LA TROBE UNIVERSITY

La Trobe Rural Health School and Living with Disability Research Centre

FORUM REPORT
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Local Solutions to Strengthening the NDIS Allied Health Workforce

Report of event held on 19 February, 2020

ENQUIRIES
Teresa Iacono
Professor of Rural & Regional Allied Health
La Trobe University
Victoria 3086

T 03-5448-9110
E t.iacono@latrobe.edu.au
latrobe.edu.au

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Acknowledgements

This report is of a forum held at La Trobe University as part of the work of the **Regional Allied Health Disability Workforce** working party. The working groups is a collaboration across La Trobe Rural Health School (Bendigo) and the Living with Disability Research Centre, La Trobe University with Bendigo disability organisations and local training organisations to develop and deliver a plan to strengthen rural allied health workforce capacity within the NDIS context and strengthen mainstream services to be inclusive of people with disability. Our vision is to inform a regional allied health workforce capability framework for fostering the expertise of allied health professionals to work across sectors to ensure service demands are met in both the immediate and long term.

Thanks are extended to members of the working party: Mr. Ian McLean (Golden City Support Services), Ms. Ann-Marie Davis (amicus), Ms. Erin Wilson (Intereach), Ms. Anne-Marie Kelly (Bendigo Community Health Service), Ms. Sharleen Green (Murray Primary Health Network), Prof Teresa Iacono and A/Prof Carol McKinstry (Rural Health School, La Trobe University), Drs. Carina Chan and Affrica McCarthy (Department of Psychology, La Trobe University), Ms. Cheryl Sobczyk (Bendigo TAFE), Mr. Andrew Gibbs (National Disability Services) and Mr. Stephen Gardner (Building the Local Care Workforce). We are also grateful to the guest speakers - Ms. Lauren Hogan (Centre for Disability Studies) and Ms. Cathryn Blight (Novita) – and members of the discussion panel - Mr. Owen Cooper (NDIS participant), Ms. Nicole Mahar (NDIA representative), Ms. Ann-Marie Davis (CEO, amicus), Ms. Fiona Still (National Disability Services), and Ms. Cheryl Sobczyk (Bendigo TAFE).

Introduction

On February 19, 2020, approximately 60 representatives from Rural and Regional NDIS providers, tertiary training organisations and others concerned with meeting the growing allied health workforce demands came together at La Trobe University in Bendigo for a forum. The focus of the forum was growing and supporting allied health student placements and mentoring graduates working with people with disability across rural and regional Victoria.

The day started with presentations by guest speakers. Ms Laura Hogan, Leader Health & Clinical Practice, Centre for Disability Studies, Sydney, spoke about building the capacity of allied health in rural and remote NSW through the pilot of a therapy facilitator model. Then Ms Cathryn Blight, General Manager Regional Services, Novita, South Australia, spoke about the art of creating triangles: three important collaborations that create work ready and confident graduates, focusing on the role of training organisations, NDIS providers and the community.

Mr. Ian McLean then set the scene for discussions to follow. He detailed the problems that lead to this forum, with a focus on ensuring quality of services for NDIS participants.

BREAK OUT DISCUSSION

Following the presentations, forum attendees worked in 10 groups of 5-6 participants to discuss one or more of the following topics:

1. Organisational responsibilities for safety and development of staff and NDIS participants, and the role that allied health staff have in meeting responsibilities to participants.
2. Skill development of allied health practitioners who are moving into various types of NDIS roles.
3. Expanding allied health practitioner student experiences (clinical placements or industry experience, work integrated learning).

A notetaker for each table kept a written record of key issues that were discussed. These were then used to group discussion into a number of topics, which provided a summary across the three topics posed. These are presented in the following sections. Note that quotes are not provided, with only a couple of exceptions, given that recording was in note rather than verbatim transcription form.

The Problem

There is a shortage of allied health practitioners in rural and regional areas, especially those with specialist skills. Those in the workforce tend to burn out quickly, with reasons including high demands, lack of skills, and little support because of a limited number of colleagues with disability or NDIS expertise in their services. The demand of the NDIS in terms of business processes and paperwork was also identified as a cause of burn out amongst allied health practitioners.

NDIS participant plans change without providers being notified, resulting in unnecessary work and clients missing out on services that had been in their plans at some point.

The rollout of the NDIS rollout has removed student placement opportunities because of the fee-for-service environment.

There is a need for NDIS providers to invest in new workers because of the costs involved when staff leave their organisation: i.e., “it costs a lot more to lose a new therapist than it does to invest in them.”

New graduates lack knowledge of business models, in particular fee-for-service, on which the NDIS is based.

Clients prefer to have experienced clinicians than students to ensure value for money (although there was some disagreement on this point).

NDIS providers lack capacity to provide student supervision because they don't employ staff who can supervise, either because they don't meet university or TAFE requirements, or because they lack skill or experience in supervision.

NDIS providers, especially in rural and regional areas, have a high turnover of allied health practitioners, especially of new graduates. Hence, they lack a workforce with the skills needed to supervise students.

Providing skilled staff to supervise students diverts them from direct service provision.

Preparing students for clinical placements with NDIS providers

A topic frequently discussed was the preparation of students prior to taking up clinical placements with NDIS providers. In one discussion group, it was noted that the disability/ NDIS industry had high expectations of graduates, which needed to be incorporated into existing training content. It was argued that students needed to understand the social model of disability, with participants in one group stating that their training was too focused on a medical model. They also needed information about disability and the NDIS, including understanding its business model, in order to align their knowledge to industry standards. In particular, the need to prepare students for early intervention practice was mentioned. Other gaps in undergraduate learning identified were regarding individual service plans, how to develop functional goals and objectives, documentation, how to adapt diagnostic language into functional language (for communication with clients) and understanding of the community health model. It was perceived that new graduates coming out of university and TAFE did not demonstrate these graduate capabilities.

The need to utilise technology through on-line modules and telehealth to provide students with relevant NDIS and disability content, and opportunities for distance supervision and coaching were discussed.

Models for clinical placements and work integrated learning

The advantages of providing clinical placements and work integrated learning (WIL) opportunities include ensuring a pipeline of workers, increasing skill in the sector, and providing more service for the same NDIS dollar for clients (e.g., paying students reduced amounts, or having them provide a supportive role that replaces some of the work for clinicians). In one discussion group, it was noted that the NDIS has made in easier to offer student placements, so long as they employ a clinical supervisor, and that there was not resistance from either clients or students (but note that there was some contrasting opinions around these points).

Models for increasing access to clinical placements and WIL included:

- Small provider organisations sharing supervisors to offer placements across NDIS providers
- Funding NDIS providers to fund student placements – some suggested this could be provided by Universities, as per current practice in health services, and others suggested that the NDIS should provide funding.
- NDIS providers can consider project-based learning opportunities for students, which provide them with exposure to disability and the NDIS environment, does not require direct clinical supervision, and can assist organisations to address a project need.
- Universities and TAFE providing on-line training in student supervision to increase the confidence and willingness of NDIS staff to accept student placements. This training should orient students to the NDIS, and the provider environment – e.g., orientation to "safe systems."
- Increase the potential for allied health students to work as allied health assistants: it was suggested that students could then be paid under the NDIS, and that 4th year students should have sufficient knowledge and skills to not require formal Certificate 4 qualifications and that it could provide them with job opportunities on graduation.
- Introduction of a co-ordinator role to oversee clinical placements
- Develop a consortium comprising small providers that rotate staff and students; a similar model was described as a "mixed structure" rather than "fixed structure" placement.

- NDIS providers reducing the unit cost when students provide the service

Attracting workers into the NDIS workforce

It was suggested that working in the disability sector needs to be made more attractive. One group suggested that the community had a role to play through promoting an inclusive society. Others suggested the need to market careers in the NDIS in schools, and that Universities and TAFE have a role to play through their student recruitment strategies.

Participants in one discussion group listed the benefits to the workforce of providing clinical placements included providing a pipeline of workers.

One group suggested that NDIS providers could work with government to provide incentives to work in rural areas with NDIS providers. Another discussed seeking funding from government to offer graduate positions.

The need to build a career trajectory for allied health practitioners, as occurs in hospitals, was discussed in one group. Improving career advancement opportunities would create incentive for upskilling the workforce, such as completing courses structured according to micro-credentials. This approach could also keep new graduates in the disability workforce, thereby reducing turn-over.

Supporting allied health professionals working in NDIS roles

There is a need to invest in staff capacity, such as through providing opportunity to upskill. It was suggested that such capacity building occur prior to accepting clients with high service needs.

The need for pathways to micro-credentials came up in a few discussion groups. One group suggested that such credentialing be offered to students who wish to specialise in disability/ NDIS, and another suggested the need for these opportunities being offered to both new allied health graduates and those who have been in the workforce but feel they lack the required skills.

It was also suggested that there was a need to make better use of technology, including managerial benefits through freeing up "humans to do human work, focussing on judgement, creativity, intuition, mastery." The use of a software app to keep track of billable hours.

Models for supporting new graduates and others working in NDIS provider organisations suggested, such as providing a position that involves 2 years of intensive supervision and professional development.

PANEL DISCUSSION

The day ended with a panel discussion. Members were Mr. Owen Cooper (NDIS participant), Ms. Nicole Mahar (NDIA representative), Ms. Ann-Marie Davis (CEO, amicus), Ms. Fiona Still (National Disability Services), Ms. Cheryl Sobczyk (Bendigo TAFE) and Prof. Teresa Iacono (Forum convenor, representing the Living with Disability Research Centre). Associate Professor Carol McKinstry (Forum co-convenor) facilitated the discussion. The following notes summarise the discussion.

Question 1 – what are the positive/negatives of students providing support services to NDIS participants?

Owen: Positives include that students are new to the sector and can provide new ideas. A negative is they are with you for a short time only.

Ann-Marie: There are many advantages; there is no one answer as every person with a disability is different and responds differently. Given how new the NDIS is, student placements have the same amount to give in terms of service provision as are other staff.

Question 2 – how do we support quality placement?

Cheryl: Often students feel most supported through the relationships they build with staff and participants and the quality of the supervision.

Fiona: Disability sector and providers pre-NDIS were big supporters of student placements. We need to give people that experience and exposure to get them interested and passionate about the disability sector. There is now more money in the Allied Health fields for the disability sector. There is a need to consider different incentives as the current NDIS price guide doesn't distinguish between the different levels of experience.

Question 3 – what can universities do to better prepare placement students?

Teresa: It is an interesting time because allied health courses offered by La Trobe University are in the process of being transformed to ensure graduates are work ready. Forums like this are a great opportunity to listen to industry. It is important that students have dual knowledge: clinical skills and an understanding of the NDIS to get them interested in the sector. It's an opportunity to integrate the NDIS across subjects taken by students. We need to think more strategically to prepare students.

Nicole: It is important to work with Allied Health Professionals to understand the importance of accessible English in reports to support good planning and outcomes. This will provide a clear focus and understanding on how to communicate functional impact when embedded in the curriculum.

Cheryl: Allied Health Assistants needs to be distinguished further from disability support workers; pay differences have not yet been addressed, nor where they both fit.

Owen: If they are a new OT (Occupational Therapy), the contact and preparation before the first meeting is important to support them to come up with ideas beforehand. One hour goes quickly, and in order to get my chair fixed it took 6 home visits.

Question 4 – How do we improve university/ TAFE and NDIS participant relationships

Catherine: (from the audience) Providers assist to bring this to the table, it is important to bring people to the students but not in a tokenistic way

Carol: Consumer design; build on lived experience and early exposure.

Catherine: It is important to offer opportunities to be part of groups and activities to learn from experience (volunteer/participate).

Ann-Marie: Flexibility is required. A large proportion of the workforce comprises students engaging in support work which impacts on their career choice. Our approach of workforce employment is based on people with the right attitude, then train them up with the other skills.

Owen: The opportunity in this is to present what is working and not working.

Question 5 – How do we ensure quality for student placements and graduate experiences given the recent enquiries into Abuse & Neglect?

Nicole: All have a stake, the NDIA supports by setting out the price guide and particular requirements for particular supports. Pricing allows for a flourishing market, but we're not there yet and it is still developing

Cheryl: Quality and development need to occur. Values and beliefs are vital to be a skilled employee. It involves the combination and collaboration of the whole sector.

Fiona: This issue is covered under the code of conduct for the disability sector, and there is benefit in the NDIS commission regulating providers and workers.

SUMMARY

The forum brought together stakeholders from Victoria and other states concerned about building a quality regional and rural allied health NDIS workforce. It provided opportunity for conversations between industry and training organisations,

and others concerned about meeting the needs of people with disability accessing NDIS funded supports. The Regional Allied Health Disability Workforce will use the information gathered through this forum to consider next steps in their work, with the intention of drawing on the network of people and organisations represented on the day.