



National Disability Services

ABN: 52 008 445 485



ready4  
NDS ACTCOSS RSM



# THE ACT NDIS ALLIED HEALTH WORKFORCE

## Issues and Solutions

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**National Disability Services** is the peak industry body for non-government disability services. Its purpose is to promote and advance services for people with disability. Its Australia-wide membership includes more than 1080 non-government organisations, which support people with all forms of disability. Its members collectively provide the full range of disability services—from accommodation support, respite and therapy to community access and employment. NDS provides information and networking opportunities to its members and policy advice to State, Territory and Federal governments.

**Ready4** is a project of information and resources for disability services operating in the ACT funded by the ACT and Commonwealth Governments to help preparation for the NDIS. Ready4 is being delivered by a consortium of National Disability Services, ACTCOSS, the peak body for community sector services in the ACT and RSM, accounting and business advisory specialists.

# ACT NDIS Allied Health Workforce: issues and Solutions

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## Background and Purpose

The Disability Workforce Innovation Network (WIN) project managed by NDS was set up to support the sector to collaboratively find solutions to workforce issues arising in the context of the roll-out of the NDIS.

Allied health was identified at an early stage as an area facing significant workforce issues in the ACT. The Disability WIN project has supported a group of allied health representatives to explore possible solutions to these issues and organise a forum to explore solutions.

This NDIS allied health workforce forum on **Thursday 7 April 2016** in the ACT brought together a wide range of stakeholders and allied health practitioners. They looked at possible solutions to the allied health workforce issues arising due to the roll-out of the NDIS.

This paper notes the issues identified by the ACT DWIN allied health group and the possible solutions as discussed during the forum.

Some work to progress these possible solutions may be able to be pursued by the DWIN. Equally, there is scope for others to engage and implement. This report provides information and guidance also for them. Other stakeholders beyond the individuals involved that could take on such work would include the various allied health associations, universities and other training bodies, broader health networks and governments.

## Issues

### The need to meet demand

In the ACT there is a growing demand for allied health services under the National Disability Insurance Scheme (NDIS).

The service provider structure is significantly changing e.g. the withdrawal of ACT Government services, new providers coming in and existing services expanding. These changes impact the allied health workforce. With Therapy ACT ceasing to operate, the ACT will lose an important hub of knowledge that has played a pivotal role in training students and attracting new allied health workers into the disability sector.

Based on a telephone survey conducted by the ACT NDIS taskforce, current NDIS registered allied health providers are at or near capacity with several having waiting lists. This highlights the need to use allied health professionals more effectively and find new ways of attracting, inducting and supervising new professionals in the sector.

### Limited numbers

There is a limited number of allied health professionals who have experience and wide knowledge in working with people with disabilities, especially multiple and complex disabilities (see Appendix A). Alongside structural changes such as the cessation of Government therapy services, there has also been growth in demand – particularly from a new cohort of adults with therapy support included in their support; something not previously available. Consequently, the pool of allied health professionals is not big enough to meet the demands from organisations and participants looking to recruit/engage allied health professionals.

### New graduates

The professionals that are available on the labour market are in many cases new graduates.

New graduates, however, mostly have limited experience in working with people with disability and most allied health courses have minimal content of disability.

They require considerable training and support before they are fully fledged professionals that can work independently and this can only be provided by someone with sufficient experience. That cohort is quite small. For many professions disability is a niche market.

Even experienced professionals may have little experience in this field if they have not worked with clients with disabilities before.

### Development of new professionals

The development of new professionals for the disability sector in the future is faced with even more issues. The market will have more individual practitioners and there are not yet new governance structures for supervision of inexperienced practitioners working with people with disability. Outside of the government therapy model, frameworks for multidisciplinary care that enable new professionals to not only train in their own profession, but also learn to work with other professions are less prevalent.

Moreover, individual practitioners and those in small practices find it difficult to offer student placements because of the time and administration involved; and the lack of back up supervision in case of lengthy placements if the professional is away or sick. With government placements in the disability sector no longer on offer, this will contribute to most new allied health graduates having little knowledge and experience in working with people with disabilities.

Also, allied health professionals, especially those who have just recently set themselves up as service providers, are often overwhelmed by the demands of new business establishment and in obtaining an understanding of the NDIS business rules and operating processes. They are currently not in a position to take on students.

Having a strong supervision and professional development framework is however an important pull factor for new graduates looking for a job.

## Costs

Where the costs for training and supervision will be placed (providers, participant or professionals) is another issue to resolve in attracting and training allied health professional to work with people with disability.

Pricing in the NDIS funding clusters is not set so as to cover case conferencing, teaching and training etc. Lack of funding and new models will be barriers for individual practitioners to deliver classroom teaching or to offer to supervise students on clinical placements. This has implications for long term workforce development.

## More effective use

One of the ways allied health organisations could make more effective use of the current pool of allied health professionals in the disability sector is to use allied health assistants or therapy assistants.

Allied health assistants perform delegated tasks to support allied health professionals under direct, indirect or remote supervision with a low-risk case load. This leaves the allied health professionals free to take on more cases and more complex work. In this way the allied health assistants can help fill service gaps and lower costs.

The introduction of allied health assistants was used as a workforce initiative to solve the workforce gap of allied health professionals at ACT Health. Allied health assistants are now a sustainable layer in the ACT Health workforce.

Allied health assistants and/or trained support workers can play a part in making more effective use of the allied health professionals, but currently the use of these types of workers is limited within the disability sector and their use is actually at-risk of declining.

## Use of Allied health assistants in the disability sector

Therapy ACT employed technical officers in peer group programs and several of them were certified allied health assistants. With the decommissioning of Therapy ACT current allied health assistants working in disability are losing their jobs and the practice of using allied health assistants in this sector will likely diminish if the non-government sector does not take up and continue this approach. As with the placement of trainee allied health professionals, this risk arises due to the limited availability of experience allied health professionals supporting people with disability who are able to supervise.

For example, the allied health assistants' course at CIT attracted over 35 students in 2015. About 1/3<sup>rd</sup> of those that completed the course obtained a job as an allied health assistant in ACT Health or Therapy ACT.

Some allied health assistant graduates have been employed by a non-government provider, but no other NGO or private provider is known to take on allied health assistants from the Cert IV course.

There may be a range of reasons why this is so. But one key reason is the limited availability of experienced allied health professionals working with people with disability to undertake delegation and supervision. The framework and approach within which allied health assistants operate needs to be robust to ensure the allied health assistants stay within their scope of practice and thus requires an experienced professional and not simply one with qualifications. Also the pricing under NDIS for therapy assistants does not reflect the level of training needed for these workers.

## Possible solutions

### In general

The discussion at the NDIS allied health forum canvassed a wide range of possible solutions and ideas. All discussion groups were asked to choose the solutions they thought had the most potential. The chosen solutions fall into three broad categories:

1. Engagement of students/new professionals into disability sector and practices
2. Coordination of resources
3. Support for service providers

### Engagement of students/new professionals into disability sector and practices

A key theme in this category is the need to inform students of the work and opportunities in the disability sector. There were also calls to add more disability related content to the various courses e.g. contextualising the allied health assistant course to the disability sector or adding the key worker model to university courses.

### Coordination of resources

Suggestions under this category focused on the need for continued opportunities to connect, share and collaborate with and between different professions. Several options were mentioned from informal debriefs to the operation of communities of practice, (online) networks and even the formation of an ACT allied health peak body.

Another strong call was to bring together information about the allied health needs and opportunities in the disability sector into a single source; e.g., information about placements, available supervisors and general but relevant information about the NDIS.

A number of ideas were raised for better use of the available professionals. For example, there were suggestions to bring together sole traders to share placements, to use Skype or other on-line communications for distance supervision, attracting return to work therapists and recruiting overseas professionals. The development of an internship program with attractive incentives in collaboration with universities was an idea that emerged from a number of the different groups.

### Support for service providers

Overall there was wide support among the forum participants that providers/practitioners taking on student placements or supervising new professionals needed to receive some kind

of funding, compensation or different kind of incentive such as recognition and discounted professional development opportunities. Without such incentives the prospect of any capacity to grow the number of available places was seen as very low.

There was also a call for universities to support providers/practitioners in this and the development of training and frameworks to support providers/practitioners to become better at supervising students and new professionals.

The latter was also seen as needed for supporting providers/practitioners who are taking on allied health assistants. A key element was seen as the provision of; (a) frameworks to give more clarity on the role of allied health assistants, graduates, students and support workers and (b) guidance or direction on the governance structure regarding scope of practice, supervision and delegation.

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## Appendix A

Allied Health & Therapy Specialist Staff employed by or running NDIS Registered allied health providers (registered as on 23 Feb 2016)*	Full Time Equivalent
Speech Therapist	44
Occupational Therapist	35
Physiotherapist	18
Psychologist	16
Audiologist	10
Social Worker	9
Physiologist - Exercise and Neurological	6
Orientation & Mobility Specialists	5
Behaviour Management	3
Counsellor	2
Art Therapist	1
Clinical Nurse Specialist	1
Music Therapist	1
Rounded up total	151

\*Based on a telephone survey conducted by the ACT NDIS taskforce

End of Paper