Submission to the NDIS Thin Markets Project

Australian Community Support Organisation

20 August 2019

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Introduction

ACSO is grateful to the Australian Department of Social Services (DSS) and National Disability Insurance Agency (NDIA) for the opportunity to provide our submission to the NDIS Thin Markets consultation. Our submission focusses on our experience of ACSO participants with a cognitive impairment, complex needs and justice issues, who are eligible for or currently receiving NDIS funding, alternately referred to in NDIS literature as 'participants with extreme behaviours of concern' (McKinsey 2018).

While ACSO is supportive of the work of the National Disability Insurance Agency (NDIA) and roll out of the National Disability Insurance Scheme (NDIS), the organisation is currently reconsidering our decision to work within the NDIS framework due to an array of critical concerns and risks which inhibit our ability to deliver best practice support to our vulnerable client group. ACSO has been actively pursuing alternative solutions to these concerns at a State and National level, which will be detailed in this submission.

This submission has been collated with information provided by ACSO clients, program staff, senior leadership and sector colleagues. Client names have been changed for the purpose of confidentiality.

Who are we?

Established in 1983, the Australian Community Support Organisation (ACSO) offers a diverse range of criminal justice programs in Victoria, New South Wales and Queensland, specifically tailored to the most marginalised members of our community. Our programs include pre-release transition-oriented programs; post-release case work, forensic alcohol and drug assessment and treatment, offender housing programs and forensic disability residential and outreach support programs.

ACSO have been an approved provider of NDIS-funded service since 2015, providing service during the trial period to select participants who presented unique challenges under the new funding arrangement. Specifically, the participants ACSO supported during the trial, and continue to support, are those who have co-occurring disorders, including intellectual and cognitive disability, mental health concerns, and substance use disorders; have critical unmet needs spanning the AOD sector, homelessness services, and the health system; and those who place significant strain on emergency services, police and other community resources and are subject to compliance mechanisms including justice orders, supervision and treatment orders. The people we support are those, who through their exposure to two or more of the above factors, have entered onto the path to certain engagement in the criminal justice system.

Our capability and expertise to provide insight into the challenges experienced by the NDIS implementation is evidenced in our Specialised Forensic Disability Accommodation (SFDA) program. We have operated a residential program for persons with cognitive impairment engaged in the criminal justice system for over 30 years, since our first specialist Disability Residential Program opened in 1989 in Victoria. Today, ACSO has grown to operate eight residential properties, housing around 50 people per annum and providing support to those on a range of correctional orders including post-sentencing orders, community correctional orders, community treatment orders and the sex offender register.

We have spent considerable time investing in our workforce development and have funded innovative infrastructure for high risk cohorts balancing independence and supervision. We have committed ongoing investment in risk management and compliance, and developed support models that exemplify best practice in client-centred care and are underpinned by a rigorous evidence base. Our residential services assist residents to reduce their likelihood of (re)offending by helping them to define their personal goals and find alternative pro-social ways of achieving them. This is achieved by focusing on behavioural and skills strengths, promoting pro-social interactions and relationships with others and maintaining motivation to engage their offence related relapse prevention strategies.

As of January 2019, ACSO withdrew from providing outreach supports to our NDIS-eligible client group. It is not financially viable for us to provide the specialised supports required under NDIS baseline funding. Until this point, ACSO was one of very few community sector organisations managed by a Board, that had the risk appetite to provide services to forensic clients, including serious offenders, under the new NDIS funding model. This tolerance for risk is only acceptable if the organisation can effectively manage and mitigate the risks to staff safety, the community and to our clients. The transition to the NDIS and the subsequent concerns that have been raised, has caused the ACSO Board to question and re-assess whether the organisation can effectively mitigate these risks under the new funding model.

The people we work with

For this submission the term disability is used to include intellectual disability, borderline intellectual functioning and autism spectrum disorder. Research indicates that individuals with disabilities are over-represented at various stages of the criminal justice system throughout Australia however this cohort are less likely to offend compared to the non-disabled offending population (Holland & Persson, 2011). However, for the small percentage that do offend, they can exhibit challenging behaviours which require a specialist support organisation to work with. Those with co-occurring mental disorders or other comorbidities such as alcohol or other drug disorder and of those with multiple combinations of disorders and disadvantages are commonly referred to as “complex needs” (Carney, 2006). ACSO works with the people who fit into both of these categories.

ACSO’s Specialist Forensic Disability Accommodation is generally occupied by males aged 25 – 65 years old with a history of incarceration, or custodial orders who require significant

supports in order to increase their abilities and prosocial community participation. These clients typically fall at the extreme end of the spectrum of 'behaviours of concern' (McKinsey 2018). We work in collaboration with Corrections Victoria and are committed to ensuring that people with disability do not remain in custody as a result of their inability to find supported accommodation.

Achieving best results

At present, there is little research regarding best practice for the forensic disability population, which places significant challenges on services to ensure that the forensic disability population is provided equal opportunities for rehabilitation (Baldry et al., 2013). Our aim is to work holistically with this cohort, so in the future they can be referred into more mainstream disability support providers and ultimately reduce their reliance on services.

ACSO have developed a disability support model with a forensic lens that allows us to support individuals in a manner that balances the person's right to autonomy, with that of the safety of the community. The model incorporates a 'step down' approach which continually assesses a person's health and wellbeing; alongside the risk they pose to themselves and to the community members.

Our model recommends a range of considered and staggered interventions to ensure the best chance of successful client reintegration, including:

- Staged introduction to supports: a minimum of two visits prior to release from prison / custodial facility, as well as contact and continuity of support for clients on remand
- Outreach programs allowing throughcare from custodial setting to ACSO residential placement.
- Graduated step-down of supports driven by the client's own plan, including support on a weekly basis for monitoring client wellbeing and progress, while fostering independence and self-management.

Whilst the NDIS framework has clear objectives with regards to meeting the individual support needs of people with a disability, there is a permeating gap that exists with regards to meeting the complex behavioural (including offending behaviours), supervision and complex health needs that many of ACSO's current people participants encounter daily. There is an acknowledgment that separating out the disability needs from the forensic needs is complex and detracts from providing the person with a holistic and integrated service approach—one that enables the person to build skills, capacity and capability while simultaneously managing and reducing their risk of harm to self and/or others.

ACSO believe that the transition from the previous individual and block funding arrangements to the NDIS model has destabilised the provision of support arrangements that had been in place for ACSO's clients with forensic disability. This has resulted in disruption and in cases,

cessation of the delivery of necessary supports, thus increasing both the vulnerability of the person and the potential for them to increase at-risk behaviours to themselves and to the community. There is much evidence that people with a psychosocial disability and cognitive disability are over-represented in the criminal justice system. A 2018 article by Human Rights Watch put the number of people with disability entering the prison system at almost 50%. The unique and 'complex' needs of people with a cognitive impairment in the criminal justice system continues to pose a significant challenge for the current NDIS model. Given the above statistics it appears folly to view offending without due reverence to the impact of the person's disability, and vice versa.

The division of Federal and State responsibility under the scheme, which dictates that the NDIA is concerned with Disability matters only, with the State responsible for matters of Justice; has in our experience been poorly implemented and perpetuated a fragmentation of service delivery, which ultimately results in diminished and disjointed receipt of services by participants. Often significant delays are incurred, and the involvement of advocates is required to navigate this distinction of 'justice' vs. 'disability' support. The demarcation of these support functions is contrary to ACSO's practice framework and service delivery model.

Historically in Australia, the Alcohol and other Drug (AoD) sector refused to treat substance abuse where there was a prevailing mental illness, and vice versa. We now accept that dual diagnosis is the rule and not the exception; and current best practice is to support the *whole* person in an integrated manner, with consideration to the unique nature of their diagnoses/individual concerns. Similarly, ACSO posits that we cannot separate a person's disability from their offending behaviour; and that attempting to address these concerns through a siloed or fractured approach places the client, community, and our staff at significant risk.

We hold significant concerns that the disaggregated approach currently being undertaken is undermining the integrity of ACSO's practice model, which has been proven to successfully balance the principle of 'rights and risks' under the Victorian Disability Act. This practice model provides continuity of care and importantly integrates and co-ordinates the supports provided by ACSO and other providers including from government services.

*Case Study 1 – Drew**

Case 1 – Lack of clarity around who funds supports related to Supervised Treatment Order and other community-based offence-targeted supports under the NDIS funding model

Drew* has a mild-moderate ID; pattern of serious sexual offences, limited adaptive social supports and is highly institutionalised. Drew receives residential services under a Supervised Treatment Order (STO) framework and has a risk rating of Moderate-High. Drew was referred to ACSO's residential services, under a STO (civil). Residing in our service meant that Drew was able to avoid a higher restrictive (and possibly counter therapeutic) Supervision Order. ACSO were advised upon Drew's referral that, due to the level of progress made, Drew would

only require 6-month STO to allow a graded approach to reducing supervision and support community re-engagement.

NDIS are yet to provide adequate funding to support Drew in executing services under the STO leading to reduced capacity to exercise choice and control and increased level of risk in the community. By example:

- Drew was called on the phone to consider goals and areas for funding. There was minimal consultation with service providers regarding his needs and areas requiring support.
- The conditions of his STO require funding for outreach to allow Drew to progress through step downs, however this is yet to be provided.
- Drew's STO also determined that a communication assessment was required, similarly this funding is yet to be provided.

As a result, the Drew remains under a high level of supervision and is unable to be supported in community programs due to the lack of funding. Understandably, Drew is presenting as increasingly frustrated, and oppositional towards staff. This in turn impacts his risk profile, which appears to be increasing (further compounding the problem as due to dynamic risk, step downs become inappropriate).

Inter-agency silos

Under the new funding model, participants are free to choose their service provider. Prior to the NDIS the majority of ACSO's clients were referred by Disability Justice (Victoria), or were referred because they had been denied support from other services due to behaviours of concern or offending. With participants able to choose providers and with multiple providers delivering on a participant's plan, we are witnessing the following concerning behaviours:

- Participants with offending behaviours choosing a disability provider who has no criminal justice experience, either unconsciously, or as a conscious action to avoid addressing their behaviours.
- Agencies not collaborating with other service providers and participants using this as a means to 'split agencies' or for other inappropriate means.
- People are cycling between services (health, police, hospitals, housing services) with little collaboration on how to resolve the person's individual needs.
- Communication between agencies is often adhoc and there are no systems in place to assure good communication between providers.
- There is a lack of transparency in who is providing services to the person and there is no obligation for the person to divulge this information. This may be problematic for

people with disabilities who have correctional conditions in place, who are being supported by a service that does not have an understanding of such matters.

Accessing supports

The people we work with are quite often turned away from services due to their complexities. This is problematic as mainstream supports decline their request for support because of their disability and disability supports decline because of their criminal histories or complex behaviours. ACSO's clients have been turned away from housing, health and AoD support services with reasons ranging from exclusion due to disability, mental health and exclusion due to criminal history. In all cases, we have been led to believe that the exclusions are based on the inability of the services to support our clients in a manner that will ensure the safety of their staff, other residents and the offender themselves.

We have had numerous scenarios of a person experiencing a crisis, and ndis stating that they need to be referred to the relevant emergency and crisis services. For example, if a person becomes homeless over the weekend or engages in high risk behaviour outside of hours, it is not the responsibility of the services funded through the NDIS to manage or respond. Rather, people are directed to access mainstream supports, with the constant messaging that the NDIS will not duplicate services that are already funded in the community.

*Case Study 2 – Bel**

Case study 2 - Interface with 'mainstream' services (i.e. housing) does not yet exist leading to significant risks for clients with disability/mental health concerns

Bel* is a young person who has recently transitioned from the Out of Home Care (OoHC) sector. Bel has an intellectual disability and complex mental health concerns, and often presents in the community and to support staff as aggressive and reckless in her decision-making; which has led to ongoing police engagement and periods of incarceration. Bel became homeless as a result of an unintentional house fire.

Support staff took Bel to homeless and housing services every day to source short term, transitional and long term housing however Bel was refused by all services due to either a known history of challenging behaviours, not meeting eligibility due to intellectual disability and/or mental health diagnosis or presenting as aggressive on the day of housing intake. Bel was soon after remanded due to her offending and was held in custody as she did not have stable accommodation.

When Bel was eventually released, she was released without stable accommodation, which in addition to her behaviours of concern led to her re-entering the criminal justice system.

Community safety

ACSO supports in full the principles of Choice and Control which underpin the NDIS. It is important to note, however, that the client cohort serviced by ACSO typically have suffered extensive adverse childhood experiences (ACE's), addiction, brain injury and other events which have historically impacted upon their ability to make safe and appropriate decisions; and ultimately led them to contact with the criminal justice system. Strengthening client's decision-making capacity and reinforcing appropriate and safe choices is a core component of the behavioural support we provide to clients of our forensic residential services; intended to both enhance the client's wellbeing and social and economic participation, as well as to mitigate any future risk they may pose to the community or themselves.

Many of our clients are subject to Guardianship, Financial Administration, and Supervised Treatment Orders; and require significant support in order to make informed and appropriate decisions. In our experience, this carefully crafted support and clear care team boundaries can often be retrogressed by the transition of individuals into the NDIS and subsequent involvement of multiple, unskilled services, planners and support coordinators. The challenges posed by this interruption to stable service delivery often result in provider turnover, further destabilisation of the client, and little accountability towards a resolve.

ACSO understands through decades of experience that balancing community safety with an individual's support and treatment needs is challenging and requires specialised oversight. Our job is to balance and mitigate the risk posed by our clients, with interventions designed to support and foster personal development, growth and goal achievement. This hybrid aim of intervention is absolutely critical to our service and success; and cannot be disaggregated in the context of our service delivery. It is unrealistic to believe that this cohort would necessarily choose and purchase supports to address their offending behaviour specifically, though where disability providers fail to hold this expertise – they provide a disservice both to the client and community, and risk approving or arranging funded supports which cause the client to break the law, or breach the conditions of their legal order/s.

At present, ACSO are supporting two clients in our Specialist Forensic Disability Accommodation who have chosen to decline NDIS packages. It is currently not clear to ACSO whether these placements remain sustainable.

The freedom to change and add support providers, particularly in the absence of specialist support coordination, is problematic where client's behaviours dictate that a unified, consistent and predictable care team approach is required. Whilst ACSO support the provider choice inherent in the scheme; we observe a lack of suitable providers in the market and are compelled to highlight the potential dangers, which we are already experiencing, of poorly skilled and fragmented support teams.

Case Study 3 - Colin

Case study 3 - Unclear referral pathways/process for 'necessary' supports leading to potential gap in service for high risk and vulnerable clients

Colin* is a vulnerable individual with a psychosocial disability and current offence convictions. He has received an approved NDIS plan delivered to him via mail. Colin will not provide a copy of the plan to his NDIS Support Coordinator or his current service provider (ACSO).

Colin also refuses to provide consent to the NDIA to share his plan with other parties. Colin cannot receive a service if he does not consent to share the funding plan with his service provider both for reasons of lack of consent, and further, no documentation around what type of, and level of supports are funded.

Given Colin's history of offending and sporadic mental health, he presents a risk to the community and self.

Case Study 4 – Alex

New NDIS framework is impractical, inflexible and inconsistent leading to poor outcomes for vulnerable and high-risk persons

Alex* is a 21-year-old male indigenous client, with borderline intellectual disability, Foetal Alcohol Spectrum Disorder (FASD) and Acquired Brain Injury (ABI), who was released from custody after serving full sentence. Alex has a significant history of trauma, long-term and pervasive substance use, offending (both violent and sexual in nature), and has been assessed as having a 'high' risk or re-offending.

Alex was accepted into residential placement at ACSO with limited notice (due to errors associated with discharge date planning). As a result, there was no planned transition and a lack of funding to work with him in preparation for release. Unlike the traditional DHHS case management approach, NDIA case planners do not provide a consistent point of contact and Alex had no funded support coordination at the time, resulting in inconsistent communication, input and support to Alex and his support services. As well as not providing for traditional case management; NDIS has no discretionary funding for emergency support needs or resources.

Due to concerns regarding risk, and risk manageability, a Supervised Treatment Order (STO) framework was proposed (in the absence of other available supervisory frameworks).

NDIA indicated that they would not support or provide funding for STO implementation.

The Office of Professional Practice advocated to NDIA for this to occur. This was eventually implemented some weeks after Alex had been in the community, due to the failure to obtain an interim order to allow the framework to be in place upon discharge.

The outcomes of this lack of adequate support and inconsistent and unstable new funding and service structure included;

- Increased engagement by Alex in serious behaviours in the house, significantly impacting on staff and co-residents. Limited resources to implement approaches to prevent behaviours, and support for staff and clients after incidents.
- Alex began to abscond, returned several times by police.
- Following considerable period absent from property, lack of engagement in treatment or adherence to STO requirements, and concerns that compelled return to property would result in acute risk placing staff and co-residents at heightened risk, decision was made to exit client from residential placement

Alex was exited from his residential placement due to his behaviours and advice from NDIA support coordinator was that housing, including emergency housing, could not be funded under the NDIS.

Alex became transient, then homeless; until re-offending and eventually being re-incarcerated.

Specialised support

Specialised forensic disability supports are much more expensive to deliver than mainstream disability supports. ACSO acknowledges the 2018-19 price review and forward steps, however, continue to find it challenging to provide best practice to this cohort within the price brackets available. ACSO are currently absorbing several costs inherent to our service model that are not funded through NDIS plans, including incident management, quality, legislative compliance, facilities management and specialised behavioural supports, we concerned that this is not sustainable.

In order to mitigate risk, adhere to client's legal conditions and provide an effective accommodation service, ACSO require the flexibility to accept clients into residential placements giving consideration to the overall household profile. As NDIS payment is calculated by the number of people in residential beds, there is an inevitable financial penalisation where beds remain vacant. ACSO's service delivery model accounts for clients cycling in and out of justice and health placements, by commencing a graduated transition into the residence over

several months prior to move-in, and by allowing the client to safely return to ACSO placement within a nominated period after an exit or absence. The bed-days funding model is detrimental to this service delivery approach, which we see as integral to the delivery of effective, stable and consistent services to our clients.

Due to the advanced skillset, knowledge and resilience required to work with this cohort, ACSO strive to maintain a balance of permanent and casual staff within our workforce. The funding of the NDIS is suited for casual staff, however we believe that having a specialised casual workforce limits rapport and trust building opportunities, as well as opportunities for supervision, staff monitoring and quality assurance. ACSO are unable to attract and hire highly qualified staff on the new rate (including social workers, psychologists, disability workers with justice experience and/or long-term engagement with clients with complexity).

Support Coordination comes with no discretionary funds and is expected to bring to the table non-NDIS funded supports (housing, AOD, etc.). As is expected among our client cohort, significant periods of crisis occur that we are required to respond to at short notice with no additional client funding or formalised pathways connecting the NDIS to mainstream supports. Since the introduction of the model, ACSO have spent considerable funding on resolving potential problems using our own brokerage or by coordinating additional supports through DHHS (DHHS will not be able to provide this type of emergency support post roll out).

Case 5 – New funding model does not appear to be cognisant or responsive to models of 'good practice' in supporting intellectual disabled offenders in the community

Bob* is a 19-year-old client with mild-moderate intellectual disability and Autism Spectrum Disorder living as sole tenant in DHHS (Vic) funded property. Bob has history of engaging in aggressive behaviours targeting family members, and members of the community and absconding. Numerous charges have been laid against Bob, but later withdrawn due to his level of disability. Bob's behaviour and risks towards staff increased, resulting in staff being assaulted. This lead to an increase in restrictive interventions such as: Property staffed 24 hours at 2:1 and later 3:1 ratio; locking of internal and external doors, boarding up glass windows to prevent escape, removal of access to bedroom – instead sleeping on mattress in loungeroom to prevent escape. Due to these restrictions, Bob's behaviours escalated. Service providers pulled out due to risk, and an inexperienced and unspecialised provider was introduced in a reactive "crisis oriented" manner to fill the service gap. There was limited time for planning or transitioning with the new provider who were equally placed at risk. ACSO was approached to "fix it" and consult and make recommendations regarding behaviour support and service delivery models. Assessment process riddled with barriers including:

- lack of communication between service providers and members of care team – under NDIS model, providers are often not aware of the other funded providers in the clients NDIS Plan and care team or case conferencing is not explicitly funded.

- lack of information exchanged between members care team. Indeed, it appeared that NDIA case coordination lacked historical information on client, including history of service provision and interventions etc.
- Upon completing assessment, it was identified that restrictive practices appeared to be implemented in unregulated manner, resulting in excess levels of restrictions on client's movements and rights, and possibly contributing to (re)traumatisation of client
- Notification and consultation requested from OPP which resulted in investigation, and multiple services withdrawing from case.
- Currently no providers remain to secure involvement or those with appropriate experience will do so due to concerns regarding his risk posed to the organisation subsequent to poor resourcing and inability to do what is required with resources provided.
- **Outcome: services withdrawn, resulting in increased instability for client (known factor for increasing challenging behaviours), client moved to another property deemed unsuitable and without planning or transition process, resulting in significant amount of change (again another known factor for increasing challenging behaviours). Unclear whether current charges will proceed. Client needs and goals appear lost in process.**

Moving forward

A tiered approach

ACSO has developed a tiered approach to supporting people with a cognitive impairment in the criminal justice system and focuses on the 'true costs' of meeting person needs whilst maintaining a highly skilled and qualified workforce. The tier 4 focuses on people who may present with the most significant risks to self and/or others while tier 1 focuses on those people who are presenting as stable in the community, thus requiring the least intensive support. The four-tiered approach enables people to have their support needs met in a flexible and responsive manner, taking into consideration reporting and compliance obligations that ACSO has at present according to both the NDIS legislative framework and state-based legislation (i.e. the Disability Act 2006 and the Charter of Human Rights in Victoria).

A key feature of the tiered approach involves being able to increase or decrease supports, commensurate with the person's needs. For instance, a person in tier 3 or 4 may require more intensive support for a period due to their increased needs and/or involvement in behaviours of concerns that present a risk to self or others. Similarly, people that may be receiving intensive support in tier 1 and tier 2 may be supported to transition to lower levels of support, assuming that their support needs have reduced and there is a reduction in their engagement in behaviours of concern. This tailored and flexible response is essential when responding to the diverse and at times, complex needs of people and is indicative that a rigid and inflexible model

is more likely to result in poor person outcomes (e.g. increased risk of contact with the criminal justice system).

Support tiers may include flexibility to provide immediate response in crisis situations and allow for urgent plan/tier reviews where the need is identified.

Shared responsibility

The difficulties between the Justice and NDIS interface are widely acknowledged, however the progress to resolve these complexities is slow, and the risk present in the interim period is significant.

Increased flexibility would mean increased community safety and better outcomes for the people. For this to occur there needs to be formal agreement between Justice and Health departments at a State level, and the NDIA, to allow the delivery of specialised support to occur in a more seamless and integrated fashion. The case studies presented in this submission have demonstrated numerous instances of the disconnect between agencies and responsible departments, and the likelihood for the person navigating the scheme to fall swiftly through the cracks.

ACSO is positioned to work effectively and skilfully with clients involved in the justice system who have a cognitive disability and have been doing so for over thirty years. Unfortunately, the risks involved in diluting our support arrangements with the introduction of unskilled service providers and poorly structured or coordinated supports, in addition to funding constraints which are prohibitive to proper planning and safeguarding, have led us to question the sustainability and ongoing delivery of our current operations. While the organisation has a risk appetite to provide services to this most challenging of cohorts, we can only continue to do so while maintaining our obligations to staff, client and community safety. Our experience to date has proven that this is not possible under current fractured arrangements - and would be best facilitated going forward by a single provider model which ensures consistency of support and planning approach for people with the most challenging or complex support needs, as per recommendations 8 of McKinsey's Independent Pricing Review:

> ***The NDIA should develop a consistent process for participants with extreme behaviours of concern that acknowledges the specialised needs of the participant cohort, and the environment providers operate in. Providers serving this cohort should quote on the delivery of services to these participants and be allowed to deliver all services they require to be adequately supported i.e. all Support Coordination items.***

Until this is implemented, and while the provider market remains thin, ACSO will continue to be challenged by decisions arising from low-skilled, non-specialist and poorly integrated support providers and planners.

Best practice assumes that once a person's risk has decreased, they can then receive mainstream disability supports and specialised support is no longer required . This allows for a continual flow to occur and ensures that no person with a disability remains detained purely because there is nowhere for them to go. This is evident that this shared responsibility is time limited, as is the way specialised support coordination is. The purpose of specialised support is that we continue to move people through the service and increase their capabilities to live independently within the community where there is a wider access to services.

Conclusion

We would like to reiterate that ACSO remains committed to the delivery of high quality supports to the residents who are placed in our SFDA model and we appreciate the strong support and assistance of our colleagues in the Department of Health and Human Services (DHHS) and where relevant Corrections Victoria, in achieving significant outcomes for these residents.

We are hopeful that community safety can be prioritised alongside the supports to be provided to people who have offending backgrounds. The specialised supports that we excel at are incredibly important and need to be maintained for this vulnerable and disadvantaged group to be reintegrated into the community. They cannot be disaggregated from disability supports, without posing an adverse risk to the community and those supporting the person. This submission has highlighted the various reasons as to why people with disability and involvement in the justice system require enhanced models of support, and we welcome further conversation relating to this.

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