

Bridging the Gap: Empowering Remote Communities with AAC Access in Cape York and the Torres Strait

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Short Abstract

Access to speech pathology services in remote regions such as Cape York Peninsula and the Torres Strait is limited, leading to challenges in providing adequate support for individuals with communication support needs (Australian Institute of Health and Welfare, 2024). This presentation addresses the issue of inadequate access to speech pathology services, particularly Augmentative and Alternative Communication (AAC) support, in remote Aboriginal and Torres Strait Islander communities (Lowell, 2013).

This presentation will highlight the unique impact of providing a long-term loan AAC device from Liberator to a fly-in-fly-out Speech Pathologist, enabling comprehensive AAC trials and assessment in these remote settings including various Islands in the Torres Strait.

We will discuss the challenges faced by these communities, throughout AAC assessment, trials, prescription, and ongoing implementation and support for individuals in these underserved communities. Difficulties include insufficient NDIS funding impacting access to transport; and availability of culturally safe and responsive health services. Additionally, small numbers of speech pathologists in rural and remote areas are required to manage large caseloads and cover large geographical areas limiting availability for support (Australian Institute of Health and Welfare, 2024).

Real-world case studies included highlight barriers and successful AAC interventions. By sharing insights on effective strategies, ongoing challenges, and future directions, this presentation aims to raise awareness about AAC service in remote Indigenous and Torres Strait communities and provide practical insights into supporting individuals in this unique setting.

Long Abstract

Access to speech pathology services, particularly Augmentative and Alternative Communication (AAC) support, is a fundamental right for individuals with communication support needs. However, remote populations, including Aboriginal and Torres Strait Islander communities in Australia, often face significant barriers in accessing these essential services. This inequality not only impacts individual quality of life but also contributes to broader health and educational inequities in these communities (Australian Institute of Health and Welfare, 2024).

Remote Indigenous communities in Australia have historically experienced limited access to culturally appropriate health services, including speech pathology (Lowell, 2013). There are unique challenges to providing appropriate AAC services to indigenous communities due to the geographical location as well as the cultural and linguistic diversity. The National Disability Insurance Scheme (NDIS) has aimed to improve access to disability services, but its implementation in remote areas has faced significant challenges (National Rural Health Alliance, 2023).

We will discuss the combined effort between a Queensland Liberator Consultant and a private Speech Pathologist as they aim to address the gap in AAC services in remote areas of Queensland, Australia, focusing on the Cape York Peninsula and Torres Strait Islands. A novel service delivery model has been implemented where a private Speech Pathologist conducts regular fly-in-fly-out visits to the target communities approximately every six weeks. To facilitate comprehensive AAC assessments and trials, Liberator provided a long-term loan device to the Speech Pathologist. Through this collaborative approach between Liberator and a private Speech Pathologist operating on a fly-in-fly-out basis, this initiative aims to improve access to AAC assessment, device trials, prescription, and ongoing implementation support for individuals in these underserved communities within their natural environment (Dew et al, 2016).

The communities served by this initiative include the following Cape York Peninsula Communities of Weipa, Pormpuraaw and the Torres Strait Islands including Thursday Island, Horn Island, Hammond Island, Yam Island, Masig Island, Saibai Island, Mabuiag Island, Badu Island. These locations represent a diverse range of remote and very remote settings, each with its own unique cultural and logistical considerations for service delivery.

The implementation of this service delivery model revealed several key findings:

1. **Funding Challenges:** Many individuals in the Torres Strait lacked sufficient NDIS funding to afford regular therapy or travel costs for mainland therapists. There is a large cost to traveling between islands in the Torres Strait. Also, a helicopter is required to access some communities visited in the Torres Strait as planes cannot land on certain Islands. This highlights the need for flexible funding models that account for the unique needs of remote communities.
2. **Improved AAC Access:** The availability of a long-term loan device significantly enhanced the Speech Pathologist's ability to conduct thorough AAC assessments and trials. This led to more appropriate device recommendations and improved outcomes for clients.
3. **Educational Impact:** Prior to the intervention, many schools in the region lacked adequate support for students requiring AAC. The regular visits and ongoing support provided by the Speech Pathologist resulted in increased AAC implementation in educational settings. In addition, the support from Liberator included in the device purchase meant participants with very limited funding could access additional support.
4. **Case Study Outcomes:** Several case studies demonstrated significant improvements in communication capabilities. For example, a woman with cerebral palsy transitioned

from using a 4-cell vocabulary on an iPad to confidently accessing a 144-cell system with a keyguard, dramatically expanding her communication potential.

5. Cultural Considerations: The regular presence of the Speech Pathologist in the communities allowed for culturally sensitive AAC interventions, considering local languages and communication styles (Aboriginal and Torres Strait Islander Cultural Capability, 2015).

This initiative demonstrates the potential of innovative service delivery models to address the gap in AAC services for remote Indigenous communities. The collaboration between the Liberator Consultant and the fly-in-fly-out Speech Pathologist offers a promising approach to overcoming geographical and resource barriers.

The provision of a long-term loan device proved crucial in enabling comprehensive AAC assessments and trials. This approach could be considered a model for future initiatives aimed at improving AAC access in remote areas. The regular visits allowed for the development of trust and understanding between the Speech Pathologist and the communities served, which is essential for effective intervention in culturally diverse settings (Aboriginal and Torres Strait Islander Cultural Capability, 2015).

The case studies highlighted the transformative potential of appropriate AAC interventions. Many clients who previously had limited or inappropriate communication systems could access more robust AAC systems, significantly enhancing their communication abilities and quality of life.

The impact on educational settings was particularly noteworthy. By providing support and training to local educators, the initiative can create lasting change in how AAC is implemented in schools across these remote communities.

However, challenges remain, particularly in terms of funding and sustainability. The limited NDIS funding available to many individuals in these communities poses a significant barrier to ongoing therapy and support. This underscores the need for policy changes to address the unique needs of remote Indigenous communities in accessing disability services (Dew et al., 2016).

We present a promising model for improving AAC access and outcomes in remote Aboriginal and Torres Strait Islander communities. The collaboration between Liberator and local health services, coupled with innovative approaches such as long-term loan devices and regular fly-in-fly-out visits, offers a pathway to more equitable AAC service provision.

Future research should focus on quantifying the long-term outcomes of this approach, exploring ways to enhance its sustainability, and investigating how similar models could be applied in other remote and underserved communities. Additionally, efforts should be made to address the systemic funding challenges to ensure that individuals in these communities have consistent access to the AAC services they need.

By continuing to develop and refine such approaches, we can work towards closing the gap in AAC service provision and empowering individuals with communication support needs in remote Indigenous communities to reach their full communicative potential.

