

# VICTORIAN COALITION OF ABI SERVICE PROVIDERS INC.



## RESPONSE TO THE DRAFT STATE DISABILITY PLAN 2013-2016

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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.

The development of a State Disability Plan offers the opportunity to provide a framework across the State for appropriate rights and accessibility and to enable measurement of the capacity of the government and the Victorian community to meet legislated requirements.

Victorian Coalition of ABI Service Providers Inc. (VCASP) welcomes the opportunity to respond to the Draft State Disability Plan 2013-2016, and acknowledges the importance of this document in delivering upon, and further building on, established State-wide objectives and initiatives.

## **ABOUT VCASP**

VCASP was established in 1998 in response to the need for coordinated policy and service development for people affected by acquired brain injury (ABI). VCASP 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 key body, VCASP is actively involved in advocating for, and supporting, the development and implementation of innovative and specialist 'best practice' service delivery by Victorian ABI service providers.

## **ABOUT ACQUIRED BRAIN INJURY**

An acquired brain injury (ABI) is caused by events occurring after birth. It usually affects cognitive, physical, emotional, social and/or independent functioning and can result from either traumatic injury, for example assaults, falls, motor vehicle accidents and sporting injuries or

non traumatic injury, for example stroke, tumors, alcohol and/or other drug misuse. ABI is not to be confused with intellectual disability. People with ABI may have difficulty controlling, coordinating and communicating their thoughts and actions, but they retain their intellectual abilities. An acquired brain injury (ABI) is a permanent disability, which significantly affects a person's ability to be involved in the community in ways that easily support quality of life (Brain Injury Australia, 2011).

## **VCASP RESPONSE TO THE DRAFT PLAN**

VCASP congratulates the Department on the development of the Draft State Disability Plan 2013-2016, and acknowledges the interaction of the State Plan with relevant disability papers such as the National Disability Strategy and the accompanying report, 'Shut Out: The Experiences of People with Disabilities and their families in Australia'.

VCASP also acknowledges the importance of the established correlation of the State Plan with the objectives and processes of the National Disability Insurance Scheme (NDIS).

VCASP provides its support for those aspirational and future-orientated goals encased within the Draft State Disability Plan, but wishes to highlight the residual importance of a tangible acknowledgement by both government and the broader community of the current realities for many persons with acquired brain injuries and cognitive disabilities and acknowledgement of the urgent need to address such issues through legislative and policy reform.

These unaddressed issues include:

- As a 'hidden disability', many people with ABI are not able to access the disability services system – people with ABI are missing out on the bare minimum of services necessary – eg. Neuropsychologist assessments, access to case management and specialist support
- Funding levels for ABI remain inadequate to meet the unique needs of people with ABI and to recognise 'whole of life' response and changing lifestyles
- The allocation of resources to the ABI sector and the rate at which people with ABI are able to access services is not reflective of the size of the population of people with ABI in Victoria.
- The high levels of people with ABI in justice system remains a critical, urgent and largely unaddressed priority

In providing its support for the development of the 2013-2016 State Disability Plan, VCASP therefore wish to provide the following comments and associated recommendations:

### **ACCESS TO EARLY INTERVENTION AND SPECIALIST SUPPORT**

As a disability with varying needs over time, ABI requires not only a whole-of-life response, but also a response that is adaptable to changing and often complex needs.

Whilst the role of generic service provision for people with ABI is valuable, there is a fundamental and requisite need for persons with ABI to access specialist ABI services, for recognition and diagnosis of acquired brain injury, and to maximise abilities and manage changing needs over time.

Without such supports, the outcomes for individuals include:

- Abilities and potential for independence will not be realised which results in increased life time care costs
- Increased likelihood of homelessness, domestic/family issues, development of mental health issues, involvement with the criminal justice system, financial hardship.
- Secondary impacts upon the lives of associated families and members of the community

Such outcomes can be reduced by the provision of increased levels of timely and appropriate 'early intervention' support. This requires as a minimum:

- Increased funding and access to specialist neuropsychologist assessments, with the associated reduction of the current length of 'assessment waiting periods' particularly in regional areas.
- Increased funding and reduced 'bureaucracy' in provision of ISP and DSR packages for people with ABI.
- Increased support for paediatric ABI services, including the allocation of resources for ABI specific case management to support key transition periods

- Funded and timely provision of specialist aids and equipment, ref. Shut Out Report 2.3.3 (Commonwealth of Australia, 2009)
- Increased access to specialised case management supports and advocacy for people with ABI

**Recommendation:**

**Increase in accessibility to early intervention and specialist ABI services, including paediatric ABI.**

*Relevant Section of the State Plan*

4.1 *Target intensive or specialist supports to those people who have the greatest need, including those experiencing multiple disadvantage.*

4.2 *Improve the efficiency and effectiveness of early childhood intervention services.*

**Recommendation:**

**Delivery of departmental KPI's within the State Disability Plan targeted at increasing the levels of assessments of people with ABI and cognitive disabilities, and the resourcing of the sector to provide such assessments.**

*Relevant Section of the State Plan*

4.1 *Target intensive or specialist supports to those people who have the greatest need, including those experiencing multiple disadvantage.*

**Recommendation:**

**Delivery of KPI's within the State Disability Plan for improved communications and reduction of delays in the processing and approval of access to the DSR and access to ISP packages**

*Relevant Section of the State Plan*

4.2 *Administer support packages so they are delivered in a flexible, accountable and streamlined way.*

## **CO-ORDINATION ACROSS GOVERNMENT SECTORS**

It is noted that the Draft State Disability Plan includes within its outline the need for improved cross-sectoral communication, for example between disability, accommodation, health and aged care. VCASP welcomes the potential for improved communication across sectors, and notes the potential for this improved cross-sectoral communication if implemented at a governmental and departmental level.

Current issues in cross-sectoral communication in ABI include:

- The need for a stronger interface between health and community services, including the transition from acute care (health) to rehabilitation services (community care). For residents in regional areas, this transition also includes a transition from the city (acute) to regional areas (rehabilitation).
- Stronger interface between health and community services is also critical in the provision of paediatric ABI services. The need for a stronger interface between health and community services, including ensuring the appropriateness of both the setting and the level of attendant care for individuals.
- The need for a reduction in silos particularly in the area of mental health

Best practice examples in effective interface between health, disability and aged care are available within the ABI sector and include:

- the Brain Disorders Program at Royal Talbot Rehabilitation, for people with mental health and acquired brain injury.
- the use of case managers funded through the ABI Slow to Recover program, to ensure community rehabilitation programs are deliverable in residential aged care settings.

### **Recommendation:**

**That cross-sectoral pathways be enhanced between government departments of disability, health and aged care, and adequately resourced, to improve the degree of cross-communication and accessibility for people with acquired brain injuries.**

*Relevant Section of the State Plan*

*2.4 Improve the accountability of public sector organisations to meet their legislative obligations*

Studies indicate that people with an ABI are significantly more likely to suffer from mental health problems, compared to the general population. (Koponen et al, 2002) (Acquired Brain Injury Outreach Service, 2011). These mental health problems most often occur as a consequence of having experienced an ABI. (Department of Human Services, 2004).

Mental health problems common among people with an ABI are frequently complex and include adjustment disorders, depression, anxiety, and drug and alcohol abuse. In addition, the brain injury itself can cause symptoms similar to syndromes such as psychosis and dementia, and can lead to significant problems with impulse control, social skills and self-awareness. (Department of Human Services, 2004)

Given the multiplicity of risk factors for people with brain injury, the provision of appropriately targeted and tailored mental health strategies is vital. Improved interface between disability and mental health is crucial to improving the opportunities for individuals.

Provision of appropriate support in such areas of expertise as mental health, rehabilitation and aged care will often require a response that is situated outside of the disability system. However it is of key importance that sectors are supported by investment in, and coordination of, interface services between sectors.

### **Recommendation:**

**That cross-sectoral pathways be enhanced between disability and mental health, to improve the opportunities for access to support for people with acquired brain injuries.**

*Relevant Section of the State Plan*

*1.3 Improve prevention, early identification and treatment of mental health and substance issues for people with a disability through a co-ordinated response between the sectors.*

## **ABI AND CRIMINAL JUSTICE**

As recognised within the draft of the State Plan (Department of Human Services, 2012, p. 15) the issue of disproportionately high numbers of people with ABI within the criminal justice system is a priority concern. Based on prevalence figures, (Jackson, Hardy, Persson and Holland, 2011), the proportion of people with ABI within Victorian prisons is over 10 times higher than the general community.

Relative to the incidence and prevalence rate within the general community, the prevalence of ABI in the Victorian Correctional System is alarmingly high, with 42% of males and 33% of females found to have evidence of an ABI on formal neuropsychological assessment (Jackson, Hardy, Persson and Holland, 2011)

This is an issue that must be addressed with urgency at both a State Level, in section 2 of the Plan, and as part of any national strategy developed within section 4 and the proposed NDIS.

Priority area 4.3 of the Draft State Plan states the priority to “improve the experience of being in the justice system ..... for offenders” (Department of Human Services, 2012). However it is a fundamental requirement of a policy response to move beyond an attitude of ‘improving conditions’ for incarcerated persons, and to commit to the provision of responses aimed at reducing the likelihood of people with disability becoming involved in the justice system, and reducing rates of recidivism.

VCASP recommends that adequate early intervention strategies be developed to support people with acquired brain injuries who may be at risk of entering the justice system, and to support people at risk of re-offending.

**Recommendation:**

**That the issue of ABI within Criminal Justice be recognised as a key priority within Areas 2 and 4 of the State Plan, and that KPI’s be developed at a State level to respond to the numbers and to the needs of PWABI within CJ, and to the needs of PWABI who are victims of crime.**

**Recommendation:**

**That priority area 4.3 and priority area 2.1 includes specifically the ‘provision of support of persons at risk of entering the criminal justice system’.**

**Recommendation:**

**In the area of Criminal Justice, individuals with an ABI must have access to appropriate plans and management as established in Part 8 of the Disability Act 2006 (Victorian Government 2006), to a level at least commensurate to that of persons with an intellectual disability.**

*Relevant Section of the State Plan*

2.1 *Strengthen and promote access to rights and justice*

4.3 *Provide people with a disability ..... all the rights and protections afforded by equal opportunity and justice systems.*

4.3 *Improve the experience of being in the criminal justice system, including the youth justice system and associated supports, for both alleged and convicted offenders who have a disability.*

**CORRELATION WITH A NATIONAL DISABILITY INSURANCE SCHEME**

VCASP notes the important interconnection of the State Plan with the National Disability Insurance Scheme currently in the initial stages of implementation.

In addition to fulfilling the ongoing responsibilities of service provision operating outside of an NDIS, any state-based responses should also consider the impact of a NDIS upon growth and increased service demand. Areas of particular concern are the provision of residential services and accommodation, and the need for increased sector training associated with increased employment in the disability fields.

In accommodation, the current COAG funded YPIRAC scheme, known in Victoria as *my future my choice*, has addressed the needs of many individuals well, yet there remain significant issues regarding access to appropriate supports and subsequently quality of life for these individuals. Further to this, there have been no services provided to people over the age of 50 years, whose circumstances remain arguably some of the most neglected for people with disabilities across Australia.

**Recommendation:**

**That area 1.3 of the State Plan include KPI's for the continuation and expansion of the 'my future my choice program', and indicators for the response to the issue of people aged 50-65 within residential aged care.**

*Relevant Section of the State Plan*

1.3 Improve access to rehabilitation services to avoid younger people with disabilities moving into residential aged care facilities

Productivity Commission recommendations for the NDIS have remained distanced from training requirements for disability, and as specified in the Draft report, required no minimum level of training for personal support workers. As stated within the Productivity Commission's Draft report:

*'The Commission is sceptical of imposing any additional requirements for credentials and training of the disability services workforce. In particular there should be no minimum training requirement to work as a personal support worker.'*

(Productivity Commission, 2011).

Access to appropriate levels of care is a fundamental aspect of an individual's rights, and is particularly pronounced with the requisite specialist care for people with acquired brain injury. A State Plan should consider the responsibility for ensuring appropriate funding and accessibility to diagnosis-specific training for existing and emerging employees in the disability field.

This training should form part of an overall systemic strengthening of the disability sector that also includes accreditation and monitoring of performance of service providers and DSO's.

**Recommendation:**

**That the State Plan recognises and accommodates the need for additional disability sector training, including diagnosis-specific training.**

*Relevant Section of the State Plan*

*4.1 Focus on building a trained workforce that is capable of delivering a reformed system of support.*

## CONCLUSION

VCASP supports the aspirational goals and objectives of the Draft State Disability Plan. Alongside such aspirational qualities, VCASP notes the importance of a retained focus upon the needs of the many Victorians with a cognitive disability who remain either undiagnosed, or under-resourced within the community.

Early intervention and the appropriate funding to work with specialist ABI services are key to the reduction of the critical non-physical potential impacts for people with ABI who are left without supports, such as homelessness, family issues, interaction with the justice system etc. Early intervention and appropriate funding for case management and support can be both community-focused and cost-effective.

KPI's at a departmental level, which monitor the accessibility of PWABI to services and early support are a cornerstone of support provision, and an important base for the highest aims and objectives for people with disability, which all levels of government and community should aim to achieve.

VCASP commends the Department on the development of a comprehensive and aspirational report, and for its continued commitment to meeting the needs of all people with a disability. VCASP acknowledges the opportunity provided by the Department for formal submissions and forum consultations with sector organisations, people with a disability and their families/carers, and thanks the Department for the opportunity to forward our response to the Draft State Disability Plan. Our organisation and membership look forward to the final version of the State Disability Plan 2013-2016, and to its implementation across Victoria.

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