



Headway Gold Coast Inc.

Community LifeCare & Support

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HEADWAY GOLD COAST INC.

Established in 1986, Headway Gold Coast Inc. is a not for profit, community based organisation which provides a range of support services to people with an Acquired Brain Injury, their carers, family and friends. Headway offers flexible, responsive, individualised support and specialised community programs to people aged 18 to 65 between in the greater south East from Brisbane to Northern NSW. Headway Gold Coast Inc. was originally formed by a small group of families with members with ABI, who saw a need to provide specific support for people with an Acquired Brain Injury (ABI). Today we deliver a range of specialised ABI services and programs including:

- 24/7 supported accommodation including high and complex care with houses located across the Gold Coast
- Community support services to individuals living in their own home
- Carer and family support, information and education
- A Contemporary Day Centre with innovative programs including IT and assistive technology education programs to promote functional improvement opportunities
- Queensland's only ABI Living Well Centre with access to ICare and Jintronics

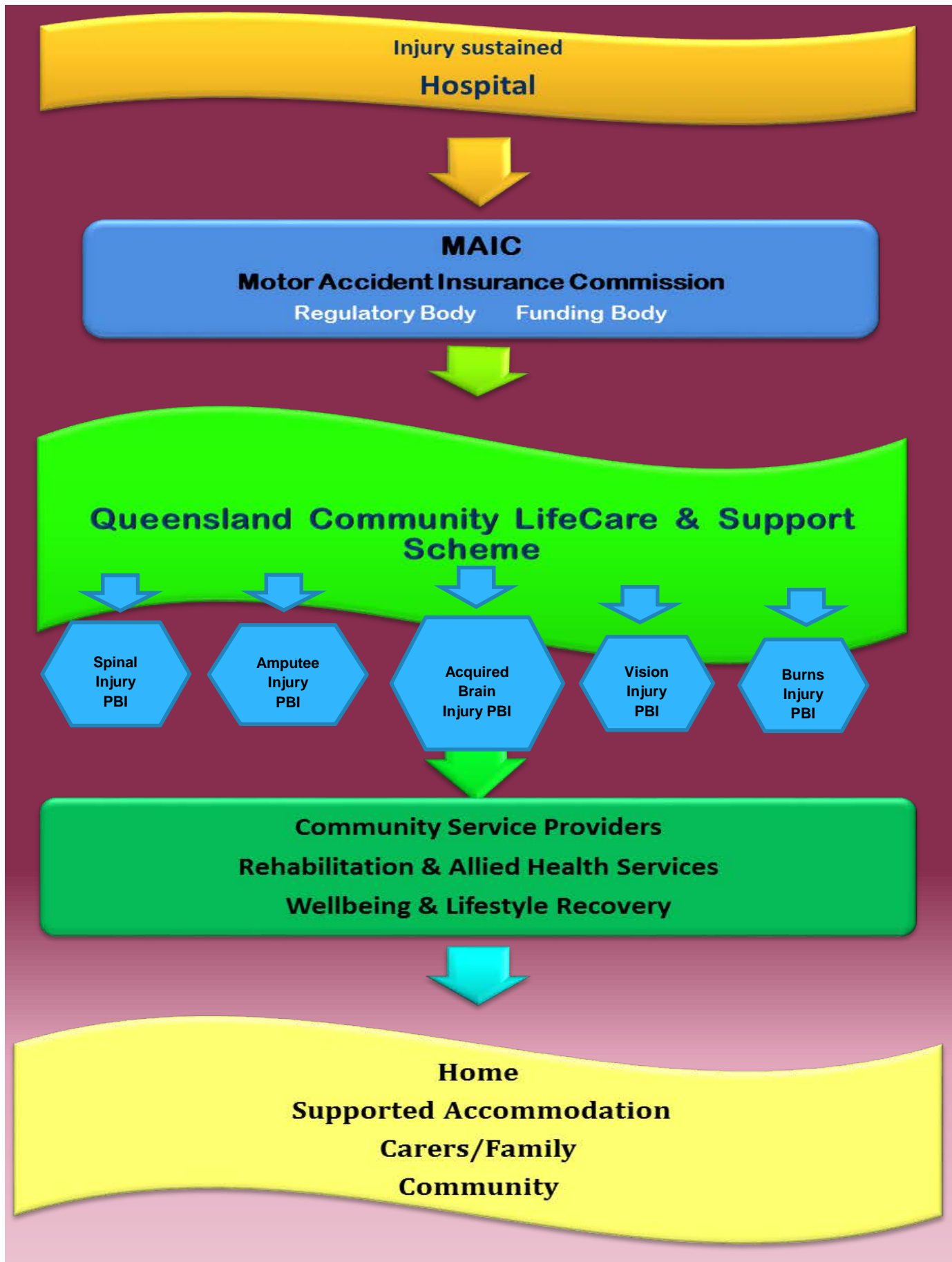
Our team of highly experienced ABI community practitioners are committed to delivering services within a self-directed person-centred framework, promoting optimal health and wellbeing, lifestyles of choice and opportunity, active community participation and inclusion and peer support.

Most recently, Headway will be transitioning to Headway ABI Australia Limited, in consideration of our new NDIS and NIIS service provision along with our innovative and ground breaking specialised ABI physical therapy and neuroplasticity restoration focus being delivered via our Living Well Centre.

COMMUNITY BASED REHABILITATION INITIATIVE

- Community Based Rehabilitation, or CBR, is becoming increasingly recognised as the most appropriate model of service delivery to provide effective rehabilitation and services to marginalised, rural and remote, individuals and communities, along with particular relevance for remote and rural Indigenous communities.
- In simple terms, CBR refers to the delivery of basic services to disabled people within their community, including all services necessary to improve the participation and functioning in daily activity.
More broadly, the UNESCO and WHO define CBR, as:
“A strategy within community development for rehabilitation, equalisation of opportunities, and social inclusion for all children and adults with disabilities. CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and appropriate health, education, vocation and social services.”
- The basic concept of CBR centres on decentralising responsibility and resources, both human and financial, to community level specialist organisations. CBR models are based on a collaborative relationship between the Government, Corporations, Health Professional, Community Based Workers and the broader community.
- While traditional rehabilitation frameworks tend to be based on a medical model CBR is built on a social, community focused, frameworks. This community orientation is designed to address barriers (medical, social and cultural) that affect a person’s ability to engage in activities and participate in the community, and build responsive and enabled capacity, especially within remote and rural communities.
- CBR increases the service coverage that can be achieved. It also reduces the frequency of travel to communities, and as a consequence saves time and money. Technological remote therapy advances in conjunction with disruptive technology has substantively improved access and availability of best practice service models over the last five years to the point where implementation is now a reality rather than a dream.

COMMUNITY LIFECARE & SUPPORT SCHEME – MODEL OF DELIVERY



SOCIAL BENEFIT BONDS A NEW FINANCIAL TOOL FOR IMPROVING SOCIAL OUTCOMES

A Social Benefit Bond (SBB) is a financial instrument through which private investors provide up-front funding to service providers to deliver improved social outcomes. If outcomes are delivered, the cost saving to government can be used to pay back the investor's principal and provide a return on investment. The return on the investment is dependent on the degree of improvement in social outcomes and the precise structure of the SBB.

This new type of financial instrument directs private capital towards public benefit by establishing partnerships between investors and the non-government sector for the delivery of measurable outcomes. The additional funds provided under a SBB can expand social investment into innovative prevention and early intervention approaches that otherwise may not receive sufficient resourcing. Moreover, the direct financial incentive to achieve an agreed outcome is expected to drive service delivery, and reduce the demand for government expenditure on acute and crisis services.

The focus on robust outcomes measurement necessitated by this model of financing also ensures accountability and transparency in government funding. Not only are SBBs more attractive to investors if backed by a strong evidence base that indicates proposed interventions will be successful, but this evidence base provides government with locally relevant data for future social policy making.

Finally, the most beneficial aspect to this type of funding is that it will assist greatly in reducing a class division, of the funded and non-funded client cohort allowing Public Benevolent entities to provide services to all, not just the select few who will be unlucky enough to sustain a catastrophic injury after 1st July 2016.

SCHEME OPERATIONAL COMPARISON

Scheme Design/Legislative Framework

Interstate Comparisons 1 January 2015

	TAS	VIC	NT	NSW	QLD	WA	SA	ACT
No-Fault	Yes ¹	Yes ¹	Yes ¹	No ^{1&2}	No	No	No ^{1&2}	No ¹
Common Law Rights	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Monopoly Scheme	Yes	Yes	Yes	No	No	Yes	Yes	No
Motor Car Premium³	\$318	\$443	\$531	\$599 ⁴	\$335 ⁴	\$264	\$439	\$624

1 - Includes lifetime care and support for catastrophically injured

2 - No-fault for children only

3 - Inclusive of GST

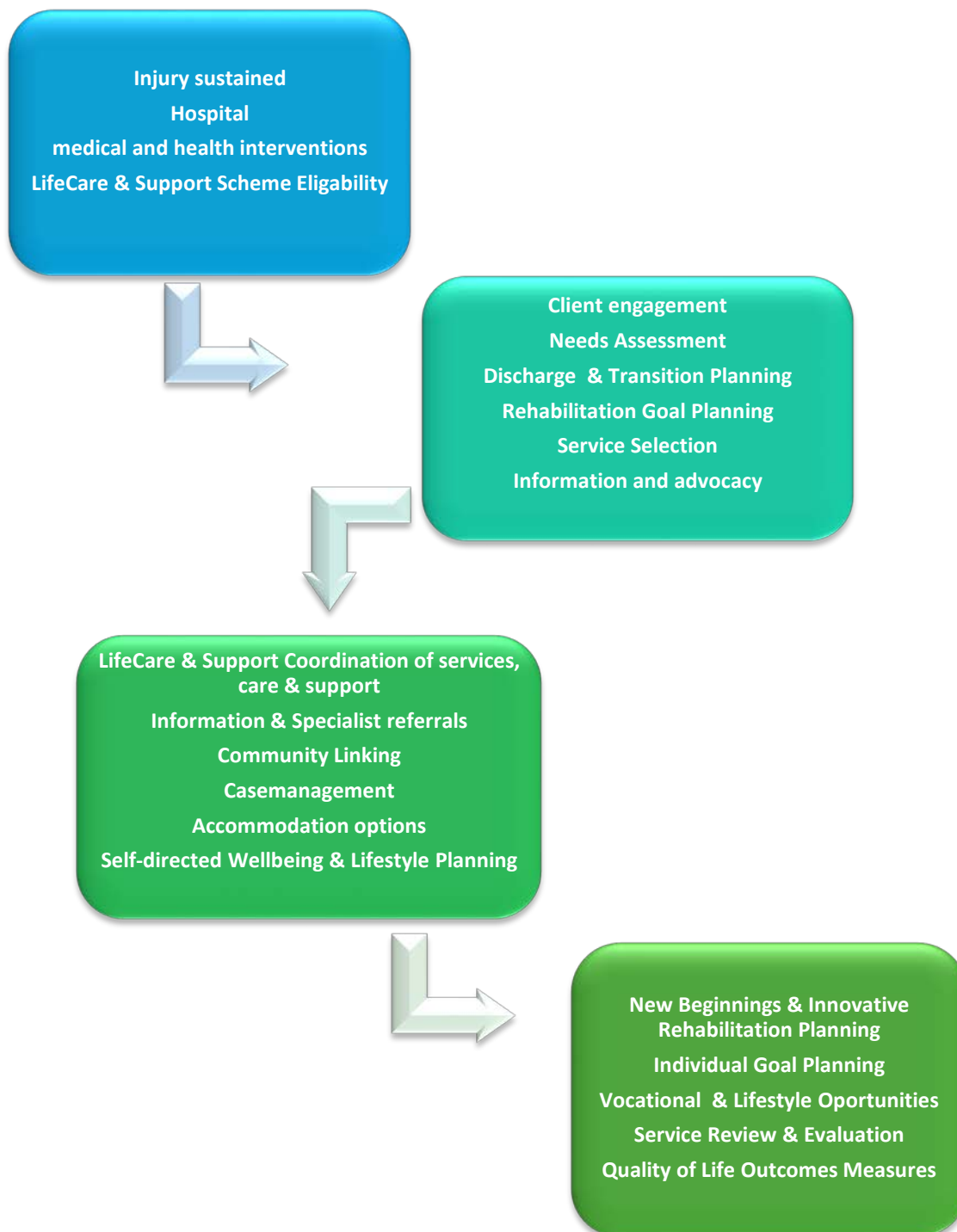
4 - Maximum Allowable

<http://www.maib.tas.gov.au/wp-content/uploads/Scheme-Overview-Jan-2015.pdf>

Scheme	Employees	Client's Current	Management Costs	Consultants	Cost per Employee	Cost Per Client	
QLD	35	136	\$31,600,000.00	0	\$902,857.14	\$232,352.94	Proposed
NSW	97	1,036	\$22,981,000.00	?	\$236,917.53	\$22,182.43	
SA	15	43	\$3,513,000.00	6	\$234,200.00	\$81,697.67	
TAS	5	105	\$926,000.00	0	\$185,200.00	\$8,819.05	
NT	2	16	\$405,000.00	?	\$202,500.00	\$25,312.50	
ACT	No Published scheme information available						
VIC	No Published scheme information available incorporated into TAC General Operations						
WA	Scheme not in place or operational until 1st July 2016						

Data Sourced from Authority Published Annual Reports and intelligence provided by TIO (NT) and MAIB (TAS). Old Data K:\MAIC\NIIS\Hybrid NIIS\corresp\To\Hybrid_LCSS_costing_report_final_200116.docx Page 7. Staff numbers are max estimate by Headway. NSW excludes Unwinding of discount rate & Participants' care and support expenses for fairer comparison against other schemes.

A CLEINTS JOURNEY UNDER LIFECARE & SUPPORT





This moment in time can change the future outcomes for Queensland motor vehicle accident victims. A community based LifeCare & Support Scheme will deliver:

- A cost effective scheme and services
 - provide greater diversity of services and supports
 - establish new benchmarks in care and support outcomes
- Build strong collaborations for accommodation choices and options
- Promote real choice and self-direction for individual empowerment
- Ongoing Rehabilitation planning and participation for improved function and capacity
 - Introduce new service Evaluation and Outcome measures
 - Develop a new Wellbeing, health and lifestyle Planning framework
- be a more responsive service, offering greater flexibility & individualism
 - promote innovative and creative solutions
 - be more inclusive of family and carers
 - promote peer support and advocacy
 - encourage and drive the use of assistive and new technology
 - build strong collaborations with research and learning bodies
 - Connect, participate and be included in the community
 - Deliver services which make a real difference

QLD SCHEME RECOMMENDATIONS

Recommendation 1: We would recommend the development of a Community LifeCare and Support Scheme, to oversight the provision of cohesive coordinated specialised community service, within a person centered framework. Ensuring the optimal health, wellbeing, lifestyle and community participation of people with acquired brain injury and other significant catastrophic injuries as a result of a motor vehicle accident.

Recommendation 2: That Community LifeCare and Support Scheme be managed under the Motor Accident Insurance Commission (MAIC). This no fault scheme must meet the reasonable and necessary needs of the catastrophic injured focusing on real quality lifestyles and outcomes.

Recommendation 3: That Community LifeCare and Support Scheme legislation be in accordance with the National Disability Service Standards and the Human Services Quality framework and associated human rights legislation.

Recommendation 4: That the scheme and current CTP operators underwrite a social bond component into the scheme framework ensuring that stakeholders are appropriately funded to carry out all aspects of the management and delivery of the scheme.

Recommendation 5: To facilitate the integration of services for the benefit of individuals with a substantial disability, government and non-government services and organisations need to articulate and work together, collaborating and sharing resources in order to make Queensland's NIS industry best practice.

Recommendation 6: That a clear and proactive definition of “Reasonableness” is enshrined in the legislation in clear language Thus maintaining a consistent and concise outcome driven focus.

Recommendation 7: To develop and promote awareness and information regarding the NIIS community services resources and networks available for people who have sustained a catastrophic injury.

Recommendation 8: That ABI Slow stream rehabilitation service options be developed and funded in order to obtain optimal functional outcomes. Incorporating internationally recognised brain injury outcome measurement tools.

Recommendation 9: The eligibility criteria to undertake services under the NIIS does not exclude persons where compensation liability has not been determined or is in dispute.

Recommendation 10: That research projects and initiatives which have been obtained in respect to quantitative and qualitative data about social, economic and cultural inclusion developed in collaboration with the ABI sector organisations, be published and consideration be given to enacting feasible recommendations.

Recommendation 11: Recognition and inclusion of specialised community based not for profit organisations and service providers currently delivering person centered all-encompassing outcome driven services. As being a cornerstone of a successful, cost efficient and effective NIIS Scheme.

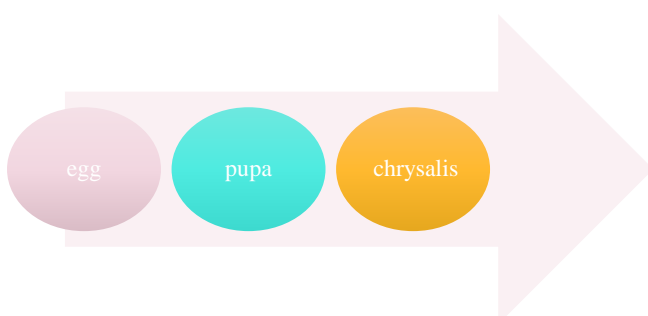
Recommendation 12: The Primary objective of specialist community based service provision is ensuring the improvement, lifestyle, health, wellbeing and functional development whilst promoting opportunity and inclusion in the community. For the scheme to achieve its intended purpose, it is essential that community based service providers are an integral component of the scheme framework.

Recommendation 13: People with a disability, be actively involved in the research and planning of specialised services thus ensuring ongoing development and innovation.

Recommendation 14: That the establishment of a Community LifeCare & Support scheme, can be successfully managed for significantly less than the proposed operational cost. By community organisations ensures that there is access equity for all.

Recommendation 15: That the Scheme utilise a participant management system that is mobile, highly flexible and aligns with a person-centred framework. Examples, include the South Australian LSA systems which was provided IP free.

We need your help to break Queensland community based rehabilitation out of it chrysalis state!



PRESENTERS NOTES

Headway Gold Coast Inc. is a not for profit organisation which provides community support services to people with brain injury disability, predominantly as a result of motor vehicle accidents. Headway's purpose has historically always been to provide community based supports to people with brain injury disability in the local community. It is this mission which continues to drive the organisation to this day and underpins the submission Headway is providing to this Commission.

Originally established by a group of local Gold Coast families impacted by brain injury disability, Headway Gold Coast Regional Group Inc. was registered as an Incorporated Association in 1986, with a change of name to Headway Gold Coast Inc. being registered in 1993.

Brain Injury disability unfortunately has historically not received the necessary recognition it requires, resulting in a significant lack of services post injury. Public knowledge, understanding and prevention awareness is also minimal resulting in social isolation and exclusion from their local community for people with brain injury disability. Headway Gold Coast has been committed to providing identified person centered services since it was established.

Headway is committed to future planning and the implementation of innovative specialist services and programs. To this end Headway has commenced the implementation of our Living Well program which is providing ground breaking ICare and Jintronics neuro-plasticity activities to Headway clients and which is planned to be expanded to include the wider community with a neurological disability.

Currently our services provide:

- Transition Accommodation Service – Hospital/Nursing Home/Family breakdown to Community living of choice
- Functional Skill Development Programs
- Assistive Technology Programs
- In Home Supports
- Health & Wellness Programs
- Community Access/Participation Supports
- Social & Recreational Supports

Headway's Transitional Service is the Service Model on which we have based our submission for consideration by the Committee. The Service was commenced in 2009 and has been very successful. The scale of the Service is the significant difference, however with the necessary expertise and funding capacity the Model is capable of being adapted by the NDIS as an authentic community driven person centered Scheme.

Headway Gold Coast Inc. has a Management team of personnel with extensive experience in the specialist areas of Acquired Brain Injury (ABI), Case Management, Service Management, the Disability Industry and the Insurance Industry both Government and Private. We are transitioning our business model in preparation for the implementation of the NDIS and are currently undertaking a change from our Incorporated Association certification to that of Limited by Guarantee. This includes our change of name to Headway ABI Australia Limited and provides the opportunity to expand our Services under an NDIS.

The impact for specialist disability services under the NDIS is not known, however what is evident to date is that current Government funding does not adequately provide for the needs of those within the cohorts identified by the Life Care &

Support Scheme, and rather than being able to plan for ongoing improvement in specialised disability services, future Government service agreements over the transition period to the NDIS are requiring a choice for Providers of increased outputs or reduced funding.

Headway's submission provides recommendations for a LifeCare & Support Scheme which will ensure both immediate and ongoing improved outcomes and services for those with catastrophic disability by way of new groundbreaking, community driven seamless pathways for the benefit of all Queenslanders as it is possible for any one of each of us present here today to be in need of such a Scheme should an unexpected circumstance befall us which results in a catastrophic disability.

I thank the Commission for the opportunity to participate in the groundbreaking planning of the LifeCare & Support Scheme.

Kay Noonan

Chief Executive Officer

On the afternoon of Thursday, November 19, 1863 U.S. President Abraham Lincoln changed the course of world history with his Gettysburg Address in just over 2 minutes, his carefully crafted address, secondary to other presentations that day, was one of the greatest and most influential statements of national purpose ever made.

We are here today speaking to the esteemed Members of this committee to instigate a change for good, that, if enacted will become a landmark in Australian legislation.

This appeal to committee members, goes further than just a recommendation of whether, Queensland should institute option A or B as the basis of its proposed NIIS scheme.

We at Headway strongly recommend the adoption of option A, given that no other legislature has ventured to enact option B. Further and far more importantly, we ask that extensive consideration be given to the makeup of the scheme design and management after the Queensland Parliament chooses its preferred option.

After careful consideration, research and investigation, we believe that the best interests of the public and NIIS client would be served via a Community based LifeCare and Support Scheme.

This Community LifeCare and Support scheme would be considerably more cost effective and far reaching than another government departmental bureaucracy driven one. What we are proposing is that members of the committee consider, empowering Public Benevolent Institutions which already carry out the vital work of managing and supporting the catastrophically injured in the community with the task of managing and running our Queensland Community LifeCare and Support scheme under the guidance and auspices of the Motor Accident Insurance Commission.

This scheme which can be underwritten by combined government and CTP Insurers, via a social bond framework, can actualize the development of a multifaceted institution enabling and ensuring that all claimants under the NIIS will receive the best possible care and attention, driven by a functional improvement philosophy. Fiscal management and governance aspects of the scheme would be undertaken by the MAIC, thus ensuring a prosperous and financially well governed scheme, whilst all other aspects would be managed by the community scheme participant PBI stakeholders.

In our submitted document you will find Headway's proposal and recommendations, which can, if instituted, alter the face of services provision to our catastrophically injured community. Whilst providing significant savings to the department of Communities and Disability Services, most expensive client cohorts.

In instituting this unique scheme, Queensland has a momentous opportunity to ensure that no catastrophically injured person, irrespective of whether they were injured prior or after 1st July 2016 will miss out on an opportunity to improve

their condition if possible. As Public Benevolent Institutions we are bound by our respective charters not to relegate clients to a first, second or third class carriage on the basis of funding. You as members of this committee, have a choice, you can make your recommendations in respect to just A or B or actually positively shape the future of many currently unfortunate individuals and families and many more so into the future.

Russell Nelson

Chief Operating Officer

Service delivery for a catastrophically injury person currently is complex and delivered in accordance with the funding body or government department timing rather than the individuals need. Complicated by availability of resources as well as significant wait times for assessments to determine need. Often the individual is forced to remain in hospital far longer than they need due to bureaucratic and inflexible procedures and guidelines. Even after discharge the majority of catastrophically injured are referred to under resourced, generic community based Qld health teams with the inability to provide regular and consistent therapy services. These services either provide a multidisciplinary approach or an interdisciplinary approach to service delivery both of which are fragmented and siloed.

Under a community based model of service the catastrophically injured person will receive services in a timely consistent manner in accordance with individual need with flexibility and without bureaucratic stumbling blocks. The Community based Rehabilitation Model of Service will centre around early intervention and be delivered as a transdisciplinary approach providing linkage to all services required by the individual. A transdisciplinary approach is one where therapy services overlap all therapists working together as a team to ensure effective, holistic and outcome focused person-centred supports including special needs planning.

Discharge planning will commence on admission to hospital with an appointed community based case manager independent of Qld Health they will work alongside the individual and their family as well as with the hospital therapists and medical team to make the individual's journey to discharge smooth, easy to navigate and as seamless as possible.

The positive impact on of availability of prompt appropriate service is paramount and life changing for the catastrophically injured person providing an environment conducive to overall well-being.

Rehabilitation moving at the pace of the individual for however, long it may take them to reach their goals in a community environment where the best rehabilitation is incorporated into the activities and tasks of daily will ensure positive outcomes.

Thea Isles

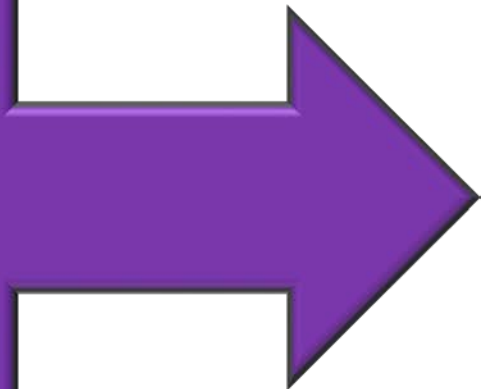
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Support Service Manager

An exciting opportunity exists today as the Queensland Government embarks on the establishment of a lifetime care and support scheme which will see every individual in this State who tragically sustains a catastrophic injury in a motor vehicle accident receive the essential care, support and services necessary to recover and rehabilitate their lives in the community. As Specialist ABI Support Service Providers in the community we ask that today that you consider our proposal that a Community based LifeCare and Support scheme can be successfully managed and operated by the service sectors to deliver a Scheme which addresses the care and support needs, choices, opportunities and challenges that occur in this life-changing circumstance. We listen and deliver just what it takes to improve and rebuild the lives and lifestyles of individuals and their families who live with catastrophic injuries following a tragic accident.



The complex needs of individuals' recovery from a tragic accident are many and as a community service provider we see everyday the tragedies, missed opportunities, the neglect and the forgotten, the voiceless and the bed ridden who so often get left behind in the big service bureaucracies', in the complex and overburdened health systems, in the frustrating insurance and legal battles. We see the real world of the catastrophically injured, we see where the real rehabilitation planning can change futures, where real choice and self-direction brings strength and recovery, where hope and opportunity reignites the soul and where true inclusion and participation in the community brings a smile of thanks.



Julie Williams

General Manager

Headway Gold Coast Inc.

