

A partnership arrangement for the provision of therapy services for people with disabilities living in rural and remote Western Australia

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Introduction

This paper aims to explore the partnership arrangement between the Disability Services Commission (the Commission) and the WA Country Health Service (WACHS) regarding therapy service provision for people with disabilities in rural and remote Western Australia (WA). The paper will focus on the underlying principles and aims of the partnership arrangement, how the arrangement works in practice, the outcomes achieved, and further improvements that have been suggested.

Background

In rural and remote WA, the provision of therapy services for people with disabilities has evolved over many years. In the late 1980s, Perth based allied health professionals from the Commission provided a 'fly-in / fly-out' therapy service to country areas. People with disabilities living in these areas, who required therapy input, received a visit approximately once or twice a year, but in many cases this was not sufficient to meet their therapy needs.

In subsequent years, various changes in funding arrangements resulted in the implementation of other approaches to therapy service provision. For example, in the early 1990s the Department of Health (DOH) had primary responsibility and the majority of available government funding to provide therapy services for all West Australians, including people with disabilities.¹ However, to further support the DOH with the provision of these services in rural and remote areas, a small amount of additional funding was allocated to School Age Therapy Services (SATS) initiatives. In many country areas, this resulted in the formation of local SATS committees which aimed to develop and oversee therapy delivery models for children who had a disability.¹ Generally, these committees included local representatives from the health service, the Commission (i.e. Local Area Coordinators) and the schools. The main aim of the country SATS initiatives was to supplement the effort of Department of Health in the provision of therapy for school aged children.¹

Meanwhile, in 1993 the Commission's Country Resource and Consultancy Team (CRC Team) was formed. This also involved allied health professionals (therapists) from Perth visiting country regions, but differed from the original 'fly-in / fly-out' therapy model in that local country health services delivered therapy services for people with disabilities, whilst the CRC Team provided consultancy and support for the health service therapists.

In 2003, a Memorandum of Understanding (MOU) was developed between the Commission and WACHS (an Area Health Service of the Department of Health). The MOU clearly identified the funding and service arrangements between the two agencies for the provision of more accessible occupational therapy, speech pathology and physiotherapy services for people with disabilities in rural and remote WA.¹ In recent years, this MOU has been revised but continues to maintain the core principles and roles of the 2003 agreement.

In addition to clarifying the partnership arrangement, the MOU also provided one of the early foundations for the development of the Commission's 2008 'Count Me In—Disability Future Directions' paper (Disability Future

Directions).² Disability Future Directions outlines a clear blueprint for increasing the level of inclusion and participation of people with disabilities into mainstream community life in WA. It also includes pathways and strategies for mainstream service providers to ensure that steps are being taken to increase the accessibility and responsiveness of services for people with disabilities.² Thus, Disability Future Directions and the principles and practice of the partnership arrangement are closely aligned.

Overall, changes in funding allocation, responsibilities, and approaches, have occurred to facilitate the continued improvement in the quality, efficiency and effectiveness of therapy services for people with disabilities.

Current partnership arrangement

Today, there is ongoing acknowledgement that WACHS and the Commission have a shared responsibility with regards to the provision and support of therapy services for people with disabilities in country WA. This is underpinned by the 2010–2013 MOU which clearly outlines the agreed principles that form the basis of the partnership arrangement.

Principles of the partnership

- A collaborative approach that is based on shared values and understanding of roles and responsibilities, and coordinates effort and resources to promote more effective outcomes for all community members, including people with disabilities
- People with disabilities, their families, therapists, service providers and stakeholders (such as schools, the Commission’s Local Area Coordinators, the Country Resource and Consultancy Team, and parent / community support groups) have a role in planning, development and maintenance of effective and quality service approaches.
- Both parties are committed to providing quality therapy services:
 - As close as possible to where people live and work, and in a way that addresses geographical, cultural and other barriers
 - Within a universal system of care that provides equitable access to all people in the community, including people with disabilities, on the basis of relative need
 - By skilled health professionals who have access to specialist knowledge and support to enable them to meet the full range of needs of people with disabilities
 - Through consumer and family centred approaches which respond to needs within the context of family, social, community and service networks
 - Through a range of service delivery models which may include community based programs (home, school or work based programs); centre based programs (local hospital or community health settings); individual, group and population health programs; direct therapy or therapy assistant models; and individual therapist or team approaches (multidisciplinary, cross-disciplinary or trans-disciplinary); and
 - In a way that focuses on early identification and intervention, key life transition points, prevention of disability and development of community capacity.¹

In view of the above principles, it has been acknowledged that locally based therapists are in the most appropriate position—geographically and in relation to local knowledge of the community—to provide accessible therapy services for community members, including people with disabilities.¹ This is consistent with legislation, such as the Disability Services Act 1993, and other principles that mandate that people with disabilities should have equitable access to the same opportunities and services as other members of the community.³

However, it is also acknowledged that local therapists (i.e. WACHS occupational therapists, physiotherapists and speech pathologists) may require additional consultancy, training and support to enable them to meet the full range of complex needs that a person with a disability may have. This is therefore provided by the Commission's Country Resource and Consultancy Team.¹

Overall, the partnership arrangement between WACHS and the Commission aims to:

- enhance access and quality of therapy services for people with disabilities who live in rural and remote WA
- coordinate models of therapy service that are responsive to local community needs and resources
- increase knowledge and skills for WACHS therapists in relation to specific disability related matters
- increase professional development and professional collaboration for country based therapists.¹

In practice

The WA Country Health Service is responsible for funding and recruiting therapists to work in regional areas. The role of the country therapist is to provide direct therapy services for people within their local communities, including people with disabilities. However, there are a number of factors that can impact upon country therapists' ability to meet the needs of their clients. These may include: minimal experience working as a therapist, limited experience working with specific client groups such as people with disabilities, minimal experience working with a particular type of disability or health condition, reduced access to locally available training / resources and support networks⁴, geographical location of clients, large caseloads^{4,5}, and difficulty developing specialised skills in specific clinical areas due to the diversity of caseloads. For example, a therapist with a few years experience who has never worked in the disability sector may struggle to provide therapy services for a person with a complex disability. Similarly, a therapist who has many years experience in health, as well as working with children who have intellectual disabilities, may find custom-made equipment provision for adults with severe physical disabilities beyond their current capabilities. In these situations, the Commission's Country Resource and Consultancy Team (CRC Team) is available to assist.

The CRC Team consists of experienced speech pathologists, occupational therapists, and physiotherapists who provide disability related consultancy, support, training and professional development for WACHS therapists upon request. Assistance is predominantly requested in the areas of specialised equipment (e.g. custom-made and customised seating), paediatric assessment and intervention (e.g. child / family centred interdisciplinary assessment), specific clinical areas (e.g. Augmentative and Alternative Communication and Assistive Technology; development of self-care, communication, play, fine and gross motor skills within everyday routines) and person / family centred therapy programming (e.g. goal setting). In addition, support may be requested and provided in relation to accessibility of services, staff recruitment and retention, funding difficulties, indigenous issues, and access to contemporary evidence-based information and research.

In many instances consultancy, support and professional development can be delivered via telephone, email, videoconferencing, the provision of resources, representation on behalf of the country therapist at metropolitan based appointments and facilitation of links with other appropriate services. However, in circumstances where demonstration of particular skills, in-depth review of a client with complex needs, or face-to-face training is required, an on-site visit may be the most appropriate means of providing support.

In order to obtain on-site support, country therapists must submit a request with a brief indication of their clients' needs, and the areas of difficulty that require face-to-face CRC Team assistance. There are four opportunities a year where country therapists can request an on-site visit. Between 10 and 13 requests are usually submitted each quarter for a CRC Team visit. The CRC Team then attempts to schedule visits, within the school term, to all regions requiring on-site support. On some occasions however, due to the high number of requests, the CRC Team is unable to action all the visit requests. In these instances, visits are prioritised based on the urgency i.e. the needs of the people with disabilities and the possibility of long term negative impacts, the number of visits a particular region has received in the previous year and whether a region requested a visit in the preceding quarter but was unsuccessful.

Outcomes and improvements

Feedback provided by WACHS to the Commission, via an annual questionnaire and anecdotally, indicates that recently graduated and experienced therapists alike have benefited from the partnership arrangement, and the subsequent support offered by CRC Team. In particular, the majority of country therapists report 'increased' or 'significantly increased' knowledge and skills in working with people who have a disability.

In the CRC Team's recent 2010 Annual Questionnaire, the most prevalent comments from country therapists included the following:

- CRC Team visits are 'very useful' and 'valuable for specific clients', 'fantastic support for prescription (of equipment), educating and up-skilling local therapists and families'
- Phone and email support and resource provision is 'very useful' and 'helpful'
- Monthly educational videoconferences are 'helpful' in some instances (e.g. 'a great range of topics covered'; 'videoconferences are quick, easy and always beneficial'; 'effective way for team to receive professional development') but are 'not helpful' in others (e.g. scheduled on a day when a part-time country therapist wasn't working; 'appears to be the same topics each year')
- 'Great job', 'fantastic to be able to request interdisciplinary support' and 'this team is a lifesaver—there's always someone to turn to'

However, although feedback from country therapists was predominantly positive, suggestions for CRC Team improvement included:

- Increase provision of on-site training and training resources (e.g. 'on-site professional development during visits', 'local training', 'more ready to use resources', monthly 'tip/fact sheets')
- Consider country therapists' access to videoconferencing equipment when providing professional development
- 'More information on CRC Team's role', 'roles of each staff member' and staff member availability
- 'More staffing' (in order to increase CRC Team availability)

At present, various methods and strategies are being considered to address these suggested improvements.

Conclusion

Overall, the current partnership arrangement between WACHS and the Commission, which involves local therapy service provision accompanied by specialised support, has resulted in enhanced access and improved quality of therapy services for people with disabilities in country WA. The partnership is successful due to regular liaison and exchange of information between the Commission and WACHS, and the shared commitment to improving services for people with disabilities in rural and remote areas.

References

- 1 Memorandum of Understanding between the WA Country Health Service [WACHS] and the Disability Services Commission [DSC] regarding Therapy Services for People with Disabilities 2010–2013.
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- 3 Disability Services Act 1993 [WA]. [Cited 10 Jan 2011]. Available from URL: http://www.austlii.edu.au/au/legis/wa/consol_act/dsa1993213/
- 4 Struber JC. Recruiting and retaining allied health professionals in rural Australia: Why is it so difficult? The Internet Journal of Allied Health Sciences and Practice 2004; 2 [2]. [Cited 27 Jan 2011]. Available from URL: <http://ijahsp.nova.edu/articles/Vol2num2/pdf/Struber.pdf>
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