

From: [REDACTED]
To: [Committee, NDIS](#)
Subject: VCASP State Election Priorities Paper - Acquired Brain Injury
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Attachments: [VCASP election priorities 2014.pdf](#)
Importance: High

To the Committee Secretariat,

Our organisation, Victorian Coalition of ABI Service Providers Inc. (VCASP), is a peak-body which represents many service providers working with acquired brain injury in the State of Victoria.

With the Victorian State Election to be held on November 29th, VCASP has recently published its 2014 Victorian Election Priorities Paper, which calls for consideration of a number of policy needs particular to the support of people with acquired brain injury, including State-specific aspects of the establishment of the NDIS.

In recognition of the integral role that a National Disability Insurance Scheme will provide over coming years in the development of systemic policy approaches at State and Federal level, we wish to forward to the Joint Standing Committee a copy of the VCASP Election Priorities Paper. A copy of the paper is attached to this email, as pdf.

Should your Committee wish to make contact with VCASP regarding aspects of the Paper, or any other aspects specific to NDIS and the field of acquired brain injury, please contact the VCASP Executive Officer [REDACTED]

Regards,

Marc Paradin

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VICTORIAN COALITION OF ABI SERVICE PROVIDERS INC.



2014 VICTORIAN ELECTION PRIORITIES

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Background

Acquired brain injury (ABI) is often referred to as the 'hidden disability', the impact of which is unique and varies for every individual and their families/carers. Despite the less 'visible' nature of ABI, the social impacts are nevertheless highly visible, and critically important to the lives of the individuals, and their families and carers. High rates of poverty and disadvantage, limited resourcing for aids and equipment and therapy, limited pre- and post-release supports for individuals with ABI involved in the criminal justice system, and limited access to assessment and early intervention support, are just some of the key inequities often experienced by people with an ABI.

The development of a National Disability Insurance Scheme (NDIS) provides the potential for government policy and adequate funding to commence the work to reduce these levels of inequity, and which seeks to reduce the prevalence of such social injustices. But such action can only occur if the 'invisible' ABI cohort is provided commensurate access to a national scheme, and can only occur if current state funded services for people with ABI are enhanced and strengthened. VCASP posits that, alongside the development of a National Disability Insurance Scheme, the Victorian State Government should work to ensure that the accessibility to a range of specialist services, supports and infrastructure are made available to the many individuals with an ABI within this State.

As a key component, there is a need for continued and enhanced focus on block-funded supports, practices and programs that benefit the community through capacity building, increased awareness, specialisation, information sharing and training in relation to the needs of people with ABI. Furthermore, there continues to be an urgent and pressing need for direct and significant action to reduce the inappropriately high numbers of people with ABI who are in, or at risk of entry to, the Victorian Criminal Justice System.

Whilst considerable potential exists within a future National Disability Insurance Scheme to address current inequities between those with compensable and non-compensable injuries/disabilities, it is essential that State-based supports and practices are retained and advanced alongside this process.

Ahead of the State election to be held on November 29, Victorian Coalition of ABI Service Providers Inc. calls on all political parties to commit to:

- 1. Retention and enhancement of state-funded ABI programs and initiatives.**
- 2. Development of housing options for people with ABI**
- 3. Targeted reductions in the numbers of persons with ABI within the justice system**
- 4. Reasonable access to early intervention and rehabilitation for persons with ABI**
- 5. Supporting and maximising specialist skills within the ABI sector and workforce**

Priority 1:

Retention and enhancement of existing state-funded ABI programs and initiatives.

At a period in which increasing numbers of people within the general community are being diagnosed with acquired brain injury (Synapse, 2014), there is a need for funding to increase proportionally to community and service sector need, and with longer-term certainty.

Existing state government funding must be secured beyond the current period of service agreements, and subsequently increased to respond to the increasing numbers of people with ABI within Victoria. Victoria must hold to its agreement within COAG for full implementation of its commitments made under the National Disability Strategy 2010-2020, to provide access to avenues for rights and justice protection, learning and skill development, economic security, access to required health and rehabilitation support, and social inclusion. Appropriate to this, it is essential that existing and proposed State-based programs and resources are enhanced and developed to meet the ongoing support needs of people with ABI in Victoria.

The full rollout of the NDIS is still years away, yet people with ABI report difficulty in accessing state based disability supports, with extensive waiting lists. It is vital that state government funding for disability services be increased to provide reasonable and necessary supports to people right here, right now. We urge the newly elected state government to act quickly, and stop the increasing rates of people waiting for support on the Disability Support Register (DHS, 2014).

Whilst the transition to the NDIS will provide opportunities for enhanced support for people with disabilities, evidence from VCASP members within the trial NDIS trial site of Barwon Region offer strong indications that the numbers of people with ABI gaining access to the NDIS are well below expectations. One of the key contributors to this is the high numbers of people with ABI who have disability support needs, yet as 'Tier 2' categorisation, are ineligible for funded support packages within the current scope of NDIS. With the NDIS currently failing this 'Tier 2' cohort, this brings to critical importance the need for the newly elected state government to recognise their duty of care and to maintain appropriate State-based services within the Barwon Region, and beyond, to support these and other persons with an ABI.

Additionally, current State-funded services for people with ABI should be increased within Victoria in a way that builds upon the existing infrastructure, specialist expertise and positive work undertaken across the Victorian acquired brain injury compensable and non-compensable, neurological and generic disability service systems.

There are many examples across the ABI sectors of positive practice and innovation to build upon. Notably the work here is characterised by capacity building, systemic advocacy, collaboration and partnerships, research, awareness raising and the sharing of practice wisdom across health, rehabilitation, justice and disability sectors. Integral to this is the need for continuation of state-based individual and systemic advocacy services, to highlight levels of injustice and inequity, and to work alongside key stakeholders to increase the access of people with ABI to early intervention and to service sector supports.

Priority 2:

Development of housing options for people with ABI

Recent research indicates that approximately 50% of homeless persons in Australia may have an acquired brain injury (Rota-Bartelink, 2010). When seeking accommodation, people with ABI will typically experience a lack of options with regard to housing and will often experience prejudice and unfair perceptions of their injury from landlords and estate agents (Australian Government 2009, AHURI, 2013).

Once fully operational, the NDIS will generate much higher demand for affordable housing. An estimated 20,000 – 30,000 Victorians with a disability who are currently not supported in social housing, public housing or specialist disability accommodation, will be needing access to housing (NDS, 2014). Coupled with the suggested high rates of homelessness amongst people with ABI, and the ongoing needs of the many young people forced into residential aged care due to a dearth of accommodation options, the provision of appropriate accommodation remains a key issue for the newly-elected State Government to consider post-election.

The high numbers of young Victorians under the age of 65, who are placed within residential aged care facilities remains a further critical issue, and a demonstrable denial of social inclusion for both the individual and for their families/carers. The 'My Future My Choice' initiative of the Victorian Government made some moves to redress this by building facilities targeting younger people requiring nursing home levels of care. There have been mixed experiences of the success of this initiative, and with the introduction of the NDIS, much of this is now feared to be 'at risk'.

VCASP recommends that an appropriate response to accommodation needs must include the following:

- the secured long-term future, along with an expansion of quotas, for the My Future My Choice initiative to address the needs of young people in, or at risk of entry, to residential aged care;
- the targeted reduction of numbers of people with ABI experiencing homelessness;
- expansion of post-release accommodation support for persons with ABI exiting the justice system; and
- increased knowledge within the private and community housing sector regarding acquired brain injury.

Priority 3:

Targeted reductions in the numbers of persons with ABI entering or at risk of entry to the criminal justice system

Recent research conducted by Corrections Victoria, arbias and Latrobe University, found that 42% of male prisoners and 33% of female prisoners in Victoria have an acquired brain injury (Jackson, Hardy, Persson and Holland, 2011). Proportional to the numbers of people with ABI within the general community, this represents an alarming over-representation requiring an urgent response. VCASP recognises and has long advocated for systemic multi-sectoral responses to the over-representation of people with ABI involved in the criminal justice system. Whilst acknowledgement of the issue is documented within state-based policy responses, Action Plans, and Inquiry findings, this documentation must now be translated into significant systemic action, at a range of levels.

Public policy and legislation has led to significant and ongoing improvements to the rights and lives of the broader spectrum of persons with a disability, through initiatives such as the Disability Act 2006, and the Independent Third Person Program, and the recognition of rights outlined within the Disability Convention 2008. However, for many people with an ABI involved in the criminal justice system, these 'rights' have not translated to practice, to the lived experience. In order to uphold these rights, it is fundamental that a person's brain injury, and its impact, be recognised when they come into contact with the justice setting and the wider community. When people with ABI remain undiagnosed or unable to access neuropsychologist assessments, then their inherent rights are kept out of reach.

VCASP suggests that the newly elected State Government should mandate:

- a systems response to allow for early and easy access to suitable neuropsychological assessment for all individuals;
- a right to tailored and ABI-specific case management for persons with ABI within the justice system pre- and post-release; and
- significant and ongoing levels of ABI training for justice sector staff and members of the Victorian Police, to support these sectors' positive contributions to the community.

Priority 4:

Reasonable access to early intervention and rehabilitation for persons with ABI

Access to early intervention can offer longer-term cost effectiveness in the support of people with ABI, through the prevention or reduction of issues, which may include family breakdown, homelessness, unemployment, involvement with the justice system, and mental health issues. However, processes for access to early intervention can be stymied by a lack of access to qualified and specialist neuropsychological assessment, and lack of community knowledge about the signs and causes of acquired brain injury. This is particularly the case within regional and remote communities.

Rehabilitation is an essential component to recovery and living with ABI. It is now widely accepted that the process of rehabilitation post brain injury is ongoing, and that people continue to experience rehabilitative gains many years post injury (Khan, Baguley, Cameron, 2003). It is also critical to maintain therapies for many years post injury for in order for people to maintain the advancements they have made. A person is not able to engage in the community, to feel socially included, in a meaningful way if they are being prevented by deterioration in their physical health and wellbeing.

The need for ongoing therapy and rehabilitation has been well documented, yet with the implementation of the National Disability Insurance Scheme (NDIS), it is likely that state funded programs, such as the Acquired Brain Injury: Slow to Recover program, which was designed to provide community based slow stream rehabilitation, will be absorbed into the NDIS – a scheme which has indicated it will only fund certain aspects of rehabilitation (NDIS, Mainstream interface: Health). This means a significant loss of access to rehabilitation funds, a reduction of the longer-term cost-effectiveness provided through early and full rehabilitation of individuals, and a significant impact on the capacity for social inclusion to occur. Existing health services are not in a position to provide the specialist ongoing therapy services required for people recovering from brain injury.

As a partner in the development of bi-lateral agreements on the provision of services within the NDIS, the newly elected State Government should

- advocate for the incorporation of rehabilitative program goals like Slow To Recover within the NDIS; and
- ensure the continuity of current state-based rehabilitative services for people with ABI, as currently funded to be provided by the compensable and non-compensable sectors.

Furthermore, to support the continued access to early intervention for persons with an ABI, including persons diagnosed with acquired brain injuries eligible for 'Tier 2' services, we ask the newly elected State Government to include as a priority the continued and enhanced funding of the Information, Training and Secondary Consultation (ITASC) program across all current ITASC Regions, and additional funding in support of further State-based programs to raise awareness of ABI.

Priority 5:

Supporting and maximising specialist skills within the ABI sector and workforce.

During the next State Government's term of office, consideration of the needs of people with acquired brain injuries, reforms and systemic policy developments will be required. In providing such reform, there is unique and significant potential for the Government to connect with the high-level specialist knowledge of ABI sector workers and organisations, as well as people with a lived experience of brain injury.

Specialist workers in the ABI sector possess skills, not only particular to acquired brain injuries, but also of relevance to co-presenting issues, including mental health issues, Alcohol and other drug issues, health interface, and justice sector involvement.

It is imperative that in the movement towards the NDIS, such specialist skills are both retained, and advanced, to ensure the effective and efficient delivery of services to Victorians with an ABI, and their families/carers. We urge the newly elected government to retain specialist block funded services and work with the NDIA during the rollout to ensure a smooth transition and retention of these specialist skill areas.

The ABI sector in Victoria, and its peak advocate bodies, remain open to ongoing and proactive dialogue with the incoming State Government and its representatives, to advance the cause and enhance the support of persons with an acquired brain injury across the State.

REFERENCES

AHURI (2013), *What effect does housing assistance have on social inclusion for people with disabilities?* Research and Policy Bulletin. Issue 159, February 2013. pp1-4

Australian Government (2009), *Shut Out: The Experiences of People with Disabilities and their Families in Australia*. National Disability Strategy Consultation Report. National People with Disabilities and Carer Council. Canberra.

Department of Human Services (2014), Department of Human Services Annual Report 2013-2014

Jackson, Hardy, Persson and Holland (2011), *Acquired Brain Injury in the Victorian Prison System*. Corrections Research Paper no. 4, April 2011. Department of Justice, Melbourne.

Khan, F., Baguley, I.J., Cameron, I.F. (2003), *Rehabilitation after Traumatic Brain Injury*. Medical Journal of Australia, 178 (6): 290-295.

NDS (2014) – *Keeping Disability on the Agenda. Election Priorities, Victoria 2014*. National Disability Services, Victoria. Melbourne, 2014.

National Disability Insurance Scheme, Mainstream interface: Health.
<http://www.ndis.gov.au/node/736> Accessed online September 2014.

Rota-Bartelink, A. (2010) *Homeless Adults Living with Acquired Brain Injuries* Alice Rota-Bartelink. Parity Volume 23, Issue 1, 2010. pp 9-12

Synapse (2014) *Get the Facts – Fact Sheet*.. www.synapse.org.au/get-the-facts Accessed online September 2014.