



SUBMISSION TO THE NATIONAL DISABILITY SERVICES (NDS) POLICY PAPER

The Place for Block Funding in the NDIS

Submitted by: Australian Community Support Organisation

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Australian Community Support Organisation (ACSO)

In the last three decades, ACSO has grown from a small organisation providing a halfway house for ex-prisoners to becoming a leading provider in forensic services in Australia. **Our vision is to create a safe and inclusive community freed of crime and prison.** Our growth is testament to our ethos, “create another chance”, and how we go about doing it portrays our values.

ACSO helps people transition from prison, assists them in the community to prevent re-offending and diverts others from committing crime in the first place. We offer innovative services responding to unemployment, mental illness, disability, homelessness, substance use and offending behaviour. These services are delivered through our wrap around service delivery model that integrates our forensic residential, clinical care, disability and mental health case coordination and employment services, to achieve better outcomes for our clients and the communities we serve. ACSO delivers more than 20 programs to approximately 20,000 clients per annum via our four divisions:

1. Forensic Residential Services
2. Clinical Services
3. Complex Care
4. Employment Services

ACSO's work with people with a disability

For over three decades, ACSO has supported hundreds of thousands of clients in a range of correctional, institutional and community settings across Victoria who present with complex needs to successfully transition and live independently in the community.

ACSO operates 14 distinct services to Victorians who have a disability including residential, therapeutic, outreach and employment services. Whilst the majority of our clients have a disability, most experience additional challenges or barriers, including psychiatric disability, substance misuse, social isolation, homelessness, poverty and lack of access to vocational and educational opportunities.

ACSO's experience with working with people with disability extends to those who have contact or are at risk of contact with the criminal justice system. This expertise is implemented via our 8 Shared Supported Accommodation Services funded by the Department of Human Services to offer supported residential placements in the community to people who have an intellectual disability with forensic and/or mental health histories. The primary aim of this service is to assist clients to overcome the barriers associated with remaining offence free post contact with the criminal justice system and develop the skills necessary to live more independently. With over 20 years of experience, these services have supported over 1000 individuals with complex needs and many of those were assisted to move to more independent living and to fulfil life goals and aspirations.

The past 20 years of working effectively with people with disability has not only provided ACSO with the skills necessary to manage the common risks and issues of this client group, but also the capacity to address the wide range of complex needs and compounding factors that are often present as additional risks in relation to this group.

Scope of Our Submission

ACSO welcomes the opportunity to make a submission to the National Disability Services (NDS) Policy Paper on 'The Place for Block Funding in the NDIS'. ACSO's submission focuses on the recommendations made in the Policy Paper in relation to the ongoing use of Block Funding as we transition into the Disability Care model, in particular their impact on our consumer cohort in enabling informed choices which offer reasonable and appropriate support options to be made available.

ACSO currently operates services which are funded from a wide range of Commonwealth and State funded programs. These include:

- Department of Human Services (DHS), Victoria
- Department of Justice (DoJ), Victoria
- Department of Health (DoH), Victoria
- Department of Health and Ageing (DOHA)
- Department of Employment, Education and Work Relations (DEEWR)

Within these services, we have a broad range of block funded programs operating to provide specialised supports to clients who often don't otherwise qualify for service provision such as Individualised Support Packages or are ineligible for similar programs. These programs include:

Problematic Sexualised Behaviour Service: Funded by the North Division Disability Justice Team, this program provides specialised psychological assessment and intervention for people with a disability aged 12 and over who are demonstrating problematic behaviours of a sexualised nature, who are at risk of coming in contact with the criminal justice system. The service works in a collaborative manner with broader care teams surrounding individuals, in particular families and carers and case managers to address behaviour change. In addition, the team facilitate an annual training calendar, providing introductory and advanced training to disability case managers who are supporting clients with sexualised behaviour.

GAP Outreach Program: Also funded by the North Division Disability Justice Team, this program provides specialised case coordination and outreach support to people with a disability who are leaving prison. The program aims to support reintegration into the community, creating real and meaningful community connections and promoting behaviour change. Concurrently, the program team provides secondary consultation and training to staff of disability client services in being able to respond to the behavioural and support needs of people with a disability who are involved in the justice system.

Dual Disability Outreach Program: A unique dual-funded program delivered in partnership with the Department of Health, Mental Health and Drugs Division and Disability Client Services, this program provides specialised outreach support for people with an intellectual disability and co-occurring mental health issues. The program offers linkages into local Area Mental Health Services and provides consultation and support to primary health staff in supporting the overall holistic needs of the person at the centre of their care. Additionally, the program provides secondary consultation and training to disability staff across the region.

Community Managed Outreach Program (CMOP): The CMOP team provide a range of specialised outreach support packages for people with an intellectual disability who have come in contact with the Justice system. Referrals are made for between 5-15 hours per week, and these block funded packages are often utilised in the absence of or whilst awaiting the provision of an Individualised Support Package (ISP) for some of the region's most complex individuals. ACSO is often approached by its contract managers to utilise these packages for people who have "fallen through the cracks" or had unsatisfactory experiences with other services due to the person's complex needs and behaviours.

Forensic Mental Health Program: Funded by the North Division DoH, this program is funded under the PDRSS framework, delivering community based supports for people with a psychiatric disability. In particular, we support people with personality disorders or an Axis 1 diagnosis (under DSM V), who have come in contact or are at risk of contact with the justice system. As we embark on reform of PDRS Services, this cohort may be at risk of inadequate support options moving forward.

ACSO's Response to Policy Paper "The Place for Block Funding in the NDIS"

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

ACSO agrees with the NDS Policy Paper which suggests that if connections to specialist networks are made at the right time, their advice and information will help families make good decisions, build strong support around them, and prevent, or be more resilient to, crisis.

ACSO recognises the potential for specialist agencies to take on consultation roles, supporting/capacity building for long term mainstream services via training and secondary consultation e.g. Justice Forums delivered to Disability Client Services staff to build capacity to work effectively with clients on a justice plan, with an intellectual disability.

Specialist advice or support in assessment and planning for forensic clients, particularly through initial assessment, case coordination and streamlined referrals into ongoing service providers is a critical component of what ACSO currently provide to our new referrals and when providing secondary consultation and support to other agencies. It is not uncommon for specialist agencies such as ACSO to receive crisis driven referrals during the event of a relationship between clients and other service providers breaking down. This can be a result of ill-planned and implemented interventions, inappropriate allocation and distribution of resources including individualised support packages or a mismatch between the clients' needs and the organisations expertise. This has been consistent with

our experience with ISPs being transferred from another provider. On occasion, excessive packages of support have been allocated for the provision of service for particularly high risk clients, or people presenting a challenge in terms of fit with available service models. It has been our experience that during these instances, the allocation of such resources can be condensed or reduced by examining opportunities for intensive assessment phases at the commencement of engagement, and regular reviews with an aim to reduce the ongoing requirement of support and increasing individuals' opportunities to engage with the community independently.

ACSO is often consulted around new service delivery solutions, or use of existing block funded programs to deliver services to high risk individuals, where existing service providers or service models have not succeeded. These individuals present with a vast array of complexity. In particular, we are often approached to assist with assessment, case coordination and interventions to address problematic or high risk behaviours of individuals in the criminal justice system with an intellectual disability who present as a high risk of re-offending. These people may be leaving custodial environments and being supported to re-enter the community, and can also be awaiting provision of individualised funding packages, and as such our agency is approached to utilise block funded programs to fill the gaps in between a person's release and the availability of appropriate, ongoing and sustainable funding.

ACSO is currently exploring opportunities to lead a Forensic Special Interest Group within the sector. If block funded, this would offer specialist advice and support to families and carers, clients and the sector more broadly as we move into a critical time of change and reform. This would also see organisations without current capacity to manage the support needs of a person with a disability who has become involved in the justice system, being given the opportunity to develop knowledge, capacity and connectedness to be able to support people with a diverse range of needs and therefore reduce the risk of the markets thinning and there being insufficient support options being made available for clients to choose from in the future.

2. Support the ongoing production of social capital

Support funded by the NDIS must complement and enhance informal and community support, not replace it. ACSO agrees that it is important to ensure that provisions are made for activities that build social capital to be able to continue. Our sector has made significant gains in utilising the value of peer worker contribution to the workforce at an operational and strategic level, without which the voices of our consumers in driving lasting change to their service provision would be unheard.

ACSO agrees that some not-for-profit organisations base their services around volunteer contributions such as peer support networks, recreational events, fundraising and libraries, which rely on and continuously renew social capital. Many of these make up our own peer and referral networks which help to ensure a diverse range of service and support options are available to our clients when providing case coordination and referral onto community networks.

In addition, ACSO understands the need to be able to harness the lived experience, knowledge and expertise of consumers and their carers, as is the case in our own internal Consumer Advisory Group (CAG). Our CAG is a self-funded model offering the organisation critical expertise in running specialist projects including focus groups, responding to key submissions, contribution to new business development and information distribution among our broader ACSO community. Without the ability for organisations to continue such endeavours, our sector is at real risk of losing expertise and information share.

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

ACSO agrees that the NDIA and participants need evidence of which support options work best, however there is insufficient evidence to date. In addition, as we move through the Pilot phase of the Disability Care roll out, we are met with uncertainty and little clarity around how the needs of specific priority groups such as forensic clients with a disability will be met. Therefore, the provision of seed funding for innovation, evidence and capacity-building, will improve our understanding and awareness of how the needs of specific priority groups can be met through leading practice. This can be achieved across a variety of levels including ongoing peak bodies which continue to inform practice, disseminate information and lead the voice of change and advocacy for our clients and their families, as well as through a platform of resources and expertise at an organisational level which see opportunities to translate and share practice principles into action at the coalface.

ACSO is committed to exploring opportunities to enhance the development and implementation of best practice at a workforce development and service delivery level. Securing the provision of resources to further enhance our understanding of best practice, and translating this to operations is key for ACSO in managing the needs of our client group. Currently, we achieve this through key functions of roles across the agency, as well as opportunities to lead change and practice an area of practice i.e. ACSO's Criminal Justice Conferences held biannually. In particular, our Clinical Services team provides a range of wrap around supports in the form of Behaviour Support Practitioners who are essential in ensuring that documented behaviour change programs and strategies will continue to enhance our service provision by providing staff training, client assessment and intervention and coordinating team responses in the event of a crisis.

4. Ensure reasonable and necessary support options where markets are thin; and
5. Enable informed choice and expand knowledge of options

For the purposes of responding to the abovementioned points of the Policy Paper, ACSO has chosen to merge our responses to these two points. The move into the Disability Care model is a unique yet challenging time for services responding to the needs of people with a disability who have other complex needs including co-occurring mental health issues, behaviours of concern and who have come in contact with the Criminal Justice system. In particular, the NDIS Pilot in the Barwon region of Victoria has brought about some uncertainty regarding the future support options available to our client group in negotiating the balance between risk and need, and ensuring that support needs can be met accordingly. In particular, this further demonstrates and emphasises the need for specialist providers to be able to adequately continue to support this group in the face of current block funded programs potentially no longer in existence. This is also the precursor to further advocating for resources to be appropriately allocated to our clients in ensuring the support and individualised funding that is to be provided, be appropriately allocated to ensure that these needs continue to be met.

In addition to the Block Funded programs detailed at the beginning of this submission, ACSO currently provides support for over sixty clients funded by Individualised Support Packages for people with an intellectual disability who have come into contact or are at risk of contact with the criminal justice system. As we move towards the Disability Care model, it is pivotal that efforts are taken to ensure that this cohort are provided with access to a range skilled reasonable support options where organisations are assessed as capable and experienced in managing the diverse and sometimes challenging range of needs which a person may present with. The challenge which ACSO is continuing to manage throughout the transition to this model, is the identification and assessment of priority of need for someone with a disability who has come in contact with the justice system, where their support needs and risk to the community are being assessed in isolation. In our experience, this has contributed to potential over-resourcing in some instances in order to manage perceived risks to the client, community and reputation of the Department. It is unclear whether moving forward to the Disability Care model of individualised supports, whether these would be attributed to the person's criminogenic needs, and as such not be met under the model.

For example, if services are seen to be:

- a) Primarily in relation to current orders, placing the community at risk, then the current service response would see Department of Justice as being responsible for the person's support requirements
- b) Related directly to a person's disability, then this would fall within Disability services or future Disability Care model of support.

ACSO would in this instance advocate for the holistic assessment and understanding of a person's needs in managing the person's overall needs and ability to engage effectively with the community around them, as articulated in the case study below:

Case Study: Roger

Roger* is a 24 year old male with a mild intellectual disability and an acquired brain injury. At the age of 20, Roger committed a violent rape for which he was sentenced to 3 years imprisonment. Roger was deemed by Corrections Victoria to be an unacceptable risk to the community at the completion of his sentence and was placed on a supervision order that would require Roger to abide by various conditions when returning to the community.

ACSO (in partnership with another organisation) support Roger for 8 hours per day during the day and in the evenings. This support is guided by a support plan that Roger has assisted in developing, which outlines various goals that he would like to achieve in the community. The support provided is around:

- managing medication
- appropriate access to the community
- assistance with accessing treatment relating to his offending behaviour and with regard to alcohol and other drug use
- engagement in recreational activity
- assistance with developing his activities of daily living and
- supporting him to abide by the conditions of his order

ACSO's support is funded by Victoria's Department of Human Services (Disability Client Services), and primarily focuses on building personal skills and ensuring pro-social community access. In addition to the offence for which Roger is now on a supervision order, he has also committed violent crimes as well as other theft related crimes. He can be a very challenging client for our staff, who have very specific expertise and training in working with this client group. It is a specialised area of expertise required to manage this very complex subset of clients with an Intellectual Disability.

In addition to the direct support provided to Roger, ACSO have been given the responsibility of coordinating the various organisations and statutory bodies that have a stake in his case. ACSO have coordinated the support across various bodies including Corrections Victoria, Sex Offender Management Branch, AOD counselling service, partnering support organisation, consulting neuropsychologist.

Roger's is an example of the complex interaction between risk and support needs which need to be thoroughly assessed, and can be difficult to separate. Roger's story is common in ACSO's client cohort, and will often be supported through the resources available via block funded packages. If these needs were deemed to be the responsibility of Corrections Victoria, then he may not be deemed eligible for individualised funding. In the absence of specialised block funded programs in the future, he would slip through the gaps.

Regardless, the availability of support options which could cater to these needs is critical in ensuring adequate choice from a range of services can be offered, parallel to necessary risk management being undertaken. This is a unique balance to strike, and one which ACSO takes pride in being able to navigate whilst supporting our clients to maintain independence and engagement in the community whilst managing the risk of reoffending associated with that individual. As a result of this, ACSO is often requested to provide immediate supports on release from a custodial environment, to support such individuals to reintegrate into the community, whilst preparing to support people to move into and engage effectively with other service providers in the future. We achieve this through coordinated and gradual transitions, as well as additional training and capacity building for other partner organisations, which can be achieved through leveraging off our block funded services and via our suite of internal clinical team resources. The added benefit to being able to provide this is building capacity at the local level and ensuring evidence can translate into practice across regional locations.

One challenge identified for service providers moving into the Disability Care model is sustainability where individual choice and a range of options could preclude some smaller providers without other funding upon which to leverage themselves from being able to operate. In particular, Shared Supported Accommodation models would require a minimum number of packages to ensure that a program is sustainable, and to ensure a consistent and cohesive workforce can be maintained. Inevitably, a shift to a largely casual workforce could see loss of knowledge, expertise and even familiarity for clients as predictability of the work shifts.

6. Sustain and build service capacity during transitions

ACSO agrees that short-term investment is required during the transition to the NDIS to reduce the risks of good providers exiting the market and of workforce shortages, which together would erode choice. As a provider of secondary consultation, training, assessment and planning for the sector, we would advocate for the opportunity for providers to have some assurance and resourcing to assist with managing this important transition, to ensure the needs of specific cohorts of clients can continue to be effectively met. The forensic population is one prime example of this and without adequate resources to be able to continue to support individuals endeavouring to make positive changes to their behaviour in order to achieve their goals.

Negotiating the delicate balance between managing support needs and risks to the person and the community as a result of offending behaviour can be difficult. Without the platform of expertise and support to guide effective practice, train and support staff and act as a liaison between various Government systems including Disability Care and Corrections Victoria, this balance could be easily tipped, and clients, their families and carers placed at risk.

Conclusion: ACSO is committed to continuing to advocate on behalf of our clients moving forward into system reform and transformation. We commend the efforts of the National Disability Service in developing this paper and generating recommendations in contribution to lasting change and the success of the NDIS. We are available for further consultation on these matters, including the needs and issues faced by people with a disability who have come in contact with the justice system moving into these reforms.