SARRAH

Services for Australian Rural and Remote Allied Health

National Disability Agreement Review
Productivity Commission
Locked Bag 2, Collins St East
MELBOURNE VIC 8003

Dear Commissioner

Thank you for the opportunity to provide input to this review on behalf of the members of Services for Australian Rural and Remote Allied Health (SARRAH).

SARRAH is the peak body representing rural and remote allied health professionals (AHPs) working in the public and private sector. SARRAH was established in 1995 and advocates on behalf of rural and remote Australian communities in order for them to have access to allied health services that support equitable and sustainable health and well-being. AHP's are tertiary qualified health professionals who apply their clinical skills to diagnose, assess, treat, manage and prevent illness and injury and support people with disability.

SARRAH maintains that every Australian should have access to equitable health and disability services wherever they live and that allied health professional services are basic and fundamental to the well-being of all Australians.

As the overarching agreement under which disability services are planned, the National Disability Agreement (NDA) is a key document for people with disability, their families and carers and the professionals who deliver the range of services they need. It is the NDA that describes:

- National objectives, outcomes and outputs for people with disability, their families and carers
- Roles and responsibilities of each level of government in providing and funding disability services
- Performance measures and benchmarks to track progress against the objectives, outcomes and outputs
- Policy directions and areas of reform.

SARRAH believes that having such an overarching agreement is necessary in a dynamically changing policy and program landscape, such as currently exists in the disability services sector.

SARRAH also notes the current work underway to review the National Disability Strategy (NDS), the high level policy framework guiding government activity across mainstream and disability specific public policy. SARRAH is looking forward to opportunities to provide comment and input to support this review.

SARRAH is aware of a range of issues relating to the support and delivery of disability services in rural and remote communities – and these concerns are likely to increase as the National Disability Insurance Scheme (NDIS) increases its reach nationally. SARRAH notes that these issues were previously identified by the Productivity Commission in its 2017 review of NDIS Costs, namely:

- market stewardship, which means facilitating the timely creation and development of the disability support market and ensuring that it develops in a way that meets objectives
- workforce development, including ensuring there are enough qualified workers to deliver high quality supports

- the provision of disability services to people who are not eligible for the NDIS and not covered by continuity of support arrangements – some States have signalled that they will not provide any specialist disability services and that all services to people with disability outside the NDIS will be provided through mainstream services, whereas others have stated that they will continue to provide specialist disability services in addition to mainstream services and
- the way the NDIS interfaces with mainstream services.

In rural and remote communities, these issues are a significant concern for people with disabilities, their family and carers and for the service providers seeking to provide the services needed through the NDIS and mainstream services.

SARRAH is concerned that how these specific issues will impact on the delivery of disability services in rural and remote communities is not well understood. This lack of understanding is compromising access to disability services in rural and remote communities and the viability of those services.

Market stewardship

The concept of a market for disability services is appropriate in major cities and major regional centres, but as remoteness increases, the concept of a market is no longer tenable. In small remote communities, the only provider of any health or disability services may be a Remote Area Nurse or an Aboriginal Health Worker, supported by fly in fly out professionals. Similarly, public sector allied health services are more common in rural communities that are too small to support viable private practices. Disability services, whether provided through the NDIS or through mainstream services have extremely limited reach into small rural and remote communities.

The lack of a market has significant implications for how disability services are provided to those who need them. The choice many people with disability, their family and carers have to face is whether to accept what they can source locally, or to leave the community to seek greater choice. Leaving may mean leaving support networks behind. Loss of support networks may actually result in higher needs once relocated.

Further, the role of Local Area Coordinators in such situations is more complex, as they work with services providers across sectors and often at considerable distance, to source appropriate supports for their clients. The challenges they face in knowing the range of local services available and in knowing where and how to sources external support can be considerable and may require them working across sectors to source viable options.

Workforce development

In small rural and remote communities, there is a limited pool of trained professionals and support staff, many of whom work across the health, ageing and disability sectors. Increasing the level of funding to the disability sector in this situation is likely to result in fewer services being able to be delivered to health and ageing. Recruitment of professionals can take significant time, and without guaranteed levels of service delivery, these professionals may not commit to the community for the medium to long term.

There is an urgent need for a national rural and remote health, disability and ageing workforce strategy that seeks to train and support the development of a skilled professional workforce, including trained support staff in rural and remote communities.

This strategy needs options that can be delivered locally, to grow and train local people to address local needs. With the projected growth in health, disability and aged care needs over the next 10-15 years, implementing locally based strategies to enable the delivery of certificate level training in

communities and mechanisms to support local access to degree based courses will support long term stability in recruitment and retention and also provide greater sources of employment in small communities.

Opportunities should be offered to co-design and deliver programs with communities to develop, deliver and evaluate culturally appropriate training and education with appropriately mentored local training placements across both certificate level courses and degree level courses.

Continuity of services

The question of which services will be funded by which level of government should be clarified as a matter of urgency. At the community level, people with disability, their family and carers and the professionals that support them need to know whether there will be funding to address their needs, and the level of that funding.

Small rural and remote communities generally do not have the economic resilience to be able to address significant changes in funding levels. Where additional funds are received for a specific project or period of time, the planning to train and/or recruit the staff needed to implement additional programs, or to source additional outreach professionals, may include lengthy lag times reducing the ability of the community to make the best use of the funds received. Where funds are lost or reduced, the impact can be great. Even small reductions can mean that the position impacted is no longer viable and leads to the loss of a position that was previously working across sectors.

The difficulty in recruiting and retaining professional staff to small rural and remote communities, particularly staff on contracts, requires consideration by funding authorities. Where continuation funding is to be bid for or negotiated, such activities need to be completed six months ahead of the expiry of the contract to ensure services are able to retain their staff. It can take twelve months to recruit staff, and without sufficient lead time, gains made can be lost quickly and trust in the service damaged severely.

Interaction with mainstream services

In small rural and remote communities, it is highly likely that all disability support services will be provided through mainstream services – or even by a sole provider, such as a Remote Area Nurse a Physiotherapist or an Occupational Therapist. These services may be supplemented by fly in fly out disability specific services where there is sufficient demand, with access to digital support services dependant on access to broadband with appropriate bandwidth. Many communities do not have access to these services at present.

In small rural and remote communities, services must also be culturally appropriate, making use of Aboriginal Health Workers to support the needs of people with disability, their family and carers. While access to choice in the provision and delivery of services is the intent of the NDIS, in these small communities, choice does not exist.

The role of Local Area Coordinators is crucial in understanding the range of local services and in educating local service providers and people with disability and their family and carers about what is available locally, what additional services they may need, and their options for accessing services not locally available – including what levels of funding may be available to support travel.

Feedback from SARRAH members in the field

Over the past 12-18 months, SARRAH members have come together to consider the way in which disability services and the NDIS are delivered in rural and remote communities.

SARRAH members are among the service providers delivering disability services in rural and remote communities. In doing this, they have encountered many challenges affecting the outcomes for people with disability, their family and carers including:

- there is often little genuine choice in rural and remote settings
- there may be significant challenges in accessing assistive technology and other urgent support services under the NDIS arrangements
- there is insufficient stakeholder consultation with consumers and providers in rural and remote areas about NDIS service provision
- there is a lack of community awareness about the role of allied health professionals in NDIS Care Plans
- Local Area Coordinators may not have sufficient understanding of the range of local services, including allied health services
- The cost of providing services in rural and remote settings is not recognised in the funding allocations for individual care plans
- The cost of providing services is not adequately reflected in the pricing models, in particular, travel and time commitments for rural and remote service delivery need to be reconsidered.

In conclusion, SARRAH is concerned at the impact of market failure in small rural and remote communities. Reliance on a market approach is limiting the effective implementation of the NDIS and other disability services outside the major cities.

SARRAH believes that this issue is one that must be progressed through the overarching National Disability Agreements and policy developed both nationally and by State and Territory governments to support more flexible arrangements that will provide appropriate disability services for people with disability, their family and carers living in rural and remote communities.

SARRAH is committed to working in partnership with the NDIS and other disability organisations to develop culturally appropriate, financially viable services that meet the challenges presented in Australia's small rural and remote communities.

Yours sincerely

Jeff House

Chief Executive Officer