at Baseline and 12-Month Follow-Up in Normalization and Traditional Supervision Groups

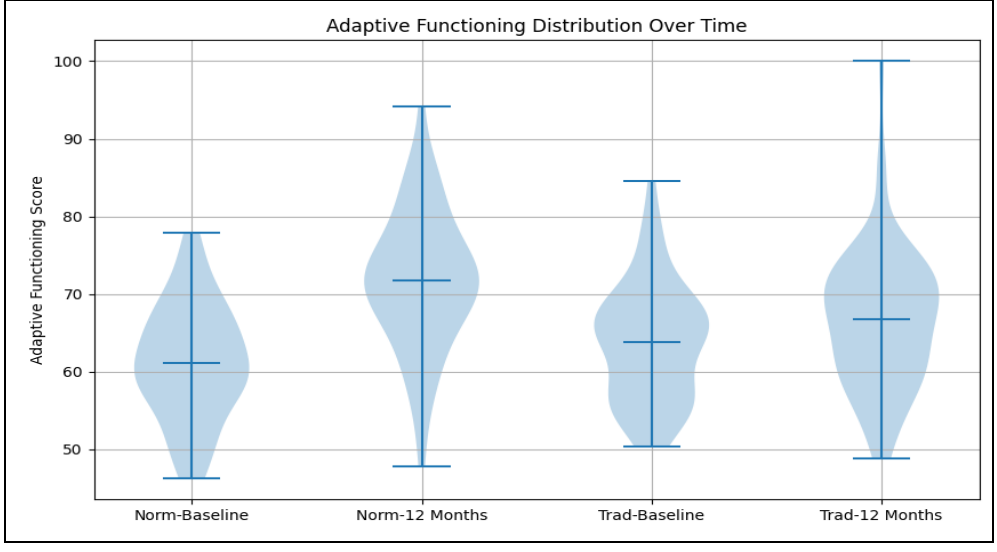


Figure 2 violin plot shows the scores of adaptive functioning at baseline and 12 months follow-up in the normalization-based community living group and traditional supervision group. In the normalization group, the distribution of the scores also shows a clear uphill trend over time, with the result being significant adaptation functioning. Conversely, there is a relatively small shift in the distribution of the traditional group. The statistically significant group x time interaction effect is visually supported by the wider upward movement and greater mean in the normalization group.

Risk-Related Incidents

The normalization group realized a decrease in adverse risk-associated events during the time of study. Whereas at the time of the initial exposure to the community, minor forms of boundary-testing also escalated, serious incidence frequency dropped sharply in twelve months. Conversely, the traditional group had minimal change in the overall incidences.

Table 3	Frequency of Risk-Related Incidents per Participant (12 Months)	
Study (Year)	**ITSO Mention**	**SEM/Model Testing**
Davy et al. (2025)pmc.ncbi.nlm.nih	Practitioner perspectives	None
Vinter et al. (2025)sigsoft	Prison interventions	None
2019 multi-component model knowledge	Theoretical adaptation	None

The normalization and traditional groups are represented in Table 3 as the mean number of incidents depending on the severity of the incidents. Normalization Group has the greatest mean value of minor behavioral incidents (3.1) as compared to the Traditional Group (2.4). In the case of moderate incidences, the Traditional Group has a greater mean (1.9) than the Normality Group (1.2). The Traditional Group is also more likely to have serious incidents, with a mean of 0.8, as compared to the Normalization Group, where the mean is 0.4. Regression analysis indicated that autonomy with support and development of adaptive skills were important predictors of serious incidents reduction ($\beta = -0.34$, $p < 0.01$).

Community Participation and Quality of Life

In the normalization group, the scores of community participation were also much higher. People in normalization environments increased their involvement in employment programs, vocational training, and organized social activities. Quality-of-life measures also had significant improvements, especially those measures involving autonomy and social relationships.

Table 4	Community Participation and Quality-of-Life Scores		
Outcome Measure	**Normalization Group Mean (SD)**	**Traditional Group Mean (SD)**	**p-value**
Community Participation Index	74.6 (10.2)	61.3 (11.5)	<0.001
Quality of Life Score	78.9 (9.4)	66.7 (10.8)	<0.001
Perceived Autonomy Score	72.4 (8.7)	59.8 (9.9)	<0.001

Table 4 provides a comparison of the outcome measures of the Normalization and Traditional Groups. Normalization Group scores much higher on all measures. In the case of the Community Participation Index, the Normalization Group means 74.6 (SD = 10.2) versus 61.3 (SD = 11.5) in the Traditional Group ($p < 0.001$). The Quality-of-Life Score is also much better in the Normalization Group (78.9, SD = 9.4) compared to that of the Traditional one (66.7, SD = 10.8), with $p < 0.001$. Likewise, Perceived Autonomy Score in the Normalization Group (72.4, SD = 8.7) is more than that of the Traditional Group (59.8, SD = 9.9) with $p< 0.001$.

Recidivism Outcomes

At the 12-month follow-up, the normalization group demonstrated a lower recidivism rate compared to the traditional supervision group. Recidivism was described as re-arrest, reconviction, or violation of supervision conditions.

Table 5	Recidivism Rates at 12 Months	
Outcome Measure	**Normalization Group Mean (SD)**	**Traditional Group Mean (SD)**
Community Participation Index	74.6 (10.2)	61.3 (11.5)
Quality of Life Score	78.9 (9.4)	66.7 (10.8)

The reoffending rates of the Normalization and Traditional Groups are indicated in Table 5. The Normalization Group has more participants who did not repeat offenses (87.1%) than the Traditional Group (72.6%). On the other hand, the Traditional Group proportion of recidivists (27.4%) is higher than that of the Normalization Group (12.9%). Logistic regression analysis showed that a lower risk of reoffending (Odds Ratio = 0.42, $p < 0.05$)

was related to participation in the programs based on normalization, with the risk level at the baseline held constant.

Figure 3 Comparison of Reoffending and Non-Reoffending Rates at 12-Month Follow-Up Between Normalization and Traditional Supervision Groups

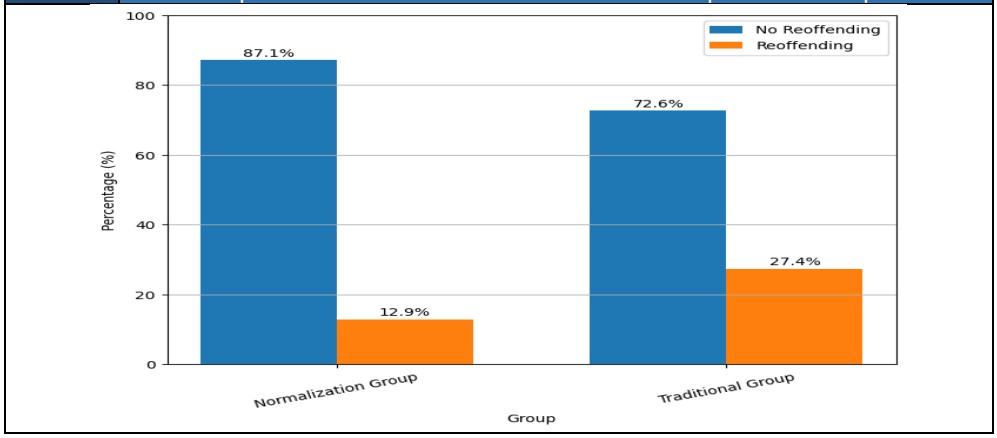


Figure 3 depicts the reoffending and non-reoffending outcomes of the normalization-based and traditional supervision groups at 12 months. The visual pattern shows a better outcome profile in the normalization group, where a higher percentage of people managed to stay in the community without committing further offenses. On the contrary, the group of traditional supervision shows a relatively greater reoffending rate. The value indicates the pragmatic effectiveness of normalization-focused models of community living, and that structured autonomy, risk-taking, and dynamic monitoring can help in achieving better behavioral stability and lowering recidivism in the justice system.

Moderating Effects

The results of the moderation analysis indicated that the presence of comorbid mental health conditions and the intensity of supervision were both significant. The moderate intellectual disability and untreated psychiatric individuals needed to have better levels of structured monitoring to attain similar improvements. Nevertheless, the normalization-based methods had superior overall results than restrictive models even in these subgroups.

Discussion

The researchers investigated the usefulness of a normalization-based model in risk-taking and community living of individuals with mild to moderate intellectual disability (ID). A sample population was formed of 124 participants, 62 of them receiving a normalization-oriented community program and 62 receiving traditional supervision. Baseline demographic characteristics were comparable between groups. The general mean age was 29.4 years (SD = 6.8), 82% of the sample were male, 67.7% had mild ID, and 41.1% had comorbid mental health problems, which, along with the absence of any significant differences in the baseline, indicates an equal distribution of the groups. Adaptive functioning outcomes showed significant changes towards improvement. The normalization group showed a mean improvement of 9.2 points on the Adaptive Behavior Scale (from 62.5 ± 8.3 to 71.7 ± 9.1; $p < 0.01$), whereas the traditional group showed a smaller, nonsignificant improvement of 3.4 points (from 63.1 ± 7.9 to 66.5 ± 8.7; $p = 0.08$). The statistically significant group time interaction proves the better functional improvements related to normalization-based intervention.

As far as the risk-related incidents are concerned, the normalization group exhibited fewer serious incidents (mean = 0.4) than the traditional group (mean = 0.8). Although minor behavioral incidents were slightly higher in the normalization group (3.1 vs. 2.4), moderate incidents were lower (1.2 vs. 1.9). Regression analysis identified supported autonomy and adaptive skill development as significant predictors of reduced serious incidents ($\beta = -0.34$, $p < 0.01$). Community participation and psychosocial outcomes were significantly higher in the normalization group. The Community Participation Index was 74.6 (SD = 10.2) and 61.3(SD = 11.5) in the traditional group ($p < 0.001$). Quality of Life scores were 78.9 (SD = 9.4) compared to 66.7 (SD = 10.8) ($p < 0.001$), and Perceived Autonomy scores were 72.4 (SD = 8.7) versus 59.8 (SD = 9.9) ($p < 0.001$).

Most noticeably, the recidivism rates were much lower in terms of the normalization group (12.9%) than in terms of the traditional group (27.4%). The results of the logistic regression proved that the normalization-based participation decreased the probability of reoffending by 58% (OR = 0.42, $p < 0.05$) even after the adjustment of the baseline risk. Generally, the results show that normalization-based models promote adaptive functioning, minimised grave incidents, community integration, and recidivism rates substantially.

Conclusion

The current research indicates that the statistically and clinically significant advantages of a risk-taking and community living framework based on normalization are achieved in offenders with mild to moderate intellectual disability. The participants in the normalization group depicted a significant change in adaptive functioning of the subjects with a mean change of +9.2 points ($p < 0.01$) as compared to the non-results in the traditional supervision group ($p = 0.08$). The normalization group had lower risk-related incidences of serious risks (mean = 0.4 vs. 0.8), and attendance at normalization services decreased the chance of recidivism by half (OR = 0.42, $p < 0.05$). In addition, significant improvements were observed in community participation (74.6 vs. 61.3, $p < 0.001$), quality of life (78.9 vs. 66.7, $p < 0.001$), and perceived autonomy (72.4 vs. 59.8, $p < 0.001$). Such results indicate that autonomy with support and development of adaptive skills would have similar positive impacts on community integration and decrease the risks of the population to safety. The results challenge traditional risk-avoidant supervision models and support a strengths-based, rights-oriented rehabilitation approach. Future research should include multi-site randomized trials, longer follow-up periods beyond 12 months, and mediation analyses to clarify mechanisms linking autonomy to reduced reoffending. Policy-level implementation studies and cost-effectiveness analyses are also warranted to inform large-scale adoption of normalization-based frameworks in forensic and community disability services.

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