Project report

Building Bridges:
Linking disconnected service networks

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Date: November 2016
Acknowledgements

The Building Bridges project was made possible by funding from the Office of the Public Advocate.

We greatly appreciate the contributions of the workshop presenters – all of whom are listed in Appendix B.
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Executive summary

The overrepresentation of people with acquired brain injury (ABI) in the criminal justice (CJ) system is now an established problem. Specific deficiencies of cognition and behaviour control, combined with complex social situations, result in individuals coming in contact with Police and commencing the oftentimes slippery slope into incarceration.

Traditionally, people working in the ABI service sector have focused on treatment, rehabilitation, and support, and have had limited working knowledge of the justice system. Those working in the justice system have similarly had little knowledge of the disability sector and community rehabilitation approaches, and have focused on charges, legal representation, conviction and sentencing.

But, if shared solutions to a shared problem are to be constructed across these service silos, then all those actively working with the over-representation problem will need to work together. The current project had two primary aims:

1. To increase contact, communication, and collaboration between key service silos – notably ABI and CJ services – thereby value adding to the existing efforts of each.

2. To create systemic change by embedding ABI/CJ training into the existing regional ABI training calendars that have existed in the statewide Information, Training, and Secondary Consultation (ITASC) services for over a decade.

What took place?

This report describes a series of six service-linkage workshops that were conducted throughout Victoria across 2014-2015. A community-building model was used, in which workshops were initiated and resourced by the project coordinator, and were hosted by regionally-based ABI service hubs. This identified a ‘home’ for this kind of service activity, and steered all people involved, regardless of service silo, to this ‘home’ during the registration and participation process.

Workshop participants were recruited using a combination of direct invitation and respondent-driven recruitment. Advertising promoted workshops to direct-support staff rather than service managers, researchers,
or policy makers, to underscore that the workshops deliberately aimed to promote cross-silo communication and practical solutions to everyday problems using existing operational staff.

The workshop syllabus was jointly constructed by the project coordinator, consultant, and presenters from key stakeholder services in the ABI/CJ system - these included individuals with ABI, ABI service providers, Victoria Police, legal representatives, the Office of the Public Advocate, and Community Correctional Services.

A key approach to building bridges across the silos was for presenters to deliver a small number of key service-relevant messages - “what you need to know about my work that will promote better cross-service functioning”.

The project demonstrated impressive results in three main areas:
(1) knowledge change of service providers during the workshop,
(2) behaviour change in the 6 months following the workshop, and
(3) participant satisfaction with this method of improving service linkage.

What were the key outcomes?

- In total, 178 service providers participated in the workshops, representing three broader service areas of Disability, Justice, and Health and Community.

- Regardless of the participants’ service area, knowledge about a large variety of ABI/CJ service elements typically started from a low base, and increased significantly during the workshops.

- Knowledge gains were maintained at follow up 6 months later.

- Participants’ work behaviour, in terms of using more diverse (cross silo) services increased significantly in the 6 months post workshop.

- A full 96% of participants rated the workshop as useful or very useful overall.

In addition to those workshop-specific findings, important validating events occurred; for example, Justice services requested further ABI training from local disability providers, and there were increased requests for secondary consultation about ABI from mental health services, and increased referrals from disability services to legal representatives.
Repeating themes

The workshops provided participants with the opportunity to discuss key service issues impacting their day-to-day work. The key themes were:

- Accessing neuropsychological assessments
- Where to start when seeking service help
- The underutilisation of regional ABI services
- Where to get help with clinical (cognitive/behavioural) issues
- NDIS uncertainty and the impact of the NDIS on services (e.g., the future of regional ITASC programs)

Implications and the broader context

This project has demonstrated the demand for, and value of, carefully constructed professional forums to cultivate cross-silo collaboration. It has measured the low base of knowledge many providers have about services that are relevant to client outcomes, but outside of their immediate work domain. It also has demonstrated a successful model for addressing both knowledge and behavior change. Recommendations for sustaining these gains are provided in the report.

Although it was not the role of this project to provide a comprehensive strategic approach to the State’s ABI/CJ overrepresentation problem, the authors can make a valuable contribution to such an exercise.

During the workshops, project staff with many years of experience in the ABI sector participated in many hours of question and answer sessions with direct-support staff from many disability, justice, and health and community services. They also participated in many more hours of discussion in related forums. Given that unique perspective, this report briefly addresses some of the broader service issues that create the context in which efforts to reduce the overrepresentation problem take place. It provides specific suggestions to assist the many service providers who are working diligently to achieve good outcomes, but who need systemic support. It also discusses the value of a state-based strategic plan to address ABI-CJ issues, and also the core issue of where responsibility lies to activate strategic responses.
Vignette

The experience of a specialist case manager

Julie was a specialist case manager working with a non-government organisation. This vignette describes how the Building Bridges project influenced her clinical practice, and improved outcomes for her client and his family.

Julie’s client, David, was a 30-year old male who sustained an ABI from a motor vehicle accident. Prior to his accident David was gainfully employed and had never been in contact with the criminal justice system. Following his ABI, David was convicted and incarcerated for a minor offence.

While serving his second prison sentence, David was referred to Julie for the purposes of establishing service supports prior to his release from prison. Julie was frustrated by the limited resources in the public service sector, and was struggling to establish accommodation, rehabilitation, and adequate legal representation for her client.

Julie participated in the Building Bridges project. She learned more about Victoria’s private service system, and that many clients are eligible for private services funded through insurance schemes, and that it is important for service providers to check a client’s compensation status.

Julie followed this lead and learned that David had an active claim with the Transport Accident Commission – an insurance scheme for people injured in road accidents. Although he was not receiving any funded supports, David was entitled to things such as supported accommodation and rehabilitation. A lawyer specialising in compensation claims also could represent him.

Accessing approved services was not a speedy process, and on several occasions during the time of trying to establish community supports, David was released from prison, breached community corrections orders, and returned to prison. But, with legal assistance and input from a specialist brain injury service, the clinical imperative of community-based supports was established.

At the time of writing this vignette David was about to re-enter the community with daily supports funded through the insurer. These included neuropsychology, occupational therapy, and social and recreational support.

In review, this process took more than 18 months and involved ongoing advocacy and persistence to obtain supports. At times there was conflict between the insurer, who wanted Julie removed from the support team, and David’s family, who wanted Julie to remain. A related clinical issue was the importance of helping David’s parents to access their own supports so that they could cease their adopted roles of case managers and corrections officers, and shift back to a more positive life role of being David’s parents.

The bottom line, however, has been the positive result for David: After several months of receiving targeted supports, David has not breached his orders and has not been back to prison.
Introduction

It has been established that people with acquired brain injury (ABI) are significantly over-represented in the criminal justice (CJ) system. The prevalence of ABI in the general population is estimated to be approximately 2% (Australian Institute of Health and Welfare, 2007). In contrast, recent Australian and international research has found that over 40% of prisoners have ABI (Jackson & Hardy, 2010; Shiroma, Ferguson, & Pickelsimer, 2010; Slaughter, Fann, & Ehde, 2003; Williams et al., 2010).

Contributing factors to this over-representation include a fragmented service system that does not adequately recognise or address the needs of this vulnerable group, lack of communication between departments and agencies involved in service provision, restricted service pathways, insufficient knowledge and skill of workers, a dearth of relevant training and few formal mechanisms to systemically address these issues (Brown & Kelly, 2012).

Service providers in the ABI sector are largely uninformed about justice issues and often don’t know what to do when clients are confronted with legal matters. Similarly, those working in the justice system have limited knowledge of the disability sector, available service supports, and targeted community rehabilitation approaches. Ultimately this can mean that people with ABI are inadequately assessed, poorly represented, and do not receive the services that could help to prevent or reduce offending behaviour.

A training initiative pilot

For many years in Victoria, a large collection of service providers – the Victorian Coalition of ABI Service Providers (VCASP) - met regularly to discuss issues affecting people with ABI, and to devise strategies to address those issues. VCASP included a Criminal Justice Subcommittee (CJS) that specifically focused on justice issues.

Following a training needs analysis of service providers, the VCASP-CJS decided that a way to address the lack of ABI-CJ knowledge across service silos was through a special training program in metropolitan Melbourne. In 2007 and 2008, the VCASP-CJS organised a series of four workshops in partnership with VCASP, Victoria Police, the ITP Program, a Community Legal Service, forensic psychologist and an individual with ABI. This activity was made possible through a grant from the Magistrates Court. The workshops were attended by service providers working at the coalface with
clients with ABI and CJ issues, and included clinicians, outreach workers, case managers, accommodation and direct care providers, welfare and intake workers. Workshop places were oversubscribed, with more than the preset ‘maximum’ in attendance per session - highlighting the demand for such training.

The practical advantages to participants were obvious: most disability service providers don’t get to speak with police in an open forum, but here they could. Priorities in policing approaches were explained, as were procedural responses to clients identified as having a disability, and proactive approaches for assisting police dealing with repeating offenders. Workshop participants indicated that they were previously unaware of the role of the Office of the Public Advocate’s Independent Third Person program, or how Fitzroy Community Legal Service could assist clients. During evaluation, participants said that they would change their practices as a result of the new knowledge; they also rated overall satisfaction with the day 8.6 out of 10.

The expansion of the pilot project

The current project sought to expand the pilot project in three important ways: (1) by extending it beyond metropolitan Melbourne to regional Victoria, (2) evaluating its effectiveness using a more rigorous methodology and external evaluators, and (3) increasing sustainability by embedding the approach into existing training calendars.

In Victoria, a logical home for professional development associated with ABI is in the annual training calendars of the regional Information, Training, and Secondary Consultation (ITASC) projects. These projects are funded by the Victorian Department of Health and Human Services, and have a primary role in providing assistance to service providers who are grappling with ABI-related issues. They have operated in each of five (traditional) DHS regions in Victoria: Barwon Southwest, Gippsland, Grampians, Hume, and Loddon Mallee. In metropolitan Melbourne, the logical home of professional development activity is less clear.

The efficacy of the ITASC network as a platform for delivering training was demonstrated in relation to suicide prevention and ABI (Simpson, Franke, & Gillett, 2007). A suicide prevention program was delivered across all ITASC regions in a one-day workshop format and evaluated in a controlled trial. Staff attending the training reported significant increases in knowledge and confidence in suicide prevention compared to a matched group of staff.
who did not access the training. These gains were maintained at a six-month follow-up.

The current project
A key issue in the over-representation of people with ABI in the CJ system is the poor coordination between service silos, such as disability, justice, mental health, housing, courts, legal advocacy, and correctional services. There has been a lack of formalised cross-sector training and networking opportunities to connect service providers to one another and to key service contacts (i.e., the presenters in this workshop series).

The current project, Building Bridges, was designed to improve client outcomes by changing the work practices of service providers in the ABI, CJ, and broader disability service system. The rationale was that if workers were better informed, networked and resourced, they would be more able to assist their clients with ABI involved with the CJS, work toward more coordinated outcomes, and reduce the risk of offending and incarceration.

This was operationalised by conducting a series of training sessions across the state of Victoria. Regional ITASC projects presented the workshops, which brought together presenters from Victoria Police, Office of the Public Advocate, Community legal agencies, and Community Correctional Services. By hosting the workshops, ITASC projects promoted their own service as a regional ‘hub’ of ABI assistance, and an ongoing reference point for service providers dealing with ABI/CJ matters.

The project was also designed to achieve systemic change by having this training embedded in education forums across Victoria in future years, so that as the workforce ‘refreshes’ over time, this upskilling continues to be available.

The In summary, the Building Bridges project had two primary aims:

1. To increase contact, communication, and collaboration between key service silos – notably acquired brain injury (ABI) and criminal justice (CJ) services – thereby value adding to the existing efforts of each.

2. To create systemic change by embedding ABI/CJ training into the existing regional ABI training calendars that have existed in the statewide Information, Training, and Secondary Consultation (ITASC) services for over a decade.
Method

Workshop Syllabus

A syllabus was developed that provided an outline of workshop presentations and core topics. As part of the syllabus, each presenter nominated three key points they thought participants should know about that section. Those key points were typically about service issues, not disability care or treatment issues. The intention was to assist participants to understand important service elements in other service silos, and promote discussion about how better service linkage might occur across those silos.

The syllabus was developed by the project coordinator, consultant, and presenters. It was developed for the first workshop, and was modified only slightly after that. The syllabus is detailed in a separate document (refer to Appendix A).

Participants

Participants were recruited as an opportunity sample who responded to advertising through email networks. Advertisements requested that participants of the workshops were service providers actively engaged in direct service support to clients with suspected or confirmed ABI and who may be involved in the justice system. This was to increase the likelihood of sharing relevant clinical practices across service ‘silos’, and developing effective clinical relationships.

To join a workshop, a participant needed to register through the regional ITASC project and pay a small fee. This protocol was a community-development approach designed to have all registrants making contact with the ITASC service.

Discounts were available to agencies registering more than one person. This enabled a given agency (e.g., Department of Health and Human Services) to have staff represented at multiple tables in the workshop, increasing attendance, networking and service linkage.
Presenters

The Project Coordinator recruited presenters. In line with community-building practices, regionally-based local personnel were used whenever possible. For example, regional police gave presentations in regional areas, rather than having Metropolitan-based police travel to provide regional workshop presentations.

Each workshop commenced with presentations from an ABI-specialist familiar with ABI and justice issues. This was followed by a person with ABI who had first-hand experience of being in the justice system. Subsequent presenters represented some of the key agencies that an offender with a disability may come in contact with: Victoria Police, Independent Third Person’s program (Office of the Public Advocate), a legal representative, and Community Correctional Services.

Workshop locations in Victoria

Victoria, Australia, has a geographic area of over 200,000 km², and has a population of approximately 6 million people. As a means of promoting access to the workshops, a total of six workshops took place in different parts of the state.

Five workshops were in the rural areas of Victoria where an ITASC project was based: Ballarat (Grampians region), Geelong (Barwon South Western region), Bendigo (Loddon Mallee region), Benalla (Hume region), and Traralgon (Gippsland region). One workshop took place in Preston (Melbourne Metropolitan area) (see Figure 1).

![Figure 1](image-url)

Workshops were conducted at ABI service ‘hubs’ in 6 geographic regions.
Measures

The questionnaires used in this project were all purpose-designed, and are available from the authors.

Pre workshop questionnaire
Participants were asked to provide information about themselves and their professional-role (Demographics), to rate their level of knowledge about a variety of services relevant to the ABI and CJ sectors (Knowledge), and to rate the frequency with which they engaged in various professional practices associated with this target client group (Behaviour).

This questionnaire addressed the issue of consent to participate in this research.

Post workshop questionnaire
This questionnaire, closely related to the pre-workshop questionnaire, measured changes in knowledge associated with the workshop. It also invited participants to be involved in a 6-month follow up survey. Participants completed this post-workshop questionnaire on the day of the workshop after the final presentation.

Post workshop evaluation (Satisfaction survey)
The evaluation questionnaire asked participants to rate their satisfaction with numerous aspects of the workshop. It was completed by participants after the final presentation.

Follow up questionnaire
The 6-month follow-up questionnaire was designed to measure changes in participant work practices (Behaviour) that occurred post workshop. It was administered in digital format using Survey Monkey.

ITASC semi-structured interview
Phone interviews were undertaken with ITASC staff to determine whether they had seen changes in workplace practices post workshop. Information was gathered via a semi-structured interview conducted by the Project Coordinator.
Presenter fidelity checklist

Because participants were being asked to rate their knowledge of various service elements, it was important that the presenters did convey the related content. A checklist was used to record that key syllabus points were/were not addressed by the presenters. This was completed by the project coordinator and one other project staff member at the completion of each speakers’ presentation or at the end of the workshop.

Workshop notes – qualitative themes

In each workshop, a member of the research team took notes of the key issues raised by participants during question and answer time.

Procedures

Workshops commenced with a registration period in which participants were provided questionnaire kits and allocated to a table for the workshop. When multiple participants from the same service attended, they were divided across tables, with table allocation by random number.

Consenting participants completed the pre-workshop questionnaire, and put that back into the kit so that it could not be reviewed or altered.

A day of presentations and question and answer time then took place. At the end of the workshop, participants completed the post-workshop questionnaire and satisfaction survey.

Approximately six months after the workshop, consenting participants were prompted by a research team member to complete the follow-up questionnaire. Also, at that point in time, ITASC staff were phoned by the Project Coordinator to complete the ITASC semi-structured interview.

The workshop held in the Melbourne Metropolitan area was filmed to enable those unable to attend a workshop to have access to the recorded material.

Sustainability

The project was funded to deliver a single workshop series. Nevertheless, there was a sustainability aspect of the project for future implantation of similar workshops.
Each of the regional ITASC projects has committed to run a similar ABI-CJ workshop on a two or three-year cycle depending on local conditions. The workshops will be a part of the annual ITASC training calendar. That cycle was considered a suitable timeframe to upskill workers new to the field, and address ongoing changes and priorities in the ABI-CJ related services.
Results/Findings

This section presents summary results. Detailed results are presented in the tables in Appendix C.

Hume workshop
Survey completion

1. With regard to workshop registration, there was a good response from all regions with most workshops being fully booked and some being oversubscribed. Service providers were engaged and 'voted with their feet'. In total, 178 people attended workshops.

2. Between 80 and 90% of registrants completed the pre- and post-workshop surveys. Of those who committed to completing a 6-month follow up questionnaire (53%), approximately half did so (54%). (Appendix C, Table 1)

3. Response rates did not show large or consistent differences across the regions. Grampians had a relatively low completion rate for the pre-workshop questionnaire, with no obvious explanation other than late arrivals. Metropolitan Melbourne service providers made the largest commitment to participation in a follow up, but had a smaller actual response.

4. The most difficult data to obtain were six-month follow-up questionnaires. Substantial time and effort was invested in pursing these data, and reasons for attrition were commonly people having changed jobs or gone on some form of leave in the half year post workshop.

Figure 2. Across all workshops, proportion of participants completing survey elements
Participant characteristics

In total, 178 people attended workshops (see Appendix C, Table 2). Of those, 162 provided participant information, and their characteristics are shown below:

**Quick stats**

- 77% Female
- 62% Aged 40+ years
- 52% Working in this field 6+ years
- 20% Most common kind of agency represented:
  - Disability-Other
  - Disability-ABI
- 42% Most common role: case manager
- 76% Work with clients with ABI on at least a weekly basis
- 54% Trained in ABI via a workshop
Participant knowledge

1. Figure 3 shows, across all regions, participants’ self ratings of knowledge about a range of ABI-CJ services in Victoria. The figure compares participants from three service sectors: Disability, Justice, and Health and Community. Regardless of the sector, the findings are the same: participant knowledge increased as a result of the workshop (pre and post), and increased again at follow up (see Appendix C, Table 3).

2. Figure 3 shows mean ratings of knowledge about particular services across each of the three service sectors. The consistent outcome was that, across a diverse range of relevant services, participants increased their knowledge about that service (scores at Post workshop were higher than at Pre workshop).

3. No statistically significant differences were reported from Post workshop to Follow-up, which indicates that knowledge learned was retained after six months. In fact, Figure 3 shows that Follow up scores were consistently higher than Post workshop scores, suggesting that providers continued to learn about other services in conducting their work activities after the workshop.

![Figure 3](image-url)
Participant behaviour

1. Participants rated their level of activity on a range of workplace behaviours related to ABI-CJ issues (see Appendix C Table 4).

2. Figure 4 shows that pre-workshop levels were consistently rated approximately 1 (“less than once per month”) but that Follow-up levels were closer to 2.5 or 3.0 (“monthly” to “weekly”). Increases in activity level were statistically significant.

3. Participants changed their behaviours after the workshops, and increased networking, accessing resources, and referrals.

![Figure 4. Rating of workplace behaviours (Pre-workshop vs. 6-month follow-up)](image-url)
Participant satisfaction – Post workshop evaluation

1. At the completion of a workshop, participants provided their views about the content, speakers, outcomes, and each of the sections of the syllabus (see Appendix C Table 5).

2. On the whole, the events were very well received - 96% of participants rated the workshop, overall, as Good or Very Good.

3. Given the diversity of roles of participants, it was encouraging that so many people got so much value from the event.

Content

96% of participants rated the workshop as Good or Very good overall.

Speakers

93% of participants rated the Speakers as Very Good or Good.

Outcomes

96% participants rated the Workshop as Very Useful or Useful in increasing their knowledge and skills.


Validation

ITASC representatives were interviewed to determine if they had noticed any changes in the local service arena in the six months following the workshop. Most regional representatives reported that they had noticed changes since the workshop that could reasonably be attributed to the impact of Building Bridges project.

Identified changes in participant behavior were in line with the aims of this project and reinforced the validity of the workshop syllabus.

Collectively, these changes were:

- Department of Justice (DOJ) staff joining the regional ABI mail list
- DOJ staff requesting ABI training (for the first time)
- DOJ requesting more information about ABI services available to their clients
- Victoria Police requesting training
- Supplies of ABI service directories were exhausted
- ABI service providers increased efforts to be visible to other silos
- An increase in secondary consultations given by ITASC about the themes raised in the workshop
- Increased contact into the ABI project from Mental Health Services
- Mental health services staff attending ABI training
- Mental health services seeking secondary consultation
- Increased requests for help accessing neuropsychology assessments
- Workshop participants volunteering to join the OPA-ITP program
- A prison officer attending training
- Approaches to Victoria Police by disability staff to contribute to LEAP system entries
- Increased referrals to Legal Aid
Themes arising in Q&A discussion in the workshops

Following each workshop presentation, a question and answer session took place involving the presenter and participants. Many issues were raised by participants, and the key themes from across the state are described below.

Addressing these issues in detail is beyond the scope of the present research project, but brief suggestions for a way forward is presented below in this report.

1. Neuropsychology assessment

“How can I get one, and who will pay for it?”

Many participants, particularly those outside the ABI services silo, were uncertain how to access a neuropsychology assessment (NP Ax), how to fund it, and exactly when to seek one.

Neuropsychology assessments are often considered ‘gold standard’ as a diagnostic tool – evidencing an ABI, which can be a mitigating factor in a courtroom hearing, and an entry mechanism to the disability support system (e.g., NDIS).

But at a cost of $1500-$2000, they are not a feasible solution to meeting the requirements of the many undiagnosed people with cognitive / behavioural issues, because there simply isn’t enough money to fund such an assessment for everyone.

Access to a Neuropsychology assessment or the funding for one can come from many sources including Legal Aid, private funding, rehabilitation services, university clinics, Court Integrated Services Program (CISP), Turning point, and ITASC. But participants don’t know all of these options, or which ones operate in their area, and how to refer clients in.

Many participants enquired about the value of screening tools. Many such tools exist, from one-page questionnaires about risk factors for ABI (e.g., having lost consciousness), to multi-page tests adopting some items from cognitive testing batteries. Many participants were not sophisticated users of such tools, were not familiar with issues to do with psychometric properties such as reliability and validity, and were unclear about whether they needed a diagnostic assessment or a functional deficits assessment.

A third option for assessment is a clinical appraisal – using a clinician, familiar with ABI, to gather and consider available diagnostic information
and client functioning in everyday life, and use that information to recommend supports. There are examples of this model within the state, but they are local implementations, not part of an overarching system, and beyond the ‘radar’ of most participants.

2. Getting help - A fragmented service ‘system’

“I have no idea where to start”

Service providers repeatedly expressed their frustration that they don’t know where to get assistance for dealing with issues associated with ABI or justice matters.

At a practical level, although the internet has increased potential access to more resources than ever before, in practice people often don’t experience the benefits. Providers don’t have time to sift through volumes of information (e.g., available clinical services) and following leads (e.g., chasing funds for assessments). Making calls and awaiting responses is time consuming and often unrewarding. As a result, doing homework on issues outside one’s primary domain often does not occur.

In the ABI sector, there is no peak body that is well known and operates as a first port of call for providers needing assistance. Headway Victoria once had this role, but ceased operation in approximately 2006. Their primary roles of Information provision, Advocacy, Training, and leading a service development agenda, were lost. The Victorian Coalition of ABI Service Providers (VCASP) took on some of the service development agenda, but it was not an information service and did not have a ‘phone-for-advice’ facility, and VCASP ceased operation in 2016.

In regional areas, ITASC is an invaluable resource to the broader service sector providing Information, Training, and Secondary Consultation, but it is invisible to many providers (see the findings from the present project), and is at risk of becoming extinct under the NDIS. In the Melbourne metropolitan region, there are networks of service providers that meet regularly, but they are not a service to be contacted for assistance, and none of these networks have a mandate to address criminal justice issues.

It remains unclear who is responsible for a service response to the over-representation of ABI in the CJ system.
3. ITASC – an under-recognised resource

“I’d never heard of ‘ITASC’ until this workshop”

In the current project, the workshops were organised in collaboration with the ITASC projects. Two key advantages of that approach were:

(1) local capacity building because all participants registered for the event with ITASC, and

(2) ITASC have an ongoing role providing information, training, and secondary consultation around issues relevant to ABI, and these workshops have a ‘natural home’ in the ITASC training calendars.

The findings of the current study show that, despite its utility, there is little awareness of ITASC programs across the service system - as a result, many providers are missing out on this useful local resource.

Discussions with regional service providers representing numerous silos indicated clearly that ITASC network meetings were the only regional forums likely to address the ABI-CJ issue. So, if ITASC projects are to cease operation under the NDIS, there will be no obvious forum to adopt the ABI-CJ issue.

4. Clinical assistance for cognitive-behavioural sequelae

“We used to call Greg, but after the restructure he’s not available anymore”

A simplistic but helpful way to consider approaches to people with ABI in the CJ system is to ask whether they would benefit most from a rehabilitation approach to address cognitive behavioural issues, or from a justice approach to address offending behaviour.

Of the many issues raised in these workshops about service delivery to clients with ABI in the CJ sector, the most common one was about finding skilled help for cognitive-behavioural sequelae.

Many providers (e.g., Corrections staff) know they are dealing with clients with ABI and cognitive problems, and know they need more expert help with cognitive-behaviour issues, but don’t know where to get that assistance.

There is a state-funded service, and there are numerous private businesses or organisations that could assist. The primary problem for service
providers is, as with neuropsychology assessments and other information requests, finding local expertise and funding it.

The lack of informed advice is not restricted to community services. Until a few years ago, Victoria employed an ABI clinician within the prisons to provide clinical assessments and devise disability-informed treatment and release plans (Famularo, 2011). That role was vacated and has not been replaced. The consequence is that people with ABI in prison have no specialist assessor familiar with presentation, treatment options and service options. A similar position for people in the intellectual disability service system does continue to operate.

In summary, this theme raises both the issues of helping disability and justice providers find skilled assistance, and the repeating theme of which body is responsible for advocating for equitable service responses for people with ABI.

5. NDIS

The current project has taken place in the context of Australia introducing a National Disability Insurance Scheme (NDIS). It is very new and what its impact will be is unclear, but many service providers raised concerns about people with CJ issues missing out on access to NDIS supports.

At the time of these workshops, the NDIS had ‘rolled out’ in only one region in Victoria. In that region, Barwon, the ITASC program was defunded and the associated Neuropsychology Clinic closed. That clinic had operated for approximately 10 years and provided assessments and reports for approximately 45 clients per year. There has been no replacement service created. As a consequence, people with suspected ABI (e.g., those in CJ system) cannot get a diagnostic assessment through that clinic, and without a diagnosis are struggling to get access to the NDIS.

In other regions, the immediate question was whether all other ITASC programs would be defunded as the NDIS rollout continues across the state in 2017.
Themes arising from 6-month follow up interviews

Approximately six months after each workshop, a follow-up interview was conducted with each of the regional ITASC workers, and, in Metropolitan Melbourne, with the workshop co-host (Client Services Manager, BrainLink). The purpose of the interview was to review perspectives into regional ABI-CJ issues, and discuss future directions. The themes and responses below have been compiled across all workshop areas.

Hand pick the speakers

All respondents said that the workshop speakers were valuable for the audience to hear from. It was commonly noted that having people with ABI who have been in the justice system is essential for bringing a ‘lived experience’ to the workshop participants. It was also noted that the success of the workshops hinges on the quality of the speakers, so they need to be ‘hand picked’.

Current mail lists have gaps

Sometimes it was difficult to make sure all the ‘right’ people were invited to participate in the workshops. For example, some aboriginal services with relevant staffing did not hear about the event. The Building Bridges coordinator had a statewide mailing list of almost 300 ‘opt-in’ interested people, and all ITASC staff have extensive regional mail lists. Nevertheless, there were still difficulties getting invites directly to specific individuals rather than agencies, and doing so across the plethora of agencies in this arena. ITASC staff recognised gaps during this process and intended to follow up on those. Service areas earmarked for increased direct personal contact were Aboriginal health, Courts personnel, mental health services, and post release services. At a broader, statewide, systemic level it is unclear who is responsible for developing and maintaining the ‘master’ list.

What do service providers need?

ITASC staff were asked to provide their view on what would assist service providers and their ABI/CJ clients:

- A means for establishing an ABI diagnosis – several respondents argued that this needs to be done within the prisons
- The scope to provide proper neuro-rehabilitation post-release (as opposed to limited, generic, social welfare).
• In rural regional areas, more access to neuropsychology assessments. With the only no-cost option being in the Melbourne metropolitan area, it makes it very difficult for most, and impossible for some Victorians to get a diagnosis via such an assessment.

• “People don’t know where to go to get neuropsychology assessments, especially ones they can afford.”

• Peer supervision and mentoring for people working with this complex group.

• Clinical intervention at the times of pre-release and transition: “Rehabilitation approaches need to be established pre-release and during transition episodes. For example, having a knowledgeable clinician present when a prisoner accesses an ATM and is trying to manage that and their money; or trying to do shopping. We know that generalisation of many of these day-to-day behaviours does not go well.”

• A local hub of knowledge is required. This is not only providing ABI-related assistance, but providing service system efficiency: knowing referral and funding protocols, knowing which personnel to contact for what purpose, assisting new workers with decision making so that outcomes are attained with efficiency. Someone with the scope to make face-to-face contact with key personnel across silos.
Recommendations

Workshop series

The Building Bridges method described above has proven to be an effective vehicle for training workers, developing networks, and fostering systemic innovation and best practice. The workshop ingredients (i.e., syllabus topics and presenters) have been valuable, and can be altered to suit local needs and changes in the service system.

1. Continue the workshops

The workshops were effective in increasing service provider knowledge, and changing behaviour. They were well received by service providers. Key elements of future workshops should consider:

• running in each region of Victoria, and in metropolitan Melbourne
• recurring every 2-3 years as part of the ITASC training calendar
• being hosted by rural regional service providers (ITASC) or metropolitan equivalent
• engaging regionally based presenters where appropriate
• scheduling presenters according to local service issues at the time
• inviting a diverse range of participants so as to promote cross-silo communication and learning
• including some level of ongoing evaluation of the workshops
Broader context

The current project targeted direct support workers to increase cross-silo knowledge and activity. It is one part of what will need to be a larger strategic approach if Victoria’s problem of ABI over-representation in the justice system is to be addressed.

It was not the role of this project to provide a comprehensive strategic approach, but, given the unique nature of the project, the kinds of discussions that occurred, and the diverse expertise involved in those discussions, suggestions regarding broader context issues are made briefly here. The authors can help progress these suggestions in future work.

1. Determine who has responsibility

Victoria does not have a peak body representing the needs of people affected by ABI. Headway Victoria had this role but ceased operation approximately a decade ago.

The Victorian Coalition of ABI Service Providers (VCASP) was a collective group of service providers interested maintaining a coordinated approach to ABI-related issues. This included a criminal justice subcommittee. VCASP ceased operation in 2016.

Over the past 15 years, the regional service hub for provision of information, training and secondary consultation about ABI has been the ITASC (Information, Training, and Secondary Consultation) projects. These are not centrally governed, have little or no online presence, and are not easily located by those needing help. The Barwon Southwest ITASC project closed when the NDIS rolled out in that region, and the other regional ITASC projects face a similar fate.

There is no obvious, readily-recognised body charged with the responsibility of addressing systemic issues facing people with ABI. ABI is often called the “hidden disability” because physical sequelae may not be visible. But it also faces being the hidden disability in the broader disability sector if there is no clear ‘go-to’ entity to provide leadership. People affected by ABI would be greatly advantaged by a peak body with responsibility to research and progress issues such as justice responses. The peak body could have professional domains such as Information and Training, Advocacy, Research, and Social policy, with specific portfolios of interest such as criminal justice.
2. A strategic plan

Although Victoria has shown great initiative through the OPA-funded projects, as a state it lacks a strategic plan for coordinating research findings and direction to service responses.

Without a strategic plan to steer priorities and decisions, innovative research work such as has occurred in the OPA-directed projects will have good results that remain isolated, hidden to most providers who could benefit from them, and fail meet their full potential effect.

As one example of this, in Victoria it is not possible to track ABI (in terms of trends, incidence, or prevalence) across service silos because services do not use the same diagnostic tools or recording fields. There are several ways to address this, but they are preliminary ideas only. The issue needs a fuller analysis by appropriate researchers to determine exactly how this might be made more consistent.

What does this mean in concrete terms? At a professional symposium in 2015 a prison employee from the audience explained that only 54/6000 prisoners in the state were designated as “ABI” on the prison database – this is approximately 1% of the prison population. It vastly understates the prevalence of the condition, and thereby fails to convey the extent of the service response warranted.

3. A starting point and an efficient, informed service ‘filter’

People who are not actively involved in the ABI service system often do not know where to start when seeking assistance – this is closely related to point 1 above regarding a peak body. There is no “ABI Victoria” peak body at which to commence a service response.

The next tier of ‘go to’ assistance in regional areas would be ITASC. The results of the current project show that most service providers have little or no working knowledge of these projects. The projects themselves do not have websites, so that will not appear in the results of an online search.

This leaves service providers using the resources they can find in the limited time they have to hunt for a client solution. This limits a response, typically, to local, familiar services, and bypasses much the state has to offer.

Although service providers can hunt online for services, they do not have the time to spend many hours researching options, awaiting call backs, and filtering out non-viable options for a client. They need a reliable information
source that has already done the ‘filtering’, incorporated ‘best practice’ considerations, and can quickly convey relevant service options.

A clear ‘go to’ service for advice supported by a website showing referral and service pathways would advantage clients, families, and support providers.

4. Assessment

Assessment was the single most frequent topic of discussion across the workshops. Commonly, service providers needed information about who could provide neuropsychology assessments for the purposes of diagnosis so as a client could qualify for services.

There are ongoing efforts from the College of Clinical Neuropsychologists to have assessments subsidised under Medicare. This would be a positive change, but it is not the solution to gaining service supports for all people with suspected ABI (in the justice system). Looking only at the finances, there will inevitably be a gap between the assessment fee and the Government contribution, and then the same issue remains for this client group - who will pay the gap?

From a clinical perspective, there are many people who see rebated assessments for this complex group as problematic, because rebates increase the likelihood of more junior psychologists making assessments and recommendations (e.g., to courts) without a strong history of working in the complexities of these cases.

Given the advent of the NDIS, and the emphasis on functional deficits as a trigger for clients receiving services, the focus could shift away from more rigorous diagnostic assessments, to assessments that could be completed by a wider range of clinicians, and which includes indicative cognitive assessments with a functional impairment assessment.

At least one group, Synapse, based in Queensland, are working on such an approach now. They have commenced reporting preliminary findings at professional forums.

Supporting the development of this kind of tool could enable many more people to access supports through the NDIS than trying to conduct neuropsychological assessments for all.
5. Specialist service assistance

Service providers in the criminal justice area (e.g., corrections officers; post-release services) often struggle to get specialist support for cognitive-behavioural issues of their clients.

This is related to point 3 above - not knowing where to seek sophisticated service advice - but also to point 1; as the NDIS rolls out across Victoria, large service agencies are establishing themselves as ‘one-stop shops’ that offer traditional attendant care services, and also case management, cognitive and behaviour support services, and so forth. This move towards generalised services makes it difficult for clients, families, and service providers to locate specialist services, and understand the advantages of them. Those responsible for information dissemination need to distinguish specialist from generalist services.

6. NDIS - ITASC

The rollout of the NDIS across Victoria is arguably the largest change in service provision since disability services commenced. For the client group of interest in this report, the value of the NDIS is unclear and some examples of the disadvantages of the NDIS were a talking point in this project.

In one example, the NDIS used the Barwon Southwest region as a pilot region. It withdrew the funding for the regional ITASC project. That left no ‘go-to’ service for ABI-related issues. That project operated a neuropsychology clinic that provided approximately 45 neuropsychology assessments per year. Those assessments no longer take place, and there is no replacement service.

The future of other regional ITASC services is precarious. Without them, there will be no clear ‘hub’ for ABI information, training, or other assistance.

The NDIS holds the viewpoint that the scheme is not to duplicate the role of other statutory bodies - e.g., functions of the Department of Justice - and, as such, clients with justice issues are better served somewhere other than the NDIS. This view, however, draws arbitrary demarcation boundaries. ABI/CJ clients have disabilities, justice issues, and social complexities such as homelessness. If each service silo (including the NDIS) handballs these clients to another silo and gatekeeps, then the NDIS will perpetuate these existing service problems rather than help to overcome them. If a peak body were to be established, research, advocacy, and policy development would be important portfolios.
## Project Outputs

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project report</strong></td>
<td>The current Project report detailing method and findings</td>
</tr>
<tr>
<td><strong>Education syllabus</strong></td>
<td>A document detailing development and delivery of ABI/CJ material in the workshops at the core of this project - included in the Appendices of the Project report</td>
</tr>
<tr>
<td><strong>Video</strong></td>
<td>Video footage of the Melbourne Metropolitan workshop available at no-cost via Diverge Youtube channel</td>
</tr>
<tr>
<td><strong>‘legacy’ training</strong></td>
<td>ABI-CJ training embedded in most ITASC calendars</td>
</tr>
<tr>
<td><strong>ABI/CJ email list</strong></td>
<td>An opt-in email list of approximately 300 service providers involved in ABI-CJ service delivery in Victoria</td>
</tr>
<tr>
<td><strong>Dissemination</strong></td>
<td>Presentations at 2015 and 2016 ACSO conferences. Manuscript to be submitted for special edition of Journal of Head Trauma Rehabilitation</td>
</tr>
</tbody>
</table>
Appendices

Appendix A: Syllabus

The syllabus reflects key service issues at the time of the workshops. Topics were designed to increase understanding of inter-sectoral service issues to promote collaborative service approaches. In addition to this standard ‘syllabus’, presenters were available for extended question and answer periods in which individual client scenarios and detailed operational issues could be discussed.
Workshop Syllabus

Building Bridges: Linking disconnected service networks

Developed by:
Dr Glenn Kelly
Project Coordinator, Diverge Consulting

Suzanne Brown
Clinical Neuropsychologist, Concept Psychology Services

Date: Developed across 2014 – 2015

Note: This syllabus is based on work undertaken in 2007-2008 by the Victorian Coalition of ABI Service Providers - Criminal Justice Subcommittee
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- Evaluation Error! Bookmark not defined.
About this syllabus

Context
This syllabus was developed as part of the Building Bridges project. The project was funded through the Office of the Public Advocate in 2014 as one of several measures designed to address the over-representation of people with acquired brain injury (ABI) in the criminal justice (CJ) system in Victoria, Australia. Rather than seeking to influence legal structures, or directly address client issues, the Building Bridges project targeted service providers who were working in direct-contact roles (such as case managers, lawyers, and corrections officers). The project aimed to develop providers’ working knowledge and practices in relation to ABI/CJ service areas other than their own. The rationale for this was that there are many service providers who are skilled and active ‘on the ground’ but who don’t have a formal mechanism for liaising with other providers in the disability-justice sectors to learn “need-to-know” information, and to devise more effective working approaches.

Aim
This syllabus was made for presenters taking part in the Building Bridges project, and it has been documented here to assist in the preparation of future workshops.

Development
To develop this syllabus, representatives of key agencies in the brain injury and justice service sectors determined the three main (“need-to-know”) things that workshop participants should know about their work. Often those key points were about service delivery issues, not disability care/treatment issues. The intention was to assist audience members to understand what is core work in other service silos, and propose how better service linkage might occur across those service silos. Beyond those main issues, presenters were encouraged to discuss other issues they considered relevant, particularly issues with local / regional importance.
Rationale
There are two main reasons for having a prescribed syllabus as the basis of the presentations:

(i) consistency in delivery of the key themes to the participants across the state of Victoria, and

(ii) the research component of the current project evaluated participants on their knowledge of these key issues by using a questionnaire. The key topics needed to be in the syllabus so that they were presented, and thereby made sense to participants completing the questionnaire.

Presenters
The presenting agencies reflected the pathway a person might take once they come into contact with the justice system: ABI – Public Advocate – Police – Lawyer – Corrections. Local representatives of state-based agencies (e.g., police) and state-networks (e.g., community legal centres) were used where possible. The agencies represented were not the only ones relevant in the ABI-CJ context. For example, community-based reintegration services (post release) could have a valuable contribution in future workshops.

Presenters had to have a working knowledge of ABI so that they could answer specific questions raised by the often-sophisticated service provider participants. Wherever possible, presenters worked in the same region as the workshop took place, so that they were aware of local context and services.

The syllabus was provided to the Presenter in advance of the workshop, and discussion about this then took place with the project coordinator.

Materials and format
Presenters had very different approaches to the presentation itself; some used overheads, some did not; some provided written material to the audience, some did not. Ideally, when repeating these workshops, have presenters use overheads, and make these available to the audience participants.

The format that worked well in the pacing of the day was for presenters to speak for 15 minutes, and then take questions from the audience for 15 minutes.
Future workshops

The Building Bridges project was implemented as a time-limited project, but with a clear sustainability component – That is, to pilot a workshop model that can be repeated, in part or in full, on a biannual cycle through the Victorian Information, Training, and Secondary Consultation (ITASC) projects. Each of the projects has committed to do this.

The ITASC projects are funded through the Department of Health and Human Services, and have the role of assisting service providers to work with people affected by ABI by providing them information, training, and secondary consultation. Future ABI-Justice workshops would be promoted through the existing ITASC training calendars.

An important aspect of this approach of having existing ‘hub’ services host events, is to steer participants from other sectors towards established brain injury expertise. This has community-building and capacity building advantages.

The ITASC projects operate only in regional Victoria, so a different workshop delivery vehicle is needed in metropolitan Melbourne. In this project, BrainLink co-hosted the event. There are also metropolitan service provider networks who might host future events.
Workshop outline

This workshop was originally scheduled as a full-day event, commencing with Registration at 10:00AM and closure at 4:30PM.

The running sheet commenced with ABI-focused presentations, then progressed to legal and justice presentations.

<table>
<thead>
<tr>
<th>Commence</th>
<th>Section / Presenter</th>
<th>Suggested Timing (minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 AM</td>
<td>Registration / pre workshop questionnaire</td>
<td>30</td>
</tr>
<tr>
<td>10:30</td>
<td>Welcome / Introduction</td>
<td>15</td>
</tr>
<tr>
<td>10:45</td>
<td>Participant ice breaker, meet and greet</td>
<td>15</td>
</tr>
<tr>
<td>11:00</td>
<td>ABI Literacy</td>
<td>30</td>
</tr>
<tr>
<td>11:30</td>
<td>ITASC Regional ABI Project</td>
<td>30</td>
</tr>
<tr>
<td>12:00 noon</td>
<td>Self advocacy</td>
<td>30</td>
</tr>
<tr>
<td>12:30 PM</td>
<td>Lunch break &amp; networking</td>
<td>45</td>
</tr>
<tr>
<td>1:15</td>
<td>Victoria Police</td>
<td>30</td>
</tr>
<tr>
<td>1:55</td>
<td>OPA Independent Third Persons program</td>
<td>30</td>
</tr>
<tr>
<td>2:35</td>
<td>Legal Services</td>
<td>30</td>
</tr>
<tr>
<td>3:15</td>
<td>Afternoon break &amp; networking</td>
<td>45</td>
</tr>
<tr>
<td>3:30</td>
<td>Community Correctional Services</td>
<td>30</td>
</tr>
<tr>
<td>4:10</td>
<td>Data collection / conclusions/ future activity</td>
<td>20</td>
</tr>
</tbody>
</table>
Welcome/Introduction

Section delivered by: Project Coordinator

Time allocation: 15 minutes

Main aim of section: Explain aims of project and workshop to audience

Content

1. Introduction

Welcome to attendees

Thank you – funders, participants, presenters

House keeping

2. Background to Building Bridges Project

Foundation work by VCASP Criminal Justice Subcommittee

Funding and aims of the Building Bridges Project

3. Key elements of the Project

The need for a formal mechanism to coordinate disconnected services in the ABI / CJ areas

Recognition and promotion of local resources

Utilising and resourcing the vast experience already ‘on the ground’ in disconnected service silos
## ABI Literacy

<table>
<thead>
<tr>
<th>Section delivered by</th>
<th>Clinician highly familiar with client group and service issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time allocation</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Main aims of section</td>
<td>Explain to audience key elements of ABI presentation (e.g., notion of “hidden disability”), and what aspects of the ABI service sector are critical to their work. Many people outside of the ABI system are unaware of what constitutes “ABI”, how those conditions can contribute to offending behaviour, and that, in Victoria, many clients waiting for services in the public system are eligible for services in the private sector.</td>
</tr>
</tbody>
</table>

### Content

1. **Common causes of ABI**
   - Trauma, anoxic events, stroke, infection, tumour, alcohol-related, progressive neurological conditions

2. **Common sequelae of ABI**
   - Cognitive: e.g., impairments of memory, attention, insight, planning
   - Behavioural: verbal/physical aggression, reduced initiation, sexualised behaviour
   - Emotional: lability, reactivity
   - Mental illness: depression, anxiety, personality change

3. **Connections between ABI and offending**
   - Some case examples

4. **Compensable status**
   - The difference between compensable and non-compensable status
   - What it means for service access / entitlements (public and private)
Regional ABI Project (ITASC)

Section delivered by | Co-ordinator of regional ABI project (ITASC coordinator)
---|---
Time allocation | 30 minutes

Main aims of section | Explain to audience what ABI-related resources are available: state services, on-line resources, and resources specific to the geographic or service area in which the workshop is occurring (e.g. regional ABI services directory).

In this project, two recurring issues for participants were how to get assistance with the cognitive-behavioural sequelae of ABI, and how to access neuropsychology assessments – typically for diagnostic purposes to get access to services.

Content

1. Regional resources: The Information, Training, and Secondary Consultation project

Purpose of the ITASC projects

Primary activities of project coordinator: phone-based consultation, maintaining training calendar, conducting network meetings

Examples of local resources; contact and access details

2. Metropolitan services

Statewide services (e.g., dual diagnosis, family counselling)

Events and forums (e.g., Awareness week; regional and societal conferences)

3. Accessing neuropsychological assessments

When to seek an assessment

How to describe referral issues

How to access / fund an assessment
Self advocacy

<table>
<thead>
<tr>
<th>Section delivered by</th>
<th>Person with ABI who has experienced the CJ system/prison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time allocation</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Main aims of section</td>
<td>Convey to audience the lived experience of both ABI sequelae, and going through the CJ system</td>
</tr>
</tbody>
</table>

Content

1. The ABI event
What happened, how it affected me, how it still affects me
Changes in thinking and behaviour – what it’s like to live with these changes

2. The criminal justice system
Victim, offender or both: What I’ve been through
How I was treated: what the system got right and got wrong
My view: ‘experts’, police, lawyers, corrections, advocates

3. How to help
What I would change about the system if I could
What I want the audience to know for next time they work with someone in my predicament
Victoria Police

<table>
<thead>
<tr>
<th>Section delivered by</th>
<th>Representative of local police force – preferably with knowledge of working with people with ABI or mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time allocation</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Main aims of section</td>
<td>At the time of the project implementation, key issues for Victoria Police were Diversions at the Courts, and very high levels of Family Violence in the community. Many providers are unaware of the LEAP system, to which they can make valuable contributions.</td>
</tr>
</tbody>
</table>

### Content

1. **The Criminal Justice Diversion Program**

   What is a Diversion?

   What the criteria are, who can make the application, what implications it has with respect to someone's criminal history.

   What sort of conditions Police and service providers might suggest to a Court.

2. **The LEAP ‘Person Warning Flag’**

   This is a process that allows an individual, or their parent or legal guardian to self-report their behaviour if they are likely to come into contact with police.

   The information Police record on their system for future reference includes communication strategies to use with an offender, contact personnel, behaviours to expect. This information can assist police with a more planned and appropriate response.

3. **Family Violence**

   What the Family Violence Code of Practice entails and how it dictates certain responses/actions by front line police.

   The pro-arrest policy; the issuing of Safety Notices to preclude individuals from the family home.
Office of the Public Advocate – Independent Third Person program

**Section delivered by** Representative of the OPA’s ITP program

**Time allocation** 30 minutes

**Main aims of section** To make people aware that, if their clients with ABI attend police interview, they have a right to support from an Independent Third Person – who is called in by Police specifically to assist in interview.

**Content**

1. **When to request an ITP**

   The responsibility to call an ITP primarily rests with the Victoria Police, as outlined in the Victoria Police Manual:

   Members may identify that a person has a mental disorder by their words or actions, by asking the person directly, by checking police records of any previous interactions, or by ….

   OPA-ITP does not expect police to have knowledge of a known cognitive disability or mental illness, but only need to form a suspicion.

2. **What an ITP does**

   Assist people with disabilities who are being interviewed by Police to comprehend the interview, and communicate as effectively as possible.

   Consider whether the person to be interviewed understands their rights and the interview process.

   Speak up if the person with a cognitive disability or mental illness is not able to exercise their rights during the police interview.

   Ensure that the interview process is non-discriminatory.

3. **How to access an ITP**

   An ITP can only be accessed by the police through a call centre. which operates 24 hours a day 7 days per week
Legal Services

Section delivered by
Lawyer who is familiar with representing people with ABI / cognitive disability. In this workshop series representatives were often from Community Legal Centres.

Time allocation
30 minutes

Main aims of section
Convey to service providers the importance of getting a legal representative if their client is charged with an offence. Recognise that lawyers are not disability experts and will benefit from your help in understanding the “hidden disability”. The Court system can be difficult to navigate, but can provide some significant service assistance, so providers and their legal representatives need to do their homework on what is available for a client.

Content

1. Accessing, and communicating with, legal representatives
Which organisations can provide legal representation for a person with an ABI charged with a criminal offence?

2. The Police interview process: A lawyer’s perspective
Whether to, or when to, speak with police.

3. Court services for a person with ABI in the CJ system (a short list)
Assessment and referral Court (ARC)
Court integrated services program (CISP)
Credit Bail program
How service providers can help the lawyer and their client
Community Correctional Services

Section delivered by: Representative of the State’s Community Correctional Services (CCS) who had an active caseload

Time allocation: 30 minutes

Main aims of section: For CCS to convey to audience members the kinds of conditions a client may be expected to comply with, how they often breach those conditions, and what the consequence of that may be. Also, to convey the legal framework that dictates what CCS staff can and can’t do, and the way they think disability service providers and CCS staff can better work together.

Content

1. Community Correctional Orders (CCO) – the basics

How a community correctional order (CCO) works: A CCO is a flexible order (with conditions attached) that allows a person to serve a sentence in the community.

Types of CCOs were explained, and de-identified examples of Orders with conditions were shown.

2. Examples of conditions that can be placed on a client in a CCO

Standard conditions are that a client must (a) attend supervision, and (b) engage in assessment and treatment (e.g., drug treatment services).

Client-specific conditions are based on dynamic risk factors; curfew or electronic-monitoring may be required.

Common breaches of a CCO: What they are, and how service providers and CCS might work more effectively to help a client avoid breaching.

3. The role of CCS staff, and their interface with disability service providers

CCS staff have two main roles: (1) Linkage (referrals to other services) (2) Monitoring breaches: CCS staff often have to decide whether to hold a client at risk, or return client to court for the court to determine what to do.

CCS staff don’t have a direct treatment role.
Summary of results from project

When this workshop series was implemented, audience members were evaluated for changes in both their knowledge and behaviour.

The evaluation was conducted by the Brain Injury Rehabilitation Research Group at the Ingham Institute of Applied Medical Research A brief summary of key results is in the table below, and a detailed report on outcomes is available at inghaminstitute.org.au and diverge.org.au

| Participants | A total of 178 service providers participated in six workshops across the state of Victoria. 23% were male and 77% were female |
| Role | 67% identified as case managers, and there were many allied health and community access staff. |
| Knowledge | Comparing pre- and post- workshop, participants showed significant increases in service knowledge. |
| Retention | Gains were maintained at 6-month follow up. |
| Behaviour | Comparing pre-workshop and 6-month follow up, participants showed significant increases in service activity. |
| Satisfaction | 87% participants rated the workshop as valuable or very valuable |
| | 93% participants rated the workshop as useful or very useful in increasing their knowledge and skills |

Future implementation of the workshop may not include all of the presenting services described in this syllabus, and may use different presenters depending on the specific needs of local service providers. Nevertheless, some kind of evaluation should be incorporated to evaluate the success of the workshop and its usefulness in local service networks. This information should be shared across the ITASC regional networks. How further workshops are coordinated and evaluated, and how that information is used to benefit the sector as a whole, depends on where responsibility for that activity lies within the service sector. This is discussed further in the main evaluation report.