

CAN

Communication
Access Network

“Improving awareness, developing capacity and helping to create improved opportunities for people with a communication disability to access and participate in community activities”

2014 Annual Report Executive Summary



Background to CAN

The Communication Access Network (CAN) has been active since 2003 and is funded by the Department of Health and Human Services (DHHS). It utilises a 'hub and spoke' model which is comprised of:

- Scope's Communication and Inclusion Resource Centre (CIRC) as the state-wide 'hub', whose role it is to coordinate the model and provide mentoring, information and support, and
- Regional Communication Services (RCS) across Victoria as the eleven 'spokes'. These services employ speech pathologists who provide service delivery to individuals with complex communication needs (ccn), including those who require alternative or augmentative communication (aac) methods, and their communities.

Annual funding is approximately \$1.9 million. The result of this funding allocation is a unique model of service delivery which provides both individual and community outcomes that increase participation, choice and control for adults with communication difficulties. It also highlights strong partnerships between the disability and health sectors.

Auspicing agencies include Scope, Yooralla, Central Bayside Community Health, Nillumbik Health, ISIS Primary Care, Gateway Health, Pinarc Disability Support, Bendigo Health, Peninsula Health and Sunraysia Community Health.

The funding for the network is based on demographic data (Perry, et al. 2004). Currently, each RCS is block funded through a regional funding and service agreement (FASA) with the DHHS. This enables each RCS to provide a range of coordinated supports, of which individualised clinical intervention is one small aspect. Approximately 70 per cent of block funding received by Regional Communication Services is allocated to indirect support which enables the services to provide information, advice, education, community development and undertake activities/projects which focus on building the capacity of communities to better include people with communication difficulties.

CAN services focus on 3 major areas:

- Communication access
- Communication coordinator networks
- Individual support

The longevity of the service has allowed it to establish strong networks and partnerships within local communities. The Regional Communication Services are able to value-add to resources that have been successfully developed for projects in other regions. The examples of stories outlined in the following sections of this report provide evidence of the successful outcomes achieved by the CAN.

Communication Access Projects and Activities

Communication access is when everyone can get their message across. Good Communication occurs when people are respectful and responsive to individuals with communication difficulties, and when strategies and resources are used to support successful communication. (CIRC, 2013)



The process of becoming *communication accessible* involves [10 steps](#) including a mystery customer visit where someone with communication difficulties visits the service to provide initial feedback regarding their current level of communication access; a readiness plan; a face to face and phone assessment completed by a person with communication difficulties; the final step of awarding of the symbol accompanied by broad recognition and promotion.

There are now over 100 awarded communication accessible venues around Victoria. In 2014, the speech pathologists working in the Communication Access Network were involved with projects and activities in the key areas of transport, health and leisure services.



Transport

Everyday technology improving the lives of people with a disability

This project, called “Talking Taxis – East Gippsland”, assists passengers to call a taxi using a QR code on their smart phone. The speech pathologist involved partnered with Gippsland Shire Council, Riviera Taxis, and Noweyung Ltd., the local adult training and support service. This concept was built upon the successful state-wide “[Talking Taxis](#)” project and [Wellington Shire’s Pictorial Bus timetable](#).

Health and Related Services

Communication Access at Alpine Health

This project involved training by the East Hume Regional Communication Service and co-trainers with complex communication needs. Staff were involved with the development of communication aids to make the health services accessible for people with communication difficulties.

The Stroke a Chord Choir

This involves the Eastern Regional Communication Service supporting members of a choir who have a brain injury due to stroke referred to aphasia. This is an accessible community activity that has proven benefits to the health, well being and social connectivity for people with little or no speech. The choir activities also raise community awareness of the impact of living with speech difficulties.



Communication Access at Central Gippsland Health Service.

Central Gippsland Health Service is a large, multi-site, regional service. Its facilities include three hospitals, two nursing homes, an aged care hostel and a community rehabilitation unit. Community based services include District Nursing, Meals on Wheels, Home and Community Care and Palliative Care. Clinical services based in Sale include Surgical, Medical, Accident and Emergency, Radiology, Oncology and Obstetrics. There is a long term plan driven by the speech pathologist from the Gippsland Regional Communication Service to make these venues communication accessible. Step 1 has been upgrading signage, teaching staff about communication and involving patients, relatives and staff in the development of communication aids.

Leisure and recreation

A number of leisure and recreation services are on the path to becoming communication accessible. In 2014, Aqua-energy (Gippsland), Monash Aquatic Recreation Centre (Eastern) and WaterMarc Leisure Facility (North) worked towards this goal with the speech pathologists from their Regional Communication Service.



Nine other leisure and recreation facilities in Victoria are already communication accessible and continue to provide inclusive and welcoming services to people with communication difficulties.

Critical success factors

The critical success factors for these projects include:

- A speech pathologist who is experienced with a community capacity building model
- Management support and involvement
- Partnerships with local councils
- Sharing resources and expertise across the Communication Access Network
- Staff training in disability awareness
- Employment of people with a communication disability as co-trainers
- Staff involvement in the development of resources
- Addressing sustainability through regular auditing by people with a communication disability
- Identifying staff role models to champion the project

Additional Projects

There are many other projects that CAN has also been involved in during 2014 alone including:

Cuppas and Conversation – a social and support group for people aged 18-65, who have an acquired communication disability and reside in the Shepparton and Seymour areas. They meet once per month at a local café. (West Hume)

Silence in the Mall – one of a number of state-wide [Silent Morning Teas](#).

Many members of the community in the local shopping mall were invited to experience life without speech and to try communication aids as a way of getting their message across. Local disability centres were involved and it was covered by local TV and newspapers.

(West Loddon Mallee)



Frankston Visitor Information Centre – the first Visitor Information Service to become communication accessible and awarded entry into the Hall of Fame at the 2014 Victorian Tourism Awards.

(Peninsula & South East)

Trendy Tools for Communication – 6 community iPad training sessions were provided to 40 people over a 6 month period. Participants were people who support those with communication difficulties and many reported they had increased competence in using iPad technology. (West Loddon Mallee)

Communication Coordinator Networks

Communication Coordinator Networks are comprised of disability support workers who have received in-depth communication training, with the goal of them becoming change agents within their settings and building capacity at a local level. This style of service delivery has proven to be of benefit to disability support staff and a large group of adults with an intellectual disability, whilst also being cost effective.



Communication Coordinator Networks are in the beginning phases in some regions (e.g. West Loddon Mallee and West Hume) and are well established in other areas (e.g. Southern Loddon Mallee, Grampians and North West).

Input

Communication Coordinator Networks comprise an average of 1-2 days per month of speech pathology staff time.

Output

The 4 regions with established Communication Coordinator Networks have produced the following results:

- Training and support to 23 Day Services and 45 Residential Services
- The development of service plans
- Over 40 communication assessments using the Triple C
- Over 275 communication aids for individuals and over 270 aids for day services.

Outcomes

Short term outcomes include:

- A significant reduction in behaviours of concern due to providing an effective way to communicate
- Increased client independence and choice
- Over 50 recorded incidents of network members providing support to colleagues
- Increase in support workers confidence to complete tasks related to communication
- Increased awareness and use of NECAS (Non-electronic Communication Aid Scheme).

Medium - long term outcomes include:

- Benefit to approximately 1650 clients and 500 staff across the state in 3 regions
- Policy and procedures evolving to support individual's communication, choice and participation.

Critical success factors

- Experienced speech pathologists with skills and knowledge in complex communication needs
- A network of speech pathologists to promote resource sharing
- Management support
- Time release for support staff
- Site visits by speech pathologists
- Regular network meetings for disability support staff
- Use of technology e.g. shared websites or intranet access, on-line delivery of training modules for rural and remote staff
- Resources developed by the Communication and Inclusion Resource Centre e.g. InterAAAction manual, Tools2Talk App, Triple C Assessment, Getting Started with Key Word Sign.

Individual Support

Support available through the local Regional Communication Service includes providing individualised communication interventions to people with little or no speech. They can also mentor speech pathologists with less experience in this area.

Carl's Story (West Hume)

Carl is an intelligent, inspiring gentleman who is unable to talk due to a brain injury.

“The most challenging part after the accident was the inability to talk because it is so isolating. For example, post-accident, even my closest friends have basically deserted me because I'm not much fun to be around. The Lightwriter is an essential piece of my kit. It is my voice. I have a real love/hate relationship with it. Love because it provides me with a voice and a way to express myself to the outside world but

hate it because I have to type out everything that I want to say and that takes time. I find that conversation gets pared back to very basic and direct forms and it doesn't flow like it should. As well, it is not good in group situations because the natural speaker's conversations tend to leave you behind. It's just a fact that we don't realise how fast our speech is; even if I was an A grade Typist, which you can see that I'm definitely not, I don't think this problem would be eliminated.”

Carl also attends “Cuppas and Conversation” - a social and support group for people who have an acquired communication disability.



Conclusion

The aim of the National Disability Insurance Scheme is to effectively “support the independence and social and economic participation of people with disability” (National Disability Insurance Agency, 2013). The Communication Access Network is able to demonstrate the importance and value of providing community building programs and activities, and is well aligned to the goals and principles of the NDIS. As such, it is critical that this service be retained and expanded nationally. The combination of individualised funding models as well as information, linkages and capacity building services (ILC) add value to individual outcomes and ensure a comprehensive funding model, strongly integrated into local communities. The CAN “hub and spoke” model provide strong evidence of this.

Segmented and fragmented funding (i.e. funding therapy intervention without capacity building) will lead to fragmented solutions and reduced outcomes for people with disabilities. Future funding models focused on individualised services and on creating opportunities for inclusion within communities achieve broad level community change. A combination of individualised and information, linkages and capacity building services will ensure successful and meaningful inclusion of people with significant disabilities.

This report highlights the work being done to enable people with little or no speech to participate in their communities of choice. This network has proven to be highly successful in creating positive individual outcomes and creating inclusive communities for people with complex communication needs.