



Pre-Budget Submission 2021/2022

Get Skilled Access principles

Get Skilled Access (GSA) was founded in 2017 by 11-time Wheelchair Tennis Grand Slam champion and Paralympian Dylan Alcott OAM.

Dylan started GSA because he experienced first-hand the need for Australian organisations to be more inclusive and saw the benefits inclusion could bring to both the private and public sectors.

GSA is an Australian Disability Owned Business Enterprise (DOBE), meaning we are majority owned, operated, controlled and managed by people with disability and real-life experience with disability.

GSA since launch, has broken new ground in the disability, accessibility and inclusion space. There are no other organisations that covers the breadth and depth of disability inclusion, through consulting, training and digital resources, delivered by people with disability and lived experience.

Our initial purpose of “Real life disability experience delivered by real life people with disability” underpins all of GSA’s engagements. This philosophy has driven social change and the change of behaviours within organisations resulting in improved inclusion and diversity.



GSA values

- Disability at the forefront of our decision making
- Constantly curious to innovate
- Positive and passionate for what we do
- Work hard whilst not taking ourselves too seriously

Our Clients



CORANGAMITE SHIRE



Australian Government
Department of Social Services



Australian Government
Department of Social Services



SOLOTEL





Pre-budget Request Overview

This document is two Pre-budget Requests:

Request One is Increasing Disability Inclusive Health Practices in Australia.

This request outlines the GSA plan for pilot program rolled out in up to 5 hospitals, to increase the disability awareness and inclusive practices of our health professionals through education and training designed and delivered by people with disability.

Request Two is Sport4All Program National roll-out Proposal

This request outlines the GSA plan for additional funding to deliver the existing Sport4All (S4A) program to people in Aboriginal and Torres Strait Islander, CALD and regional and remote communities, ensuring they have opportunities to participate in inclusive, grassroots sports and physical activity in a Covid-Safe environment.





Executive Summary

Over the past 12 months, GSA has been a participant of the Federal Government's Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) Management and Operational Plan for People with Disability.

In this role, GSA has collected many stories from Australian's living with a disability detailing how our health system has limited capacity to care for people with a disability and the negative impact this can have on the individual, their family and carers.

These case studies include:

- A person with Muscular Dystrophy who was denied having both parents help transfer her from a wheelchair to a hospital bed as they normally do
- A Covid patient who is non-verbal with an intellectual disability, denied access to a carer and placed in ICU then a 14-day quarantine with limited communication
- A person with disability in Victoria who had their home Covid test repeatedly delayed by nearly a week, then forced to drive and wait close to 3 hours for a drive-through test

GSA's experience is consistent with public hearing 4 of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability that found systemic challenges that exist in the health system, including the need for better education and training to improve knowledge and attitudes of health professionals and their skills in communicating with people with cognitive disability and their families.

Our experience during Covid-19 has reinforced this is not limited to individuals with cognitive disability.

Many Australians with a significant physical disability, who are blind, have limited vision and deaf, or hard of hearing, have negative experiences and have been let down by our health system.

We know that our front-line healthcare workers are the best in the world, however the experiences of Australians with a disability during the global pandemic illustrates the significant gap in disability understanding and inclusion capability in the health sector and the need to increase this understanding across all aspects of disability specifically the social model of disability.

From the Royal Commission and the experiences of so many during the COVID-19 pandemic, there is a body of evidence to demonstrate the need to have a consistent and sustainable approach to the education and training of health professionals in disability and inclusion.

To address this problem, GSA's budget submission recommends a pilot program rolled out in up to 5 hospitals and the Department of Health, to increase the disability awareness and inclusive practices of our health professionals through education and training designed and delivered by people with disability.

The Goal: Increasing disability inclusive health practices in Australia

An 18 month pilot program rolled out in 5 hospitals and the Department of Health, to increase the disability awareness and inclusive practices of our health professionals through education and training designed and delivered by people with disability.



Case Study 1

In April 2020 a GSA associate named Dina Bassile, who has Muscular Dystrophy was not allowed to have her parents help transfer her from a wheelchair to a bed as they usually would, because Dina doesn't use or feel comfortable using hoists, this meant a quick process between three people became unnecessarily strained with two.

If both her parents were allowed to help with the transfer as they usual would, it would have been quick, and one parent would have left immediately after completing the transfer to comply with Covid rules.

Case Study 2

A person who is non-verbal with an intellectual disability was suspected of being a Covid case and transferred to hospital by ambulance. They live in disability accommodation with their carer who assists with communication, but their carer was not allowed to join them in the ambulance to the hospital.

The patient was placed in ICU then transferred to a 14-day quarantine, but this was not communicated to them, leaving them scared and confused.

Case Study 3

A person who returned to Victoria from New South Wales with mild Covid symptoms wanted to do the right thing and get tested. They were driven by a family member to a drive-through testing site on multiple days but were turned away.

They didn't want to hire a support worker to drive them, potentially putting them at risk, so they arranged a home test available to people with disability. They were assessed by a GP over the phone and organised a nurse to visit their home.

They received a text message the next day saying their test was delayed for 4 days. The following day they received another text asking if they still required a test and did not specify how many days until they would receive a home test.

This made the person feel stressed, feel like the testers didn't want to do home testing and the testers were trying to push them to go elsewhere. The next day, the person ended up travelling to a drive-through testing site and waiting nearly 3 hours for their test.



Detailed pilot program

The Disability Royal Commission has outlined an approach that better education should be embedded across all levels of education for health professionals.

GSA believes training and education should be embedded in all hospital and health care settings.

In June 2018, Dylan Alcott was asked to be the keynote speaker at the invitation of the student organising committee for the University of Melbourne Medical School MD (Doctor of Medicine) Student Conference.

Dylan addressed over 1,400 medical students based on their theme bringing together students within the University of Melbourne Medical School to explore facets of medicine outside the University's curriculum and stimulate ideas to enable and inspire the next generation of doctors.

Specifically, they asked Dylan to address the social model of disability as they identified they were unsure, as future medical professionals, how to interact with people with disability outside of a medical diagnosis.

Further supporting our recommendation of a pilot program such as this, to increase the disability inclusive practices of our health professionals through education and training designed and delivered by people with disability.

The pilot sites would be a combination of metropolitan, rural and regional public hospitals selected in consultation with the Department of Health and local hospitals and communities. GSA will leverage our relationships with the University of Melbourne Medical School to approach Victorian based hospitals for the pilot.

We recommend the pilot program runs over the course of 18 months.

Our experience working with the Queensland Department of Education, the Victorian Department of Health and Human Services and ASX 200 companies has demonstrated that building a disability inclusive organisation includes:

- Ownership and commitment by the leadership
- Clear communication to create understanding within the organisation of the importance and benefits of disability inclusion
- An underlying energy to increase inclusion
- Involvement and drive by individuals with disability or lived experience

A pilot program would develop the most effective way to increase disability inclusion across the hospital sector and the Department of Health, whilst also designing a broader solution for delivery across the health sector as a whole. The pilot meta model is described below.



What needs to happen

Discovery: Global & Australia

To ensure the pilot is utilising knowledge and learning from previous work and reviews, we will conduct desktop research within Australia and globally to determine the most effective training and education practices. We would also engage with the hospitals and Department of Health through a series of interviews and surveys to understand what they believe would work well in their contexts. Within Australia we would also test the design through users' groups to ensure relevance and impact.

Pilot groups

Testing across a range of environments and contexts is important. We would suggest that the 5 hospitals include a range of metropolitan and regional sites. The Department of Health will be engaged in the process of determining the initial pilot sites. The Department of Health will also be a part of the pilot as the symbol of the Department working toward becoming a disability inclusive culture is critical for the long-term engagement of others.

Training and development

GSA has developed a significant capability in the area of training and education around disability inclusion. Having worked with Department of education Queensland, Department of Human Services Victoria, Federal Department of Social Services, Australia Post, ANZ Bank, Medibank Private and many others to create tailored programs. These programs have had significant success in changing the inclusive nature of the organisations.

We would propose developing a range of training and education material that would involve on-line, digital media, face-to-face (when appropriate) and seminars that are entertaining and practical. All materials are developed and delivered by people with disability.

Strategic partnerships

We would suggest that a pilot of this nature would need the engagement of the AMA, APNA, AHHA and other peak bodies. An advisory committee involving these groups would be a critical element of the pilot.

Outcome measures

Outcome measures will determine the success of the program in the short term and identify the determinants for long term application. We will also test, learn and adjust the pilot to continuously improve the outcomes for all participants. An external review by a third party will also be an important assessment of the efficacy of the pilot.

Sustainability

Sustainability will be designed and built into the pilot program to ensure that disability inclusive practices become 'the way we do things' throughout the health sector. Sustainability will include both financial and systemic sustainability.



Budget Request

GSA is requesting \$1,430,000 inc GST accross an 18 month period to conduct this pilot program.



SPORT 4 ALL

**Any sport for anyone any
where.**





Executive Summary

In December 2019 the Minister for Youth and Sport, the Hon Richard Colbeck, announced \$2 million in Commonwealth funding for GSA Sport4All (S4A) program to increase disability participation in sport by delivering education programs at the grassroots level to schools and local sporting clubs around Australia.

S4A has been developed over the past 18 months across Victoria, including adaptations to rollout the program consistent with Covid-19 restrictions, and the pilot will go live in March 2021.

The S4A pilot program has been developed in partnership with Sports Australia and included feedback from people with disability, peak and grassroots sporting bodies, disability groups, school leaders and teacher educators.

There has been significant interest and take up of the pilot program by Local Governments, sporting communities and schools. The Yarra Ranges, Macedon Ranges, Stonnington, Monash and Greater Geelong LGAs have signed up for the S4A program, which covers 271 schools across five LGA's and countless sporting clubs. Greater Geelong involvement is important because they are Victoria's largest regional city with nearly 260,000 residents, around 40,000 of whom are students, and one of the fastest growing in the nation.

In December of 2020 we launched a national media campaign for International Day of People with Disability. The main focus of the campaign was to encourage rural communities to take part in the Sport 4 All program. The campaign included Online and Radio interviews across Australia with an estimated reach of 3.3 million people. Radio stations included National Radio News, ABC News Radio, SCA Rockhampton, National Indigenous Radio Service, ABC Darwin and Hill's Radio Adelaide.

Since the campaign Sport 4 All has been highlighted on Nine News and WIN News with a focus on rural sporting clubs.

Adapting the program to comply with Covid-19 restrictions has limited the number and location of sites S4A can be delivered to, primarily to Aboriginal and Torres Strait Islander, CALD and regional and remote communities.

We must ensure that the initial pilot design will be effective across Aboriginal and Torres Strait Islander, CALD and regional and remote communities to ensure the maximum benefits of inclusive sports at a grassroots level are delivered.

That's why GSA are requesting additional funding to deliver S4A to Aboriginal and Torres Strait Islander, CALD and regional and remote communities, complying with Covid-19 restrictions and ensuring all people with disability, no matter their postcode, have access to participate in inclusive sports at the grassroots level.

The opportunity to run a second trial throughout these communities and across a wider geographic area would enable S4A to then be rolled out across Australia with confidence in the programs impact.

**The Goal: Ensure that all
Australians with disability are
able to access the Sport4All
program**

Additional funding to ensure the Sport4All (S4A) program is reflective of the needs of Aboriginal and Torres Strait Islander, CALD and remote communities.

A pilot program would develop the most effective way to increase disability inclusion across the hospital sector and the Department of Health, whilst also designing a broader solution for delivery across the health sector as a whole. The pilot meta model is described below.



What needs to happen

Discovery: Aboriginal and Torres Strait Islanders, CALD communities and remote regions across Australia

To ensure the S4A program is relevant, appropriate and accessible for all Australians with disability we will require a focused piece of research with these communities. This discovery phase would include facilitated interviews and focus groups with individuals from these communities and Local Government recreation staff in the appropriate regions to ensure that the design a tailored program to be successful.

Resource Development

A number of resources have been developed as part of the S4A pilot program that are currently being used as supportive training material. We would test the appropriateness of these resources with Aboriginal, Torres Strait Islander and CALD communities and adjust the design and content as required. We would work together with Aboriginal, Torres Strait Islander and CALD communities to guarantee the content is culturally and linguistically appropriate to ensure the best possible learning outcomes.

UX Testing

User experience (UX) testing will ensure the pilot design is practical and will target the four user demographics; mainstream grass-roots sporting clubs, schools, people with disability and support persons. The purpose of the UX testing will allow us to be curious in diving deeper into Aboriginal, Torres Strait Islander and CALD communities within clubs and schools in local government areas.



We will design a set of questions for each demographic user group that will enable us to test, validate, and design the pilot program training, resources and delivery method by understanding how the user will engage, interact and be successful in the pilot program.

Strategic partnerships

We will partner with 15 regional councils across Australia to implement the S4A training within Aboriginal, Torres Strait Islander, CALD and remote communities. Organisations such as Welcoming Australia, NASCA and First Peoples Disability Network.

The partnerships are integral to the sustainability of the program. As part of the partnerships, Local Governments will employ a 'Local Hero' to manage the S4A program within their councils – the local hero is required to be a person with disability, or lived experience with sporting experience from one of the above mentioned culturally diverse groups to ensure any contact with schools and clubs is relatable, sympathetic and understandable.

Outcome measures and continuous review

The pilot program's long-term success is the continuous measurement and review of the program's effectiveness to future proof. We will test the users at each milestone of the user journey and adjust the pilot to improve future program delivery outcomes. In addition, a third-party external review will be designed to assess the pilot program's efficacy.

Sustainability

For the Sport4All program to be successful long term across Australia financial modeling will be critical. The current S4A program pilot is developing a financial model that will be tested more broadly in this program. The outline for the model is an initial cost for accreditation and then a membership fee long term that allows access to continuously improved content through the website. The accreditation and membership fee will be based on feedback from the current pilot. The systemic sustainability is critical in the successful implementation long term.



Budget Request

GSA is requesting \$1,540,000 inc GST, across an 18 month period to conduct the next stage of the Sport 4 All pilot program.





"If you're going to talk about disability, make sure someone with disability has a seat at the table."

DYLAN ALCOTT OAM, FOUNDER
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