

The Disability Assessment and Advisory Team South West is a team of state government employed Allied Health Professionals working within the Tasmanian Department of Health and Human Services.

We work in the South West of Tasmania, working directly with people who have intellectual and multiple disabilities.

It is clear that many of the hardships faced by people with disabilities and their families are due to lack of resources which would enable people with disabilities to access equitable services in a timely manner.

The key areas that we feel that most affect people with disabilities in our community are:

1. Gaps to current services.
2. Recruitment and retention of suitably skilled allied health professionals.
3. Eligibility to the scheme.
4. Funding being matched to outcomes.
5. Supporting people with challenging behaviour.

1. Gaps to existing services.

There are many gaps in the services offered to people who have a disability and some of those most in need of support and basic services do not receive them. As Allied Health Professionals working within the Tasmanian disability field, we work with people whose quality of life is adversely affected because they don't have access to the necessary services. The provision of the following services would assist in plugging the gaps;

More accommodation options.

- Some people are forced to live rough, or camp on someone's floor, or stay in a group home that does not meet their needs. People are forced to live in incompatible situations because there are no other options. Transitional accommodation options, where people develop their skills before living more independently, are very limited. They often become blocked when people are unable to move to more independent accommodation, which results in less transitional options being available.

Case management offered to more people with an intellectual disability.

- Most people with intellectual disability don't have the organisational or planning abilities to secure services for themselves. There are no case management services widely available to people who have an intellectual disability in Tasmania.

More respite options.

- There needs to be more respite options available; both beds for out of home respite but also respite in the form of recreational activities.

More transport options.

- The lack of transport options causes social isolation and limits access to other essential services. There are no community transport options, aside from an expensive taxi subsidy scheme option and transport to medical appointments that need to be organised a week in advance.

More advocacy services.

- Because people with an intellectual disability often find it difficult to speak out about what services they need, additional independent advocacy services are required.

2. Recruiting and Retaining Allied Health Professionals

Allied Health Professionals are tertiary qualified professionals who are recognised as an essential and significant part of the rural health workforce, They are trained to assess,

support and develop a persons skills in everyday living, including their physical, communication, cognitive, sensory and psychological needs.

Allied Health Professionals are in a unique position to provide expert guidance to people with disabilities and those supporting them, and are able to provide these services in a timely and cost effective manner, contributing to the sustainability of services.

Recruiting and retaining allied health professionals to work in the disability sector is difficult. It is also difficult to recruit Allied Health Professionals to rural positions. All of Tasmania is considered rural for the purposes of health funding

Current Issues:

- A high level of professional skill is required to work in the disability sector. Attracting highly skilled allied health professionals to work in the disability sector is challenging. There is the additional challenge of recruiting to areas considered regional and rural (All of Tasmania is considered regional by the ASGC-RA rurality classification).
- Low level of interest for Allied Health Professionals to work in the disability sector. Speech pathology Australia reports that 2.6% of its membership is employed in the disability sector.
- As less people apply for advertised positions, employers are more likely to accept applicant with less experience than advertised position requires
- There are 60% less practising Allied Health Professionals per 100,000 population in rural areas (JAHSP)
- There is high turnover of AHP staff in Tasmania 42% Allied Health Professionals have been in their position for less than 2 years, and 44% are planning to leave their position in the next 5 years (UTAS)

The following strategies may lead to increased recruitment and retention of Allied Health professionals:

- Increase access to professional development opportunities
 - It is difficult to access discipline specific professional development opportunities within Tasmania. The majority of specialist professional development occurs interstate, which makes it both costly and time consuming for Allied Health Professionals to attend.
 - The introduction of both generic professional development programs, as well as discipline specific programs that are readily accessible to Allied Health Professionals in rural areas will increase the capacity of the sector to implement best practice support strategies for people with disabilities.
- Increase access to professional support networks
 - 49% of Allied Health Professionals in Tasmania feel professionally isolated, and 29% feel burnt out.
 - Accessing same discipline professional networks can decrease professional isolation, and also lead to increased opportunities to collaborate to develop best practice approaches.
 - This could take the form of a combination of face to face local networks, supported by the use of electronic mediums (including email networks, video conferencing) to facilitate nationwide networks.
- Increased availability of short term practitioners to provide locum positions
 - 63% of Tasmanian Allied Health Professionals feel that their service is chronically short staffed.
 - In many cases, there are no staff able to provide short term back fill of positions during periods of planned leave such as annual or maternity leave. This results in an increased workload on returning to work, and increased waiting periods for clients.
- Increase capacity of disability sector to provide Allied Health Professional student placements, including in rural areas.

- Research has shown that students exposed to placements in the disability sector, are more likely to take new graduate positions in the disability sector. Additionally, students taking placements in rural areas are more likely to take positions in rural areas.
- This may include providing students with the appropriate funding to find appropriate, short term accommodation in rural areas.

3. Eligibility for NDIS scheme.

The current criteria for access to Disability Services in Tasmania is outlined in the Disability Services Act (1992), with a review of the Act currently in draft form. The current criteria has proven to be open to interpretation regarding who is eligible to access Disability Services. This is confusing for people with disabilities and those who support them, as well as the professionals who are required to determine a person's eligibility.

The NDIS will need to develop a system for determining eligibility that:

- Involves appropriately qualified professionals who are skilled in interpreting complex diagnostic information regarding disability
- Is clear and easy to interpret for those who are required to make decisions regarding a person's eligibility for the scheme
- Encompasses a broad range of recognised disability types, as well as having scope to determine eligibility for those with significant impairments in functioning that might not easily meet a specific diagnostic criteria
- Is consistent across the jurisdictions and will allow for ease of transition between states
- Is not overly onerous for clients and their carers to be able to prove their eligibility; whilst also being thorough enough to exclude those whose difficulties relate to issues other than disability.

4. Providing services to people who use challenging behaviour.

Working to bring about change in the life of an individual with an intellectual disability who is displaying challenging behaviour doesn't fit neatly into single episodic treatment cycle. It often takes a considerable amount of time and professional expertise to create a successful outcome.

- Treatments plans need to be implemented with support and education from a trained practitioner to be effective.
- Funding Models need to take into account that programs need to be individualised, and training must meet the particular needs of the person using challenging behaviour, and the networks that support them. This can take a considerable amount of time

5. Matching funding to outcomes

There is a broad inequity across the sector as often those that can self advocate often receive higher levels of support. This is not an equitable system.

- Outcomes must be measured effectively in order to ensure that care costs are appropriate to the need. For example, providing a family with an accessible bathroom may allow them to provide care at home, rather than requiring care in a facility, where costs are much higher.
- There needs to be equitable access to resources. Currently, people with disabilities and their families who are able to self advocate may receive greater services than a person who is overwhelmed by the complexity of the system, and unsure of what and where to ask for help.

Evaluation of service providers

- Funding levels should be linked to evaluation of service outcomes. This should be audited and monitored and linked with funding to ensure Australian tax payers are receiving value for money.
- All services receiving funding should be evaluated by an external agency to ensure that they are providing the best possible service.
- There needs to be a set criteria to enable effective and regular accreditation in the disability sector.