



## **Response to the National Disability Services (NDS)**

### **Policy Paper**

#### **'The Place for Block Funding in the NDIS'**

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**To:**

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## **Introduction:**

Acquired Brain Injury (ABI) affects the lives of many Victorians, often impacting upon and dramatically shaping personal outcomes, relationships, community accessibility, financial standing and physical, mental and social health, both for the person with ABI and for their families/carers.

The complex and specialised nature of acquired brain injury requires that appropriate policy frameworks be in place to support the inherent rights of individuals and to enable access to reasonable levels of services and support.

## **About VCASP:**

The Victorian Coalition of ABI Service Providers (VCASP) Inc. is a not-for-profit peak body acting on behalf of public and private sector service providers who assist people with acquired brain injuries, their families and others involved in their support. VCASP advocates for the availability of appropriate services and resources, as well as information and research that can assist those experiencing the effects of ABI.

As a long-standing member of NDS, our organisation VCASP thanks you for the opportunity to respond to your recent Policy Paper, 'The Place for Block Funding in the NDIS'.

## **Comment on the NDS Policy Paper 'The Place for Block Funding in the NDIS':**

We note and endorse your overall statement that there is a key and important need for block-funded services, and write to inform of some of the key areas of block-funding need within the ABI sector and ABI community.

Block-funding offers the capacity for improved outcomes and efficient service delivery for the ongoing rehabilitation of individuals affected by ABI and support for families/friends. Key areas of importance include:

- Supportive funding models that enable service providers to offer early intervention
- Provision of advocacy networks and ABI sector networks as avenues for timely access to appropriate referral, support and information
- Supporting the collective knowledge of ABI in regional locations, ultimately assisting effective throughput between acute-health response and rehabilitation
- Supporting specialist knowledge and capacity to provide appropriate and effective support at the time it is required

Without access to block-funded services, the ABI sector would put at risk or stand to lose:

- Access to the high-level specialist knowledge of the ABI workforce
- Opportunities for research by the ABI sector
- The sharing of knowledge of best-practice principles and methods in ABI support, through ABI support networks.
- Opportunities for community awareness-raising regarding ABI and prevention, through community events, networks, and awareness campaigns such as Brain Injury Awareness Week.

### **1. Invest in timely information, advice and community development support**

We advocate the inclusion of ‘acquired brain injury’ as an example in the listed specific conditions alongside autism spectrum disorder, vision or hearing loss, Down syndrome and multiple sclerosis. The high prevalence of ABI in the general community, with 1 in 45 people experiencing some kind of activity limitation (Australian Institute of Health and Welfare, 2007), warrants its specific inclusion as an example in this section.

The need for specialist information services is critical for those with an acquired disability, and it is essential that this point be made. For those dealing with the trauma of an acquired disability, there are often a myriad of clinical services involved, yet access to information about the disability, ongoing support services and processes to seek further support following discharge from these clinical settings, will not be available if funding for these key services is not retained.

It has been difficult to obtain any information about services and supports that may, or may not, be made available to people incarcerated in prisons throughout Australia. If we are truly looking to provide early intervention and access to support for people to live valued lives in the community, then it is critical that appropriate supports be made available to people whilst in prison. We know a disproportionately high percentage of the prison population have acquired brain injuries (Department of Justice 2011) and that a high percentage of those reoffend. Access to services well before discharge is essential to support reduced recidivism. Block funding is one possible way of providing this support.

### **3. Seed innovation, research and evaluation to identify and build good practice.**

VCASP strongly endorses the need for continued funding to support and identify best practice.

#### **4. Ensure reasonable and necessary support options where markets are thin**

This section must also provide comment on the need for specialist services, and specialist skills of staff, for example, the need for specialist case management/ service coordination services for those with ABI. It is well evidenced and firmly supported within the ABI sector and beyond, that specialist services enable more effective engagement with people with ABI, ultimately resulting in better outcomes for the people being supported by specialist services. The loss of block funding will likely result in the loss of key specialist services.

Further to this, specialist services are already thin on the ground in regional areas, and the removal of block funding will likely result in loss of support and loss of choice for people with ABI, the very thing the NDIS is attempting to combat. This is of particular concern in relation to the ABI specific Information Training and Service Coordinator (ITASC) Workers located in regional areas. The concern of VCASP regarding the loss of communal support and specialist knowledge has already been demonstrated through the witnessed loss of the ITASC position within the Barwon South-West region. This role, along with the remaining ITASC positions across Victoria, has provided an important bedrock of support and development for service delivery in regional areas of Victoria, and the loss of this position in the Barwon South-West region has been felt by the ABI sector. The initial intention of an NDIS was to enhance the existing services available for disability support and response. It should never be allowed to result in the loss of important community services, and the subsequent alienation of the already marginalised.

For Indigenous communities or those from a culturally and linguistically diverse (CALD) background, we know, there is benefit to a collective and communal response to disability support that is inclusive of self-advocacy and community empowerment principles. VCASP supports the development of program initiatives designed by or alongside Indigenous and CALD communities to best meet their support requirements. Block funding is the most effective way this can be achieved.

A key component of ABI support is the response to multiple and complex needs, which often require cross-sectoral response and service interaction, for example alcohol or other drug services, housing, disability, mental health and primary health services. As stated within the 2010 VCASP Submission to the Productivity Commission, an NDIS will require:

‘better coordination with other sectors important in and already engaged in the lives of people with disabilities (notably, housing, education, mental health, alcohol and other drugs, employment, homelessness services and aged care) through responsibility for partnership developments.’

Block funded sources such as advocacy groups and sector networks, and for ABI the ITASC coordinators across Victoria, offer primary opportunities for such cross-sectoral development. It is through such networking, and the collaborative role of block-funded Statewide peak-bodies, that the capacity for seed-funded projects (as mentioned within the NDS Paper) can truly take root.

## **Summary**

VCASP thanks NDS for the opportunity to comment on the Policy Paper 'The place for Block Funding in the NDIS' and supports the need for retention of block funding in a range of situations to enable effective and timely support for those living with ABI.

**References:**

Australian Institute of Health and Welfare, *Disability in Australia: acquired brain injury*, Bulletin 55, December 2007.

Department of Justice, *Acquired Brain Injury in the Victorian Prison System*, Corrections Research Paper Series, April 2011.