Review of the Speech Therapy Initiative

July 2006

FINAL REPORT

the Nucleus group

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EXECUTIVE SUMMARY

Background

The Victorian Government is committed to building a more inclusive community so that people with a disability can participate in the community with the same rights and opportunities as all other citizens. The *Victorian State Disability Plan 2002-2012* looks forward to a stronger more inclusive community, a place where diversity is embraced and celebrated, and where everyone has opportunities to fulfil their aspirations and to participate in the life of the community.

In order to achieve these goals, barriers to community participation and inclusion for people with a disability and complex communication needs must be overcome.

Historically, Victorians with complex communication needs have had limited access to specialist speech therapy services and support in their local communities. More recently, additional funding for speech pathology services has been made available and the *Speech Therapy Initiative* was devised to respond to the following issues:

- Inequitable access to speech therapy services across disability specific groups and regions, particularly for adults living in rural Victoria.
- Inadequate intensity and frequency of support to address the ongoing and changing nature of complex communication needs at local levels.
- Inadequate levels of recruitment and retention of specialists in complex communication needs.
- The need for skilled communication partners in creating communication opportunities for people with complex communication needs.
- Lack of knowledge and skills within the general community in relation to interacting with people who have complex communication needs.

Review Methodology

The objective of the *Review of the Speech Therapy Initiative* was to evaluate the service design, implementation, operations and outcomes for the target group[1] of people with a disability who have complex communication needs.

The review methodology was developed according to a defined framework with a focus at three key levels:

- Structure: establishment of the Speech Therapy Initiative.
- Process: activities undertaken by the Speech Therapy Initiative.
- Performance: the service delivery model and achievements.

Major stakeholders were consulted in development of the methodology and their views and input incorporated.

Data was collected over one year, from July 2005 to June 2006, using multiple methods to incorporate the perspectives of different stakeholders. Major data collection strategies included interviews, focus groups, a survey of speech pathologists, good practice profiles, meetings and workshops.

[1] The target group (as defined in the *Interim Speech Therapy Initiative Guidelines, Draft, June 2005*) is adults from18 to 65 years with complex communication needs who are eligible for services under either the IDPSA (1986) or DSA (1991).

Service Model

The Speech Therapy Initiative was based on a 'hub and spoke' model, where networks are created across clinical and geographic boundaries to enhance access, quality and effectiveness of care. The hub and spoke model has been used successfully elsewhere in service delivery systems that require geographically dispersed delivery of usually highly specialised services, where such services are not generally or regularly available in local communities.

Hub and spoke model services can vary in structure and function but typically comprise a central hub (in this case, the *Communication Resource Centre*) providing specialist expertise, resources and support to outlying nodes (*Regional Communication Services*) responsible for service provision.

The role the Communication Resource Centre is to:

- Co-ordinate and support a statewide network of speech therapy services for adults with complex communication needs.
- Provide specialist clinical and professional support to the Regional Communication Services in order to ensure consistency and high quality service delivery statewide.
- Support community awareness activities and skill building in local communities.
- Undertake research and evaluation activities to promote better services for people with a disability and their communication partners.

The role of Regional Communication Services includes to:

- Provide speech therapy services to adults with complex communication needs.
- Train support workers, families and significant communication partners.
- Work in partnership with the Communication Resource Centre to develop clinical and professional skills to enhance specialist knowledge of people with complex communication needs.
- Develop a responsive, seamless service system with choices for people with complex communication needs by working in partnership with existing community-based services in the local area.
- Develop and implement strategies to promote community awareness and education, to facilitate the inclusion of people with a disability who have complex communication needs in their communities.
- Provide consultancy services to promote better communication for people with complex communication needs.
- Assist in developing and maintaining a local network of speech pathologists to promote and support professional development activities.
- Provide supervision of undergraduate speech pathology students.

There are 11 Regional Communication Services across Victoria, eight in provincial areas.

Effectiveness of Service Model

The distribution of Regional Communication Services recognises local services are best placed to meet local demands. The hub and spoke model has allowed the Speech Therapy Initiative to:

- Begin the development of an integrated statewide network of services.
- Provide closer physical proximity between clients and workers with expertise in complex communication needs.
- Develop ongoing contact with other local service providers, including speech pathologists in acute health and other settings.

This has expedited client assessment and development of communication strategies, and increased access to augmentative and alternative communication devices.

Individual Services

It has been demonstrated that the Speech Therapy Initiative is an effective agent for change in the delivery of speech pathology services to people with complex communication needs. The service has:

- Increased the amount of resources and level of skills available to assist people with complex communication needs.
- Provided access to specialist assistance as needed for individual clients.
- Increased knowledge of augmentatative and alternative communication within Regional Communication Services.
- Spread understanding and awareness through links within the community.

However, while a number of clients that have used the service have experienced positive outcomes, to date comparatively few clients have had this opportunity. Of these, only a small proportion have received a volume or intensity of service likely required to achieve their potential (this is a matter that needs to be addressed in the ongoing development of the service model).

Community Capacity Building

The Speech Therapy Initiative evolved to incorporate a strong element of community capacity building as a way to promote inclusion and participation in the community for people with complex communication needs. Community capacity building has been seen as a way of building community awareness, understanding and acceptance of disability and complex communication needs.

A wide range of community capacity building projects have been undertaken by Regional Communication Services, supported by the Communication Resource Centre, aligned to the goals and objectives of the Speech Therapy Initiative. Common themes amongst projects were building on existing knowledge and skills within the community to solve problems relating to participation and inclusion, and the development of resources (e.g. obtaining project funding, equipment, specialist support, information and materials).

Using community capacity building to increase participation and inclusion has been an effective component of the Speech Therapy Initiative and a number of projects have achieved significant breakthroughs. However, alongside these successes, while indications are positive, success in community capacity building needs to be measured against sustainability: change must have a life beyond the immediate project. Given the timeframe for this review, it was not possible for projects to demonstrate sustainable change in issues restricting participation and inclusion. Further evaluation would be required.

Conclusion

The Speech Therapy Initiative is an exciting project that challenges the traditional way of thinking in relation to complex communication needs, enabling new initiatives to be trialed and implemented. However, it is still very much a new project that is continuing to develop and while it has achieved a number of goals, there remains significant potential that can only be realized with commitment to the longer term.

All staff working in Regional Communication Services and at the Communication Resource Centre have shown exceptional dedication and commitment and this has been a significant factor in achievements to date.

The Speech Therapy Initiative is an effective model capable of addressing equity of access to speech therapy services and increasing intensity and frequency of support for people with complex communication needs. It has taken some significant steps in a number of areas including recruitment and retention of specialists in complex communication needs, building levels of knowledge and skills within the profession (through peer support, contribution to undergraduate education and research), and providing support for communication partners and sections of the general community in creating communication opportunities for people with complex communication needs.

Like most new programs, the process of development has presented both successes and challenges and yielded a range of observations of use both in the ongoing development of the Speech Therapy Initiative and in planning other 'hub and spoke' services. Among changes to consider in fine-tuning the Speech Therapy Initiative are mechanisms to increase if not the amount then the efficiency of the limited resources available at Regional Communications Services, further efforts to overcome difficulties in recruiting and maintaining speech pathology staff, and the development of a performance management framework that includes both appropriate measures of achievement and a commitment to monitoring and reporting.

Additional emphasis should also be placed on work directly with individuals with complex communication needs and their major communication partners (including families, carers and staff at disability support services). While a community capacity building approach, in the longer term, directly complements primary speech pathology services and in some cases is a vital adjunct to the success of such interventions, within the Speech Therapy Initiative a balance of effort should, in the absence of additional resources, be maintained between the two.

A summary of recommendations follows over the page, numbered according to the order of their appearance in the report (and not their priority or relative importance).

Summary of Recommendations

#	RECOMMENDATION	WHO
Program Management		
1	Build on the existing framework for agreements between Regional Communication Services and their auspice agencies to specify the roles and responsibilities of each in further detail.	DHS/CRC
2	Examine ways to introduce greater certainty in positions for speech pathologists in Regional Communication Services.	DHS/CRC
3	Build on the existing guidelines for the Speech Therapy Initiative to ensure clarity in objectives, performance measures and reporting requirements, and to provide a quality assurance framework to guide ongoing function of the service.	DHS
4	Develop an evaluation framework for the Speech Therapy Initiative that can be used to objectively measure the outcomes for people with complex communication needs over the next funding triennium.	DHS
5	DHS Funding Agreements should clearly specify intended service delivery targets, measures and reporting schedule. DHS should ensure consistent adherence to data collection and reporting conventions.	DHS/Regions
6	Consult with the Communication Resource Centre (around future statewide directions and priorities) when developing Funding Agreements with Regional Communication Services.	DHS Regions
7	Develop a program brochure to explain, clarify and market the service to potential clients and partners across Victoria.	CRC
8	Develop links and promote partnerships between the Speech Therapy Initiative and other relevant initiatives and programs both within and outside DHS.	DHS
Services for People with Complex Communication Needs		
9	Updated Speech Therapy Initiative Guidelines should require all Regional Communication Services to include the provision of individual services for people with complex communication needs amongst their activities.	DHS
10	Depending upon assessed local needs, the Communication Resource Centre and each Regional Communication Service should select one service to work with (on a 'whole of service' basis) in each region each year. The role of the Communication Resource Centre would be to coordinate the program on a statewide basis (including the development of a consistent process, resources and documentation to guide 'whole of service' approaches) and contribute to the work being undertaken in each region alongside local speech pathologists.	CRC/RCS

#	RECOMMENDATION	WHO
Peer Support		
11	Develop regional lists of target groups for peer support; ensure that DHS Specialist Services (Disability Client Services) are amongst the priorities.	RCS
12	Ensure that the availability of support in augmentative and alternative communication systems and working with people with complex communication needs is widely promoted to community-based speech pathologists, relevant groups and services.	CRC/RCS DHS
13	Develop more partnerships and alliances with other bodies, special interest and expert groups to expand the range of contributions that may be available if required.	CRC
14	Develop a process to monitor the ongoing effectiveness of the peer support program and the quality of relationships.	CRC
15	Further develop knowledge management strategies within the Speech Therapy Initiative including a system that provides efficient recall and reference.	CRC/RCS
16	Ensure speech pathologists working within the Speech Therapy Initiative have access to ongoing professional development opportunities to maintain and update the skills and knowledge required to perform their role.	DHS/CRC
Community Capacity Building		
17	Ensure that the Speech Therapy Initiative continues to incorporate community capacity building as a way to promote inclusion and participation in the community for people with complex communication needs.	DHS
18	Ensure that the community capacity building approach utilized within the Speech Therapy Initiative incorporates a strong focus on the development of local leadership (who will be best placed to determine local needs and the most effective way to respond to these).	CRC/RCS
19	Develop a framework to assess the impact and outcomes of community capacity building projects conducted within the Speech Therapy Initiative, over a timeframe suited to the nature of the projects.	DHS
20	Develop a database of community capacity building projects across Victoria, including strategies and key success factors, to assist in generating ideas for new or extended programs.	CRC
21	Community capacity building projects that can demonstrate success at local levels should be considered for statewide implementation, coordinated by the Communication Resource Centre.	CRC
Research		
22	Develop methods to encourage Regional Communications Services to contribute to the development of the research agenda and, subject to interest, provide avenues for them to be involved in relevant research projects.	CRC
23	Consolidate links and partnerships with appropriate research and educational institutions, in order to advance research relating to people with complex communication needs and their partners.	CRC

INTRODUCTION

Background

The objective of the *Review of the Speech Therapy Initiative* was to evaluate the service design, implementation, operations and outcomes for the target group[2] of people with a disability who have complex communication needs.

To address the review objective, questions investigating key dimensions of the service - *structure, process* and *performance* - were developed and a multi-focus, one-year strategy was designed to complete the evaluation (please refer to a separate paper *Review of the Speech Therapy Initiative – Design Evaluation June 2005).*

This *Final Report* provides a synopsis of the methods used to review the service (including processes of data acquisition, analysis and interpretation - refer to *Evaluation Framework* at Attachment 1) and examines the achievements of the service including in relation to the broader objectives of strengthening the community to promote better services and improved connectedness for people with complex communication needs.

The development of the Speech Therapy Initiative was informed by two analyses of speech pathology services for people with a disability with complex communication needs (Rawlinson 2001[3]; Perry, Reilly et al. 2002[4]). As both these reviews were quite comprehensive in nature, review of literature for this current report was restricted to recently published works. The purpose of reviewing literature within the current project was to update existing information and identify areas relevant to the focus of evaluation within the *Review of the Speech Therapy Initiative*. The following sections present key points drawn from the literature of relevance in the design of the *Review of the Speech Therapy Initiative*.

'Hub and Spoke' Model

'Hub and spoke' model services can vary in structure and function but typically comprise a central hub that provides specialist expertise, resources and support to outlying nodes responsible for service provision. The hub and spoke model has been popularly applied in medical and human services systems in programs that require outreach or geographically dispersed delivery of highly specialised services (McKinley, Bryan-Smith et al. 2002). Particular applications have been identified in telemedicine (Victoria, USA), cardiology (UK), urology (UK), emergency services (NSW) and diabetes services (WA).

[2] The current target group (as defined in the *Interim Speech Therapy Initiative Guidelines, Draft, June 2005*) is adults aged between18 and 65 years with complex communication needs who are eligible for services under either the IDPSA (1986) or DSA (1991).
[3] Rawlinson, K. (2001). Speech Therapy Initiative: Development of Speech Therapy Services for People with a Disability who have Complex Communication Needs. Interim Report. Melbourne, Disability Services Division Department of Human Services.
[4] Perry, A., S. Reilly, et al. (2002). An Analysis of Needs for People with a Disability who have Complex Communication Needs. Melbourne, LaTrobe University.

To date there are no reports of hub and spoke models in speech therapy; however, a recent report by Bourner (2001) described how telephone consultations can be successfully built into the hub and spoke model of service delivery and Granlund et al (1995) advocated a similar strategy thus giving support to the potential suitability of the hub and spoke model when providing specialist services across large geographic areas.

Features of all service systems to which the hub and spoke concept is applied are the need to create provider and consumer networks across clinical and geographic boundaries to enhance access, quality and effectiveness of care; the need for highly specialised services not generally or regularly available in local communities; and a need to achieve fairness and equality of the distribution of services.

Evidence Based Practice

Evidence-based practice is relatively new to the field of augmentative and alternative communication (Schlosser 2003). Consequently as noted by Perry, Reilly, Bloomberg and Johnson (2002), many of the decisions made in this field are not grounded in research evidence. Despite this, there is agreement that best practice is informed by research and that research is often developed through practice; Schlosser suggested the following definition: "*Evidence-based practice is defined as the integration of the best and current research evidence with clinical/educational expertise and relevant stakeholders' perspectives to facilitate decisions for assessment and intervention that are deemed effective and efficient for a given direct stakeholder".*

Schlosser (2003) stressed that there needs to be a synthesis between research and clinical practice and that it is important to find evidence that is recent. He noted, along with Raghavendra (2000) that the heterogeneity of the population, the need for individualized communication systems and interventions, and the ever changing nature of communication across different contexts makes the development of a hierarchy of evidence difficult. Schlosser presented a possible hierarchy for evidence-based practice with the caveat that practitioners must agree on a framework for evaluating research evidence and that this is an area that warrants further discussion.

One of the most important issues in any evaluation of services for people with complex communication needs is the social validation of outcomes by those who are involved in or affected by the service (these people being the best judges of the efficacy of any treatment, intervention or management program). The methodology adopted for this review adhered to this philosophy and sought to consult with the various stakeholders at key stages.

Evaluation Criteria

Stakeholders will hold different criteria by which they evaluate an organisation (Connolly, Conlon et al. 1980; Herman and Renz 1997). An organisation is seen to be effective when it satisfies the requirements of the range of stakeholders that have an interest in the organisation (Zammuto 1984; Tsui 1990).

Performance measurement can be defined as measurement on a regular basis of the results (outcomes) and efficiency of services or programs (Hatry 1999). In judging an organisation's performance, evaluators seek to answer questions such as 'is the money well spent', 'is an agency operating efficiently', 'are the programs effective' and 'are the programs revised and improved as the agency learns from experience.'

Drawing on the literature, attributes of the *Speech Therapy Initiative* that this review has sought to examine include:

- Letts, Ryan and Grossman (1999) suggested that organizations may best fulfil their mission and achieve impact through **building organisational capacity**. In other words, organisations should establish performance expectations and processes that include measuring and improving performance and systems for learning, innovation, quality and motivation.

- Milofsky and Blades (1991) proposed that **accountability** included an obligation to preserve the public trust vested in the organisation by open and transparent structures and reporting processes. The notion of accountability assumes both an active dimension covering performance and conduct as well as an ethical dimension, suggesting a composite of obligation, responsibility and responsiveness: in other words, accountable 'to whom' and 'for what' (Herman 1992; Kearns 1996).

- McDonald (1993) suggested that **efficiency** can be described in terms of achieving desirable outputs for a given level of resources. Other definitions of efficiency focus on the maximisation of total benefits from the use of a given amount of resources (McClelland 1991) and achievement of optimisation in both level of output and least-cost production (Richardson and Wallace 1989).

- **Effectiveness** is not easily defined and is contingent upon the perspective of who is asking the question (Herman and Renz 1997). Mohr (1983) argued that effectiveness was a measure of *'how well or to what extent something is accomplished'*. Sax (1990) suggested that effectiveness is concerned with the use of allocated resources coupled with a judgment about value obtained for the investment. Dawson (1992) argued that assessment of performance should cover effectiveness or goal attainment, efficiency or value of inputs to outputs, and system or process characteristics such as the ability to manage the internal and external environments of the organization.

- **Equity** is a concept deriving from a wish to maximise the well-being of the community by ensuring that all people have the opportunity for a full and satisfying life (Sax 1990). McClelland (1991) described several different dimensions of equity: a minimum standard of care, equal resources for equal need, equal opportunities for care where needs are equal, the same amount and quality of care where needs are equal, and equality of health outcomes.

- Donabedian (1992) discussed three related tiers of information from which inferences about **quality** of care can be drawn: *structure* is defined as the physical and organisational properties of the settings in which care is provided, *process* is the activities performed, and *outcomes* is what is ultimately accomplished for the service users.

- Draper and Hill (1995) suggest that **consumer feedback** is essential information for quality assurance. Focus on the experiences and opinions of the individual is paramount and the individual's right to make choices, access information and to participate in decision-making have been identified as important elements to be incorporated in any judgments concerning the outcomes of care (Consumer Focus Collaboration 2000).

CONTEXT

Given the philosophy and function of the *Speech Therapy Initiative*, the methodology for the conduct of this review was developed within a broad context incorporating social capital, inclusion and participation.

From a review of available literature, the following sections provide an important backdrop against which *Speech Therapy Initiative* must be understood and assessed.

Social Capital

The potential for social capital to make a positive contribution to outcomes in areas such as health, community safety, personal support, housing and education has attracted substantial interest from policy makers, social analysts and researchers in most developed economies.

The OECD (2001) suggests that the presence of social capital provides a range of social and economic benefits. This is echoed by World Bank (1998) research that has found that the existence of amounts of social capital was critical for poverty alleviation and sustainable human and economic development. The Australian Productivity Commission (2003) concluded that *'there is mounting evidence that social capital can enhance several facets of personal and community wellbeing'*.

Bullen and Onyx (1998) argue that in communities with high levels of social capital, people feel part of the community and that a higher level of participation in community networks and organisations is evident.

Gaining currency as an internationally accepted definition of social capital is that of the OECD (2001), with social capital being viewed as *'networks, together with shared norms, values and understandings which facilitate cooperation within or among groups.'*

The Australian Bureau of Statistics (2004b) suggests that *'social capital relates to the resources available within communities in networks of mutual support, reciprocity, and trust. It is a contributor to community strength. Social capital can be accumulated when people interact with each other in families, workplaces, neighbourhoods, local associations, interest groups and a range of informal and formal meeting places.'*

In Australia, considerable activity is underway to develop appropriate frameworks to understand and measure social capital. These include the development of a data collection framework for use in the 2006 census by the Australian Bureau of Statistics and the Australian Institute of Family Studies, and the *Families, Social Capital and Citizenship* project which has developed measures of social capital in key areas such as informal ties, generalised relationships, institutional relationships, and the diversity and extensiveness of people's networks. Internationally, agencies such as Statistics Canada, the European Union and the Office of National Statistics (UK) are currently progressing work on the measurement of social capital.

Directions in Public Policy

Growing recognition of the close connections between many areas of government endeavour is evident in public policy trends in Europe, Canada, New Zealand, Australia and the UK. Emphasis has shifted from a program planning approach to one that is more inclusive, integrated and community focused. Public policy goals are seeking to find an appropriate balance between areas of government, business, community and individual endeavour and responsibility, and rhetoric refers to this shift through terms including 'whole of government', 'joined-up government', 'New Deal' and 'triple bottom line.'

Within Australia, the policy aspiration of an inclusive community is expressed as the need for supportive communities, distinguished by high levels of social exchange and sufficient resources to maintain and enhance individual and collective well-being. The Australian Bureau of Statistics (2004b) notes that *'every [Australian] state and territory government, either in its premier and cabinet department or as a specific community department, has a unit devoted to encouraging community participation in planning and managing economic, social and environmental sustainability'*.

In Victoria, social policy has taken on board the mitigation of disadvantage and the encouragement of economic and social advantage and sustainability. Policy interest in individual and group participation, community wellbeing and strong communities and concern for society as a whole is expressed in a range of related dimensions including:

- **Social participation** - community participation in the form of relationships with family, friends and the wider community, spirituality or sense of purpose in life and meaningful activities including socialising and leisure activities are considered to be important in achieving more general wellbeing outcomes.
- **Social attachment** - **i**n a more general context, it refers to the way in which people bond, interact with, and feel about other people, organisations and institutions (such as clubs, business organisations, political parties and government organisations).
- **Social inclusion** - considered to exist when people can participate fully in the social and economic life of their community. Formal structures, institutions and informal relationships work to remove barriers to participation that might be experienced by some individuals or populations.
- **Social exclusion** - refers to inability to participate adequately. Barriers to participation may be legal, administrative or based upon lack of social acceptance including for reasons of race, language, culture, gender, age and/or isolation.
- **Social cohesion** - balance between overcoming exclusion and stimulating commitments and relationships between individuals and groups. Incorporates two related dimensions of societal development – the reduction of inequalities, and strengthening social connections, ties and commitments to a community.
- **Community** - the term 'community' has a wide range of meanings from very broad (e.g. global or national) to very specific (e.g. defined by location, common interest or kinship) (ABS 2004b).

Developing a Strong Community

Within Australia, recent evidence suggests quality relationships and a high level of involvement in the wider community leads to a better quality of life (OECD 2001; Productivity Commission 2003; ABS 2004b).

In Victoria, a central thrust of current government policy is the development of stronger communities. Communities are viewed as being rich in assets that can be activated and utilized to provide the essential substance for social change and development. Community development is a technique that can be used to assist communities to grow social capital through developing communication skills and by using collective activities to enhance material well-being in the community.

'Community' can be thought of as being locality (place-based) or interest based (Howe and Cleary 2001; Department for Victorian Communities 2004a). Locality-based communities exist at a variety of geographic levels, such as neighbourhood, work place, suburb, town or city, district or region, state and country. Interest-based communities are groups that are drawn together on the basis of common interest and include groups such as sports clubs and hobby groups.

Well-functioning communities are often described in terms of being sustainable, resilient, having capacity or as being 'healthy'. Assessing a community's strengths involves some combination of indicators that cover natural resources, economic production, human resources and social capital. The UK Home Office (1999) identified characteristics of a *'good and well-functioning community'* including communities that are fair and just, empower its members, economically strong, caring, safe and welcoming and one that is lasting.

An Australian study (Black and Hughes 2001) considered that community strength incorporated the principles of equity, comprehensiveness, participation, self-reliance and social responsibility. Black and Hughes proposed that community strength be defined as: *'the extent to which resources and processes within a community maintain and enhance both individual and collective well being in ways consistent with the principles of equity, comprehensiveness, participation, self-reliance and social responsibility'.*

The Department for Victorian Communities suggests that *'A strong community is one constituted by people that understand its social, economic and environmental assets and are working towards sustainability. Strong communities also understand and work with their most disadvantaged populations to ensure minimum standards for all. To do these things, members of a strong community need to be engaged, involved, feel capable of working through issues and be supported through external partnerships '(2004b).*

Considerable research is currently being devoted to measuring and setting standards of social, environmental and community well-being. In this domain, measurement tools tend to focus on 'big picture' achievements at a regional, statewide or national level[5].

[5] Examples of these measures include the *Australian Social Capital Framework* (Australian Bureau of Statistics 2002; Australian Bureau of Statistics 2004b) and *Measuring Australia's Progress* (Australian Bureau of Statistics 2004a); the *Quality of Life: A Citizen's Report Card* (Canadian Policy Research Networks 2004); the *Genuine Progress Index* (GPI Atlantic Canada); the *European System of Social Indicators* (European Commission Reporting Project); the *US Progress Project* (Glaser Foundation no date); *UK Quality of Life Counts* indicators (Government of UK Department of Environment Food and Rural Affairs UK; and the *Victorian Social Benchmarks and Indicators* project (Salvaris, Burke et al. 2000).

Community Capacity Building

The preceding sections covering social capital and strong communities provide the overall context within which community capacity building may occur and the broad-brush policy goals to be achieved.

Specific definitions of community capacity building include:

- *'Communities setting themselves aims and objectives and then working in partnership with local organisations, businesses, councils and government to achieve these. Strengthening the bonds between people within a community, and the bonds between different communities makes people feel more included in society and more at home in their community'* (Department for Victorian Communities 2004a).
- *'Helping local community groups and organisations to achieve the objectives they set themselves'* (Community Development Foundation UK).
- *'Community building is primarily about strengthening the capacity of individuals, organisations and communities to manage their own affairs and to work collectively to foster and sustain positive neighbourhood change…The anticipated outcomes of enhanced community empowerment and increased quality of life indicate the need for a long term commitment'* (Howe and Cleary 2001).

Frameworks to assist in understanding the process and practices of community capacity building are generally broad in nature. However, descriptions of community capacity building activities commonly emphasise the following:

- Achieving a coordinated approach to social, economic and environmental issues at a local level.
- Adopting a 'bottom-up' approach to problem solving.
- Shared or community ownership of the process.
- Advocacy of diversity and targeting equality of opportunity of access for all.
- Growth and development of local leadership and other skills.
- Achieving social cohesion, promotion of volunteerism and provision of opportunities for participation.

An interim review of eleven regional pilot projects in the Victorian Government's *Community Capacity Building Initiative* identified critical success factors for community capacity building (I&J Management Services 2002):

- Generation of local enthusiasm using a 'bottom up' model that blended local ownership with a skilled facilitator paid for by government.
- Use of a capacity building model that emphasised action learning and participation and built on existing community assets.
- The importance of providing opportunities for involvement and skills development through training programs, participation on steering committees and establishment of institutional links or networks.

METHODOLOGY

This section provides an overview of the way the study was conducted. A more comprehensive description of methodology, including data collection tools and processes, may be found in a related report (*Review of the Speech Therapy Initiative – Design Evaluation June 2005)* available from the Department of Human Services.

Primary data used in this review was mainly qualitative in nature although some quantitative elements were also included. Social sciences research commonly involves both quantitative and qualitative methods and a combined strategy is consistent with research literature in the study of social phenomena.

Blaikie (1995) proposed three types of questions to be answered in any scientific approach to research: *'What'* questions which are directed towards the discovery and description of the features of phenomena; *'why'* questions which seek understanding and explanation of circumstances; and *'how'* questions which focus on intervention and how change occurs.

The methodology used in this review addressed these areas and was developed according to the framework below, with a focus on three dimensions: structure, process and performance:

FOCUS	QUESTIONS
Structure **Establishment of the Speech Therapy Initiative**	▪ What processes were used to establish the Communication Resource Centre and Regional Communication Services (hub and spokes)? ▪ Did the service model evolve as originally planned? ▪ What major barriers and opportunities were encountered? What good practice solutions evolved?
Process **Activities undertaken by the Speech Therapy Initiative**	▪ What did the Speech Therapy Initiative do? ▪ What are the goals, principles and components of the activities comprising the Speech Therapy Initiative? ▪ Can elements of good practice be identified - what can be learnt from what worked and what didn't?
Performance **The service delivery model and achievements**	▪ To what extent were specified outcomes achieved? ▪ Were any unexpected outcomes achieved? ▪ What difference did the service make for clients? ▪ Has the service been an effective agent for change in the delivery of speech pathology services for people with complex communication needs? ▪ What could be done differently next time?

Within the framework above, Attachment 1 provides details of specific research questions, criteria used to assess these questions, and data sources.

Evaluation data was collected over one year, from July 2005 to June 2006. To ensure that the perspectives of a wide range of stakeholders were included, a range of data collection tools were used:

- Interviews with key staff from the Communication Resource Centre were used to review overall progress of the Speech Therapy Initiative and to identify any issues arising from implementation of the hub and spoke model. These occurred bi-monthly for the period of the review.

- Focus Groups/Interviews with Regional Communication Services explored views regarding the service model and suggestions for change and enhancement, as well as community capacity building experiences and 'good practice' that evolved. Regional Communications Services from Western Port/LaTrobe, West Hume/Loddon and East Gippsland/Wellington participated in this element of the review. A number of interviews were conducted with each service over the first six months of the review.

- Good Practice Profiles of some of the first Regional Communication Services to be established were used to inform the development of other, later services and to build good practice ideas. Three profiles were developed, with the cooperation of Regional Communications Services at Grampians, East Hume and Barwon South Western, in the early months of the review.

- Regular meetings and workshops with Regional Communication Services, often auspiced by the Communication Resource Centre, were used to fine-tune data collection, present preliminary findings and identify good-practice examples. All Regional Communication Services attended these meetings which occurred quarterly over the period of the review.

- A Peer Support Survey gathered the views and experiences of Speech Pathologists and relevant others about the provision of information, training and mentoring provided by the Communication Resource Centre and Regional Communication Services. Staff at the East Hume and Southern Regional Communication Services participated in this element of the review.

- Client Interviews provided an opportunity for service users to participate in the review and to help shape views on outcomes for clients from the service including the community capacity building element of the service model. In some cases, the views of staff at accommodation or day services used by the client were also sought. Interviews were conducted in April 2006.

  The Northern & Western and the Eastern Regional Communication Services participated in this element of the review. In the event, only five clients participated in interviews. The total number of individual clients being provided with direct services under the Speech Therapy Initiative is small; in addition, client participation was sought in only two of eleven regions and of those nominated to participate, a number chose not to. More information about this aspect of the study may be found at Attachment 2.

Copies of data collection tools and formats can be found in the *Review of the Speech Therapy Initiative – Design Evaluation June 2005).*

STRUCTURE

This chapter of the report looks at the structure of the Speech Therapy Initiative, how it was established, how the established service compares to original intentions and expectations, and the overall governance of the service. It draws out aspects of good practice evident in the establishment process thus far, and makes a number of recommendations to further enhance the effectiveness of the service.

Components of the Service Model

'Hub and spoke' model services can vary in structure and function but typically comprise a central hub that provides specialist expertise, resources and support to outlying nodes responsible for service provision.

The hub and spoke concept entails the creation of networks across clinical and geographic boundaries to enhance access, quality and effectiveness of care. It has been used in service delivery systems that require geographically dispersed delivery of usually highly specialised services where such services are not generally or regularly available in local communities.

The Communication Resource Centre

The Speech Therapy Initiative has used a hub and spoke model to establish a central Communication Resource Centre with links to Regional Communication Services situated across Victoria. The role the Communication Resource Centre is to:

- Co-ordinate and support a statewide network of speech therapy services for people with complex communication needs.
- Provide specialist clinical and professional support to the Regional Communication Services in order to ensure consistency and high quality service delivery statewide.
- Support community awareness activities and skill building in local communities.
- Undertake research and evaluation activities to promote better services for people with a disability and their communication partners.

Source: Interim Speech Therapy Initiative Guidelines, draft June 2005, DHS

The Communication Resource Centre is a statewide service funded by the Victorian Department of Human Services (DHS). It also receives ancillary support from Scope (Vic) Ltd, a major not-for-profit community-based agency providing disability support services for children and adults with physical and multiple disabilities. The Communication Resource Centre commenced operations in July 2002 and is co-located with Scope (Vic) Ltd at Box Hill in eastern metropolitan Melbourne.

Regional Communication Services

The role of Regional Communication Services is to provide speech therapy services to adults (aged 18 – 65) with complex communication needs in local communities. This is defined to include:

- Provision of consultancy services to promote better communication for people with complex communication needs.
- Provision of direct and indirect services in eating/drinking and saliva control when related to a person's complex communication need.

- Development and implementation of strategies to promote community awareness and education, to facilitate the inclusion of people with a disability who have complex communication needs in their communities.
- Training of support workers, families and significant communication partners.
- Working in partnership with the Communication Resource Centre to develop clinical and professional skills to enhance specialist knowledge of people with complex communication needs.
- Participation in the statewide service network (comprising the Communication Resource Centre and Regional Communication Services).
- Development of a responsive, seamless service system with choices for people with complex communication needs by working in partnership with existing community based services in the local area.
- Co-ordination of a 'local network' of speech pathologists to promote peer support, professional development activities and streamlined service delivery.
- Supervision of undergraduate speech pathology students.

Source: Interim Speech Therapy Initiative Guidelines, draft June 2005, DHS

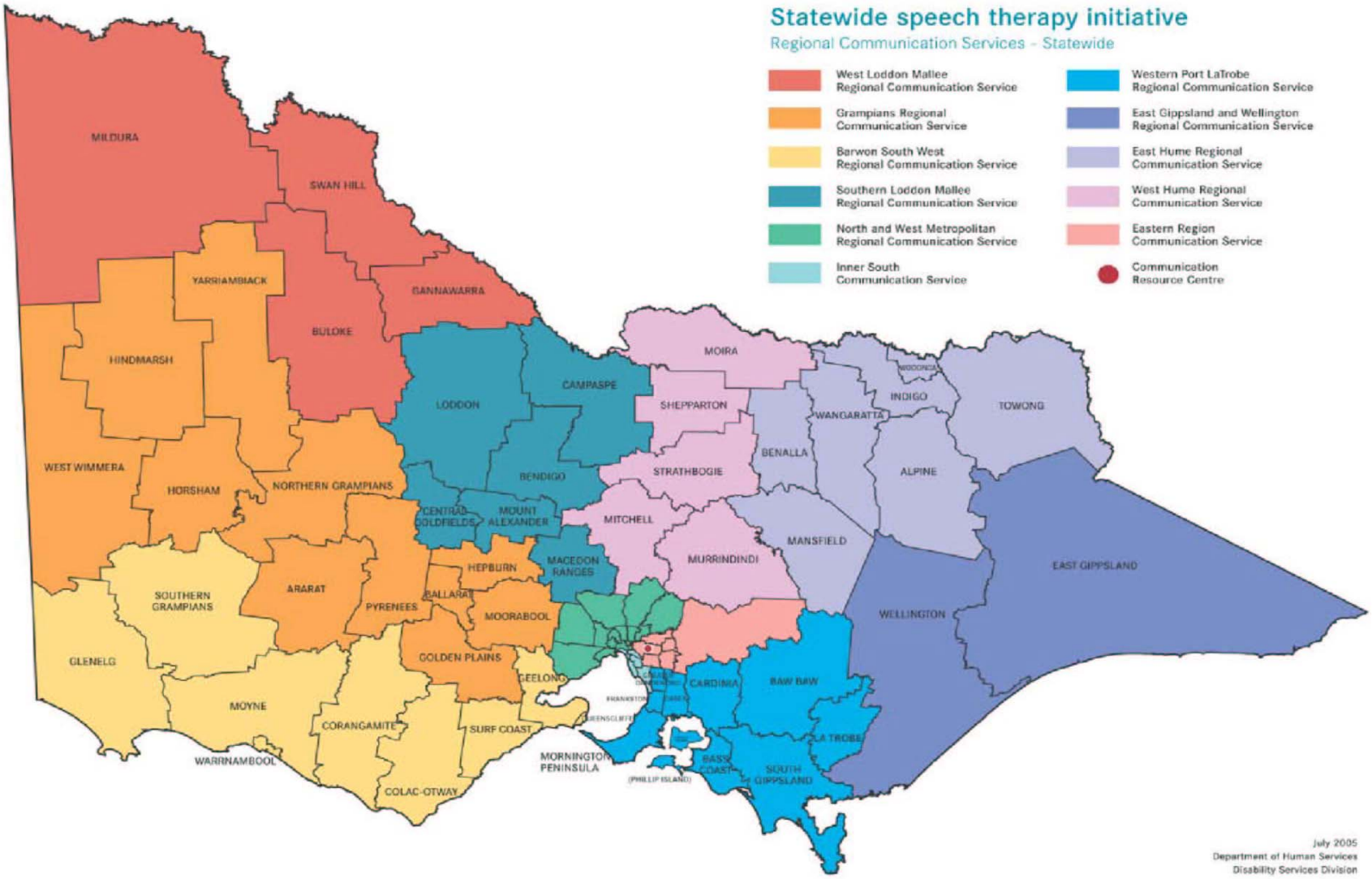
There are eleven Regional Communication Services across Victoria, as shown in the diagram on the following page. In a number of cases, the geographic coverage provided by Regional Communication Services is not aligned with DHS Regional boundaries.

Extending the concept of the hub and spoke model, within the Speech Therapy Initiative, each Regional Communication Service then acts as a 'mini-hub' for the local area. Part of the role of Regional Communication Services is to co-ordinate local networks of speech therapy services and provide specialist support to facilitate high quality service delivery for people with complex communication needs.

Auspice Agencies

Regional Communication Services are attached to existing services, as shown below:

REGIONAL SERVICE	AUSPICE
West Loddon Mallee	Sunraysia Community Health Service, Mildura
Grampians	PINARC Support Services, Ballarat
Barwon South West	Scope Barwon South West, Geelong
Southern Loddon Mallee	Bendigo Health Care Group, Bendigo
North and West Metro	Isis Primary Care, Taylor's Lakes Nillumbik Community Health, Eltham
Inner South	Central Bayside Community Health, Parkside
Westernport LaTrobe	Scope Gippsland, Warragul
East Gippsland and Wellington	Scope Gippsland, Warragul
East Hume	Ovens & King Community Health, Wangaratta
West Hume	Goulburn Valley Health, Shepparton
Eastern Metro	Yooralla Society of Victoria, Melbourne


Statewide speech therapy initiative
Regional Communication Services - Statewide
West Loddon Mallee Regional Communication Service
Grampians Regional Communication Service
Barwon South West Regional Communication Service
Southern Loddon Mallee Regional Communication Service
North and West Metropolitan Regional Communication Service
Inner South Communication Service
Western Port LaTrobe Regional Communication Service
East Gippsland and Wellington Regional Communication Service
East Hume Regional Communication Service
West Hume Regional Communication Service
Eastern Region Communication Service
Communication Resource Centre
MILDURA
SWAN HILL
YARRIAMBIACK
GANNAWARRA
BULOKE
HINDMARSH
LODDON
CAMPASPE
MOIRA
SHEPPARTON
INDIGO
WANGARATTA
TOWONG
BENALLA
ALPINE
WEST WIMMERA
HORSHAM
NORTHERN GRAMPIANS
BENDIGO
STRATHBOGIE
CENTRAL GOLDFIELDS
MOUNT ALEXANDER
MITCHELL
MANSFIELD
MURRINDINDI
EAST GIPPSLAND
HEPBURN
MACEDON RANGES
SOUTHERN GRAMPIANS
ARARAT
PYRENEES
BALLARAT
MOORABOOL
WELLINGTON
GLENELG
GOLDEN PLAINS
GEELONG
CARDINIA
BAW BAW
MOYNE
CORANGAMITE
SURF COAST
LA TROBE
WARRNAMBOOL
MORNINGTON PENINSULA
BASS COAST
SOUTH GIPPSLAND
COLAC-OTWAY
July 2005
Department of Human Services
Disability Services Division

DHS Funding

Annual recurrent funding paid under the Speech Therapy Initiative is shown in the table below (note this excludes one-off establishment funding and funding paid to the Communication Resource Centre for primary speech therapy services prior to the full commencement of operations by Regional Communication Services, known at the time as 'transition funding'):

REGIONAL SERVICE	ANNUAL RECURRENT FUNDING		
	2003/04	2004/05	2005/06
West Loddon Mallee	$25,000*	$51,300	$78,474
Grampians	$17,500	$76,560	$78,474
Barwon South West		$76,560	$89,390
Southern Loddon Mallee		$51,300	$52,583
North and West Metro		$96,190	$131,456
Inner South	$15,000	$76,560	$78,474
Westernport LaTrobe	$80,000	$82,080	$84,132
East Gippsland and Wellington	$60,000	$76,560	$78,474
East Hume	$33,000	$76,556	$78,474
West Hume		$51,300	$52,583
Eastern		$87,210	$89,390
Sub-Total	$230,500	$802,176	$891,904
Communication Resource Centre	$550,000	$624,198	$639,803
TOTAL	$780,500	$1,426,374	$1,532,707

Source: Department of Human Services * Amount shown incorporates funding for West Hume

Funding is used to support staff salaries (mainly Speech Pathologists) and, to a lesser extent, to subsidise other fixed and variable operating expenses (such as rent, travel, office consumables, telephones etc).

Governance of the Speech Therapy Initiative

A number of mechanisms were used to oversee and support the development and implementation of the Speech Therapy Initiative:

Reference Group

DHS established an expert Reference Group at the commencement of the Speech Therapy Initiative to oversee introduction and initial operations. A list of members of the Reference Group and Terms of Reference may be found at Attachment 3.

The activities prescribed for the Reference Group included to:

- Promote a community development approach to service delivery to ensure local communities are responsive to and welcoming of people with a disability who have complex communication needs.
- Ensure that the views of key stakeholders inform service delivery and development of the Speech Therapy Initiative.
- Provide a pathway for feedback on the implementation of the model by a range of key stakeholder representatives.
- Facilitate information sharing and opportunities to promote the model.
- Inform the development of streamlined service delivery, especially at key transition points (e.g. from school to post-school options).

Source: Reference Group Terms of Reference, August 2004, DHS

In relation to this review, the role of the Reference Group was to provide advice on the development and implementation of a project plan including lending expertise and support in specific areas that included:

- Defining the outcomes expected of the Speech Therapy Initiative for consumers, their families, service professionals and the service system.
- Providing feedback on the nature and practicality of the tools to be used to collect evaluation data throughout the course of the project.
- Advising on ways to meet any ethics, research and/or privacy protocols applicable within services participating in the review.
- Assisting detailed understanding and analysis of the model of service delivery, including changes that may enhance it's effectiveness.
- Overseeing the methods and content of communications within the field, in order to keep everyone up to date and involved in the project.

Membership of the Reference Group reflected an appropriate range of interests given the intended role and function of the group. During the developmental phase, regular progress reports were presented to the Reference Group and issues were discussed along with resolutions to contribute to and enhance development and implementation of the Speech Therapy Initiative. Minutes of decisions and actions arising from Reference Group meetings were kept and reviewed at subsequent meetings to ensure input was incorporated into the service model/operations.

The Reference Group was disbanded upon completion of the process of appointment of Regional Communication Services. Since then, the contractual and reporting relationship with the Communication Resource Centre has been managed centrally (i.e. Disability Services Division) by DHS, and relationships with Regional Communication Services have been maintained by DHS Regional Offices.

Role of DHS Head Office

A Senior Project Officer at DHS Head Office has the role of supporting and coordinating the Speech Therapy Initiative, with direct responsibility for monitoring the implementation of the service. Other responsibilities of this position include:

- Convening statewide meetings of regional liaison officers as required.
- Developing links and partnerships with relevant Commonwealth, State and Local Government initiatives.
- Increasing awareness of the Speech Therapy Initiative throughout DHS.
- Fostering linkages and coordination with Metro and Rural Access.
- Promoting the importance of improving communication for people with complex communication needs to achieve the vision of Victoria as an inclusive community.

Role of DHS Regional Offices

Within each DHS Regional Office, a *Program and Service Adviser* has been tasked to assist with the implementation and development of the local service through the provision of a range of functions including:

- Assistance with the establishment, launch and promotion of the Regional Communication Service.
- Acting as a resource to auspice agency staff, including speech pathologists.
- Membership of the regional steering group.
- Identification of potential risks and negotiation of ongoing responsibilities between DHS and the Regional Communication Service.
- Monitoring and reporting on the development, activity, outcomes, targets and any additional issues in relation to the Regional Communication Service.
- Liaison with the auspice agency in relation to budget and service agreement.

While these arrangements have generally functioned smoothly, some inconsistency has arisen where there has been high staff turnover and/or extended vacancies within DHS Regional Offices. The manner in which the relationship is managed also differs across regions with some regional officers actively involved while others have a more 'hands off' approach.

Local Steering Committees

Most Regional Communication Services have a local Steering Committee to guide strategy and operations. Most Steering Committees are well established but a few are still quite new and finding their feet.

Characteristics of the more effective Steering Committees include having a broad base of representatives from a range of agencies in the area as well as representation from clients and carers. They also have clear Terms of Reference that stipulate a range of functions including providing direction for the service and raising awareness of the service and networking within the community (proforma Terms of Reference for regional Steering Committees were developed by the Communication Resource Centre and provided to all services on the understanding that these could be altered to suit local circumstances).

In general, members of local Steering Committees were screened and enlisted in a business-like fashion. Steering Committees also provide opportunities for people with complex communication needs to participate as active members, although recruitment has been difficult in a number of regions. Where members with complex communication needs (and their family or carers) have been located, inducted and supported in the appropriate fashion, contributions have been valuable and effective.

Program Guidelines

In June 2005, draft *Interim Speech Therapy Initiative Guidelines* were introduced by DHS. While circumstances preventing the earlier development and release of the guidelines are understood (including initiatives to consult with services around the development of certain content), in hindsight it may have been better to have a more stable foundation available earlier in the process to guide development.

Program Reporting

The draft *Interim Speech Therapy Initiative Guidelines* established the reporting requirements for the Speech Therapy Initiative as follows:

- Each Regional Communication Service, in partnership with the regional DHS office, to determine its own targets for both direct service and capacity building activities.
- Quarterly reports to be submitted by Regional Communication Services to Regional DHS Offices. These reports should include financial updates and a report on direct services provided and capacity building activities undertaken.
- Regional DHS Offices to send quarterly reports from Regional Communication Services to Head Office for collation, analysis and distribution.

A consistent reporting template (providing quantitative data collection as well as descriptive accounts of the process and achievements of community capacity building projects) has therefore only been available since July 2005.

The availability of objective performance data has been further limited by difficulties experienced by a number of Regional Communication Services in implementing the reporting framework (these include slowness in adapting internal data collections to meet the new requirements, incompatibility with existing systems embedded in business practices at some host agencies e.g. community health services and hospitals, and a lack of attention to the reporting discipline).

Service Activity Targets

Funding agreements between DHS and Regional Communication Services stipulate service delivery 'targets', which are set at a nominal level of 20 per service per annum. However, this only commenced from 2005/06 and it is not clear precisely what the targets refer to (i.e. they are poorly defined and, in some cases, irrelevant). In general, they are not well understood and it is not clear that Regional Communication Services regard them as necessary deliverables under their funding contract.

It is not considered that performance measures have been sufficiently clearly defined and applied in most cases and this limits the extent to which effectiveness and accountability can be established. However, partially counteracting this, Regional Communication Services have all developed action plans to define their future activities. These plans differ in format from region to region, but most have goals, strategies and outcome measures. The extent to which these are aligned to targets stipulated in funding and service agreements has not been determined.

Reporting by the Communication Resource Centre

The Communication Resource Centre initially reported to the Speech Therapy Initiative Reference Group via schedules of activities undertaken within three outcome areas (these being enhanced community inclusion, improved access to therapy services and greater support for people with complex communication needs at key life transition points). While these areas were (and remain) generally in line with the purpose of the Speech Therapy Initiative and objectives stated in related documentation, they are not specifically noted as deliverables for the Communication Resource Centre.

Later, as management systems and sophistication developed, the Communication Resource Centre produced annual business plans that in the absence of any targets stipulated in funding agreements became the basis of reporting to DHS Head Office. Monthly meetings are scheduled between DHS and the Communication Resource Centre, the latter preparing a written report describing achievements against key performance indicators from the business plan. Issues anticipated over coming months are also discussed and minutes of meetings are kept by DHS.

Internally, staff from the Communication Resource Centre prepare individual workplans based on the business plan to direct and monitor their personal efforts. These are reviewed with their supervisor at appropriate intervals throughout the year. Specific plans incorporating feedback and monitoring systems are also developed for any significant projects to be undertaken by the Communication Resource Centre.

Process of Establishment

In general, the establishment of the Speech Therapy Initiative was a slow process, taking considerably longer than planned.

Communication Resource Centre

Once the new service was approved and administrative arrangements sorted out with the Department, establishment of the Communication Resource Centre involved a range of tasks. These included identifying and attracting the right mix of staff, instilling the desired culture, determining availability of office space and IT support, establishing operating procedures and setting up communication systems.

Regional Communication Services

Recruitment of Regional Communication Services proceeded at different rates in different Regions. Delays of up to 12 months in some Regions were experienced as a result of the following factors:

- Difficulties Identifying Partner Agencies
  Advertisements were used to seek tenders for Regional Communication Services but in some regions the response was unsatisfactory and active cultivation was required to generate interest. An explicit understanding of what was being sought from prospective partners was also necessary as the primary function of the host could potentially have a significant impact on a Regional Communication Service - various organizations were considered including community health services, large health networks and disability support services.

- Clarity in Requirements of Partner Agencies
  Once suitable partners had been identified, negotiation of the partnership agreement was sometimes a protracted and challenging process. In some instances, productive outcomes were achieved but in others, philosophical, political or financial differences, and sometimes an inability to agree on the most basic matters (eg nature of client needs; program hours available), created barriers that could not be overcome. Sometimes, significant time and effort was invested in partnership development for no practical outcome.

- Understanding of Local Infrastructure
  The establishment of Regional Communication Services also sometimes involved the deployment of staff in new areas (i.e. geographically and/or professionally). Such staff needed time to develop an understanding of the local infrastructure in relation to disability and speech therapy as well as the geographic and service base of the region.

- Scope of Tender Request
  A number of prospective auspices had limited experience in tender writing, complex communication needs, speech therapy and/or community capacity building. The specification that they were asked to respond to was broad, so those with less experience found it difficult to visualize the proposed project and comprehensively address it in tender form. Even after tenders had been awarded, there were sometimes misunderstandings about the intended service. Some regions reported that development was hampered by a lack of detail about specific tasks or deliverables in DHS contracts, particularly in relation to capacity building, and that further work was required to develop a shared understanding.

- Availability of Speech Pathologists and Recruitment Issues
  The availability of speech pathologists was a major issue in almost all regions. Availability was adversely effected by low numbers of speech pathologists available (particularly outside metropolitan Melbourne), the part time, limited tenure and the sometimes lower salary offered, as well as the new and challenging nature of the work required (coupled sometimes with inadequate written descriptions of the role and tasks expected). Many potential applicants also had little experience or confidence in working with the target group for the Speech Therapy Initiative. In some areas, positions needed to be re-advertised thus delaying the real work of the regional services and consuming valuable resources. (When positions could not be filled, services developed a range of strategies including transferring people from other positions while backfilling their original positions, contracting referrals to existing speech pathology practices within the region, and/or engaging other professionals such as community development workers in lieu of a speech pathologist to carry out initial mapping and provide more time to fill the original position).

  Retention of speech pathologist remains an ongoing issue. For example, some positions are filled on a temporary basis, some full time positions will revert to part time once roll-over funds have been consumed and a number of positions have been backfilled while incumbents take extended/planned leave (which complicates matters by not only requiring an appropriate replacement to be found, but also needing sufficient overlap between the two to ensure handover).

- Initial Set up and Coordination
  Advertising, selection and contracting of Regional Communication Services was led by DHS and while this generally proceeded smoothly a vacancy in a key position within head office delayed the roll-out for a number of Regional Communication Services by up to six months.

Once contracted, substantial effort was required of Regional Communication Services to set up operational capacity and this also took most services longer than expected. Tasks included establishing an action plan, developing brochures, referral protocols and administrative systems. Project co-ordination often rested with a person with numerous other responsibilities within the host agency; sometimes there was staff turnover, or other commitments that took priority. Limited funding also constrained this function and in addition created uncertainty in infrastructure planning within auspice agencies.

- Understanding and Acceptance of the Model
  Explaining and marketing the service model to prospective partners was difficult. Terms such as 'primary', 'secondary', 'tertiary' and 'capacity building' sometimes meant different things to different people and within the disability support sector it was reported that some dissatisfaction existed with the proposed model with carers, parents and some service staff suggesting that the real need was for more direct speech therapy services.

The Communication Resource Centre was not involved in the selection process for Regional Communication Services (other than participating in an information session in each region) and has no input to the setting of targets for Regional Communication Services. While there is a need to retain balance in the service model and devolve operations to the local level, greater contributions from the Communication Resource Centre in these areas could enhance performance and accountability. (It is noted however that a number of Regional Communication Services believed that the role of the Communication Resource Centre should not be expanded in his way).

Evolution of the Service Model

For reasons outlined in the preceding section, some delays were experienced in completing the process of establishment of Regional Communication Services. However, today, most are similar in structure and function to that foreseen in original service documentation, and are providing a mix of services for individuals and at a wider level with other services, agencies and sections of the community. This has been an evolutionary process and in the early stages some stakeholders held different views on how the service would develop.

The most noteworthy attribute of the way the service model has developed thus far has been the increased emphasis on community capacity building. Combined with other objectives of the Communication Resource Centre and Regional Communication Services, this is however an appropriate development consistent with government policy and the original purpose of the funding (i.e. to enhance access to communication support, increase community education and awareness, and develop an innovative service model).

Policy Context

Within a policy context, the Victorian Government is committed to building a more inclusive community for all Victorians, so that people with a disability can participate in the community with the same rights and opportunities as all other citizens.

The vision of the *Victorian State Disability Plan 2002 - 2012* is for a stronger more inclusive community, a place where diversity is embraced and celebrated, and where everyone has the same opportunities to fulfil their aspirations and participate in the life of the community. The vision of the DHS Disability Services Division is *"…to improve the quality of life for Victorians with a disability through services that enhance independence, choice and community inclusion."*

A capacity building approach provides a way to respond to these directions and the needs of people with complex communication needs and their communication partners by working to build the skills, knowledge and resources available to individuals and community organisations.

From Policy to Practice

While community capacity building provides an approach to enhancing inclusion, equity, community education and awareness, understanding of the concept and how it would be translated into action required a significant shift for some and active support from the Communication Resource Centre.

Support provided by the Communication Resource Centre included the employment of a specialist in community development to provide direction and assistance including some 'hands-on' work with some Regional Communication Services. A framework was also developed to provide specific strategies to increase the capacity of local communities to support the inclusion and participation of people with complex communication needs. This lead to a more consistent and clearer practical understanding of community capacity building and the concept being embraced by Regional Communication Services with confidence and enthusiasm.

Notwithstanding this, Regional Communication Services were allowed to develop reasonably freely (consequently, today, some are at different stages and some have developed in different ways). Whilst Regional Communication Services were provided with a framework at commencement, this did not constitute detailed directions or activities. For some however, more structure and different levels and types of support may have been more effective.

Statewide network meetings conducted by the Communication Resource Centre were helpful in assisting to overcome this (and later roll-outs benefited from accumulated learning and resources), as were regional mapping initiatives introduced as a way to develop an understanding of the local area, its demographics, existing services and service gaps. Some Regional Communication Services needed time to develop an appreciation of how local needs and opportunities might be addressed through the Speech Therapy Initiative, and mapping exercises provided a structured way to achieve this. While mapping was completed in different ways in different regions, services have generally been positioned to respond to local needs and opportunities, counterbalancing the additional effort and some early frustration brought about by a lack of definition in service specifications.

Other Changes to the Service Model

The service model was also intended at the outset to hold and develop specialist knowledge of disability specific diagnostic groups and associated complex communication needs. This was to be achieved through targeted staff selection at the Communication Resource Centre and development and maintenance of a database on diagnostic groups and associated complex communication needs, low-technology and high-technology communication systems, dysphagia and saliva control management.

The purpose of this strategy was to enrich the level of advice and the support that could be provided by the Communication Resource Centre, and to identify gaps in information and link this to the research agenda. As the service evolved, however, this strategy was not pursued. Although staff at the Communication Resource Centre have a mix of skills across the relevant areas, there was no comprehensive effort to identify and record diagnostic groupings or form relationships with relevant entities providing services to relevant diagnostic groups.

Good Practice

Drawn from the preceding analysis, a number of examples of good practice are evident that have helped to successfully establish and operationalise the Speech Therapy Initiative:

Local Partnerships

Strong local partnerships are an important feature of effective Regional Communication Services and the sooner these were established, the better. For example, Barwon South West and some other regions sought and created numerous relationships prior to the establishment of the Regional Communication Service as a way to stimulate a groundswell of support and develop momentum. This not only strengthened the initial submission to DHS, it also cultivated and heightened commitment from key local players to a successful partnership thus positioning the Regional Communication Service well for the longer term.

While sometimes a challenging process, development of the Regional Communication Services required bringing key stakeholders together, identifying overlapping interests and any gaps, and building trust. While it was considered important not to dominate meetings, at the same time it was necessary to clearly identify which agency had leadership responsibility for particular tasks.

Policies and/or contracts have in some cases been specially developed to provide a framework for partnerships. These documents typically describe the links and likely interactions between the entities within the partnership and many also define reciprocal benefits (the identification of which was often an important factor in opening up the possibility of a partnership in the first place - services can easily feel imposed upon by funding bodies or other agencies and it was helpful to find common ground and consider what both parties might want from the arrangement).

Negotiations with potential partners sometimes broke down. When this occurred, it was found to be important that some form of contact still be maintained even though the partnership was not to proceed - working relationships needed to be preserved and developed to ensure the later successful operation of the service.

Local Steering Committees

The development of local steering committees for Regional Communication Services assisted to focus effort and capture a range of expertise and representation from across the catchment area. Features of strong and effective steering committees included broad representation from relevant interests, defined roles and maintaining the flexibility to add new members or take on new functions as the service changed and developed.

Local steering committees were often preceded by development groups, the latter often characterized by stronger representation from DHS and to a lesser extent the Communication Resource Centre. The aim of development groups was to identify and grow local ownership and once this was achieved a local steering committee was formed and handover to local interests was affected. Some continuity in membership between the two groups was found to be of value in maintaining direction.

Consumer Representation

Steering committees generally attracted interest from a range of parties but it was difficult to find appropriate consumer representation. However, where this was achieved, a significant positive impact was generally reported.

Start-up Information

New Regional Communication Services were provided with a detailed information pack containing comprehensive background information to help orientation and a range of instructional material and guidelines to assist function. In particular, a number of useful practical resources were included.

Co-location

Co-location of Regional Communication Services with a partner agency has been a successful strategy in that the arrangement provided access to additional services and a broader range of skills, and enabled greater participation and inclusion in the community for people with complex communication needs.

Co-location facilitated links with services such as primary health and disability support services, local government, education and retail services, and with other statewide initiatives such as community development programs and projects (e.g. *Rural Access, Access for All Abilities*). These links broadened the potential and actual work able to be undertaken through Regional Communication Services.

Individual clients, support workers, and local service workers have benefited from greater access to services in the community as a result of networking and cross-referrals, education and training sessions, access to resources, augmentative and alternative communication displays and closer links with speech pathologists.

Initial Mapping Exercises

The initial mapping exercise conducted by Regional Communication Services, sometimes assisted by the Communication Resource Centre, helped to identify local infrastructure and needs and, in some cases, potential partners. East Hume for example, had a very positive response from potential partners: *"A good mix of partners were keen to be involved and we received enthusiastic responses, thanks to the mapping workers initiatives."*

Some regions experienced difficulties when responsibility for the mapping was spread across a number of people – inconsistencies in methods of recording and database structures sometimes resulted, a phenomenon not experienced in regions where a dedicated worker was employed or where time was purchased from the Communication Resource Centre to complete the task on behalf of the Regional Communication Service.

Availability of Support

More broadly, most regions benefited from initial general support and assistance from the Communication Resource Centre (usually through a nominated contact person allocated specifically to a region) and from DHS.

Some regions also gained invaluable assistance from Regional Communication Services already established or further advanced in other regions.

As this was a new and very different type of speech therapy project, those responsible for the development of local services sometimes felt they were working in the dark, so access to other professionals and resources was of great assistance.

The nature and structure of the Speech Therapy Initiative, in order to be successful, required speech pathologists to have expertise in areas not necessarily taught during their University training. For example, having access to an appropriately structured Position Description and lists of interview questions asked in other regions was of significant help during recruitment and employment in most regions.

Co-opting Speech Pathologists

In many regions, speech pathologists were hard to find. In Gippsland, after a number of unsuccessful advertisements, submissions from existing speech pathology practices were called for which proved a productive way to enable interested professionals to express an interest in the Regional Communication Service while maintaining their existing employment. Ultimately, this enabled professional staff to be contracted to the Regional Communication Service on a part time basis, in different geographic centres within the region. Unused funding accumulated while the position(s) were vacant was used productively to employ a community development worker for six months.

Examples of Good Practice

More particular examples of good practice that helped to successfully establish the service model include:

- An established office and infrastructure prior to the appointment of staff (sometimes achieved through an explicit agreement developed in advance with the auspice agency, but retaining some flexibility depending on outcomes of the recruitment process).
- Dedicated staff to ensure more adequate time and commitment to project management and the timely and efficient roll-out of the service.
- A clear brief and objectives available from the outset with plenty of time to discuss and plan project implementation.
- Explicit strategies to keep local speech pathology stakeholders informed and up to date from the beginning.
- A single, central contact within the Communication Resource Centre to obtain documents and other information and resources.

- Employment of a community development worker to bring a clearer understanding of community capacity building to Regional Communication Services and to ensure that a broader perspective was always suggested.
- Key stakeholders and neighbouring Regional Communication Services working collaboratively (along with support from the Communication Resource Centre) to produce more effective community capacity building projects.
- Ready access to a speech pathologist expert in augmentative and alternative communication systems.
- Development of a 'buddy' system between Regional Communication Services.
- Ongoing contact with other speech pathologists in the region and development of lists of current practicing speech pathologists and disability support services in the region.

Summary and Recommendations

Thus far, the hub and spoke model has proven an effective structure for the Speech Therapy Initiative, particularly in relation to facilitating the delivery of geographically dispersed, specialised services. However, in implementation of the service model, a number of barriers and issues were encountered and it is possible to make a series of recommendations to address these:

RECOMMENDATIONS

1. Build on the existing framework for agreements between Regional Communication Services and their auspice agencies to specify the roles and responsibilities of each in further detail.
2. Examine ways to introduce greater certainty in positions for speech pathologists in Regional Communication Services.
3. Build on the existing guidelines for the Speech Therapy Initiative to ensure clarity in objectives, performance measures and reporting requirements, and to provide a quality assurance framework to guide ongoing function of the service.
4. Develop an evaluation framework for the Speech Therapy Initiative that can be used to objectively measure the outcomes for people with complex communication needs over the next funding triennium.
5. DHS Funding Agreements should clearly specify intended service delivery targets, measures and reporting schedule. DHS should ensure consistent adherence to data collection and reporting conventions.
6. Consult with the Communication Resource Centre (around future statewide directions and priorities) when developing Funding Agreements with Regional Communication Services.
7. Develop a program brochure to explain, clarify and market the service to potential clients and partners across Victoria.
8. Develop links and promote partnerships between the Speech Therapy Initiative and other relevant initiatives and programs both within and outside DHS.

PROCESS

'Process' refers to the range of activities undertaken within the Speech Therapy Initiative, and includes:

- Direct services for adults with complex communication needs.
- Specialist clinical and professional support for people working with adults with complex communication needs ('Peer Support').
- Community awareness activities and skill building in local communities to facilitate the inclusion of people with a disability who have complex communication needs ('Community Capacity Building').
- Research and evaluation to promote better services for people with a disability and their communication partners.

Each of these service areas is explored in the following sections of this chapter.

An assessment of the impact of the various activities is contained in the final chapter of this report, 'Performance,' which follows this one.

Services for Adults with Complex Communication Needs

OBJECTIVE: To co-ordinate and support a network of speech therapy services for adults with complex communication needs

Key Strategies

- Support the development of Regional Communication Services.
- Work in partnership with existing community based services in local areas to develop a responsive, seamless service system with choices for adults with complex communication needs.
- Provide speech therapy services to adults with complex communication needs in local communities.
- Provide training and support for workers, families and communication partners.

To deliver the objective in this area, a number of strategies were implemented. Various aspects of these strategies including what was done and how they were implemented, are discussed below:

Provision of Resources and Expertise

A wide range of assistance and support has been provided by the Communication Resource Centre including a comprehensive information pack and resource kits, help with staff recruitment, Steering Committee establishment, and training and professional development in specific areas.

In general, Regional Communication Services believed they received a high level of professional support, information, mentoring and training from the Communication Resource Centre. They also believed that this had assisted them in the development of the service and in working with people with complex communication needs.

Mentor Support

Each Regional Service has a nominated mentor from the Communication Resource Centre, to assist in ongoing development of the local service. In some cases, it has been the same person since the commencement of the service but in other cases there has been some rotation (this had both advantages and disadvantages).

In a small number of cases, the relationship between the Communication Resource Centre nominee and the Regional Communication Service has been tested. Where this has occurred, it appears due to a lack of clarity as regards the role of the Communication Resource Centre - in some instances, particularly where the relationship between the Regional Communication Service and the DHS Regional Office is weak, the Communication Resource Centre may have sought to play a role in accountability and supervision although it has no formal mandate in this regard. The role of the Communication Resource Centre, as defined, is one of resourcing and supporting the regional services (whether this should remain the case is a matter addressed elsewhere in this report).

The most effective form of interface between the Communication Resource Centre and Regional Communication Services was face-to-face support and efforts were made to maximize this form of interaction within practical limits. Other than face to face, particularly for non-metropolitan services, telephone and email was used extensively to provide ongoing contact, support and advice. A comprehensive email list was developed and many items and articles of interest were circulated. The range of topics covered was substantial, all bearing some relevance to complex communication needs.

Shared Learnings

The Communication Resource Centre instigated a series of quarterly meetings where representatives from all Regional Communication Services come together with a range of staff from the Communication Resource Centre to update progress, share learnings and discuss issues.

These meetings were found by all to be particularly effective at least in part because *"all the key players are there and things could be sorted out on the spot*". The format and conduct of meetings allowed Regional Communication Services to share each other's successes and failures and develop more informed approaches to common issues.

In some instances, however, regional services were concerned by the high proportion of time (for part time staff in particular) consumed by a full day meeting, including travel.

Other Community-based Services

Communication Resource Centre staff are considered specialists in complex communication needs and have a wide range of expertise and resources to offer existing community services across Victoria and networks of Speech Pathologists.

The Communication Resource Centre also publishes and distributes a newsletter five times per year. The newsletter is professionally written and presented, and contains feature articles of professional interest to people working in the area of complex communication needs, updates on developments at the Communication Resource Centre (e.g. staffing changes) and Regional Communication Services (a kind of bulletin board), news and events, an education and training calendar, resources and publications available and forthcoming conferences and events.

The Communication Resource Centre has undertaken surveys of the readership to review the role and content of the newsletter, obtain feedback and suggestions for improvements or new sections, the method of delivery and other comments that might help to increase the effectiveness of the newsletter as a medium to provide information and canvass issues related to complex communication needs.

Individual Services

Most, but not all, Regional Communication Services defined the provision of direct services for people with complex communication needs as part of their service model.

Where direct services were provided, activities included:

- Assessment and development/provision of augmentative and alternative communication systems and resources, or referral to local speech pathologists.
- Provision of expert advice on specific issues such as saliva control, autism etc.
- Provision of communication skills training (varied to suit the needs of the client and skills of those involved, including family and carers wherever possible), often using resources from the Communication Resource Centre.

'Individual services' usually also includes working with the person's communication partners, including but not limited to family and carers. The range of activities provided under the Speech Therapy Initiative in this area included:

- Provision of resources and information for families and support staff to facilitate communication (e.g. NECAS applications, communication displays, Makaton information etc).
- Key word signing training and augmentative and alternative communication systems training for the person's support workers, and consultation about service gaps, needs and issues etc.
- Support for the trial of resources/devices/equipment by support staff to increase their confidence, knowledge and skill in working with people with complex communication needs (see 'Whole of Service Approaches' below).
- Development and provision of Easy English documents that could be used to encourage access and inclusion for people with complex communication needs.

'Whole of Service' Approaches

Sometimes, 'whole of service' approaches were adopted, involving Regional Communication Services working with a number of clients and staff at a particular disability support service. Within this approach, emphasis is shared between the client(s) and working with service staff, face to face, to gain trust and support, to demonstrate and therefore reinforce the proposed changes in client communications. 'Whole of service' work was an important and significant activity within the Speech Therapy Initiative.

'Whole of service' activities included training and intervention to assist community inclusion, conducting assessments, identifying the needs of clients and staff, providing strategies to increase communication, and provision of training at services on subjects including *Triple C*, *Person Centred Planning* and early communication skills. The focus of this approach is to improve the skills, knowledge and practice of communication partners and develop more inclusive communication environments.

The effectiveness of 'whole of service' approaches varied from client to client and from service to service (see discussion in a later section of this report) but in almost all cases would have been enhanced by more time being available from the speech therapist. The limits and demands on speech pathologists working within the Speech Therapy Initiative are understood however greater availability at this level could have produced more significant, immediate outcomes for a substantial number of people.

Activities that may have contributed to better outcomes for people with complex communication needs included more contact with a client's family so that they could also use signs, support for parents who do not speak English, more education for staff, more frequent opportunities to work on specific needs, more resources to develop a variety of aids, more time to access the community and to build on skills already learned, and capacity to carry over communication systems established to group home staff and family.

NECAS

Separate but related to the Speech Therapy Initiative, the Communication Resource Centre was also funded by DHS to provide a *Non-Electronic Communication Aid Scheme* (NECAS) pilot project. A key objective of NECAS is to provide non-electronic communication aids to adults with complex communication needs to enhance their communication, participation and independence. Support was also available through the Communication Resource Centre and Regional Communication Services for speech pathologists or others who required assistance designing an appropriate communication aid. NECAS was often used by Regional Communication Services as part of 'whole of service' approaches and community capacity building projects.

Examples of Good Practice

Overall, across the strategies implemented to achieve this particular objective of the Speech Therapy Initiative, examples of good practice that helped to improve services for people with complex communication needs included:

- Cross-referral to other local speech pathology practices (which also freed up Regional Communication Services at peak times).
- Provision of communication displays in community facilities frequented by people with complex communication needs.
- Meetings and consultations with relevant advocacy and consumer groups and individuals to gauge the level and nature of needs within a community.
- Consultation with DHS and others about suggestions for provision of appropriate signage to assist people with complex communication needs.
- Participation in meetings and support groups to provide key word signing, communication games, etc.
- Distribution/promotion of NECAS applications and information/resources to a wide range of agencies and speech pathology networks.
- Consultancy and demonstration of available resources to encourage motivation and creativity for individual clients and programs.
- Involvement in a range of projects and evaluations (such as that assessing a transition process for school leavers with complex communication needs).
- Having a full time speech pathology position (rather than part timers) made responding to particular needs easier to coordinate and more time efficient.
- Ready access to a vehicle enabled more flexibility in service provision.
- A two pronged approach to working with clients through their disability support service (i.e. day centre or residential service):
  - Working with service staff, face to face, to gain trust and support, and to demonstrate the proposed changes in client communications one at a time.
  - Engaging management (a 'top down' approach) to assist in implementing and reinforcing change to using a client's communication aids in daily activities.

Summary and Recommendations

In summary, most, but not all, Regional Communication Services defined the provision of direct services for people with complex communication needs as part of their service model.

Where these services were provided (including 'whole of service' approaches, where Regional Communication Services worked with a number of clients and staff at a particular disability support service), there were a number of successes but effectiveness sometimes varied, often because the speech pathologist's time was limited. While the demands on speech pathologists working within the Speech Therapy Initiative are understood, greater emphasis on direct service will produce more significant, immediate outcomes for a substantial number of people.

RECOMMENDATIONS

9. Updated Speech Therapy Initiative Guidelines should require all Regional Communication Services to include the provision of individual services for people with complex communication needs amongst their activities.

10. Depending upon assessed local needs, the Communication Resource Centre and each Regional Communication Service should select one service to work with (on a 'whole of service' basis) in each region each year*. The role of the Communication Resource Centre would be to coordinate the program on a statewide basis (including the development of a consistent process, resources and documentation to guide 'whole of service' approaches) and contribute to the work being undertaken in each region alongside local speech pathologists.

* It is noted that Regional Communication Services have varying capacities to support this recommendation. However, depending upon local needs, it is important to make further progress in this area - some reallocation of priorities may be required.

Peer Support

OBJECTIVE: To provide specialist clinical and professional support in order to ensure consistency and high quality service delivery statewide

Key Strategies

- Develop training and professional development activities that will build skills and knowledge transfer between professional speech pathologists – from hub to spoke.
- Coordinate a local network of speech pathologists to develop clinical and professional skills and knowledge of people with complex communication needs – from spoke to community based.
- Develop and implement-mentoring models that specifically address the needs of community based services and practitioners.
- Supervise undergraduate speech pathology students.

Peer support is a significant element of the hub and spoke model. Within the Speech Therapy Initiative, the hub and spoke design entails the transfer of skills and knowledge at two levels: from hub to spokes and from spokes to other community based speech pathologists or services concerned with people with complex communication needs. At the second level, the function can be envisaged as (and in at least one region has been planned to emulate) a mini hub and spoke model with the speech pathologist at the Regional Communication Service offering peer support and clinical supervision to outlying professionals on a local basis.

While there is some overlap between the strategies discussed in this and the previous section ('Services for People with Complex Communication Needs'), implementation of 'Peer Support' strategies tends to emphasise increasing community-based capability and capacity, in order to achieve the equity and quality improvement aims of the Speech Therapy Initiative. Ensuring that this aspect of the model works well is essential to the overall success of the service.

Various aspects of the implementation of peer support strategies are discussed below:

From Hub to Spokes

Regional Communication Services staff believed that the effectiveness of the Communication Resource Centre had generally been of very high standard in the following areas:

- Communicating the vision of the Speech Therapy Initiative.
- Facilitating and coordinating communication among participants.
- Providing appropriate information and supervision in relation to augmentative and alternative communication, disability specific issues and latest trends.
- Follow through on specific requests.

As previously noted, the Communication Resource Centre allocates different individuals across Regional Communication Services, and while these people may have different approaches and skills, the generally uniform response indicates the effort applied in this function. Participants generally found the peer support process empowering and one that fostered respect, trust, inclusiveness and openness. It was noted however, that where the Communication Resource Centre nominee was not a Speech Pathologist, there was less opportunity for specific professional support.

Most arrangements with mentors were ad hoc in nature but occurred on at least a bi-monthly basis (with many more frequently i.e. fortnightly or monthly). The focus of the contact was mostly support with augmentative and alternative communication methods, debriefing, case discussion and problem-solving, further education and suggestions and support for projects.

Regional Communication Services also felt that the peer support program helped them in relation to the issues they faced in providing speech therapy services for people with complex communication needs. In particular, most of those surveyed on this matter felt that as a result of peer support, they had better ability to address important clinical and management issues, to meet the needs of clients and to undertake community capacity building activities that enabled greater participation and integration of clients in their local community.

Others were less certain about the effectiveness of the peer support program in the area of assistance to develop new clinical and management skills (although this may partly be due to an incomplete understanding of what peer support is intended to entail). There was no common view as to whether the Communication Resource Centre provided Regional Communication Service staff with sufficient support and direction to enable them to work with people with more challenging communication problems than previously.

Areas where some respondents felt that the Communication Resource Centre had performed at an acceptable level, but with room for improvement, included:

- Efficient organisation of the peer support program.
- Inspiring or motivating people through the peer support process.
- Maintaining the momentum and focus of the peer support program.
- Helping the participants to be creative and to look at things differently in problem solving.
- Facilitating links with experts and other relevant organizations that could also be of assistance.
- Meeting supervision needs through informative and timely contacts.

Overall, those surveyed in relation to the level of satisfaction with the set up and operation of the peer support program were mostly satisfied. Their views were that the professional development opportunities and support from the Communication Resource Centre were generally very good, but funding limited time available to devote to peer support.

From Spokes to Other Professionals

Regional Communication Services have been involved in providing peer support, mentoring and supervision to others working in the community with people with complex communication needs. This has included working with speech pathologists seeking support with a particular client and speech pathologists wanting more general support and advice in relation to augmentative and alternative communication or working with people with complex communication needs.

Peer support has also been offered to other allied health or community services workers - a Rural Access worker commented *"I have had a close working relationship with the speech pathologists in the Regional Communication Service. Their expertise has been invaluable as it is an area that is less familiar to me. Their role has been useful both as a sounding board as well as one of action as there are few people involved in community development specifically concerned with community access and inclusion for people with a disability."*

The main focus of the support or supervision provided by Regional Communication Services to other professionals included:

- Management issues.
- Enhancing the individual's ability to meet the needs of clients.
- Helping to develop new clinical and management skills
- Giving sufficient support and direction to enable the individual to work with people with more challenging communication problems than previously.
- Helping the individual to develop useful contacts and relationships in the local community for client benefit.

The methods mostly used and found to be effective in the process of supporting others included email, Web based material (e.g. advice about training programs and resources etc), meetings, telephone or teleconferencing, regional conferences or training days and joint visits to see clients together.

Speech pathologists in Regional Communication Services largely believed that they had sufficient skills and knowledge to supervise others working with people with complex communication needs. In areas where they felt their knowledge or skill was not adequate, they either drew on the resources of the Communication Resource Centre or referred on to another professional in the area known to have the required skill. Overall, in collaboration with the Communication Resource Centre, they felt very positive about their capacity to provide a mentee with access to the knowledge required.

For speech pathologists working with people with complex communication needs in private practice or for other organisations in the local community, support was provided by Regional Communication Services again mainly without formal structure or frequency, using telephone, email and meetings, generally monthly. The nature of support provided included joint visits to clients, support with augmentative and alternative communication methods, debriefing, case discussion and problem-solving, further education and suggestions and support for projects. Opportunistic peer support also occurred at structured events such as regional speech pathology meetings, Regional Communication Service Steering Committee meetings, conferences and training workshops.

There is considerable potential for peer support at this level (i.e. from spokes to other professionals) but in a number of regions, due to the relatively short time that the Regional Communication Services had been operational, this is yet to be realized.

It was thought that many of those who might benefit from the availability of peer support when working with people with complex communication needs were unaware of the availability of the program. Although from a very limited sample, some speech pathologists outside Regional Communication Services surveyed as a part of this review said that they were not aware that peer support was formally offered as part of the Regional Communication Service.

On the other hand, some Regional Communication Services reported that while opportunities for peer support can be made available, take-up by speech pathologists in private practice had been low as they tended not to take referrals of people with complex communication needs unless they were funded through TAC or a similar source. It was also reported that speech pathologists tended to develop an area of interest and specialize, and unless that area was augmentative and alternative communication, demand for peer support in that area will be limited.

In any case, more promotion of the availability of peer support may be beneficial. It is also clearly important that Regional Communication Services have a well established profile and links into the broader service system in order to generate inquiries from other workers in the area looking for professional support.

Student Supervision and Higher Education

The Communication Resource Centre has made a significant commitment to contributing to the formal education of undergraduate speech pathologists.

Staff from the Communication Resource Centre lecture third and fourth year undergraduate students in augmentative and alternative communication systems and methods, and supervise masters and honours students' projects in the same area. Numbers of students supervised and the numbers of student placements have both increased since the commencement of the Speech Therapy Initiative. Student placements usually occur over a 12-week period, three days per week, and have the additional benefit of providing extra resources at no cost (no wages are payable). Staff from the Communication Resource Centre also guest lecture regularly at other venues (including university medical faculties, RMIT and the Mayfield Education Centre).

Some Regional Communication Services have also contributed to achievement in this area, with a number of speech pathologists acting as guest lecturers (in the area of complex communication needs) in different courses (such as disability studies, medicine and allied health) at various campuses around the state.

In addition, East Hume has developed a relationship with Charles Sturt University designed to influence students in speech pathology to work in the complex communication needs field, now also encompassing multidisciplinary placement opportunities across allied health disciplines and exposure to working within a capacity building framework. With capacity building having gained significant impetus in recent years and increasingly being seen as part of the role of agencies working in the health sector, up to 30 students of speech pathology and occupational therapy are expected to undertake community based placements through this initiative in 2006.

Examples of Good Practice

Examples of good practice that contributed to the effectiveness of peer support included the following:

- Staff at disability support services felt more confident and motivated following training conducted by Regional Communication Services.
- Displays and demonstrations of communication tools and materials were effective in raising interest and in inspiring people to generate ideas for their clients/family member with complex communication needs.
- Measures to increase understanding and reduce anxiety were reported as having contributed to motivation to trial new aids/approaches to communication.
- Where Regional Communication Services' Steering Committees include people with complex communication needs, other members of the steering committee reported that this had helped them to understand how best to include people with complex communication needs in other meetings.
- Developing and agreeing defined and documented goals for the support to be provided, including a process for ending or changing peer support arrangements.
- Responding in a timely manner to requests for support (i.e. within 2-4 days).
- Being prepared to provide support in a way that best suits the mentee (e.g. telephone, email, face to face, etc) and the nature/complexity of their request.
- A non-threatening, collaborative approach that seeks to develop joint solutions.
- Attending conferences and making joint presentations, hosting seminars.
- Participating in the regional speech pathology network (as a way to generate opportunities to provide peer support to others).
- Loaning equipment and resources to local speech pathologists/other services.
- Documenting activities so that the learning can be shared and similar projects instigated in other regions if appropriate.
- Consultation with the Communication Resource Centre to obtain specialized and expert information in relation to client issues and resources.
- Participation in training to upgrade Regional Communication Service staff skills, knowledge and expertise in augmentative and alternative communication.
- As a way to assist in addressing difficulties in recruitment and retention of speech pathologists, many students have had a clinical placement at the Communication Resource Centre. Most students were studying speech therapy but a range of other disciplines were also represented (including occupational therapy, disability studies and health promotion).

Another important aspect of peer support is the sharing of ideas and strategies between Regional Communication Services and between the Communication Resource Centre and Regional Communication Services, thus helping to decrease duplication and build more effective responses to common issues. This has been an important feature of the Speech Therapy Initiative thus far, with participants actively encouraged and all keen to seek opportunities to share experiences and resources.

A more comprehensive record of peer support activities undertaken within the Speech Therapy Initiative is available in *The Communication Resource Centre: Two Years On 2002-2004*, published by Scope Vic (Ltd).

Summary and Recommendations

Peer support is a significant element of the hub and spoke model. Regional Communication Services believed that the effectiveness of the Communication Resource Centre in this area had generally been of high standard. Most felt that as a result of peer support, they had better ability to address important clinical and management issues, to meet the needs of clients and to undertake community capacity building activities designed to enable greater participation and integration of clients in their local community.

Regional Communication Services were also involved in providing peer support, mentoring and supervision to others working in the community with people with complex communication needs. While this activity is still developing, in collaboration with the Communication Resource Centre, most also felt very positive about their capacity to provide broader access to relevant knowledge and skills.

The Communication Resource Centre and some Regional Communication Services have also made significant commitments to the formal education of speech pathologists and others in related disciplines.

RECOMMENDATIONS

11. Develop regional lists of target groups for peer support; ensure that DHS Specialist Services (Disability Client Services) are amongst the priorities.
12. Ensure that the availability of support in augmentative and alternative communication systems and working with people with complex communication needs is widely promoted to community-based speech pathologists, relevant groups and services.
13. Develop more partnerships and alliances with other bodies, special interest and expert groups, to expand the range of contributions that may be available if required.
14. Develop a process to monitor the ongoing effectiveness of the peer support program and the quality of relationships.
15. Further develop knowledge management strategies* within the Speech Therapy Initiative including a system that provides efficient recall and reference.
16. Ensure speech pathologists working within the Speech Therapy Initiative have access to ongoing professional development opportunities to maintain and update the skills and knowledge required to perform their role.

* 'Knowledge management strategies' is a broad term used to describe:
  - Systems to collect information of relevance to the future operation of the service (e.g. relevant books, publications, resources etc), ensuring that experiences likely to be of benefit to others are written down, that projects are evaluated and key lessons distilled etc.
  - Systems to store and protect that information.
  - Systems to access, recall and deliver that information to the people that require it.

Community Capacity Building

OBJECTIVE: To support community awareness activities and skill building in local communities to facilitate the inclusion of people with a disability who have complex communication needs

Key Strategies

- Develop community maps (describing local resources, capacities and circumstances etc) as the basis for a community capacity building plan including priority actions.
- Conduct training activities to assist local individuals to acquire/enhance the knowledge and expertise to contribute to the implementation of community plans and priority actions.
- Generate awareness of inclusion issues and possibilities through consultation and networking with community groups, local forums, area based committees and interest groups etc.
- Stimulate capacity within partner organisations through skills development, team building etc.

Within the context of the Speech Therapy Initiative, the capacity building approach provides another way to respond to the needs of people with complex communication needs and their communication partners. A capacity building approach works to build the skills, knowledge and resources available to individuals and community organisations. By doing this within the context of the Speech Therapy Initiative, individuals and agencies will become better placed to deliver services that respond to the wishes of people with complex communication needs and their communication partners.

The Speech Therapy Initiative evolved to incorporate a strong element of community capacity building as a way to promote inclusion and participation in the community for people with complex communication needs. Community capacity building was seen as a model of working to build community awareness, understanding and acceptance of disability and complex communication needs. In turn, this was seen as a way to bring about change, giving people with complex communication needs more choice and access within the wider community.

Various aspects of strategies implemented in this area are discussed below:

Promoting an Understanding of Community Capacity Building

At the outset, most speech pathologists working in Regional Communication Services had a limited understanding of community capacity building and community development - much of their experience to that point had been in working directly with clients, although some had worked in areas such as health promotion, which provided a foundation to build upon. The Communication Resource Centre developed a range of activities and resources to assist Regional Communication Services to adopt a community capacity building approach.

One of these resources, a *Community Capacity Building Framework (Nov 2004),* described five key strategies as the basis for implementation of a community capacity building approach. Each strategy contained a number of elements and actions (see Attachment 3 for a full description).

Some effective ways that the Communication Resource Centre assisted Regional Communication Services and other agencies to gain a clear vision of community capacity building and its place within the Speech Therapy Initiative included:

- Setting up opportunities for mentoring and enhancement of leadership skills and abilities.
- Undertaking planning activities using strategic/business planning processes.
- Identifying opportunities to contribute to shared action between the disability, community, health and commercial sectors.

During this period, Karen Britton from the Communication Resource Centre was seen as an inspiring leader and champion of community capacity building within the Speech Therapy Initiative. Karen's role included facilitation of training sessions to assist Regional Communication Services to develop a functional model of community capacity building, and using experience and enthusiasm to generate a new understanding of the potential of community capacity building as well as ideas for projects within local areas.

Initial Mapping Exercises

To assist Regional Communication Services define and develop their role and activities, initial mapping exercises were also undertaken. Regional mapping projects included local demographics (usually including the number of people with complex communication needs by age group), current services, existing resources and supports for adults with complex communication needs, and proposed strategies to address the identified needs.

Information from the mapping exercises along with resources such as the *Community Capacity Building Framework* and support from the Communication Resource Centre, DHS and local Steering Committees, contributed to the development of an action plan for each Regional Communication Service to guide future activities.

While these plans provided important direction for Regional Communication Services, they did not remain static and changes occurred as services gained a clearer understanding of community capacity building and new ways of looking at potential projects.

Community Capacity Building Projects

In line with the outcomes of their initial mapping exercise, Regional Communication Services developed a number of community capacity building projects. The *Community Capacity Building Framework* described five key strategies; most projects undertaken by Regional Communication Services focused in two of these areas:

- Enhancing the policy, practice and systems of organisations and communities – examples included working with other services to review and develop policies and practices to aid client communication, as well as developing practical strategies to enhance communication such as guidelines for the use of communication boards and creating links between a client's services so that a shared communication strategy could be developed and followed.
- Developing people, their skills, knowledge and attitudes about the participation and inclusion of people with complex communication needs - Regional Communication Services have been very active in this area including participation in joint projects and initiatives, running workshops in services and generalist venues such as local government or recreation centres, and contributing to tertiary education.

Within these areas, more detailed examples of activities undertaken included:

- Networking with agencies and individuals about the Speech Therapy Initiative, raising awareness and researching needs in the community.
- Sharing resources to assist training and communication for people with complex needs e.g. devices, booklets/information, projects and initiatives.
- Participation in committees and community meetings to network, share resources and contribute to issues relating to complex communication needs and community capacity building.
- Development of a consultancy role providing advice, resource information, contacts, etc.
- Provision of key word signs for display in local shops to assist staff and customers with complex communication needs.
- A collaboration between Deaf Access Victoria, local government, the Rural Access program and Scope (Vic) Ltd to produce a training package (theory and practice), a booklet and a CD for organisations to use as a guide to making written material more accessible for all.
- Placing members on committees and working parties for conferences and meetings to disseminate information across networks and encourage community awareness and participation.
- Compilation of a training package (based on interviews with local services and businesses and people with complex communication needs) to facilitate development of a broader range of more effective communication strategies.
- Working with initiatives funded in conjunction with the Commonwealth Games (e.g. *'Come and Try a Sport'*) to make promotional literature more accessible to people with complex communication needs.
- Provision of resources such as communication display boards to community agencies to increase access for people with complex communication needs.

A full listing of community capacity building projects undertaken by Regional Communication Services (as at January 2006) can be found at Attachment 5.

Key Lessons Emerging from Projects

Through the rich experience of developing and undertaking a broad range of community capacity building projects, a number of key observations emerged:

- Community capacity building is a slow process, much slower than people have been used to, but it is important not to push as time is required to facilitate the development of relationships necessary for change to occur.
- While change in attitudes and perceptions is slow, changing practices is even slower, because although there may be interest in changing, people need consistent support and feedback to actually achieve this.
- Potential partners in community capacity building can feel threatened particularly in the early stages of a project or initiative – it is important for partners to feel they have shared ownership.
- Building partnerships required time and a collaborative approach; willingness, participation, respect and equal accountability were found to be key factors in establishing successful partnerships.
- Community capacity building doesn't replace the provision of primary speech therapy services but can be a vital adjunct to the success of such interventions.

- Community capacity building often entails a financial cost but working in partnership can share any costs and/or enable Regional Communication Services to access or leverage other funding that may not otherwise have been available (e.g. working with Landcare groups to sign walking trails).
- Family, carers and support staff need to be involved in training and understand that their role is to facilitate communication (e.g. assist the client to use a communication card) rather than communicate for the client.
- Successful community capacity building requires flexibility and sometimes a willingness to depart the rigorous planning and definitions to take advantage of the serendipitous opportunities that arise when working within the community.
- By its very nature, community capacity building (particularly in rural areas) requires significant amounts of staff time. Additional funding would be likely to enhance the outcomes being achieved.

Good Practice Examples

Across the strategies implemented in this area, examples of good practice that helped to support participation and inclusion included:

- A kit of resources (developed by the Communication Resource Centre) was used extensively by Regional Communication Services to demonstrate various communication supports to other services, clients and the community in general.
- Developing partnerships with a wide range of organizations, networks, alliances and professional associations, as a way to build community capacity (examples include local speech pathology groups, local government, local retailers, universities and tertiary training institutions).
- Developing partnerships with other programs (such as *Access for All Abilities)* and providers (such as *Making a Difference* and *Family Options* services) sometimes helped to generate financial resources for client related projects.
- Building leadership by supporting leadership potential in organizations and communities as a catalyst for strategic development and change - Regional Communication Services recognised the need to work with leaders to embed organizational and cultural change. To date this has involved either targeting senior management (e.g. local government CEOs or Councilors, day service centre managers) or working with 'natural leaders' and those who are keen to develop and achieve change.
- Face to face meetings in the country regions to establish rapport, observe real environments, discuss augmentative and alternative communication techniques, share resources and brainstorm possible strategies.
- Regional Services noted that the effectiveness of workshops was enhanced where they provided ongoing support and follow up for participants; their experience underscores the need for positive support and building rapport as necessary for real change in attitude and culture.
- Enlisting media support to generate community awareness: *"To make the 'Access for All' project more visible in the community, the project was promoted and explained through local paper, radio and TV. Locally there was a transformation in community understanding of why we were putting the signs in the shops. This increased over the time of the promotion from nothing to a real understanding and acceptance of the signs as a means of communication with people with complex communication needs."*

Summary and Recommendations

Within the context of the Speech Therapy Initiative, the capacity building approach provides another way to respond to the needs of people with complex communication needs and their communication partners. While community capacity building doesn't replace the provision of primary speech therapy services, it can be a vital adjunct to the success of such interventions. The Speech Therapy Initiative evolved to incorporate a strong element of community capacity building.

At the outset, many people were new to community capacity building. The Communication Resource Centre developed a range of activities and resources to address this and, to assist Regional Communication Services define and develop their role and activities, initial mapping exercises were also undertaken (incorporating local demographics, current services, existing resources and supports for adults with complex communication needs, and proposed strategies to address the identified needs).

In line with their initial mapping exercise, Regional Communication Services developed a number of community capacity building projects, mainly involving enhancements to the policy, practice and systems of organisations and communities, and developing people, their skills and knowledge. Overall, while a slow and often time consuming process, community capacity building is a positive approach and projects were very well received, particularly in non-metropolitan areas where access to resources and training can be limited.

RECOMMENDATIONS

17. Ensure that the Speech Therapy Initiative continues to incorporate community capacity building as a way to promote inclusion and participation in the community for people with complex communication needs.
18. Ensure that the community capacity building approach utilized within the Speech Therapy Initiative incorporates a strong focus on the development of local leadership (who will be best placed to determine local needs and the most effective way to respond to these).
19. Develop a framework to assess the impact and outcomes of community capacity building projects conducted within the Speech Therapy Initiative, over a timeframe suited to the nature of the projects.
20. Develop a database of community capacity building projects across Victoria, including strategies and key success factors, to assist in generating ideas for new or extended programs.
21. Community capacity building projects that can demonstrate success at local levels should be considered for statewide implementation, coordinated by the Communication Resource Centre.

Research

OBJECTIVE: Undertake research and evaluation activities to promote better services for people with a disability and their communication partners

Key Strategies

- Undertake a literature review and needs survey to determine priorities for future research.
- Develop proposals for research projects and submit to potential funding sources.
- Undertake appropriate research projects and disseminate findings.

Communication Resource Centre staff are engaged in a number of research projects designed to increase knowledge and skills in both theoretical and practical areas, for clinical and educational purposes. A number of strategies have been pursued by the Communication Resource Centre in this area; various aspects of these are discussed below:

Current Research Objectives

To assist to define the areas for research, the Communication Resource Centre undertook a survey of Victorian speech pathologists and allied professionals. The survey looked at existing service delivery models in the area of complex communication needs, and sought to establish levels of experience with and views on the effectiveness of these, as well as priorities for the future.

As a result, an agenda was developed that identified priority objectives for future research relating to people with complex communication needs and their partners.

Current research objectives for the Communication Resource Centre are to:

- Work collaboratively with Victorian speech pathologists, allied professionals, people with complex communication needs and the community to develop proposals addressing identified priorities.
- Evaluate services provided and products developed by the Communication Resource Centre.
- Form research partnerships with external agencies (including Regional Communication Services and Universities) in the development of research proposals and funding applications, and/or the conduct of research of relevance to people with complex communication needs.
- Increase the research skills and output of staff in the Communication Resource Centre and Regional Communication Services through the provision of peer support and training in the development of research proposals, funding and ethics applications, conduct of research and dissemination of findings.
- Increase the research capacity of the Communication Resource Centre through the completion of small projects, submission of papers to peer-reviewed journals, applications for external funding for research, development of strategic research partnerships and facilitation of post-graduate projects in relevant areas.
- Disseminate research outcomes to people with complex communication needs, the community and professionals (via professional journals, consumer newsletters, presenting at national and international conferences, and incorporating research into training days).

The research agenda is reviewed regularly to ensure it maintains currency with latest issues and developments.

Funding Applications

The Communication Resource Centre actively seeks funding from a range of sources to implement the research agenda. Applications have included:

- Assessment of children with severe and multiple disabilities – submitted to the Speech Pathology Australia Clinical Research Fund in 2003 and awarded $2,000.
- Evaluation of the Social Networks Inventory - submitted to the Speech Pathology Australia Clinical Research Fund in 2003 and awarded $2,000.
- Evaluation of an early intervention augmentative and alternative communication starter pack, a collaboration with various sector partners – submitted to Telstra in 2004 but unsuccessful.
- Increasing awareness of communication problems of customers and use of augmentative and alternative communication systems in the Whitehorse Centro Shopping Centre – submitted to City of Whitehorse and accepted.
- Investigation into Speech Pathology Recruitment and Retention in Victoria – submitted to the Monash University Faculty of Medicine, Nursing and Health Sciences and the School of Primary Health Care in 2005, and awarded $7,000.
- Assessment of children with severe and multiple disabilities – submitted to the RE Ross Trust in 2006 but unsuccessful.

Projects Underway

A number of research projects and collaborations are underway, mainly in areas that address gaps in the literature and clinical practice. These include:

- *Determining the construct validity of the Triple C – Checklist of Communicative Competence - r*etrospective study completed and paper published. Prospective study in progress.
- *Changes in attitudes towards and willingness to work with people with complex communication needs: Potential impact of a course in Augmentative and Alternative Communication* - in progress; conference papers presented.
- *Measuring the outcomes of speech pathology intervention for adults with developmental disability and complex communication needs* - project has been completed and the quantitative study submitted for publication; qualitative case study in progress.
- *Assessment of communication skills in preschool children with physical and multiple disabilities - d*ata collection completed, analysis in progress.
- *Speech Pathology Recruitment and Retention in Victoria* (in collaboration with Monash University and Charles Sturt University) - completed. One paper submitted for publication and another in preparation.
- *Determinants of Challenging Behaviour* (being conducted by the Centre for Developmental Disability with funding from *beyondblue*, with the Communication Resource Centre a named collaborator) - data collection in progress.

Allied to efforts in this area, staff from the Communication Resource Centre also mentor research projects being undertaken by speech pathology students as a part of their qualification.

Dissemination of Findings

As a vital component of the research agenda, the Communication Resource Centre has a publishing program and information dissemination strategy.

This includes details of current and recently completed research appearing on the Communication Resource Centre website, updates published in the Communication Resource Centre newsletter, summaries of projects sent to participants, papers submitted to professional journals for publication, and presentation of project findings at national and international conferences (such as the International Society for Augmentative and Alternative Communication and ASSID) and consumer forums.

The Communication Resource Centre has also completed a number of publications (including a self-advocacy guide separately funded by DHS, *InterAACtion: Strategies of Intentional and Unintentional Communicators* and several journal articles). Another project, reviewing issues associated with the recruitment and retention of speech pathologists in regional Victoria, was published in the Communication Resource Centre newsletter.

Summary and Recommendations

The Communication Resource Centre is involved in a number of research projects and collaborations designed to increase knowledge and skills in both theoretical and practical areas, for clinical and educational purposes.

To assist to define research directions, a survey of Victorian speech pathologists and allied professionals was carried out. As a result, an agenda was developed that identified priority objectives for future research relating to people with complex communication needs and their partners. The research agenda is reviewed regularly to ensure it maintains currency with latest issues and developments. As a vital component of the research agenda, the Communication Resource Centre has a publishing program and information dissemination strategy.

RECOMMENDATIONS

22. Develop methods to encourage Regional Communications Services to contribute to the development of the research agenda and, subject to interest, provide avenues for them to be involved in relevant research projects.

23. Consolidate links and partnerships with appropriate research and educational institutions, in order to advance research relating to people with complex communication needs and their partners.

PERFORMANCE

The Speech Therapy Initiative was devised in order to respond to the following issues:

- Inequitable access to speech therapy services across disability specific groups and regions, particularly for people living in rural Victoria.
- Inadequate intensity and frequency of support to address the ongoing and changing nature of complex communication needs at local levels.
- Inadequate levels of recruitment and retention of specialists in complex communication needs.
- The need for skilled communication partners in creating communication opportunities for people with complex communication needs.
- The need for person directed services and choice of service model (e.g. home based, community based).
- Lack of knowledge and skills within the general community in relation to interacting with people who have complex communication needs.

This chapter of the report summarises the performance of the Speech Therapy Initiative and provides conclusions under three main headings, as follows:

Effectiveness of Service Model

The hub and spoke model of service delivery was chosen as the most appropriate model to address gaps in service delivery because it offered:

- Clinical and professional support available to any speech pathologist working with adults and young children (0 - 6 years) with complex communication needs across Victoria, aiming to promote the provision of high quality services and improve recruitment and retention of staff with specialist skills in local communities.
- Community-based therapy services (the spokes), having a shared emphasis on building local capacity to support people with complex communication needs to achieve community inclusion.

The hub and spoke model has been used within the Speech Therapy Initiative to begin the development of a comprehensive and integrated statewide network of services to meet the needs of people with complex communication needs in Victoria, based on community development principles.

Through the provision of local services, a number of communities around Victoria now have a greater capacity to support and include people with complex communication needs in everyday interaction. In particular, some of these communities are in areas where previously little or nothing else existed (i.e. rural and regional areas); now, for the first time, there is access to the specialist support required to promote and achieve community inclusion of people with complex communication needs.

The hub and spoke model is an efficient model for rural and regional areas. Closer physical proximity to a worker with expertise in complex communication needs has been instrumental in developing ongoing contact with local service providers including speech pathologists in acute health and other settings. This has expedited client assessment, development of communication strategies and increased access to augmentative and alternative communication devices. It has enabled local networks to grow that are now becoming more self-sufficient.

The hub and spoke model is proving to be an effective model of service delivery, with Regional Communication Services well positioned to meet client demand and to provide access to specialist information and support contributing to enhanced outcomes for consumers. This distribution of Regional Communication Services recognises local services are best placed to meet local demands, and facilitates partnerships with local service providers to offer people with a disability a more streamlined service system.

The evolution of the service model has combined services for people with complex communication needs with initiatives to build community capacity with, in some cases, an emphasis on the latter. Training, education and support provided by the Communication Resource Centre has ensured that staff within Regional Communication Services across the state have access to specialist assistance as necessary to deal with individual clients as well as a shared understanding of the concept and strategies of community capacity building.

Co-locating Regional Communication Services with generic community based services was intended to promote access to other services (e.g. hospital based therapy teams, Home and Community Care) that have traditionally been difficult to access for people with disabilities. Co-location was also intended to promote understanding of the local demography, cultural and language issues, and to enable Regional Communication Services to work on attitudes and values held by health services in relation to people with disabilities 'from the inside'. Co-location has not been without issues (e.g. conflicting priorities) but in general has proven successful in achieving some of these aims.

Alongside achievements thus far, however, greater clarity and focus in governance of the Speech Therapy Initiative may have further enhanced the effectiveness of the service. Performance measures have not been clearly defined and applied in most cases; reporting requirements were not consistently adhered to. Service delivery targets do not appear to exist for all Regional Communication Services or for the Communication Resource Centre; where targets are included in Funding Agreements, they are poorly defined and often not well understood.

This has limited the capacity to monitor progress and achievements against the stated objectives of the Speech Therapy Initiative. The overall effectiveness of the service will be enhanced through the development of formal Program Guidelines that include clear objectives, specific performance measures and reporting requirements. DHS Funding Agreements should clearly specify intended service delivery targets, measures and a reporting schedule. DHS should ensure consistent adherence to data collection and reporting conventions.

Notwithstanding this, while the Speech Therapy Initiative developed more slowly than anticipated, it is now successfully established. This has been a significant achievement given it involved the development of a new service, with often new people, and the formation of a number of new entities. The Communication Resource Centre has developed as a stable and reliable body, underpinning the development of the service, particularly important when many things about were constantly changing. The management of the Communication Resource Centre has been a demanding task requiring the balancing of various attributes including vision and mission, stakeholders' expectations, accountability requirements, resource requirements and agency reputation.

Impact for Clients

There are two main components of the Speech Therapy Initiative – services for individuals with complex communication needs and community capacity building. This section of the report explores the former, summarising findings on the provision of services for individuals with complex communication needs and consequent impact.

The *Interim Speech Therapy Initiative Guidelines* include the provision of primary speech therapy services for individuals when there are gaps in service provision in catchment areas. Services can be provided in a range of environments (at home, at work, or in the community) depending on individual needs; different models of service delivery may be used e.g. 'whole of service' (at day placement or residential services) or on an individual consultation basis.

Training for members of the community, service staff and/or family members in relation to the needs of particular individuals with complex communication needs is generally considered part of an individual service (although it is often difficult to make the distinction between this aspect of 'individual services' and community capacity building projects, described in the next section).

To inform this facet of the review, a limited number of interviews were held with people with complex communication needs (see Attachment 2), staff working at services attended by these individuals and their family members and carers. Although it is difficult to draw conclusions about the overall operation and success of the service model from such a limited sample, observations included:

- All clients interviewed stated that the speech therapy service had been helpful to them (and this was confirmed by staff). Clients and staff were positive about the program in terms of the speech pathologist - they all liked the individual speech pathologist that supported them and found her helpful.
- Few clients were able to answer questions about their plan to help them communicate. Of those that did, there did not appear to be an awareness of when communication aids would be received (where these were a part of the plan), how they would learn to use them, or if there were any other strategies that they could use to help communicate more effectively.
- Only one client was able to say when or how often they saw the speech pathologist. There did not appear to be any regular appointments and staff at some services commented that service intervals were too infrequent.

- No clients responded to questions about how the service might be improved, but all staff cited additional time from the speech pathologist as being a major factor.
- All clients but two appeared to be accessing the community as part of their plan; however, how much this was influenced by the speech pathologist was not clear. Certainly all clients (with one exception) had systems to promote community access, but some staff expressed reservations about how much these supported clients in community access.

Overall, all those interviewed were positive about the service. They liked the ongoing involvement and having access to someone local; they liked what the service did and had difficulty imagining what would have happened without it as nothing else was available. Staff found the speech therapist inspiring and believed that the help provided to key workers was having a flow-on effect within the service.

However, in terms of impact on clients, conclusive findings as to how these approaches were working are difficult to reach. There did not appear to be significant numbers of individuals with complex communication needs receiving a service under the Speech Therapy Initiative. The effectiveness of 'whole of service' approaches varied from client to client and from service to service. Services visited as part of the review varied considerably - some did not appear to have many communication strategies (e.g. symbols, photos) in the building while others had well developed picture signs and a positive approach to further improving communication with clients.

Training for staff in residential and day services has had mixed success with more positive outcomes associated with staff that already had a good level of understanding of disability and communication issues, and where staff had the time, awareness and confidence to take up the use of augmentatative and alternative communication devices and other communication aides. Staff were found to need support and encouragement alongside training to give them confidence to use augmentatative and alternative communication methods with the clients.

The organizational culture within some services also appeared to be a barrier to change and development (for example, in some services, routines allowed little time or incentive for new communication strategies to be introduced).

On the other hand, some services had worked actively to establish their position and had communication plans to underpin their work with clients and were successful in assisting clients to communicate better, establish relationships, maintain their health and fitness and gain social inclusion. Services that were advanced in working with clients with complex communications needs had often purchased professional support directly from the Communication Resource Centre, as well as or in preference to accessing the Regional Communication Service in their area. (Sometimes the Regional Communication Service was seen as having limited time and resources available; some also saw higher order expertise, more suited to their particular clients, as available from the Communication Resource Centre and that therefore this might be a better 'investment'. It is acknowledged that the level of staffing at regional services often severely limits the work that can be taken on in this area).

In Regions included in this component of the review, there appeared to be a lack of communication within and between DHS teams and a client's day and residential services, and between services and a client's family and home, that resulted in barriers to achievement of communication goals. Little coordination appeared to occur for some clients, insufficient to facilitate thorough implementation of individual communication plans and confounding the implementation of a 'person centered approach.'

Outside of particular services, new referral systems have been developed, trialed and implemented between Regional Communication Services and networks of existing community-based services; these are continuing to develop and will facilitate specialist support for people with complex communication needs. However, referral systems cannot yet be considered to be statewide and in some regions relationships with DHS intake and referral teams have been slow to develop (although a range of informal linkages exist).

The Speech Therapy Initiative has not made significant strides in enhancing local access to services for people from culturally and linguistically diverse communities, although community capacity building projects are beginning to address this issue (with one project in particular showing positive outcomes).

In summary, this review has found that it is still too early make a definitive finding as to the overall impact of the Speech Therapy Initiative for people with complex communication needs, particularly at regional levels. While a number of clients that have used the service have experienced positive outcomes, comparatively few have had this opportunity. Of these, only a small proportion have received a volume or intensity of service likely required to achieve their potential.

Activities that may have contributed to better outcomes for people with complex communication needs included more contact with a client's family so that they could also use signs, support for parents who do not speak English, more education for staff, more frequent opportunities to work on specific needs, more resources to develop a variety of aids, more time to access the community and to build on skills already learned, and capacity to carry over communication systems established to group home staff and family.

In almost all cases, client impact would have been enhanced by more time being available from the speech therapist. The limits and demands on speech pathologists working within the Speech Therapy Initiative are understood however greater availability at this level could have produced more significant, immediate outcomes for a substantial number of people.

Notwithstanding limited impact to date in this area, it has been demonstrated that the Speech Therapy Initiative is an effective agent for change in the delivery of speech pathology to people with complex communication needs. In general, those involved in Regional Communication Services have increased their knowledge of augmentatative and alternative communication and skills in working with people with complex communication needs; community links have spread understanding and awareness; and activities such as training staff at disability support services will have a ripple effect for people with complex communication needs.

Impact on the Community

The range of community capacity building projects undertaken by Regional Communication Services and supported by the Communication Resource Centre were clearly aligned to the goals and objectives of the Speech Therapy Initiative (a full list of projects is provided at Attachment 5).

The range of projects reflect an understanding that community capacity building can occur at different levels within a system e.g. through policy development, work-based training with services, specialist input into tertiary training, advocacy etc. as well as working in more highly focused ways with local groups, small towns, local shops and recreational facilities etc.

The focus of the community capacity building projects was to build sustainable change through identification of existing assets at the organisational and community level and supporting their capacity to include people with complex communication needs as part of their ongoing role and operations. Some projects sought to build upon existing strengths, knowledge and skills to enhance the ability of individuals, groups, organisations and communities to solve problems relating to the participation and inclusion of people with complex communication needs. Many others included resource development (e.g. obtaining project funding, equipment, specialist support, information, advice, materials and links to related support) as a key activity.

Creating partnerships and strategic alliances was critical to the community capacity building process. While the context, purpose and duration of partnerships varied across projects, common objectives included ensuring alignment between strategic directions, developing shared vision and goals, clarifying responsibilities and developing commitment to longer term outcomes.

Some other key observations of capacity building projects recorded through reports and visits conducted within this review included:

- People actively shared knowledge, skills and resources.
- People worked together in partnership to achieve mutual benefits and outcomes.
- There was a willingness to consider different ways of doing things that might influence change or sustain the different ways of delivering services.

The Speech Therapy Initiative has thus established effective platforms as the basis for success in community capacity building. Other factors evident in the approach within the Speech Therapy Initiative that may presage achievement include:

- Linkages created between some projects and other regional or statewide capacity building initiatives (e.g. *Access for all Abilities*, *Metro* and *Rural Access*).
- Most projects are of realistic and manageable size and linked to an identified client need (e.g. cafes in a particular shopping centre close to people with complex communication needs). If successful, the project can later be extended.
- Project records are carefully recorded, reported and discussed in forums where ideas can be shared and people can build on existing knowledge and achievements.

However, aside from these observations and in terms of true impact on the community, it is acknowledged that systemic change will take time and commitment and that capacity building requires a long-term view. The success of community capacity building must be measured against sustainability; change must have a life beyond the immediate project.

While the concept of community capacity building to increase participation and inclusion appears to have been an effective concept to apply within the Speech Therapy Initiative, and early indications and reports are promising, further evaluation is needed as within the timeframe available for review it was not possible for all projects to demonstrate change in issues restricting participation and inclusion.

The ultimate success of projects may be enhanced by further attention to building and supporting local leadership potential in organisations and communities and supporting strategic partnerships. To date, many of the projects have appeared to be providing that leadership directly, rather than cultivating and transferring responsibility (despite understanding the necessity to do so as the catalyst for change). It is acknowledged, however, that this may be because a number of projects are still developing and underway.

Community capacity building doesn't replace the provision of primary speech therapy services but in some cases is a vital adjunct to the success of such interventions. It has taken time for some communities to appreciate the potential benefits from a community capacity building approach and that such an approach, in the longer term, directly complements primary speech pathology services and outcomes achieved by individuals. For example, the focus on capacity building is regarded by the East Hume Regional Communication Service as the primary reason for its success and the mechanism through which innovative activities have developed. Without this approach, the service believes it would have had minimal impact, adding only a few hours clinical service provision and having no influence on the policies and practices of other organizations and groups.

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ATTACHMENT 1 – EVALUATION FRAMEWORK

Lead	Service Strategy	Task	Service Outputs	Evaluation Criteria	Data Source
DHS & CRC	1.0 Establish and work in partnership with local services	1.1 Establish local service provider network through appointment of new Regional Communication Services	• Regional Communication Services operational in local areas	• How were the Regional Communication Services established? • Are Regional Communication Services optimally positioned to meet client demand? • Did the Regional Communication Services assume the form as originally anticipated (if not, why not)? • To what extent has equity of access to Speech Therapy services been achieved?	CRC interviews Regional Communication Services focus groups Regional Communication Services Good Practice Profiles
CRC and Regional Comm. Services		1.2 Identify and establish working relationship with local services	• Local service providers identified and contacted • CRC support and consultation • Services to local providers defined • Co-location of spoke services	• Was co-locating Regional Communication Services with community organizations successful? • Did local access to specialist information and support contribute to enhanced outcomes for consumers? • What is the interface between the CRC, Regional Communication Services and local services?	CRC interviews Regional Communication Services focus groups Regional Communication Services Good Practice Profiles Peer Support Survey

Lead	Service Strategy	Task	Service Outputs	Evaluation Criteria	Data
Regional Comm. Services		1.3 Provide primary consultation services at local level (where defined as a component of the service model)	• Primary speech pathology services provided	• What are the most efficient and effective forms of interface between the CRC and Regional Communication Services? • How did specialist knowledge and experience make a difference to the assessment, program planning and implementation processes? • How satisfied are consumers and carers/communication partners with responsiveness and with outcomes?	Regional Communication Services focus groups Regional Communication Services Good Practice Profiles Consumer focus groups/interviews Peer Support Survey
CRC and Regional Comm. Services		1.4 Provide training & secondary consultation services at local level	• Expert advice and information, skills training, problem solving strategies	• How is the support and consultation role of the CRC developing? • How were support and information needs of the local services identified and met?	CRC interviews Regional Communication Services focus groups Regional Communication Services Good Practice Profiles Peer Support Survey
CRC		1.5 Tertiary consultancy	• Establish links with academic institutions, professional organizations, special interest groups, consumer advocacy groups, peak bodies	• What initiatives (including community-based initiatives) are being developed to promote the interests of those with complex communication needs to community groups?	CRC interviews

Lead	Service Strategy	Task	Service Outputs	Evaluation Criteria	Data
CRC		1.6 Establish and maintain links with other services, government departments with interest in services to people with complex communication needs	• Other service providers and networks are identified • Contact established and protocols defined and agreed	• Examples of how individuals have experienced enhanced access to locally provided Speech Pathology and associated services? • Examples of good practice in coordination between different services? • Have barriers to seamless services been identified and solutions developed?	CRC interviews
CRC & Regional Comm. Services		1.7 Develop and implement strategies that promote community awareness and facilitate inclusion (Community Capacity Building)	• Identification of barriers to and opportunities for increased community awareness and inclusion • Development of an action plan to address barriers • Implementation and evaluation of selected activities	• What initiatives are being developed and implemented to promote inclusion and participation in the community for people with complex communication needs? • What has been occurring in terms of: - Community mapping - Planning - Networking - Working in partnership - Training and development - Enhancing systems in organisations and communities - Gathering resources to assist process	CRC Interviews Regional Communication Services focus groups/interviews Regional Communication Services good practice profiles Consumer focus groups/interviews Peer Support Survey

Lead	Service Strategy	Task	Service Outputs	Evaluation Criteria	Data
CRC and Regional Comm. Services	2.0 Peer Support and clinical supervision of Speech Pathologists working within a statewide service model	2.1 Network formation with Speech Pathologists working with people with complex communication needs	Links formed with: - Speech Pathologists in DHS regional teams - Statewide service providers including related services such as hospitals and rehab services	• Description of peer support and clinical supervision strategies and their efficacy? • Professional support and supervision systems/networks (for individuals and groups) • Range of target groups (e.g. other sector professionals, community members etc) • Information and skills sharing, knowledge management & learning strategies • Creation and support of partnerships and alliances	CRC Interviews Regional Communication Services focus groups/interviews Regional Communication Services good practice profiles Peer Support Survey
CRC & Regional Comm. Services	3.0 Student supervision	3.1 Relationship with LaTrobe University and Charles Sturt University	• Speech Pathology students undertake clinical training/work experience in the assessment and treatment of complex communication needs • Contribute to academic didactic elements of Speech Pathology training	• Initiatives developed to promote to undergrad and postgraduate Speech Path students the field of complex communication needs • Provision of clinical placements and field experience	CRC interviews Regional Communication Services focus groups/interviews
CRC	4.0 CRC staff hold specialist knowledge of disability specific diagnostic groups and associated complex communication needs	4.1 Develop & maintain database on diagnostic groups and associated complex comm'n needs, communication systems, dysphagia & saliva control management	• Diagnostic groups identified • Relationships formed with relevant entities providing services to relevant diagnostic groups	• Has a specialised database been developed? • Have gaps in information been identified and linked to the research strategy of the CRC?	CRC interview **This strategy not pursued by CRC – not part of evaluation**

Lead	Service Strategy	Task	Service Outputs	Evaluation Criteria	Data
CRC	5.0 Attract research, publications and evaluations in field of complex communication needs	5.1 Identify key areas of research and submit applications for research funding	• Research areas and priorities established • Policies and procedures developed • Research Plan established	• Research policies and procedures exist and evidence of successful applications for research grants? • What is the primary focus of research projects being undertaken (e.g. identify good practice, service evaluation, innovative solution generation and so on) • Does the research program seek to fill identified knowledge gaps? • Does a publishing program and information dissemination strategy exist?	CRC interviews Regional Communication Services focus groups
CRC	7.0 The CRC is able to be accessed by all regions and service users in Victoria	7.1 The CRC is established in a way that ensures it is accessible	• The CRC is accessible to people with a disability, their carers and service providers • The CRC is accessible for everyone in the community • Systems/strategies exist to facilitate access to the CRC (other than in-person attendance e.g. telephone, web etc)	• How are the service access strategies working for people with complex needs? Do they meet most needs/some needs or are alternatives needed? • What strategies exist to facilitate access (esp for rural/remote users)? • Do CRC staff visit/deliver and support services in local areas?	CRC interviews Regional Communication Services focus groups/interviews Consumer focus groups/interviews

Lead	Service Strategy	Task	Service Outputs	Evaluation Criteria	Data
CRC	8.0 Coordination and support of Regional Communication Services network	8.1 Peer support relationship established between Regional Communication Services and the CRC	• Communication, peer support and information systems in place • Application of IT solutions (email, listserv, video conferencing and teleconferencing)	• What are the features of the relationship between the CRC and Regional Communication Services? • What are the most efficient and effective forms of interface between the CRC and Regional Communication Services?	CRC interviews Regional Communication Services focus groups
Regional Comm. Services	9.0 Involve individuals with complex communication needs and their families/carers in service planning and development	9.1 Opportunity for people with a disability, their family and communication partners to be involved in the assessment and development of program plans	• Participation in meetings, training and reviews regarding an individuals program	• What structures exist to facilitate consumer involvement in Regional Communication Services? • Any good practice policies and procedures re participation?	Regional Communication Services focus groups Regional Communication Services good practice profiles
CRC and DHS	10.0 Oversight of the Speech Therapy Initiative	10.1 Reference Group (now disbanded)/key stakeholder input	• Contribute to development, implementation and evaluation of the Speech Therapy Initiative	• Did the Reference Group membership reflect the range of interests? • How were directions incorporated into the service model/operations?	CRC interview
		10.2 Opportunities for service users to contribute to the strategic planning	• Participation in or representation of views in strategy planning processes	• What structures exist to facilitate consumer involvement in service planning?	CRC interview

Lead	Service Strategy	Task	Service Outputs	Evaluation Criteria	Data
CRC and Regional Comm. Services	11.0 Service profile	11.1 Demographic and diagnostic information about service users	• What are the key characteristics of users of the service (CRC and Regional Communication Services? • Do services have annual plans? • Has the Speech Therapy Initiative unfolded as originally conceived? • Is the hub and spoke model proving to be an effective model of service delivery?	• What are the key characteristics of services provided? • What are the key characteristics of users? • Performance measures clearly defined and applied	CRC interviews Regional Communication Services focus groups Regional Communication Services good practice profiles
		11.2 Service Demand	Type and quantity of services delivered	• Are the key features of the services delivered identified? • What evidence exists to demonstrate that services are targeted to the identified client groups? • Performance measures clearly defined and applied?	CRC interviews & baseline data collection Regional Communication Services focus groups and baseline data collection

ATTACHMENT 2 – CLIENT INTERVIEWS

Interviews with clients were conducted by Associate Professor Susan Balandin from The University of Sydney, in Melbourne on April 10-11, 2006. The purpose of the interviews was to provide clients with the opportunity to participate in the evaluation and input into service enhancement, to generate information and ideas, to help shape views on outcomes for clients from the Speech Therapy Initiative and from the community capacity building element of the service model.

Only limited numbers of clients (five) participated in interviews; however, methodologically, the review did not require input from significant numbers. The total number of individual clients being provided with direct services under the Speech Therapy Initiative is small; in addition, client participation was sought in only two of eleven regions. Of the clients nominated to participate, a number did not consent.

Staff also participated in some of the interviews or provided additional information either before or after the client interview. Although the interviews were primarily arranged to canvas the clients' views, in some cases the staff were able to provide information that the client was unable to give. Given that the aim of the interviews was to explore how the speech therapy service was operating, this information has been incorporated.

Client	Venue	Speech Pathology Service	Staff
A	David House (day service, 90 clients)	Learning signs - some signs photocopied from book on wall in lobby and corridor	No staff present at interview but spoke with receptionist afterwards
B	EDAR (day and vocational training service, 23 clients)	Communication cards in wallet; cards and symbols for local coffee shops; many photos and symbols throughout service	Program coordinator interviewed before and after interview with client, also present at interview
C	Nadrasca (day and vocational training service, 70 clients)	Communication book - symbols for preferred activities and other interests as well as more general symbols	Key worker and art teacher present
D	Nadrasca (day service, 90 clients)	Communication book with symbols	Program Manager present
E	At home	Community request cards for taxis; speech generating device to be ordered; message device	No support person present

ATTACHMENT 3 – REFERENCE GROUP

Members of the Reference Group established to oversee the introduction and initial operations of the Speech Therapy Initiative are listed in the table below:

Name	Representing
Jan Ashford (later Julia Phillips)	Communication Aid User Society (CAUS)
Matthew Bradley	Speech Pathology Australia
Jim Burns (later Kathryn Finemore)	Yooralla Society of Victoria
Dr Libby Clark	School of Community Health, Charles Sturt University
Jane Farrall	DEAL Communication Centre
Maria Heenhan (later Karen Underwood)	Department of Education and Training
Maree Ireland (later Chris Astourian)	Community member
Hilary Johnson	Communication Resource Centre/Scope (Vic) Ltd
Christine Pattas	Disability Client Services (DHS)
Wayne Perrin	Community member
Kristine Rawlinson (later Deb Sudano)	Disability Services (DHS)
Prof Sheena Reilly	School of Communication Sciences, La Trobe University
Kent Rogers	Community Health Policy (DHS)
Miriam Segon-Fisher	Disability Services (DHS)
Noble Tabe (later Karen Stewart)	Community Care (DHS)

The Terms of Reference for the group included to:

- Promote a community development approach to service delivery to ensure local communities are responsive to and welcoming of people with a disability who have complex communication needs.
- Ensure that the views of key stakeholders inform service delivery and development.
- Provide a pathway for feedback on the implementation of the model by a range of key stakeholder representatives.
- Facilitate information sharing and identify opportunities to promote the model.
- Inform the development of streamlined service delivery, especially at key transition points (e.g. from school to post-school options).
- Inform the evaluation of the central multidisciplinary hub and locally based spokes.

Source: Terms of Reference, August 2004, DHS

ATTACHMENT 4 – CCB FRAMEWORK

The material in this Attachment is adapted from *A Community Capacity Building Framework (Nov 2004)* prepared by the Communication Resource Centre to assist Regional Communication Services to implement a community capacity building approach.

Enhance Policy, Practice and Systems of Organisations & Communities	
Element	**Actions**
Policy development and review	▪ Review current policies of partnering organisation in collaboration with representatives of those organisations/communities. ▪ Support the partnering organisation/community to develop appropriate guidelines, standards and policies (to ensure increased participation and inclusion). ▪ Assist organisations and communities to plan future directions to ensure ongoing participation and inclusion.
Facilitate practice that supports inclusion	▪ Provide advice and examples that will promote participation and inclusion by people with complex communication needs. ▪ Provide examples of practical actions for delivery methods.
Work to break down attitudinal, knowledge and skill barriers within the organisation	▪ Identify the barriers and the cause of the barrier wherever possible (e.g. attitudinal, structural). ▪ Develop actions that respond to dealing with these barriers.
Management and structural support	▪ Identify key people to influence to ensure sustainable outcomes. ▪ Develop relationships with key people. ▪ In collaboration with key people, develop structures, systems and processes that will support sustainable outcomes.

Build Resources	
Element	**Actions**
Financial resources	▪ Identify opportunities to obtain non-disability project funding. ▪ Submit funding proposals for key projects. ▪ Identify opportunities to add value to funding submissions with key partners to include the needs of people with complex communication needs.
Administrative and physical resources	▪ Ensure the availability of administrative support, equipment, office and meeting spaces.
Information	▪ Develop and make available appropriate information that supports the participation and inclusion of people with complex communication needs. ▪ Develop 'narrative stories' highlighting outcomes, processes, challenges faced through the work of the initiative.
Materials and equipment	▪ Identify range of materials and equipment required. ▪ Develop resources/materials required for organizations/communities ▪ Ensure availability/purchase/development of required materials and equipment. ▪ Work in collaboration to source funds for materials and equipment.
Advocacy support	▪ Establish links with advocacy supports (identified through strategic alliances) to increase the involvement of people with complex communication needs within the initiative.

Develop People – Skills, Knowledge and Attitudes	
Element	**Actions**
Professional development	▪ Promote information about professional development opportunities. ▪ Identify gaps in professional development. ▪ Attend skills courses including, conferences, workshops, seminars. ▪ In conjunction with the Communication Resource Centre, support the incorporation of AAC and disability studies into speech therapy graduate and postgraduate studies.
Professional support and supervision systems	▪ Establish formal supervision or support arrangements (may be provided individually or in groups). ▪ Establish peer support systems and networking opportunities for speech pathologists, communication partners, other professionals. ▪ Provide access and ideas to specialist advice and support through networks and consultancies.
Knowledge and skills sharing	▪ Undertake targeted mapping processes to increase knowledge. ▪ Identify gaps in knowledge within your team and reference group and find ways to address the knowledge or skill gap. ▪ Plan formal and informal opportunities to share skills and knowledge. ▪ Identify people with required skills and knowledge. ▪ Involve these people in collaborative learning processes to share their skills and knowledge.
Collaborative learning	▪ Encourage opportunities for discussion amongst many people. ▪ Promote the value of "many minds delivering richer solutions/opportunities/ideas than one mind." ▪ Develop trust amongst participants. ▪ Foster group reflection, discussion and analysis.
Awareness raising	▪ Develop links with the DHS Community awareness strategy. ▪ Identify opportunities to raise awareness within priority markets. ▪ Leverage current opportunities/initiatives to raise awareness. ▪ Utilise 'narrative stories' to promote outcomes, barriers, processes. ▪ Present the model at regional conferences to illustrate the development of the model.

Create Partnerships and Strategic Alliances	
Element	**Actions**
Strategic vision	▪ Be clear about what you want to achieve through the partnership. ▪ Recognise 'co-productive' potential. ▪ Reduce fragmentation and strive for more collaborative efforts.
Choosing partners	▪ Identify appropriate partners (be specific about what you want to achieve) – do they possess resources, structures, people to implement priorities. ▪ Identify the need to work together, plan how to best present that need to potential partners.
Building relationships	▪ Show respect for other ideas and initiatives and build trust. ▪ Show interest and enthusiasm, get a sense of what motivates the individual you are dealing with and the organisation/community. ▪ Recognise and accommodate differences in culture. ▪ Create cooperation and collaboration. ▪ Have realistic expectations and timelines. ▪ Recognise and acknowledge success. ▪ Document agreements, roles, expectations, commitments and timelines of all partners and tasks. ▪ Document the exit process from the partnership.

Planning and implementing collaborative actions	▪ Involve all partners in the planning process to develop shared goals. ▪ Identify required resources. ▪ Develop an agreed process to deal with disagreement and conflicts amongst partners. ▪ Identify strengths and connections of each partner. ▪ Allocate tasks and resources.
Sustained outcomes	▪ Encourage reflective and critical thinking amongst partners. ▪ Encourage and participate in regular collaborative planning. ▪ Regularly assess and monitor the partnership.
Evaluation	▪ Develop partnership evaluation methods that reflect the shared goals and the intent of the initiative. ▪ Ensure the measurable outcomes are meaningful to all partners.
Position and profile outcomes from collaborative action	▪ Demonstrate outcomes that will motivate and inspire others. ▪ Identify and target the market segments that are considered priorities for such action.

Build Leadership	
Element	**Actions**
Vision the future	▪ Clear picture of the future that is shared by DHS, Communication Resource Centre and Regional Communication Services. ▪ Ability to describe this picture to others. ▪ Identify opportunities to 'sharpen' the clarity of this picture. ▪ Be aware and informed about the policy and practice processes that will impact on your work.
Creative collaboration	▪ 'Champion' an environment of creativity, innovation, reflection and lateral problem solving. ▪ Develop visions through collaboration and consultation. ▪ Identify opportunities to contribute to shared action between disability, community, health and commercial sectors. ▪ Build and develop strong partnerships.
Social change strategies	▪ Be aware and informed of the broader political and social context. ▪ Use policy development processes to influence change. ▪ Articulate Speech Therapy Initiative priorities.
Positioning the work strategically	▪ Identify key opportunities of influence and how to contribute to these; prioritise and promote what aspects of your work will add greatest value to these opportunities of influence. ▪ Continue to seek how to build upon these opportunities – e.g. the ripple effect.
Personal growth and learning	▪ Seek and respond to feedback about your leadership skills. ▪ Identify and work with mentors to enhance your leadership skills and abilities. ▪ Seek opportunities to develop and test your leadership skills. ▪ Lead collaborative learning opportunities.
Strategic thinking	▪ Understand the complexity of relationships and organisational agendas and values. ▪ Plan using strategic and business planning processes. ▪ Strategically manage your resources and identify other resources that could be mobilized. ▪ Identify where the initiative sits within the bigger picture and determine future possibilities. ▪ Think laterally.

ATTACHMENT 5 – CCB PROJECTS

SERVICE	PROJECTS UNDERWAY OR COMPLETED*
East Hume	▪ Making Written Information Accessible Workshops – series of three. The third workshop was targeted at people in the non-disability sector (e.g. council workers, government agencies). ▪ Making Written Information Accessible Workshop package being developed in partnership with rural Access, DeafAccess and RVIB. Package will include a power point presentation with presenter notes, handouts for activities, resource list and cover sheet. Once completed the package is to be distributed statewide. ▪ Wodonga Regional Community Services has developed a communication board for the local council to use. ▪ Partnership with Rural City of Wangaratta and CARN to organise a Come and Try Sports Day. Involvement from the Regional Communication Service includes providing information on complex communication needs and methods of making written information accessible and providing symbols to be used on the day for people with complex communication needs. ▪ Working with HUME Acquired Brain Injury Group to develop some printing material to raise awareness about communicating with people with ABI. ▪ A variety of in services and presentations to adult training support services, community health services, carer's support groups, planned activity groups regarding complex communication needs. ▪ Interviews with local retailers and service providers regarding their experiences with complex communication needs. ▪ Consultation with Charles Sturt University to provide student placements for students enrolled in allied health courses.
West Hume	▪ Organised North East Regional Speech Pathology networking meeting for Speech Pathologists across West Hume/East Hume. 30 Speech Pathologist's attended. ▪ Shepparton fast food outlets have been targeted re picture order placemats. ▪ Worked with Rush Juice regarding developing a photo menu plan for people with complex communication needs to use. ▪ A variety of in services and presentations to adult training support services, community health services, carer's support groups, planned activity groups regarding complex communication needs.
East Gippsland Wellington	▪ Planning for Access for All project (developing communication aids for services/shops/cafes to enhance communication for people with complex communication needs) to increase the profile of complex communication needs in the community, and increase the accessibility of key shopping outlets and community services for people with complex communication needs. ▪ Planning for the shop card project, which will aim to provide staff in shops/services with a visual strategy (a prompt card) to help a person with complex communication needs initiate interaction. ▪ Planning for 'Boardmaker in Libraries' project to enable members of the community to easily produce visual materials which support people with complex communication needs.

* As at January 2006

SERVICE	PROJECTS UNDERWAY OR COMPLETED*
Western Port / Latrobe	▪ Developing a training package for reception and front desk staff at community facilities (eg. Community health centres, council offices). The aim of the package is to give some practical strategies and resources to assist in communicating with people with communication difficulties. ▪ A variety of in services and training to ATSS support staff, disability workers regarding understanding of communication and AAC. ▪ Planning for Business Access Project (based on East Gippsland's Access for All project) for Traralgon. This project initiated by an ATSS and will involve CRU's, advocacy groups, LaTrobe City council, as well as the Regional Communication Service. People with complex communication needs will take a leading role in development, implementation and evaluation of the project.
Barwon South West	▪ Transition project in Warrnambool with local Speech Pathologist – research into current processes for school leavers with complex communication needs who are in transition to adult programs, with findings indicating that FFYA service being poorly understood by parents and other agencies and that once students move into adult programs, communication deteriorates. Grant request submitted for continuation of the project to focus on implementation of strategies to improve services. ▪ Communication Display Boards being developed for community agencies eg BDRC, Blue Water, Leisure Networks. Several agencies are interested in having communication displays to assist with communication and provide greater access for clients/customers (eg Blue Water Fitness Centre, Barwon Disability Resource Centre, Leisure Networks BSW). ▪ Involvement in staff training / in-services on communication and AAC.
Inner South	▪ Providing input into a booklet being developed by Metro Access on communicating with people with disabilities (working with Metro Access and CAUS on this). ▪ Developing a training package for reception and front desk staff at community facilities (eg community health centres, council offices). The aim of the package is to give some practical strategies and resources to assist in communicating with people with communication difficulties.
Grampians	▪ A variety of in services and presentations to ATSS's, and other services regarding communicating with people with complex communication needs. ▪ Involvement with the AAA 'Building Bridges' project. ▪ Working with AAA to assist them to survey and present information to clients of community residential units. ▪ Planning for next quarter to work with AAA Horsham on educating community leisure centres on inclusion of customers with complex communication needs. ▪ Working with AAA Ballarat on re-writing their education manual to give a higher and more up to date emphasis on communication, especially AAC.

* As at January 2006

SERVICE	PROJECTS UNDERWAY OR COMPLETED*
Southern Loddon Mallee	▪ 'Book about me' Project – aiming to develop a 'book about me' for every person with a complex communication needs in the region. ▪ 'Communication Friendly Town' project – in partnership with rural access workers, to target retailers, community services and recreational facilities, aiming to create communication friendly towns. Interested services may receive information through a workshop / information session, have some communication resources developed for the service, menu's redesigned, and possibly community request type cards for clarification of requests.
North and West Metropolitan	▪ Pharmacies project – Aiming to improve the communication access in community pharmacies, with focus on key set questions surrounding medication issue and instructions to users. Working in partnership with the Pharmacies Guild in the development of this project. ▪ Coffee shop project – making cafes and pubs more accessible for people with a complex communication needs. A collaborative project with Maribyrnong Access, Council and Scope leisure access workers. ▪ Leisure Centres for All project – in partnership with AAA worker City of Yarra, and Yarra leisure facilities, Mill Park Leisure Centre).
Eastern Metropolitan	▪ Supported libraries for all program at Box Hill library. ▪ Various in service trainings on communication and AAC. ▪ Community Program – Balwyn coffee shops – Local coffee shops to look at choice menus to be available people with complex communication needs. ▪ Gym program – approaches made to a number of recreation centres to look at communication cards being made up to help plan circuit programs with machines, times and levels of difficulty for use by people with complex communication needs.

* As at January 2006