

**Submission**

**No 39**

## Outsourcing Community Service Delivery

**Organisation:** Speech Pathology Australia

**Name:** Ms Harmony Turnbull

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The Community Services Committee  
Parliament House  
Macquarie St  
SYDNEY NSW 2000

To Whom It May Concern

**Re: *Inquiry into outsourcing Community Service Delivery – 6 March 2012***

Speech Pathology Australia (SPA) is the national peak body for speech pathologists in Australia, representing approximately 4,500 members. Speech pathologists are university educated professionals with specific knowledge and expertise in all areas of speech, language, communication and swallowing. This includes disorders of speech, language, literacy and numeracy, and difficulties with eating and drinking. Speech pathologists work with large numbers of children with disabilities and special needs prior to and during their formal education, in the public and private sectors, education, health and disability. As such, the profession believes it is ideally placed to provide meaningful input to this inquiry.

This submission relates to potential outsourcing of disability services. Allied Health, including Speech Pathology, is a key provider of support to people with disabilities.

a) **Outcomes and impacts of transferring disability from Government to non-Government agencies:**

CLINICAL IMPACT

- High levels of clinical care and patient safety must remain the focus and priority in relation to disability service provision. Any revised system must have clear and transparent systems of accountability for, and measurement of clinical outcomes. Government services currently have mechanisms for ensuring quality of care including systems which ensure the appropriate qualification and registration status of clinical professionals who provide the clinical care.
- With an increase of services comes an increased need for accountability, particularly in relation to the provision of appropriate, timely clinical care. Effective mechanisms of governance must be considered as an essential part of this reform, given the high potential for service variability.
- There will be an increased need for mentoring by disability specialists for therapists working in other sectors who are developing expertise in disability.
- Clinical outcome measures should be multidisciplinary and developed by clinical staff in accordance with evidence based guidelines. Reporting of clinical measures should be able to reflect individual client and family requirements, be meaningful and not onerous. ([Principles of Practice](#), SPA, Reviewed 2011)

IMPACT TO CLIENTS

- There is potential to reduce access to clinical services and family support if there is not a clearly defined communication system and information.
- Health literacy in the community is variable and should be a fundamental consideration in the transition of services and as service users access individual funding and register for services with multiple service providers.
- Having clearly defined roles and responsibility of all disability agencies will be essential for all agencies involved with the provision of care, ranging from hospital based services, to General Practice services (Medicare Locals), private practice services providers and the Non Government Organisation (NGO) sector. Comprehensive Memorandums of Understanding (MOU) will be required to ensure this occurs.



- Systems for monitoring the capacity of NGOs to adequately manage the needs of very complex cases should be developed. The management of vulnerable clients is an additional consideration, given the complex management needs of many people with a disability.

#### CONSIDERATIONS FOR SERVICES

- Supporting efficient and timely access to services as a more complex matrix of services evolves will be essential.
- There is currently a myriad of management structures and governance arrangements within the NGO sector. Experienced managers are needed to effectively manage clinical teams, balance funding and streamline processes and structures. Effective management of clinical teams depends heavily on having an effective, robust system of management. Speech Pathologists who currently work in NGO settings report variability in the capacity of NGO to support their clinical requirements. There is also a perceived variability in the capacity of organisations to meet Key Performance Indicators.
- Organisations employing speech pathologists need to have access to appropriate clinical resources necessary for the provision of an evidence based clinical service.

#### SUPPORT FOR CLINICIANS

- SPA emphasises the importance of access to appropriate levels of professional leadership, support and supervision ([Position Statement: The Role and Value of Professional Support, 2007](#))
- On going professional support and training is mandatory for speech pathologists to meet SPA standards. Access to and funding for professional development should be a significant consideration in the establishment of services.
- SPA provides a Professional Self Regulation (PSR) program for SPA members. This program outlines minimum professional development standards for practicing speech pathologists in order to be certified [members](#).
- Membership with SPA and compliance with PSR requirements should be highly valued. NGOs should therefore be encouraged to ensure professional clinical personnel have access to adequate levels of professional development, clinical support and clinical supervision in accordance with PSR and other SPA requirements.
- In order for specialist staff to fulfil their workplace duties, maintain currency in professional knowledge, and provide clinical supervision Certified Practising Speech Pathologist (CPSP) status must be maintained.

#### WORKFORCE DEVELOPMENT

- Consideration should be given to the impact that outsourcing may have on student education arrangements and the capacity of services to offer student placements. SPA recognises the critical importance of clinical education to the ongoing viability of the profession. ([Clinical Education](#) - The importance and value for the speech pathology profession, SPA, 2005)
- Attracting and retaining appropriately skilled professionals should be a high priority.
- On going work in the Western Region for the Wobbly Hub and Double Spokes project is a project that could provide valuable information.



**b) Appropriate models to monitor and regulate service providers to ensure probity, accountability and funding mechanisms to provide quality assurance for clients**

- See above.
- SPA recommends clinical representation at all levels of governance and as part of probity processes.

**c) Development of appropriate levels of integration among service providers in rural and regional areas to ensure adequate supply and delivery of services**

- Existing and on going rural and remote workforce issues need to be addressed in a sustainable, systemic way.
- Recruitment and retention of speech pathologists in rural and regional areas has been recognised as an on going national challenge. There needs to be considered and appropriate workforce strategies implemented to address this.
- It should be recognised that professional development activities can be very difficult for rural and remote therapists. Dedicated funding and clinical backfill should be factored into rural and remote models of service delivery.
- Alternative models of service delivery for these regions should be considered.

**d) Capability frameworks ensuring that community agencies are not overly burdened by regulatory constraints**

- SPA believes that any revised process must ensure that there is a robust capability framework without additional burden on therapist time from onerous reporting requirements.
- Clear mechanisms will be required to support NGOs who may be unaccustomed to providing services to vulnerable and complex clients with additional case management needs.
- There needs to be clear, accountable, robust mechanisms for audit (internal/external) in relation to the quality of service provision. There additionally needs to be clear processes in place to support struggling or non-compliant organisations.
- Minimum data sets should be developed for collection across all agencies, outlining the model of service provision and minimum clinical outcome data.
- There can be potential for an added burden of regularly using clinical time to re-apply for funding for services in NGO and should be monitored.

**e) Enhanced capacity building and social integration in the delivery of services**

- SPA recommends that as a principle there is a focus on the improvement in quality of life through an overall holistic vision in supporting clients.
- Support frameworks should cater for interdisciplinary and transdisciplinary teams.
- Services should be supported and developed to be responsive to the local community according to needs identified by that community. This should involve appropriate community input and engagement, which reflects the needs of various consumers equitably.

**No comments for points f) and g)**

**h) Use of technology to improve service delivery and increase cost effectiveness**

- New and emerging ways of accessing service should be utilised and expanded where appropriate and financially feasible. For example:
  - o Telehealth
  - o Video case conferencing



- All services must comply with IT standards which clearly outline appropriate access to IT support including:
  - o computer access and standard software programs
  - o internet access for clinical and professional resources
  - o access to online journals and other educational and training materials
- Adequate and contemporary technology for communication (Augmentative and Alternative Communication aides and devices) should be accessible to speech pathologists working in the NGO sector.

**i) Comparison of the management and delivery of similar services in other jurisdictions**

- SPA recommends that the committee commission further work into this important point.
- The committee should refer to the literature base for evidence relating to NGO vs Government services.

**j) No comments**

SPA notes that no formal request for feedback into this important process was received. This is disappointing given the crucial role therapy services, including speech pathology play in the management of clients with a disability. Allied Health disciplines and its representative organisations must be consulted when developing systems for monitoring management, probity and accountability of services to people with disabilities. Speech Pathology Australia looks forward to further consultation if and when any steps are taken in outsourcing disability services.

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