


The following is the power point presentation at the 19th Annual Spinal Injury Conference held in August 2009



Managing Community Organisations in a changing Climate

Presentation by
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DISABILITY SOUTH WEST INC.

Disability South West Incorporated


More positives

- With the organisation focused on the needs of the community, the people who benefit is 'the community'
- Resources (\$\$) can be utilised to meet emerging needs and create opportunities for new projects
- At the community level, there is less red tape, more action and more localised outcomes

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In an Community Service

Consultation is the most important ingredient to success!!



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Principles of Community Management

1. recognise (and manage) complexity
2. focus on adoption
3. deliver tangible & visible benefits
4. prioritise according to business needs
5. take a journey of a thousand steps

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Positives of Community Management

- The community has involvement in the Management of the service and can encourage and direct the activities to benefit the target group
- The Board of Management is made up of interested community minded workers, community members, people from a NESB background, ATSI background or from the target group

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6. provide strong leadership
7. mitigate risks
8. communicate extensively
9. aim to deliver a seamless user experience
10. choose the first project very carefully

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Challenges to Community Management

1. Changing government policies around funding (HACC Funding Process)
2. Ever changing community needs and demographics (movement of cultures)
3. Aims and objectives need to change to meet new and emerging needs

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1. Less focus on funding for the masses, and focus on individual planning, people with a disability having a greater say in their care needs and how they want support
2. Making the split of the Home and Community Care program (making Disabilities separate from Frail aged) while ensuring extra funding is provided to essential project like transition of young people out of nursing homes.

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- Resources are spread across a wider community, services forced to fight for each funding dollar, increased level of competitive tendering.
- Smaller services being squashed out of the running due to a lack of resources internally to fight for funding
- Increased level of monitoring, checks and balances, reporting and accountability

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Where to from here

- The Commonwealth Government is moving towards a new style of funding for people with disabilities which will encourage a more individualised approach to care
- Individualised package funding meeting the needs of a person with a disability throughout their lives from birth to death

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Disability South West services the Local Government Areas of Bankstown, Fairfield and Liverpool. The Service relies heavily on volunteers and provides services, report, resources, training by the Multicultural Access Project network to allow people with disabilities and the frail aged to remain living where appropriate in their own homes and provide support to family members and friends who are carers.

The Service is financial supported by grants from Home and Community Care, Disability Services Program, Community Aged Care packages, National Respite for Carers Program.

Sean Langshaw has been heavily involved in directing the many changes that have occurred in disability care in the South Western Region of Sydney.

NOTES

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The Association is an Alliance Member of the Australia New Zealand Spinal Cord Injury Network. Members of the Association are encouraged to avail themselves of the benefits of this alliance. Since receiving the correspondence the name has been changed to the Spinal Cord Injury Network

Correspondence was received from Dr Stephanie Williams Chief Executive Officer of ANZSCiN dated 7th December 2009:

“As a not for profit organization, our activities are largely funded by members and donors. I am writing to thank you for your support over the last year.

Key achievements include:

More than 30 organisations and 400 individuals joining the ANZSCiN alliance.

Development of a major web site to form a gateway for spinal cord injury.

A eNewsletter to keep the spinal cord injury community up to date with news and events.

A position statement on stem cell interventions for spinal cord injury

A development of a conference travel program to assist emerging researchers and clinicians and people with spinal cord injury attend conferences.

Development of a comprehensive register of spinal cord injury researchers / research activity to identify research strengths and gaps.

Development of a searchable spinal cord injury clinical trials database.

Holding an innovative spinal cord injury research forum at ANZSCoS 2009

As you know, earlier this year we engaged in merger discussions with Spinal Cure Australia. These were useful discussions but finally both organizations could not agree on a way forward. ANZSCiN persists with its vision to drive change and improve translation of research into better treatments for people with spinal cord injury.

We are pleased to keep you posted on our progress

Best wishes.....”

If anyone is not connected or has no access to the valuable resource that is ANZSCiN let the editor know and eNewsletters received will be forwarded to you.

The Network functions with the following committees:

1. Research Development Committee chaired by Professor Phil Waite who is Director Neural Research Unit University of New South Wales/
2. Clinical Trials Committee chaired by Associate Professor James Middleton Director State Spinal Cord Injury Service NSW
3. SCI People Committee chaired by Dr Louise Mofflin who resides in Western Australia.

20th ANNUAL SPINAL INJURY CONFERENCE NOTES

1. Conference participants will be interested in listening to Dr. Sumitha Gouden sharing her thoughts on an upcoming symposium to be held in Cambodia (November 7th to 11th 2010) to promote physical rehabilitation in Cambodia. It is an initiative through the Australian Faculty of Rehabilitation Medicine. The symposium is titled “Back to basics: unique problems and exceptional solutions”

Cambodia is one of the poorest countries in Southeast Asia. The life expectancy is only 58 years of age. Disability is common in Cambodia due to recent history of war, residual landmines, motor vehicle accidents, and lack of basic health for preventative medicine.

Cambodia has the highest amputee rates in the world (1 in 290). Broken pavements [sidewalks], potholed roads and stairs make navigating difficult for people with disabilities. There are no rehabilitation physicians working in Cambodia. Despite all these barriers, those working with and caring for people with disability have come up with unique solutions to address their special needs (their challenges, requirements, and tools to facilitate their daily life).

The symposium will allow local rehabilitation providers (NGOs), healthcare workers and stakeholders a chance to share experience and knowledge and allow international experts to provide information to further progress the field of rehabilitation in this developing region.

The symposium also aims to raise the profile of disability and rehabilitation issues in the developing Asian region. It is with great hope that this inaugural symposium will foster an increase in the number of education courses in disability, better standardization of rehabilitation services, creation of infra-structural facilities for the disabled, and greater media coverage of issues concerning disabled people.

Topics will include spinal cord injury management, polio, amputee management, leprosy, cerebral palsy, developmental disability.

This is a ground breaking and important contribution to health care in Cambodia and Dr Sumitha’s presentation at this year’s conference is no doubt of interest.

2. A recent member of the Association, Lyndel Lush, who is currently the Director of Nursing at the Armidale Nursing Home, Armidale NSW has headed her presentation to the Conference “Frustrations’. Often spinal injury seems to be centred in acute and post acute care. However there is a growing population of aging people with spinal injury and its associated complications who are finding their way into nursing home care. As such

20th ANNUAL CONFERENCE NOTES [2]

the care of spinal injury is 'merged' into the larger field of aged care and all its attendant obligations. Lyndel's presentation will no doubt provide opportunity for constructive networking.

3. It is a pleasure to be able to welcome to the Conference once again Helen Kraft, the Associate Clinical Services Co-ordinator of the South Australian Spinal Cord Injury Service at the Hampstead Rehabilitation Centre in Northfield S.A. together with Vikki Green to give an update on spinal injury care in that State.

4. Sometimes in planning a conference it is easy to overlook the knowledge and skills of individuals. Two Companies are long time sponsors of the Conference and it is great that the representatives from KCI Medical and Coloplast have accepted to speak on aspects of their Companies involvement in health delivery. Donna Donopoulos in exchange of contact offered to speak on anal irrigation and Josh Glason has agreed to speak on his speciality.

5. Petra Wollerman is directly involved in intensive care at the Prince of Wales Hospital Randwick NSW. Spinal injured people often present in intensive care and Petra is involved in supporting and giving lectures to nurses on this aspect of care

6. Closely allied with nursing is the important role of physiotherapy. The Conference welcomes to physiotherapists:

Claire Boswell-Ruys who is completing her Doctorate

Therese Powell who is with the Spinal Outreach Service in NSW.

7. It is a real pleasure to announce that Dr Stephanie Williams, the CEO of the Spinal Cord Injury Network, will provide an update on the developments which began at the NSW Premier's Forum on spinal injury.

The Forum was held in Sydney in 2008 and provided for the first time, the possibility for so many community groups, medical and nursing associations, researchers, hospitals, government agencies to network. Dr. Stephanie's presentation will be of interest not only of the progress of the network, but also no doubt of difficulty often encountered in establishing research questions and in the implementation of research projects.

8. Thanks are due to Graham Glendenning, recently retired, in his positive contribution with John Hebblewhite, in writing a history of the first course in spinal injury nursing offered by the College of Nursing in NSW.

The Committee of the Association gave full support to the project and it will be a great pleasure to have the 'book launch' at the Conference.

9. These notes are not exhaustive of what will be a positive conference. Do note the dates in your diary and join in two informative days on aspects of spinal injury care.

SPINAL INJURY NURSES’ ASSOCIATION inc.

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The Spinal Injury Nurses’ Association was Incorporated in 2002

The Association evolved from the annual Spinal Injury Conference which began in 1991 to provide a forum for nurses and carers and to enhance their involvement in spinal injury nursing.

The major activity of the association is the Annual Conference held in November each year and has a collaborative agreement with the College of Nursing

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In addition the Association issues the following:

“CLINICAL 43 NOTES” [a 10 A4 page] in March, July, November. The journal and

provides articles relating to clinical aspects and practice

“BOOKWORM” which publishes contributions by nurses in booklet form

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Conference.

ENQUIRIES

Hon Secretary

PATRON

Professor John Yeo OA

Hon PRESIDENT

Paul Schell

Hon SECRETARY

Joanna Cartwright

AIMS OF THE ASSOCIATION:

To PROMOTE and encourage the study practice of the discipline of spinal injury nursing and care.

To DISSEMINATE such knowledge by encouraging nurses and carers to give free presentation at the Annual

To PUBLISH “Clinical 43 Notes” as an avenue for interchange of idea and experience

