

A critique of the Disability Royal Commission's approach to allied health services for people with intellectual disabilities

Laura Hogan

Centre for Disability Studies

Doctoral Candidate, Living with Disability Research Centre



Acknowledgement of Country

Outline

- Background – allied health workforce in Australia
- Background – health for people with intellectual disabilities
- The Disability Royal Commission and healthcare
- Evidence heard about allied health for people with intellectual disability/cognitive disability
- Recommendations made about allied health
- Challenges in implementing recommendations
- Concluding comments

Background – what is allied health

The peak body, Allied Health Professionals Australia, defines allied health as:

“health professionals that are not part of the medical, dental or nursing professions... are university qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses.”

(Allied Health Professions Australia, 2024, para. 2).

Some of the professions that fall under this group of professionals are:

- Occupational therapy
- Physiotherapy
- Dietetics
- Speech pathology
- Exercise physiology
- Social work

Background – allied health workforce in Australia

- Pre-NDIS allied health workforce:
 - Smaller
 - Predominately employed in government and large non-government organisations.
- NDIS allied health workforce:
 - Substantial increase in the workforce
 - 55% of NDIS providers are delivering allied health support
 - Demand still outstrips capacity
 - Anticipated that a further 40% growth is required to address need
 - Shift in the way allied health professionals work, with 50% of NDIS allied health professionals working as sole traders

(Mavromaras et al., 2018; NDIS, 2023a; NDS, 2023)

Background – health & intellectual disabilities

People with intellectual disabilities:

- Are at higher risk of chronic health conditions that are not diagnosed or poorly managed, resulting in poorer health outcomes and premature death (Lennox et al., 2015; Liao et al., 2021; Troller et al., 2020)
- Have greater health inequalities than other sub-groups of people with disabilities (Mithen et al., 2015)
- Have more contact with health professionals than people without intellectual disabilities (Troller et al., 2020)
- Have health needs that are missed or not addressed by mainstream health systems (Lennox et al., 2015)

... Despite this knowledge, there has been little improvement in health outcomes.

Disability Royal Commission – healthcare

- The Commission sought to understand if people with cognitive disabilities were subjected to neglect in the health system
- Although the focus was on people with cognitive disability, there was particular interest in barriers for people with intellectual disabilities.
- The health workforce considered by the commission was diverse, including doctors, nurses, dentists, pharmacists, psychologists and allied health.

Disability Royal Commission – healthcare

- Noting the substantial increase in the disability sector allied health workforce and changes in the way it is structured, I was particularly interested in how the Commission approached this workforce.
- Focus – allied health professionals and healthcare for people with intellectual disabilities.
- Allied health professionals represent more than a quarter of the Australian health workforce (AIHW, 2022a)

Evidence about allied health professionals

- Health care for people with cognitive disability Issues Paper (CoA, 2019)
 - Ten questions about quality, experiences, barriers and possible solutions
 - Thirty-eight responses received
 - Three from allied health professional bodies (with several others referencing allied health professions)

- Identification of a range of unmet allied health needs:

Barriers to communication

Speech pathology

Recurrent falls

Physiotherapy/exercise physiology

Unexplained weight loss

Dietetics

Deterioration of health/death due to
swallowing difficulties

Speech pathology

Evidence about allied health professionals

- Public Hearing 4 – health care services for people with cognitive disability (18-28 Feb 2020)
 - No allied health professionals or organisations as witnesses
 - Few references to allied health services
 - Focus – medical and primary health care
- Public Hearing 6: Psychotropic medication, behaviour support and behaviours of concern (22nd – 25th September 2020)
 - SARRAH (Services for Australian Rural and Remote Allied Health)
 - Workforce shortages are greater for allied health than general practice, hospital or nursing
 - NDIS improvement in access does not consistently extend to rural and remote communities

Evidence about allied health professionals

- Public Hearing 10 – Education and training of health professionals in relation to people with cognitive disability (15th & 16th December 2020 and 2nd March 2021)
 - Speech Pathology Australia selected to represent the allied health professions
 - Allied Health Professionals Australia was also a witness
 - Allied health students: curriculum and clinical placement opportunities
 - Allied health professionals: accreditation standards and continuing professional development
 - Different perspectives from different professional associations

Recommendations about allied health

- The Final Report (Volume 6) includes eight recommendations to address unmet allied health care needs and ensure a fit-for-purpose workforce:
 - Broadening the intellectual disability health capability framework to encompass all cognitive disabilities (6.24, 6.25 & 6.26)
 - Cognitive disability curriculum and clinical placements for allied health students (6.27 & 6.28)
 - Cognitive disability professional development standards and content for practising allied health professionals (6.27 & 6.29b)
 - State & territory governments to establish and fund cognitive disability multidisciplinary health and mental health services (6.33)
 - Health navigator positions to address communication challenges between health professionals and across services (6.34)

Challenges

- The Commission included allied health professionals as part of the health workforce.
- Issues relevant to the allied health professions were identified.
- Witnesses in hearings were predominantly from medicine and primary health.
- Recommendations about healthcare, include allied health but may not always be appropriate.

Intellectual disability → cognitive disability

- Cognitive disability – autism spectrum disorders, learning disabilities, acquired brain injury, dementia and intellectual disabilities.
- Dedifferentiate approach: the health needs of people with intellectual disabilities were considered as part of the broader group of people with cognitive disabilities
- National roadmap and capability framework: differentiated approach
- If a dedifferentiated approach is instead implemented, this will delay and dilute work that is almost ready for implementation
- A differentiated approach seems prudent to try and alter outcomes

Allied health tertiary education

- Focus: workforce readiness of new graduate allied health professionals to work with people with cognitive disabilities.
- The evidence supporting specialist curricula, accreditation standards and clinical placements seems mostly based on:
 - Australian research into the lack of intellectual disability content in medical and nursing qualifications (Trollor et al., 2016; Trollor et al., 2018; Trollor et al., 2020)
 - International specialisms in intellectual disability for medicine and nursing
- Accreditation standards and curricula:
 - Conflicts with the evidence from Speech Pathology Australia (Public Hearing 10)
 - Allied health professions in Australia don't have advanced scopes of practice or specialist roles specific to intellectual or cognitive disability.
 - Specialist skills are gained through practice-based experience and continuing professional development

Allied health tertiary education

- Cognitive disability clinical placements:
 - Tasked to the Australian Government Department of Health and Aged Care for implementation, not the National Disability Insurance Agency.
 - Failure to address evidence about reduced clinical placements for allied health students in the disability sector since the implementation of the NDIS (Attrill et al., 2023; Foley et al., 2021)
- Recommendations would have been stronger with the addition of cross-agency responsibility for implementation

Workforce capacity

- Focus: workforce capacity to reduce harm
- Professional development accreditation standards:
 - Strength in the recommendation to increase the availability of professional development content relevant to cognitive disability
 - Challenging to embed this into accreditation standards
 - Failure to address the known challenges experienced by allied health professionals in undertaking professional development (Foley et al., 2021)

Multidisciplinary teams:

- Important to respond to multiple and complex health needs
- Failure to address the funding of multidisciplinary practice under the NDIS
- Failure to define 'multidisciplinary'

Funding and service availability

- Focus: funding and availability of allied health services
- People with mild intellectual disabilities:
 - Failure to address insufficiencies of Medicare funding
- Service availability and access:
 - Provider of last resort
- Registered Providers:
 - All NDIS providers encouraged to become registered

Concluding thoughts

- The Commission's approach to allied health professions oversimplified the workforce:
 - Limited consideration of the diversity of allied health professions or the differences between them and other healthcare professions.
 - Conflicting and impractical recommendations
 - Considerable issues left for the NDIS review
- Dedifferentiated approach:
 - Contradictory to evidence that dedifferentiated healthcare for people with intellectual disabilities has resulted in harm and neglect
- Concerns that the recommendations will not result in meaningful change

References

Allied Health Professions Australia. (2024) *What is allied health?* <https://ahpa.com.au/what-is-allied-health/>

Attrill, S., Foley, K., Gesesew, H. A., & Brebner, C. (2023). Allied health workforce development for participant-led services: structures for student placements in the National Disability Insurance Scheme. *BMC Medical Education*, 23(1), 95. <https://doi.org/10.1186/s12909-023-04065-y>

Foley, K., Attrill, S., & Brebner, C. (2021). Co-designing a methodology for workforce development during the personalisation of allied health service funding for people with disability in Australia. *BMC Health Services Research*, 21(1), 1-680. <https://doi.org/10.1186/s12913-021-06711-x>

Lennox, N., Van Driel, M. L., & van Dooren, K. (2015). Supporting primary healthcare professionals to care for people with intellectual disability: A research agenda. *Journal of Applied Research in Intellectual Disabilities*, 28(1), 33-42. <https://doi.org/10.1111/jar.12132>

Liao, P., Vajdic, C., Trollor, J., & Reppermund, S. (2021). Prevalence and incidence of physical health conditions in people with intellectual disability - a systematic review. *PLoS One*, 16(8), e0256294-e0256294. <https://doi.org/10.1371/journal.pone.0256294>

Mavromaras, K., Moskos, M., Mahuteau, S., Isherwood, L., Goode, A., Walton, H., Smith, L., Wei, Z., & Flavel, J. (2018). *Evaluation of the NDIS: Final Report*. https://www.dss.gov.au/sites/default/files/documents/04_2018/ndis_evaluation_consolidated_report_april_2018.pdf

Mithen, J., Aitken, Z., Ziersch, A., & Kavanagh, A. M. (2015). Inequalities in social capital and health between people with and without disabilities. *Social Science & Medicine*, 126, 26-35. <https://doi.org/10.1016/j.socscimed.2014.12.009>

References

National Disability Insurance Scheme (NDIS). (2023a). *Intellectual Disability Dashboard 30 June 2023*. <https://data.ndis.gov.au/reports-and-analyses/participant-dashboards/intellectual-disability>

Trollor, J. N., Eagleson, C., Ruffell, B., Tracy, J., Torr, J. J., Durvasula, S., Iacono, T., Cvejic, R. C., & Lennox, N. (2020). Has teaching about intellectual disability healthcare in Australian medical schools improved? A 20-year comparison of curricula audits. *BMC Medical Education*, 20(1), 321-321. <https://doi.org/10.1186/s12909-020-02235-w>

Trollor, J. N., Eagleson, C., Turner, B., Salomon, C., Cashin, A., Iacono, T., Goddard, L., & Lennox, N. (2016). Intellectual disability health content within nursing curriculum: An audit of what our future nurses are taught. *Nurse Education Today*, 45, 72-79. <https://doi.org/10.1016/j.nedt.2016.06.011>

Trollor, J. N., Eagleson, C., Turner, B., Tracy, J., Torr, J. J., Durvasula, S., Iacono, T., Cvejic, R. C., & Lennox, N. (2018). Intellectual disability content within tertiary medical curriculum: how is it taught and by whom? *BMC Medical Education*, 18(1), 182-182. <https://doi.org/10.1186/s12909-018-1286-z>



Centre for Disability Studies

D18-Susan Wakil Health Building
Western Avenue
University of Sydney NSW 2006



www.cds.org.au



02 9036 3600



cds@cds.org.au