

Working Towards Best Practice

PHCRED Statewide Collaboration

Annual Event

Adelaide September 2007



Background

- n Limited documentation of good practice in the areas of remote allied health/disability service provision
- n Number of good practice principles and frameworks to guide planning and delivery of indigenous services
- n *Sharing Stories* (NDA, 2005) is best practice in rural/remote indigenous disability services
- n Little is known of service providers views and use of good practice frameworks



Aim of study

- n Explore remote allied health service providers knowledge of best practice frameworks
- n Validate six key elements identified by *Sharing Stories* project
- n Document service providers assessment of their own service in relation to six key elements
- n Share examples of good practice and identify areas for action linking with NT Review of Disability Services and national remote AH research and evaluation projects



NT Context

- n 32% of NT population live in small regional townships (Katherine, Jabiru, Tennant Creek) or remote communities and outstations
- n 70% live NT indigenous populations live in remote or very remote areas
- n 680 discrete communities with 550 having population of <50 people
- n 300 of these communities live >250kms from nearest hospital, local infrastructure is limited
- n Limited knowledge about indigenous people with disabilities living in these areas



Remote Practice

(Wakerman, 2004)

- n Multi-disciplinary approach to practice
- n Small dispersed workforce with large number of sole practitioners in a given discipline
- n Extended and overlapping roles
- n Service provision to small highly mobile and dispersed population with poor health status
- n Distinct cross cultural context
- n High turnover of professionals
- n Services disrupted by extreme climatic conditions and transport problems



Sharing Stories Project

- n Guide the development of more effective responses to service planning development, funding and delivery by sharing information about the services that provide high quality services to indigenous people with disability living in rural and remote Australia”
- n Development of six key elements of good practice drawn from the experience of nine selected services, examples of good practice frameworks from other sectors and review other literatures



6 Key Elements

- n Community Participation
- n Appropriate Service Delivery
- n Cultural Protection
- n Partnerships
- n Capacity Building
- n Sustainability



Methodology

- n Participants drawn from NT DHCS Aged and Disability Teams: Central Australia (2), Darwin Remote, East Arnhem, Katherine,
- n Focus group sessions with each of the 5 teams
 - n Validation of six key elements
 - n Examples working towards best practice
 - n Lessons learnt
 - n How would they rate their team on scale of 1-10
 - n What was still need to achieve best practice (a 10!)
- n Individual questionnaires (a) experience, defining features of remote practice, remote practice influences, guiding practice models and frameworks (b) individual responses to 6 key elements addressing areas above



Participant Profile

- n 24/29 remote allied health staff participated
- n Only 12/24 completed written questionnaires
- n 4-32 years of experience.
- n 33%:<5 years experience. 66% < 3 years remote service delivery experience
- n Central Australia most experienced, Katherine least experienced



Evaluation of Key Elements

- n 50% had seen the publication. Four had read the publication
- n Considered 6 elements as aspects of good practice. Elements broad and concepts overlapped
- n Did not offer any additional or alternative elements
- n One team considered that capacity building not possible given lack of expertise in this area and team and resources required to undertake the task well



Discussion

- n Provider views on best practice in line with findings of previous projects that sought to identify successful practice
- n All considered six key elements appropriate
Appropriate service delivery ranked the highest, Capacity building the lowest
- n Teams capacity linked to factors such as experience, extended scope of practice, access/relationships with communities, strength of service provider networks, local workforce



Recommendations

- n Trans-disciplinary practice and policy
- n Coordination between agencies and level of government
- n Workforce development
- n Indigenous Workforce
- n Research transfer and service evaluation frameworks

