

***Responding To People with
High and Complex Needs Project***

***Summary of Consultation Findings
September 2002***

1. Introduction

A broad and appropriately targeted consultation strategy is fundamental to any project's ability to identify and address critical issues. As such, a comprehensive consultation strategy has been a vital component of the *Responding to People with High and Complex Needs* project's methodology. The strategy has comprised four broad phases:

- The first phase involved preliminary consultations with Department of Human Services' regional and program directions branch staff in March. Interviews with some key stakeholders also commenced at this time. The purpose of these preliminary consultations was to begin to scope issues relevant to the project, and to advise opinion leaders, key stakeholders, regions, head office programs and, through them, their broad funded sector networks, of the existence of the project.
- A statewide forum, conducted in May, marked the second phase of the strategy. This forum targeted a range of opinion leaders, funded sector organisations, as well as key statewide bodies, senior Department of Human Services' staff and other government departments including the Department of Justice (Community Corrections and Prisons programs). The forum gave participants an opportunity to identify elements missing from an effective service response framework and to begin to consider possible solutions.
- The third phase of the consultation strategy comprised two separate elements –regional forums and individual statewide stakeholder interviews. The regional forums were conducted through August in each of the nine Department of Human Services regions. These forums allowed regional departmental and funded sector service providers to work together to build on ideas generated at the May forum regarding components needing to be considered for inclusion in any future service response. In a separate exercise, key statewide bodies and service provider organisations as well as advocacy and carer organisations were also consulted regarding the possible solutions identified through the earlier phase of consultation.
- The final phase of consultation prior to the development of project recommendations will involve a second statewide forum, scheduled for 12 September, 2002. This forum will give participants an opportunity to debate a proposed model based on findings obtained and refined through the preceding phases of consultation. Participants at this forum will include those involved in the May statewide forum as well as service providers, advocates and other persons or organizations identified through phase three consultations as having a critical interest and role in the development of an appropriate service response.

In the developmental phase of the project, it was determined that consultation with every possible stakeholder regarding both the identification of issues and the development and refinement of solution options, would be an inappropriate use of stakeholder and project resources.

As such, the consultation phases of the project were carefully targeted to ensure appropriate representation of stakeholders through the relevant phases of consultation. It was determined that maximum input from all levels of stakeholders needed to occur at the most critical periods of consultation. On this basis, as the purpose of the third phase of consultation was to test possible response framework components arising from the May statewide forum, it was determined that more extensive stakeholder consultation would occur at this point rather than in preceding phases.

In addition, it should also be noted that Department of Human Services' regions and program directions branches were actively consulted regarding the names of individuals and organisations to be involved in the various phases of consultation.

In the case of the May statewide forum, regions and program direction branches were asked to nominate individuals or organisations likely to work with people with high and complex needs, or those who had a particular interest or perspective about how system responsiveness to this group of people might be improved. A similar process was employed when identifying stakeholders to be targeted for the statewide consultations and the August regional forums. The recommendations of other key stakeholders were also taken into consideration in the development of consultation lists for phases three and four of the consultation process.

The feedback and proposals obtained through preliminary consultations, the May forum, the August regional forums and statewide stakeholder consultations is summarised in Section 2. This feedback has contributed to the development of a service response option to be presented at the second statewide forum on 12 September, 2002.

2. Summary of Consultation Findings from Stakeholders

Themes Arising from May Statewide Forum

Participants at the May statewide forum identified a range of key themes and missing elements. A number of these themes are consistent with issues raised during the preliminary consultation phase. The themes identified at the forum are summarised below.

Service Gaps

In the wake of the move from institutional care to community-based responses it appears that for the majority of clients, significant gains have flowed from the move to local, specialist and community-based service responses. It was suggested by Forum participants that although this transition has been positive there is now a lack of therapeutic residential and community based programs that enable longer term treatment and care options for some within the target group.

Among the participants, there were commonly held views that a number of specific service gaps are contributing to the difficulty being experienced across the service system in relation to this client group and that in the absence of appropriate service provision models, ad hoc accommodation and intensive support/supervision responses are developed for individual clients, usually at a very high cost. Specific service gaps were identified by forum participants in relation to:

- People with Asperger Syndrome and those with Borderline Personality Disorder. These people are often identified as falling between service gaps due to ineligibility and/or a lack of available service options. It was often remarked by participants that clients with these diagnoses are frequently deemed ineligible for intellectual disability and mental health services.
- Residential care programs that enable an effective service response in a safe environment, particularly in relation to young people with multiple and complex needs.
- 'Step down' forensic mental health or intellectual disability residential facilities to enable continued supervised treatment and care following release from hospital- based care such as Thomas Embling Hospital, prison or other secure environments such as the Statewide Forensic Service.
- Vulnerability at system transition points. In particular, service providers emphasised the lack of intensive support and treatment services available for extremely vulnerable young people moving from systems targeted specifically at children and young people to those designed for adults. Example were given of young people moving between Child and

Adolescent and Adult Mental Health Services and young people moving out of the Child Protection system at 18 years of age.

- The need for access to appropriate and planned service responses for people with complex needs leaving the custodial system, and more effective collaboration between health, welfare and criminal justice systems.
- Mental Health Services. The need for ongoing therapeutic support was identified by a number of stakeholders as a critical feature of any service response to complex clients. In this context, feedback from service providers indicates that the crisis response nature of many mental health services is seen as inadequate for addressing the ongoing mental health support requirements of many highly complex clients.
- Drug Treatment Services. Alcohol and/or other substance abuse was identified as an issue for many individuals with high and complex needs. Comments from stakeholders indicated that drug treatment services are (usually) designed for people with a certain level of cognitive functioning. Service providers have suggested that this has limited the accessibility of drug treatment services to individuals with intellectual disabilities, acquired brain injuries and/or severe mental health issues, and that proactive and assertive outreach often required for people with high and complex needs is therefore difficult to access.
- Complex Clients from Koori and Culturally and Linguistically Diverse (CALD) backgrounds. Service providers identified the need to ensure that service responses adequately address the needs of complex clients with Koori or CALD backgrounds.
- Sex Offenders. Service providers have identified the need for access to suitable placement/accommodation options and treatment services for complex clients who are also sex offenders. This has been noted as a particular problem in rural regions.

Service Delivery Issues

Sustainability. Where services do provide intensive support for highly complex clients, participants in the forum said they believed this support could not be sustained over time due to the excessive pressure such clients place on these services capacity to respond to the needs of other clients.

Funding. Regions reported that tailored individualised service ‘packages’ involve funds being accessed from multiple program and regional sources on an ad hoc basis.

Containment/Secure Environment

The majority of those consulted identified a lack of available options to provide secure and/or contained environments for a small number of clients who pose a severe and immediate risk to themselves and/or the community.

Rural Services

A number of rural service providers indicated that their ability to respond to complex clients is effected by the availability of specific services that is, more specialist services tend to be located in metropolitan regions. Some rural regions indicated that a number of clients who might otherwise have been 'managed' locally were at risk of becoming 'complex' because rural organisations do not have the client numbers to inform their practice and assist the development of expertise in addressing complex needs.

Workforce Issues

Many of those consulted argued that staff support, like staff supervision and training, is intrinsic to the provision of quality services to highly complex clients. Skill gaps as well as occupational health and safety and industrial issues, were perceived to act as a barrier to the development of more flexible and multidisciplinary treatment and support models within the current service system. It has often been difficult for intensive service responses to be sustained over time due to the excessive pressure this places on staff and the services' capacity to respond to the needs of other clients.

Legislation

There are widespread views among stakeholders that the existing legislative framework has significant limitations. In particular, the *Mental Health Act 1986*, the *Intellectually Disabled Persons Services Act 1986* and the *Children and Young Persons Act 1989* have been criticised for the limitations they place on both service accessibility for people with highly complex needs, including those with mental disorders as distinct from mental illness, and therapeutic containment for people who are a high risk to themselves or others. In discussion of these issues the underlying tension between individual and community rights was widely acknowledged.

Further to this, consideration must be given to the work being undertaken by the Victorian Law Reform Commission in regard to the examination of the current framework for the compulsory treatment and care of people with an intellectual disability who are at risk to themselves and the community.

A number of additional themes were identified through the August regional forums and statewide stakeholder consultations:

Lack of Early Intervention Options

The consistent lack of appropriate early intervention and case management with people who are now described as having high and complex needs was identified as a significant issue of concern to stakeholders and August forum participants. A greater focus on early intervention and prevention strategies across the range of program areas was seen to be critical to improving overall service responses, and preventing people developing needs which cannot be met by the service system.

Lack of Engagement with the Education System

A lack of engagement with, or exclusion from, the education system was consistently identified as having significant impact on young people. Without access to education, these young people not only lose opportunities to develop learning and employment skills but also life and social skills, friendships and community linkages. An absence of these skills and community connections is a consistent characteristic of people identified as having high and complex needs.

Service System Exclusion on the Basis of Perceived Difficulty

A number of respondents expressed concern about service provider organisations using perceived difficulty as a mechanism to exclude clients known to have high and complex needs. Such services are described as fearing being 'dumped' with particular clients and are reluctant to examine alternative case practice strategies or to seek support to manage these clients.

Reluctance to Work with the Client in the Broader Context of their Families

The lack of ability of some service providers, including mental health providers, to work with both the client and their family was identified as a problem by respondents. This approach was seen as limiting the potential longer term gains that might be made for the individual.

'Criminalisation' of People with High and Complex Needs

An increasing number of people with high and complex needs have been identified as entering the criminal justice system unnecessarily. These people are seen by stakeholders to be excluded from or not engaged by the broader service system and, in the absence of more suitable service responses, continue to exhibit behaviours which eventually bring them into contact with the criminal justice system.

Possible Solutions

One of the key outcomes of the May statewide forum was the identification of a number of key areas of change to be considered for inclusion in any future service framework.

Participant responses are described in the table below:

Theme	Summary of Proposed Solutions
Guiding Principles	<p>Service responses must be underpinned by a framework or set of principles which address:</p> <ul style="list-style-type: none"> ○ Leadership incentive to ensure long term engagement of clients. ○ Measures of service provision success - these should address client wellbeing. ○ Client needs being viewed in the context of family/social and community supports. ○ Individualised needs-based assessment, intervention and management.
Service Response Systems Structure	<p>Service response systems should be characterised by:</p> <ul style="list-style-type: none"> ○ An ability to span program and regional boundaries. ○ Capacity to work with a range of disorders and ages/transitional life stages, in particular the move from adolescence to adulthood. ○ Single entry point(s). ○ Consideration being given to 'hub and spoke' models of service provision with the hub taking responsibility for establishing a centre of excellence, training and education, research and service development. ○ The creation of an umbrella panel with power to direct funding and services. ○ A centralised cross-service database. ○ A single point of accountability for both government and non-government sector clients. ○ A definition of 'complexity' that will facilitate appropriate gate keeping.
Legislative Reform	<ul style="list-style-type: none"> ○ The establishment of a consistent legislative framework that will overarch program areas was seen by forum participants as essential. ○ This framework must address the need for long term secure accommodation with different service models and incorporate strong review and accountability mechanisms. ○ Legislation must balance community and individual interests. <p>Appropriate legislation must be revised.</p>
Containment	<ul style="list-style-type: none"> ○ Participants emphasised that service responses to people with high and complex needs must include the capacity for secure containment options that balance rights and needs.

Individually Tailored Supports	<ul style="list-style-type: none"> ○ Service responses must be sufficiently flexible to ensure individualised responses. ○ Accommodation options that are durable, able to provide support in the long term and tailored to individual need must be established.
Workforce	<ul style="list-style-type: none"> ○ The building of ‘resilient’ agencies and ‘resilient’ staff was seen by participants as crucial to ensuring that ongoing assessment/diagnosis and management of the target population are complete and correct. ○ The achievement of quality service provision to the target group will necessitate appropriate levels of training, skills and supervision. Training must form part of an overall human resources strategy for the service providers responsible for the management of the target population. ○ Staff training needs to be holistic and must include the identification of worker support requirements. ○ Industrial and occupational health and safety issues must be examined to prevent worker burnout and increase flexibility of service responses through mechanisms including revised staffing rosters and multi-disciplinary teams. ○ Consideration should be given to funding universities to conduct practical, evidence-based research, program development, and planning and evaluation of treatment options.
Assessment/ Planning/Treatment	<ul style="list-style-type: none"> ○ Holistic assessment mechanisms that give consideration to the engagement of the person were seen by participants as essential. ○ Critical consideration must be given to management of both client and service provider non-compliance. ○ Cross-sector/cross-discipline expertise is required.
Eligibility	<ul style="list-style-type: none"> ○ Service access must be client driven. Consider using category such as ‘human service’ to overcome rigidity of response to clients who do not ‘fit’ any program.
‘Whole of Person’ Practice Approach	<ul style="list-style-type: none"> ○ Service responses must encompass a ‘whole of person’ approach, and address quality of life issues as well as the need to maintain social and family relationships where possible. ○ To ensure greater accountability, a ‘lead’ case manager must be identified for clients in the target group. ○ Forum participants stressed that capacity must exist for long term (potentially life long) engagement, commitment and planning. ○ In addition to intensive therapeutic options, support/care must be provided in therapeutic environments.

August Regional Forums and Statewide Consultations

The project team grouped the areas of change identified at the May statewide forum into four primary components of a service response system:

- **A central coordination or policy point.** The responsibility for coordinating any new agreed service responses, liaison with the Department of Justice and oversight of any policy or legislative changes, may be located within the Department of Human Services.
- **A panel or board.** This function could be located within, or external to, the Department of Human Services. Such a panel would have the capacity to bring together relevant service providers and other experts to consider individual client needs and plan for a response.
- **Legislative reform.** Key issues raised in the context of legislative change related to service eligibility requirements, and the capacity to provide compulsory treatment and care.
- **Strengthening service system capacity.** Elements of a strengthened service response may include intensive multi-disciplinary case management, the establishment of central or regional expert teams, improving capacity through workforce training and change, as well as the establishment of new initiatives targeting a range of service gaps and accommodation options.

Giving varying emphases to the functions associated with these four components, the project team constructed three broad model options that were then used for discussion purposes in the August regional forums and the statewide stakeholder consultation process (Appendices I-III). Those consulted were advised that the sole purpose of the models was to promote discussion and debate regarding the components of a service response framework, what these would look like and how they would relate to one another. It was stressed that, beyond their capacity to generate discussion, the project team did not have a specific commitment to any single model option.

The questions put to statewide stakeholders and participants at the August regional forums related specifically to the key components of change identified through the earlier phase of consultation. Responses to these are summarised on the following pages under the broad themes of Strengthening Service Capacity, Legislative Reform and Panel or Board.

Strengthening Service System Capacity

The May forum highlighted the need for more holistic and integrated approaches to treatment and support for people with high and complex needs. Feedback suggested that few agencies are capable of delivering

services at the level of intensity required to support the target group. In this context, participants in the August regional forums and statewide stakeholder consultations were asked to identify significant elements, policy and structural changes that would assist in strengthening the capacity of the service system in responding to the target population.

Participant responses are summarised below:

Theme	Summary of Responses
<p>Elements to Assist in Strengthening Service System Capacity at Regional Level</p>	<p>Service Provider Coordination and Response</p> <p>Overarching Considerations</p> <ul style="list-style-type: none"> ○ Participants proposed that joint service provider responsibilities must be clearly identified and documented. One option may be to introduce ‘memoranda of understanding’ in partnership approaches to clarify expectations of service providers regarding responsibilities/actions. ○ The establishment of multi-service/multi-disciplinary teams with a dedicated coordinator is essential. ○ Greater capacity to create and co-locate services to improve coordination and responsiveness is required. ○ Services must be locally based and offer intensive support. Cross-regional flexibility must also be encouraged. <p>Assessment/Intervention</p> <ul style="list-style-type: none"> ○ Increased focus must be placed on prevention/diversionary interventions and services to avert individuals from becoming complex. ○ Establish expert regional reference groups with mandate to deal with individual client issues. (Refer also to participant responses regarding the establishment of a panel or board.) ○ Holistic assessment is essential but not sufficient on its own. Participants proposed that assessment must be linked with the timely provision of an appropriate package of individually tailored supports (treatment /accommodation /community connection and so on). ○ Behaviour intervention assessments/therapies must examine a range of possible behaviour triggers including the quality of the relationship between the individual and their carers. <p>Case Practice</p> <ul style="list-style-type: none"> ○ Access to service ‘expertise’ was not seen by participants as being sufficient in itself. It is essential that people with high and complex needs have a consistent point of reference, that is, case manager or coordinator who can coordinate the most appropriate services for the person.

	<ul style="list-style-type: none"> ○ Capacity must exist for the provision of intensive support. Mechanisms to achieve this might include reduced caseloads. ○ It is essential that workers have access to knowledge/awareness of service availability outside their immediate sector. ○ People with high and complex needs must be more engaged/involved in their own case plans. <p>Accommodation</p> <ul style="list-style-type: none"> ○ Accommodation options need to be sustainable with appropriate access to outreach support or in-house support. ○ Greater consideration needs to be given to matching clients and carers. ○ The quality of support must be emphasised, not just the cost of accommodation.
<p>Elements to Assist in Strengthening Service System Capacity at Statewide Level</p>	<p>Statewide Coordination and Response</p> <ul style="list-style-type: none"> ○ A number of participants proposed that a central group be established within the Department of Human Services to deal with policy, workforce requirements, systems review and monitoring. ○ The establishment of a central registry/database may result in better responses for people with high and complex needs. ○ Services should be spread across regions and not just in major centres such as Melbourne or Geelong. ○ Service providers, particularly in rural regions, need much greater access to secondary consultation. ○ Complaints mechanisms need to be improved and made more accessible. ○ There is a greater need for advocacy and mechanisms to empower people with high and complex needs. This area in itself should be considered as a significant component of any service response framework. ○ It was proposed that an advocacy group be established for people with high and complex needs to avoid fragmented representation and support. ○ There is a need to promote coordination and cooperation between generic and specialist services rather than competition. <p>Workforce</p> <ul style="list-style-type: none"> ○ Recruitment strategies must address worker attitude to clients. Participants argued that quality management is not enough. Work to improve staff commitment/dedication to the client. ○ Develop mechanisms/incentives to ensure consistency and retention of skilled, committed staff.

	<p>A mechanism to do this may include co-worker or team based care models.</p> <ul style="list-style-type: none"> ○ Support to staff needs to be established at the management level within the organisation. Management must identify, acknowledge and reward quality work. ○ Management must also ensure the staff have access to: <ul style="list-style-type: none"> ○ Ongoing, quality staff supervision, team building and support.
	<ul style="list-style-type: none"> ○ Appropriate and ongoing training (continuous improvement) that focuses on individual client requirements and is available across sectors. ○ Training which exposes staff to values/attitudes issues and client perspectives. ○ Safe work environments and debriefing when required. ○ Develop multi-skilling and ensure that services have an appropriate balance of expertise and multi-skilled staff. ○ Some participants suggested that staff in advocacy organisations need confidential access to an identified contact person when issues of significant concern arise and no case manager exists or person refuses to see case manager.
<p>Policy and or Structural Changes to Ensure Better Access to Services, More Seamless Transition between Services and Longer Term Treatment Options</p>	<p>Policy Changes Overarching Considerations</p> <ul style="list-style-type: none"> ○ Participants proposed that policy must acknowledge that people with high and complex needs do exist and cannot be adequately supported within existing systems. ○ Develop policy to ensure access to more realistic longer term, possibly life long, care options for people with high and complex needs. ○ To be effective, service responses must be adequately funded. Resources must permit flexible responses. ○ Service delivery targets must also be more flexible. Additional weighting should be applied to individual clients requiring more intense/longer term service responses. ○ Capacity to share client information must be created, with appropriate protections. ○ It is essential that capacity be created to reconnect people with families and/or community. ○ Create key checkpoints within the service response system at which a person’s rights must be considered.

	<p>Cross-Program</p> <ul style="list-style-type: none"> ○ Redefine age boundaries between services to reduce transition problems. ○ A range of participants emphasised that Mental Health and Disability Services need to be more sensitive to the needs of people with dual disabilities. ○ The relationship between Education, and Child and Adolescent Mental Health Services, needs to be improved. ○ Services for children and young people must also have the capacity to provide intensive family support. ○ Education programs must focus on the young person's strengths/positives rather than negatives to ensure engagement/inclusion. This must include young people with learning difficulties, young offenders and those with drug treatment issues. Prevention education is also critical. ○ Public hospitals must work within established protocols for dealing with people with mental health issues. ○ Gatekeepers such as Client Assessment Teams (CAT) need to be more responsive to avoid people unnecessarily entering the criminal justice system.
	<p>Structural Changes</p> <ul style="list-style-type: none"> ○ Participants believed that a comprehensive service that will be an adjunct to the generic service system is needed. This service would provide treatment and management to clients identified through a comprehensive assessment process. ○ Create greater capacity for assertive outreach (available 24 hours) across all service types. ○ Examine extension of Mobile Support Team model to a range of programs. ○ More sub-acute or 'step down' facilities are required. ○ Responses to people with high and complex needs must be a combination of on the ground services with legislative back-up. ○ A range of accommodation options is required – people identified as having high and complex needs should not be 'bunged in together'. ○ A centre of excellence will promote issues requiring expertise. <p>Secure Treatment and Care</p> <ul style="list-style-type: none"> ○ Participants emphasised the importance of secure treatment and care options being time limited. Further, it was stressed that use of this must be approved by a panel or board.

	<ul style="list-style-type: none"> ○ Create initial and interim placement options. There should be a time-limited residential service available for assessment. Clients should then be transferred into ongoing service options.
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Legislative Reform

In the context of identified limitations in the legislative framework, participants in the August regional forums and statewide stakeholder consultations were asked about factors that would need to be addressed if consideration was to be given to legislative reforms.

Participant responses are summarised below:

Element	Summary of Responses
Legislative Change	<p>Overarching Considerations</p> <ul style="list-style-type: none"> ○ Legislative change for people with high and complex needs must be considered in the context of other legislative reforms currently being considered, including the Law Reform Commission’s work on compulsory care for people with disabilities. ○ Legislation must enable people with high and complex needs to be diverted from the criminal justice system into other more appropriate service responses. ○ Legislation must have the ability to coerce people (without criminal sanctions). ○ Consideration should be given to the establishment of an Ombudsman for people with high and complex needs.
	<ul style="list-style-type: none"> ○ Legislate for an independent arbitrator to put treatment plans in place. ○ Magistrates should have the power to make an order for a person to go to ‘other’ services and not record a criminal conviction. <p>Mental Health</p> <ul style="list-style-type: none"> ○ The Mental Health Act needs to be reviewed to widen access to Mental Health Services, particularly for those with personality disorders. <p>Disability</p> <ul style="list-style-type: none"> ○ The Intellectually Disabled Persons Services Act needs to be strengthened to allow for access to services for those people who are on the borderline of eligibility. ○ Autism spectrum disorders including Asperger’s Syndrome should be incorporated into broad disability legislation as a discreet disability. ○ The Intellectually Disabled Persons Services Act gives moral rather than legal rights. Rights need to be legislated for.

	<p>Children and Young People</p> <ul style="list-style-type: none"> ○ Secure welfare provisions (function, access and timelines) of the Childrens and Young Persons Act need to be reviewed. <p>Privacy</p> <ul style="list-style-type: none"> ○ Capacity to share information regarding people with high and complex needs is essential. Confirm capacity to do this in the context of Privacy legislation, for both people with high and complex needs and those at risk of developing high and complex needs. Appropriate protections must also be in place. <p>Guardianship</p> <ul style="list-style-type: none"> ○ Some participants considered that guardianship provisions in the <i>Guardianship Administration Act 1986</i> should be expanded to allow decisions to be made regarding secure treatment and care.
	<p>Secure Treatment and Care</p> <ul style="list-style-type: none"> ○ Explore whether existing legislation can be better utilised to provide secure treatment and care; strengthen legislation. ○ Legislation must safeguard the rights of the individual. These must be balanced with the rights of the community. ○ All legislation is Victorian – need to be able to address border issues with other states. ○ Some participants suggested that a Complex Clients Act be introduced across all programs.
Outcomes	<ul style="list-style-type: none"> ○ Access to appropriate supportive/therapeutic services and better outcomes for people with high and complex needs. ○ No barriers between service systems because of legislation – increased cooperation. ○ Provision of less punitive method of secure care than having to resort to the police.

Panel or Board

One of the proposed solutions identified at the May forum was the establishment of an umbrella panel with the power to direct funding and services. In the context of this and other ‘proposed solutions’ regarding the development of cross-sector assessment mechanisms, participants in the August regional forums and statewide stakeholder consultations were asked about the sort of powers and responsibilities a board or panel established to undertake assessment and case planning should have.

Participant responses are summarised below:

Element	Summary of Responses
<p>Location and Composition</p>	<p>Structure and Location</p> <ul style="list-style-type: none"> ○ A range of options was identified by participants regarding the structure and location of a panel or panels. They included: <ul style="list-style-type: none"> ○ One central panel with the capacity to convene in regional locations as required. ○ Panels in all nine regions or shared between regions to ensure quicker responses, relevance and an understanding of local environments. ○ Combinations of central and regional panels, where the central panel would have an independent advisory role and the regional panel would address local client specific issues. ○ One panel established in the Childrens' Court and one in the adult court system. ○ Is the establishment of a panel or board the most appropriate response? ○ Any panel must be established outside the Department of Human Services. <p>Composition</p> <ul style="list-style-type: none"> ○ Panel composition must be multi-disciplinary. ○ Panel members must have an understanding of service availability/service options in the relevant region and have practitioner expertise. ○ The panel must be able to access cross-departmental representation. ○ Flexibility in co-opting expertise/local knowledge appropriate to individual client needs is essential. ○ In addition to professional membership, community and consumer representation is also appropriate. ○ Consideration should be given to corporate representation on the panel. ○ Panel members must have an appreciation of issues relating to indigenous and other cultures. ○ Panel members must have an appreciation of the lifestyles experienced by people with high and complex needs and their values/attitudes regarding them. ○ Corporations could be asked to contribute resources to a panel or board for the development of services. ○ The panel must have three sitting members as a minimum.

Powers	<p>Role</p> <ul style="list-style-type: none"> ○ The role of a panel was identified as: <ul style="list-style-type: none"> ○ Assessment – consideration of the whole aspects of a person’s life and making informed decisions about client issues. ○ Authority to direct the implementation of recommendations. ○ Allocation of resources to support individual clients. ○ Approval of use of secure placements for the purposes of assessment, treatment and care. ○ Advisory role with expert knowledge/resources. <p>Operation</p> <ul style="list-style-type: none"> ○ Need to identify criteria that will determine whether or not a person’s situation is assessed by the panel. ○ Should rely on principles of natural justice. Should not be as formal as a court. ○ Needs to have the power to inform itself about what information it might need. ○ In terms of principles underlying decision making, best interest should precede least restrictive option. ○ Must have a mechanism for dealing with consent and clear processes for dealing with this. There must also be clear processes for dealing with situations where consent cannot be obtained and person is identified as placing themselves or others at significant risk. ○ Participants emphasised that review and appeal mechanisms regarding panel decisions/assessments must be enshrined in legislation. ○ Criteria for placement in secure facility must be established. Need to ensure that function is not abused/ overused. External monitoring is critical.
Funding	<ul style="list-style-type: none"> ○ Participants believed that the panel should have the capacity to allocate funds to support implementation of assessment recommendations.

3. Conclusions

Feedback on the core service system components obtained through the August regional forums and the statewide stakeholder consultations has demonstrated that:

- There is a high degree of consistency in views regarding the types of changes that need to be introduced to strengthen service system capacity.

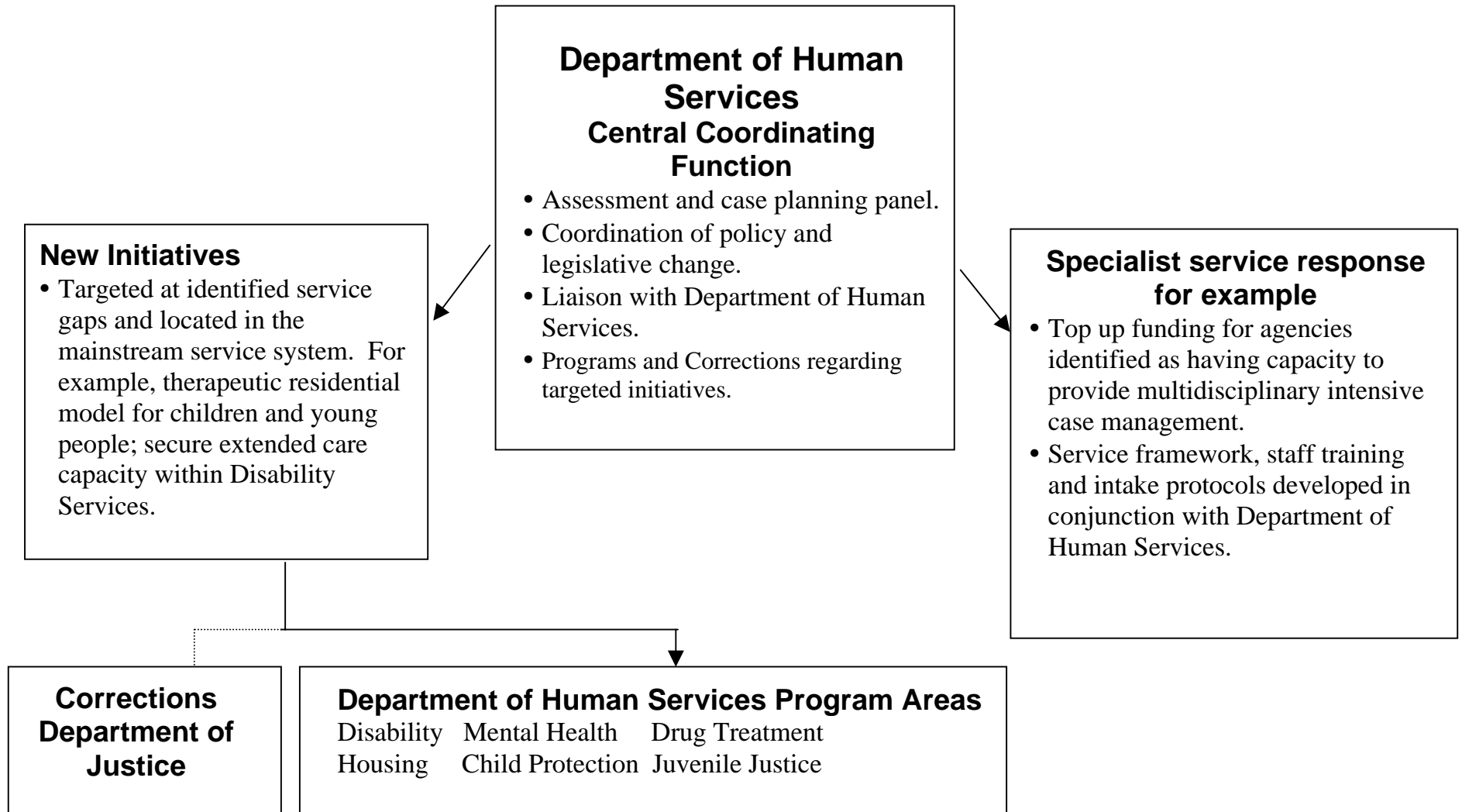
- There is also consistency in stakeholder views regarding the limitations of the legislative framework, the need to expand service eligibility requirements as well as the need for broader access to compulsory treatment and care options. However, views varied regarding mechanisms to ensure the protection of individual rights, particularly in relation to compulsory treatment and care options.
- The notion of the establishment of a panel external to the Department of Human Services received broad support from the majority of stakeholders. Again, views varied most in relation to the structure of this component and mechanisms to ensure relevance to individual regions.

Comment received from the August regional forums and statewide stakeholder consultations has been used to guide the development of a broad service framework proposal. This model will be presented at the September statewide forum for discussion.

Appendix I

Model Options Used for Discussion Purposes at August Regional Forums and Statewide Stakeholder Consultations

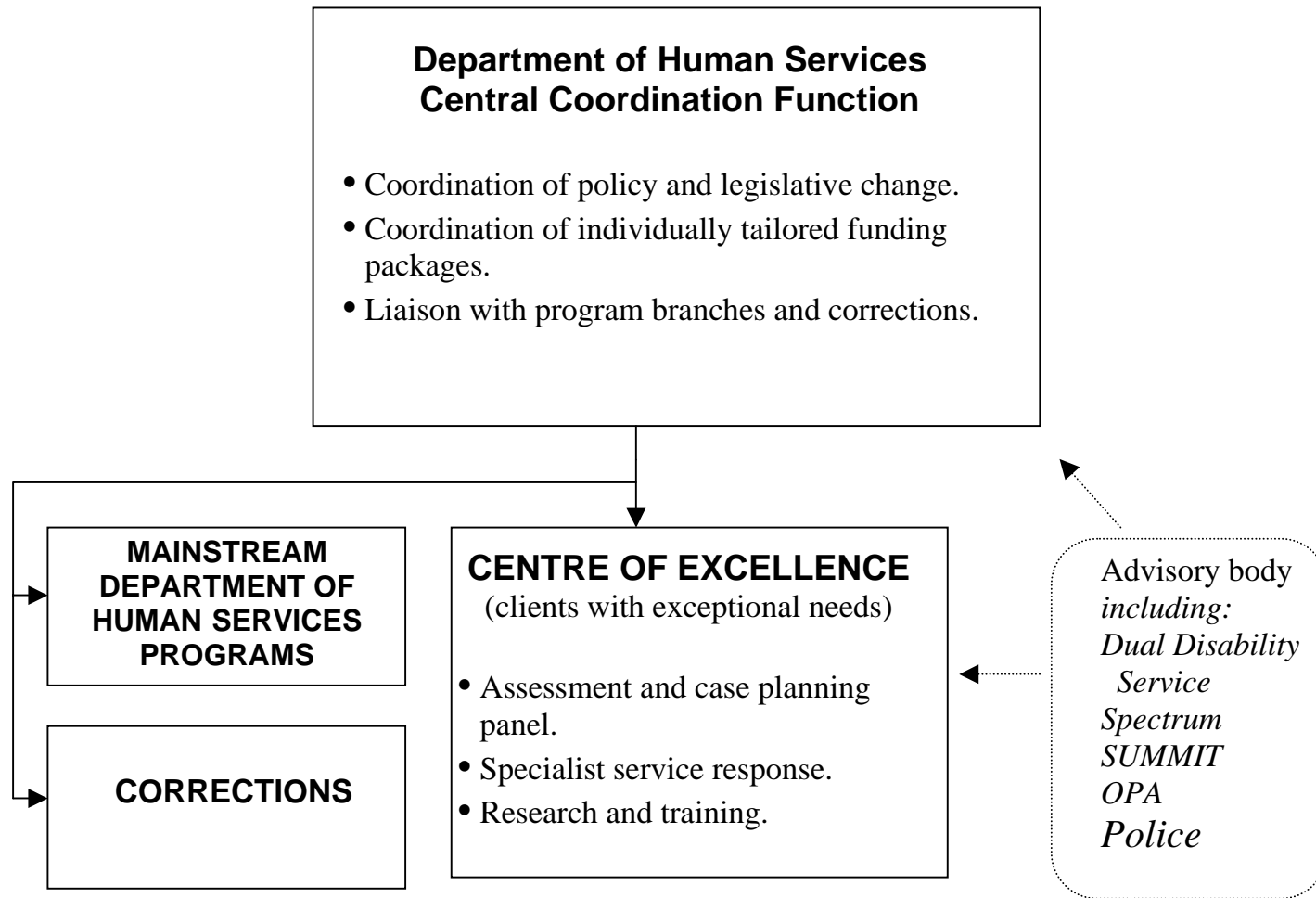
Draft Framework A (Outcomes)



Appendix II

Model Options Used for Discussion Purposes at August Regional Forums and Statewide Stakeholder Consultations

Draft Framework B (Outcomes)



Appendix III

Model Options Used for Discussion Purposes at August Regional Forums and Statewide Stakeholder Consultations

Draft Framework C (Outcomes)

