

ASID Podcast – Season 3 Episode 3 bonus

Host	<p>Welcome to season three-episode three bonus of the ASID “Research to Practice” podcast.</p> <p>This podcast was recorded on the unceded lands of the Aboriginal peoples of Australia. We pay our respect to their elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples.</p> <p>In episode three we heard from Dr Stuart Wark and Associate Professor Angela Dew on their research on rural and remote experiences and issues for NDIS participants and providers.</p> <p>In this bonus episode, we will hear from Julie Cullenward about her experiences of transitioning to working under the NDIS, the strategies that her organisation has used to recruit and retain allied health professionals in rural and remote areas and the innovative practices used to continue delivering services during the COVID-19 pandemic.</p>
Host	<p>Julie Cullenward is the Practice Lead for Disability and Workforce Development at Marathon Health. Julie has over 25 years’ experience in service delivery in rural and remote areas in Occupational Therapy, education, and the disability sector. Her experience has been in front line service provision, senior management, and state consultancy roles. Julie’s interests are in the areas of clinical supervision, student clinical education, promoting evidence-based practice and innovative models of service provision for people living in rural areas.</p> <p>When the NDIS was originally envisaged in its early pilots and design phases, the idea was that it would operate in much the same way across Australia. A central feature of the design was that it would be nationally consistent.</p> <p>Julie shares her experience working within the NDIS as a service provider.</p>
Julie	<p>When I worked in the government disability services, the funding body at that time, you could only get one wheelchair and that wheelchair had to be your primary method of travel and be, you know, something that you would use – for example – in your home to get around. The NDIS has meant that with its focus on participation in the community will fund you a wheelchair to get out and about in the community, an electric wheelchair as well as a manual wheelchair, and that has just absolutely changed people's lives to be</p>

	<p>able to do that. I guess I'm just talking on behalf from the allied health perspective, primarily Occupational Therapy services, Speech Pathology services.</p> <p>We know that there is a recruitment retention issue in rural areas, and we know that the more isolated you go the harder it is to recruit and retain allied health and I mean the research is out there about that, and that's certainly our experience.</p> <p>We started as an NDIS provider when the NDIS rolled out in our region in 2017. We had at that time four Occupational Therapists and three Speech Pathologists who were working in a block funded program. One of them left because they were anxious about the NDIS and didn't understand it and two of them left for similar reasons, not being able to see the future, not being able to understand what it looked like: very different to what they had been in.</p> <p>We advertised for Occupational Therapists and Speech Pathologists at that time and got one applicant. We then developed a very targeted approach to recruitment and retention specifically for allied health to work in the NDIS system and we have been quite successful at that. We have had a very deliberate targeted approach, and we've used the research out there that's available to us to develop that process.</p>
Host	<p>We heard about some of the research findings for allied health recruitment and retention from Dr Dew in our previous episode.</p>
Julie	<p>It has been very successful. For example, we've targeted universities that are more likely to be the universities of choice for people who live in our rural patch. We know that people with a rural background are more likely to come back home or work in rural areas. We've used a lot of different approaches to try and attract them, and then once we've got them, we've got a new graduate program and a very targeted retention strategy program.</p> <p>So now we have around eight or nine Speech Pathologists and we have about 16 Occupational Therapists. We have a mix of new graduates through to seniors and we have just started an allied health assistant program.</p>

Host	Julie shares the experiences from NDIS participants about their journey of looking for NDIS service providers in rural and remote areas.
Julie	<p>The primary thing that they say is, "how long is the wait list?", for example, we have a 12-month wait list for occupational therapy services. And then they'll often say, "well, I want a service now," so then they'll go looking for another service and they'll ring back and say, "oh, I can't find another service. Can I put my name down?" So, they will put their name down for a number of different providers and just hope that one comes up before that lengthy wait time. So that's one thing that we're finding is that people understandably don't like the wait lists they want to find the right person at the right time to provide the right service in the right way.</p> <p>And so, people with complex disabilities do find travel difficult, and so they do want a service in their home. So, if that means they live in a more remote area we really are trying to promote that service delivery model where we can provide a service for them in their home, because that's another thing that they're telling us, that they want services in their community where they live, and they want consistency of service. So, if they do start working with say a Speech Pathologist or an Occupational Therapist and they form a relationship with them, they're happy with the service they provide, they want to keep that therapist if they can when their plan rolls over. That is sometimes difficult because of the hired amount, it means the wait list gets longer if people continue to work with the same person.</p> <p>So, some feedback we've had is that if you just go into a town, provide a service, and then don't go back, well then some of the towns have service fatigue and they won't go back. People value continuity, consistency of a service.</p>
Host	Marathon Health have recently worked in a town to assess and comprehend NDIS participants understanding of the pathways to services.
Julie	<p>What primarily came out of that in this particular area, was that people just do not understand the NDIS, and that's the thing that they're mostly asking about. So, there's still some lack of understanding in the communities about the NDIS- how to access it.</p> <p>Understanding the pathways to the different services is another issue. It's very fragmented. And so, if you're a person in a rural town and you want a</p>

	<p>service, the feedback that we have got from some people is the pathway to finding out of where to go for what service is difficult and unclear. So, there is a general misunderstanding about the NDIS and what is possible. From what I can see it's really had some fantastic outcomes for participants, people who traditionally in the past may have had to wait a long time for a piece of equipment, for a wheelchair once their funding is approved and they've got the service then it doesn't take so long to get the wheelchair. It's getting the service that takes the time.</p>
Host	<p>Local Area Coordinators have provided support to NDIS participants to navigate the service system and help to find the right service provider for them.</p>
Julie	<p>There is a need for coordination of services for people. A participant could have a number of different services and it can be confusing, and those services can all come from different organizations. And so, there is a need for coordination of supports for some families, because otherwise the silos exist and develop, and it can be confusing for the participant</p> <p>Where it works well, it works really well. There's been some local area coordinators who have really provided some excellent pathways for the people and I think that is possibly dependent on your skills and training and how long you stay in the job as well, the support that you get to do that role.</p>
Host	<p>Although many NDIS participants travel to their service provider, Marathon Health offers a different service delivery model.</p>
Julie	<p>Primarily our service delivery model is traveling to take the service to the people in their communities where they live. Because some of the services, for example, complex home modifications, complex equipment prescription, wheelchairs, beds, setting up trials, they really have to be done in their communities, in their home.</p>
Host	<p>The delivery of services by many NDIS providers was impacted by the COVID-19 pandemic. Julie shares her and her colleagues' experiences during this time and how it has changed the way they work.</p>

<p>Julie</p>	<p>Marathon Health have about 270 staff. We went virtual almost overnight, so from working in offices throughout Western New South Wales and Southern New South Wales, we were delivering services from home for a period of two months and then we took another two months to transition back into our offices. So, our service delivery models had to change almost overnight, and whilst we had some existing telehealth practices it wasn't our primary method of service delivery. So, we all were on an innovative ride trying to manage different service delivery models, different platforms, technology, and there were a number of challenges and also a number of really exciting innovations that came out of that process.</p> <p>Some of our challenges were obviously access for some of our rural clients. Data was another problem and also the education process around using the different platforms, and then there were some platforms that we could use that had confidentiality and then there were other platforms our clients might have wanted to use but we felt didn't have the confidentiality aspect to them, that we couldn't use. We were lucky we got some philanthropic funding from the Sidney Myer Foundation and Mutual Trust, and originally that funding was to help us deliver services to rural and remote areas and we would go and do some fly-in clinics, but we used that funding to buy some iPads and data access that we were able to send those out to some of our rural clients and they could use that so that they could continue on with their therapy.</p> <p>We found that telehealth models can use them. They work better if you have existing relationships or there is somebody around the person that can help them access the platform that you're trying to use and the service that you're trying to use. So, the key ingredients to success are having somebody locally, supporting the person to access the platform, and also that the clinician is skilled up. So, whilst we had some clinicians who were really skilled and used to using it, there were a number of people who were new to that service delivery method and that took longer. As we know, technology isn't very forgiving, and it presents challenges. So, in order to be able to actually provide a service that you had booked for that time, we found that that was important to have several different backup methods.</p>
<p>Host</p>	<p>Julie shares how working virtually impacted the services provided to NDIS participants.</p>
<p>Julie</p>	<p>Initially you have the conversation with the participant so that they are agreeable to the providing that service or having a go at that service. The</p>

	<p>time taken to set the service up to build the education process around getting to know and using that platform and that mode of service delivery was quite substantial. But many participants were happy to give it a go. Some said, "oh no, we'll just wait until you go back. It's just all too hard." Some waited for a while and then started, to use various parts of it whether it's just a phone conversation right through to using a sort of quite an interactive platform.</p> <p>So, a conversation with the client around how that meets with their plan and the billing was obviously the first place you would start and then you would have to review and monitor it as you went, because some things took a long time to set up and some people were able to run with it very quickly. And for example, a home modifications assessment that was provided in one of the more rural locations the therapist said, "well, my feedback on this is that it's just taken a lot longer, but the positive aspect is the clients have been really engaged. You know, they've been taking photos, they've been assisting me with the information I need." So, it's been a strength-based approach, but it has taken a lot longer.</p> <p>The education process was a real strength and some of the feedback that we've received has been that people like having a service whilst they're at home and don't have to travel.</p>
Host	During the COVID-19 pandemic, service providers needed to find innovative ways to also support their staff.
Julie	<p>Marathon Health had a very targeted communication program to all staff, led by our CEO. We had daily updates, we had an internal communique, staff were kept apprised of what was going on at all times. We had a session twice a week, with updates from one of the staff in the Clinical Governance Unit. The focus was on keeping everyone up to date with the current information at all times. There were lunchtime learnings developed, so we had mindfulness, setting up your workspace ergonomically, using your voice was run by one of the speech pathologists, we had a number of, trivia sessions, the types of things that you might have in a workplace.</p> <p>Teams connected with their team every day or every second day or regularly to keep them updated. There were a number of different ways that people</p>

	<p>were kept updated on a daily basis to try and reduce any anxiety due to the unknown. So that targeted communication approach and strong leadership really kept everyone together. It seemed to be reasonably seamless, our transition to being virtual and then our transition back into the office. And I really put that down to the staff being very well supported.</p> <p>There's certainly some things we'll take forward. For example, once you have set somebody up using a telehealth platform that can be a mixed mode of service delivery. And so instead of visiting all the time, you can complement your service with using a telehealth service which means that the NDIS funding can go further. During the close down we provided some student placements virtually, so we certainly learnt some lessons from that and we're certainly looking at models of continuing to be able to provide that sort of student placement because it opens it up to so many more people to be able to have an experience of rural practice.</p> <p>We're looking at all our technology systems and reviewing which worked well, what could be improved and that is just such a quickly changing space. We continue to find that challenging, because but it's changing so quickly that you have to keep up with it. And trying to find the best platform that will work for you and for people who want to deliver very high-end interactive services it can be very expensive for an organization. And if they put the money out for one system only to find that it changes again, and there's something better that's come out, I think that's a really big challenge for a lot of people.</p>
Host	<p>Thank you, Julie, for sharing your experiences of working under the NDIS in rural remote areas. You can read more about Marathon Health on their Facebook page, which we will link to in the show notes. You can also read Julie's article for OT Australia.</p> <p>We will link to the Allied Health Generalist Pathway program in the show notes. This is a program aimed at rural practitioners.</p> <p>Thank you so much for joining us for the episode 3 bonus of season 3.</p> <p>You can subscribe to the ASID Research to Practice Podcast via iTunes, Stitcher or anywhere you find your podcasts. Keep up to date with all things ASID on twitter via the handle @ASID_ltd, on Facebook @ ASID.asn.au or via the website ASID.asn.au. Or better yet become a member and enjoy access to a number of publications and benefits. Just go to our website asid.asn.au</p>

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	<p>This episode was produced by Emily Churchill, Gordon Duff, Sophia Tipping, Buffy Gorilla, & Hilary Johnson and was hosted by Emily Churchill.</p>
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