



Latrobe Community Health (LCHS) welcomes the opportunity to provide comment to the inquiry into services for people with autism

Introduction

LCHS is a not-for profit organisation, and was formed in February 1995 with the amalgamation of four community health centres in the Latrobe Valley, Gippsland: Moe/Narracan, Morwell and Traralgon. Our vision is “Better Health, Better Lifestyles, Stronger Communities”, and our organisational purpose is “To enable people to live healthier, live better, live longer”. More than 450 staff work to ensure that LCHS continues its long and successful history of providing high quality community based services to improve and support the health and wellbeing of our communities. A broad range of health services are available to people of all ages in the community.

Regional areas such as Latrobe face the additional challenges of large geographical areas, with scattered client bases, and extreme weather and road variances. The bushfires of 2009 and the Hazelwood Mine fire for example, had a significant impact on the ability to provide services to clients in some areas for extended periods, and service providers were required to quickly adapt services to ensure the safety and wellbeing of staff and clients (CFA 2015 & Worksafe 2015).

The percentage of individuals with low household income is above average in Latrobe compared to the Victorian average and around the same as the Gippsland region. Median household incomes are well below average. There is a higher than average percentage of social housing in Latrobe.

This comment into the inquiry is based on experiences of two teams at LCHS one being a rural paediatric allied health team funded for services in the Latrobe Valley and the other a Gippsland wide disability service providing flexible support packages

Background

In 2011 the then Department of Health Victoria –Gippsland provided funds to resource the Gippsland Service planning for paediatric Allied health project under the auspices of the Gippsland health services partnership.

A consultant was engaged to investigate objectives of the project and to make recommendations. As a result of the recommendations in 2012 LCHS developed a paediatric allied health service for children with undiagnosed developmental delay. The paediatric allied health service (PAHS) was

developed within the existing available funding although short term additional funding allowed for the formation of partnerships and development of referral pathways.

LCHS disability services are funded to provide flexible support packages.

The prevalence of autism spectrum disorder in Victoria;

The PAHS provides an early intervention allied health program for children with a mild to moderate developmental delay who do not meet eligibility guidelines for other funded services such as Early Childhood Intervention Services (ECIS). This excludes those with a definitive diagnosis of autism.

However the landscape for families with children with difficulties remains complex to navigate with entry criteria to the various services at times being prohibitive. Linkages to the right service at the right time are further compromised when barriers such as poor health literacy, low socioeconomic status and financial hardship are co-existing.

LCHS Disability Services also provides support to people with Autism spectrum disorder, which can include assistance with the costs associated with gaining a diagnosis. However, more often we will provide funding support for therapy interventions, including specialised therapies that families struggle to afford themselves, such as access to the Mansfield Autism camp.

The availability and adequacy of services provided by the Commonwealth, State and local governments across health, education, disability, housing, sport and employment services;

Families accessing the LCHS PAH service often report multiple assessments with multiple providers many who are deemed not to be particularly specialised in autism but at times may be the only provider they are able to access without extensive travel.

Although the LCHS PAHS does not provide autism services we are often sought to provide input and reports for people seeking a diagnosis. In particular some people are aware that if they have a diagnosis then they have an improved chance of accessing some available funding. This is a particular concern as health professionals' report that they have been asked to reassess the child with a view to a possible autism diagnosis to enable families to access funded services.

Our experience suggests that whilst we would like to see an increase in services for children with a diagnosis, consideration needs to be given to those children who either have not yet been diagnosed and those who do not meet the criteria of funded services. In particular in a rural area if the only service available has eligibility criteria that relies on a definitive diagnoses then there is nowhere else families can go to get help.

It is also our experience that there is an undersupply of skilled health professionals for early intervention services. Families are often assessed at multiple points by multiple health professionals but at times receive little actual intervention. We would support initiatives such as up skilling of health professionals and additional support for health professionals in rural areas including hub and spoke models and telehealth.

Again, it is the experience of LCHS Disability Services that families and individuals struggle to gain access to individualised responses that would provide them with the interventions and assistance to build their ability to exercise choice and control in their lives.

The adequacy of services to be provided under the National Disability Insurance Scheme (NDIS);

This is an unknown. However there is concern that ability to meet actual service need in rural areas and to have networks of excellence equivalent to metropolitan services will only be a mirror the health inequity already faced by rural Australians.

LCHS Disability Services supports the concern that specialised supports, therapies and interventions will be insufficient to meet potential need under the NDIS. This is especially of concern as 22% of participants in the Barwon trial site have a diagnosed disability of Autism.

Evidence of the social and economic cost of failing to provide adequate services

The PAHS commenced in 2013 providing services to families in the Latrobe Valley for children under seven with undiagnosed developmental delay. In the first 18 months 318 children were assessed. These are mostly children who did not meet criteria for other services.

LCHS Disability Services supports the premise that families struggle to get access to a pathway for diagnosis and follow up interventions. This can be related to demographic and or economic challenges.

The projected demand for services in Victoria

This is an unknown

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