

Allied Health Disability Workforce Strategy and Action Plan

For the allied health workforce providing services for people with disability and developmental delay in regional, rural and remote areas of Tasmania

June 2018

Overall impact: People with disability and developmental delay with NDIS plans in regional, rural and remote Tasmania will have access to adequate and relevant therapy supports so they can achieve their goals.

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# Shortened forms

AHA allied health assistant

AHP allied health professional

AHPA Allied Health Professions Australia

APA Australian Physiotherapy Association

APS Australian Psychological Society

CoS coordinator of supports

CPD continuing professional development

CWIN clinicians working in the NDIS

DSO disability service organisation

DSW disability support worker

HR+ non-profit medical and health recruitment service in Tasmania

NDS National Disability Services

NDIA National Disability Insurance Agency

NDIS National Disability Insurance Scheme

NDP National Disability Practitioners

OT occupational therapist

OTA Occupational Therapy Australia

O&P orthotists and prosthetists

PHT Primary Health Tasmania

PBS positive behaviour supports

SARRAH Services for Australian Rural and Remote Allied Health

SP speech pathologist

SPA Speech Pathology Australia

PT physiotherapist

UTas University of Tasmania

# Background

There is a shortage of allied health professionals (AHPs) available to provide therapy supports to people with National Disability Insurance Scheme (NDIS) plans in regional, rural and remote Tasmania. This shortage, in conjunction with the expected increased demand for disability services in the coming years, poses a significant risk to the successful rollout of the NDIS, potentially impacting on the quality of life for people with disability and developmental delay.

This issue is being felt especially acutely in regional, rural and remote Tasmania due to the following challenges:

* University training for AHPs in demand under the NDIS (occupational therapists [OTs], speech pathologists [SPs], physiotherapists [PTs], orthotists and prosthetists [O&P] and podiatrists) is not currently available in Tasmania. These professionals must therefore be recruited from interstate where demand is already strong and competition for remuneration and career opportunities is high.
* Tasmania’s demographics result in a relatively strong need for AHP services. At the outset of the NDIS trial, Tasmania had the highest rates of disability of any state or territory for people aged 64 years and under.
* Tasmania’s thin markets outside the major urban centres make delivery of services difficult; regional, rural and remote workforce retention has already been identified by service providers as a significant challenge.

In 2017 National Disability Services (NDS) received NDIS Sector Development Funding from the Tasmanian Department of Health and Human Services to increase the supply and availability of the allied health workforce in regional, rural and remote areas of the state. The Tasmanian Allied Health Disability Workforce project commenced in August 2017 and is currently funded to the end of June 2018. The following project outcome areas were agreed:

* Retention rates for existing AHPs in regional, rural and remote areas will be maintained or improved
* New AHPs and other disability support professionals and support workers will be attracted into regional, rural and remote areas
* Allied health assistant (AHA) traineeships will be established

A number of action areas were designed to support the above outcomes:

* Define the existing workforce and forecast the supply mix of AHPs at full scheme
* Develop an allied health disability workforce strategy and action plan for regional, rural and remote areas
* Implement priority strategies:
	+ Influence the use of AHAs in NDIS plans and facilitate the establishment of AHA traineeships
	+ Implement strategies to skill the allied health workforce in positive behaviour supports (PBS) to reduce and eliminate restrictive interventions

# Scope of the plan

This plan was relevant at the time that it was last updated in June 2018, it reflects the action areas already delivered upon during the Allied Health Disability Workforce project, and details those that are yet to be actioned/funded.

This plan addresses the allied health support needs of people with developmental delay and disability with NDIS plans and, by extension, their families and supports in regional, rural and remote areas of Tasmania. It focuses on workforce issues experienced by AHPs who provide services to this population.

The allied health workforce encompasses a broad group of professional backgrounds, including the following disciplines where relevant:

* Occupational therapy
* Speech therapy
* Physiotherapy
* Psychology
* Exercise physiology
* Dietetics
* Podiatry
* Audiology
* Orthotics and prosthetics
* Social work
* Art and music therapy

The broader disability support workforce – including disability service organisations (DSOs), advocacy organisations, disability support workers (DSWs), AHAs, Coordinators of Supports (CoS), National Disability Insurance Agency (NDIA) staff and NDIS partner roles (such as local area coordinators, community connectors and early childhood partners) – is also addressed through this plan due to its role in supporting the delivery of allied health services for the target population.

The workforce issues addressed have been considered in terms of workforce supply, utilisation and capability.

# The evidence base for the plan

A period of extensive consultation was carried out between August and December 2017 to inform project priorities, and the implementation of pre-determined action areas against agreed project outcomes. The Tasmanian regional and rural communities of Burnie, Smithton, Scottsdale and Huonville were identified for project engagement activities. NDS carried out several engagement and information-finding visits to each of these communities, culminating in four well-attended community forums in each location. At each forum, it was a priority to include the voices of people with disability and developmental delay and their families and carers.

Additionally, an Allied Health Clinician Forum was held to identify issues and solutions for AHPs working with people with disability and developmental delay in Tasmania. This was very well attended, with more than 50 people travelling from all three regions to participate in the full day event in Campbell Town.

Reports on these forums and project engagement findings can be found on the National Disability Practitioners (NDP) [Allied Health Hub](https://www.ndp.org.au/allied-health-hub). The issues unearthed during engagement with varying stakeholders were then distilled into a number of key cross cutting issues which are detailed in appendix A of this document. Together these findings formed a rich and strong evidence base for the development of this plan.

A draft plan was developed in March 2018 and distributed to project stakeholders, feedback was sought both informally and formally via an online survey. The plan was updated to reflect this feedback in June 2018.

# Outcomes of the plan

The allied health disability workforce strategy and action plan aims to ensure that people with disability and developmental delay with NDIS plans in regional, rural and remote Tasmania will have access to adequate and relevant therapy supports so they can achieve their goals.

This will be achieved through the following outcomes:

* AHPs are attracted and retained to work with people with disability and developmental delay in Tasmania – particularly those providing services in regional, rural and remote areas (supply)
* People with disability and developmental delay and relevant stakeholders in regional, rural and remote Tasmanian communities can access allied health services (utilisation)
* Allied health service providers can operate sustainably under the NDIS (utilisation)
* The skills and knowledge of the allied health and disability support workforces are strengthened to better meet the therapy support needs of people with disability and developmental delay in regional, rural and remote Tasmania (capability)

# Overview of activities included in the plan

This section provides a brief summary of the activities detailed in the full strategy and action plan.

## Activities to promote ongoing, high quality, evidence-based clinical practice (capability)

* Establish a multi-disciplinary Clinicians Working in the NDIS (CWIN) network. Activities may include:
	+ Facilitating collaboration between AHP associations, NDIA and relevant stakeholders to broaden the scope and reach of existing disability relevant continuing professional development (CPD) activities, and to offer new support initiatives
	+ Promotion of existing and relevant CPD and training opportunities and supports
	+ Developing and offering a multi-disciplinary CPD calendar covering disability relevant topics
	+ Holding regular regional networking events, incorporating CPD activities, facilitated networking, and inviting relevant guest speakers
	+ Establishing an incentives/grant program for disability specific CPD access (available to NDIS registered AHPs)
	+ Establishing a disability specific clinical mentor program to link newer AHPs with more experienced AHPs
	+ Establishing community of practices for peer-to-peer information sharing and support, focussing on specialist areas within the NDIS such as behaviour supports and assistive technology

## Activities to support AHPs to transition to the NDIS (supply and capability)

* Support AHPs to establish viable businesses and strengthen their business capability by:
	+ Sharing and supporting interpretations of information regarding demand for and supply of therapy supports in the NDIS market
	+ Ensuring that Tasmanian health workforce needs assessments and associated initiatives take into account the NDIS and the needs of the allied health disability workforce
	+ Offering CPD opportunities on business skills development
	+ Linking AHPs with existing small business grants
	+ Promoting NDIS business supports available nationally
	+ Co-designing the concept and application of ‘co-ops’ for business and clinical relationships between sole traders or small providers
* Support AHPs to navigate NDIS processes, such as registration, certification, reporting and billing through:
	+ Facilitating links with NDIA provider engagement teams and providing NDIS information, support and updates through the CWIN network
	+ Developing and/or collating an information package titled ‘NDIS for AHPs’
	+ Promoting [NDP membership](https://www.ndp.org.au/join-ndp) and access to the [sole traders hub](https://www.ndp.org.au/new-to-the-sector-tab/ndis-sole-traders) and the free [Allied Health Hub](https://www.ndp.org.au/allied-health-hub)
	+ Facilitating the feedback of any issues that AHPs raise with navigating the NDIS to the NDIA, and to AHP associations to direct advocacy efforts
	+ Offering training and information sessions to support providers (particularly sole traders and smaller providers) to prepare for auditing and certification processes related to NDIS registration, offer via CWIN network
	+ Working in partnership with the NDIA to develop and offer training for AHPs on how to write successful reports within the NDIS, covering concepts such as ‘reasonable and necessary’ and information on the decision making tools that planners use

## Activities to attract AHPs and allied health businesses to work with people with disability and developmental delay (supply)

* Invite AHPs and allied health businesses that are not yet registered NDIS providers to participate in the CWIN network
	+ Support them to understand and evaluate business opportunities under the NDIS by sharing and supporting interpretations of information regarding demand for and supply of therapy supports in the NDIS market
	+ Develop and/or collate an information package titled ‘Introduction to working with people with NDIS plans’ and link with initiatives listed under ‘activities to support AHPs to transition to the NDIS’
* Increase the number of quality allied health student placements with NDIS-registered allied health providers by:
	+ Investigating and sharing how students can provide funded supports through NDIS plans to increase their value to businesses
	+ Investigating existing links and establishing relationships between relevant mainland universities, Tasmanian allied health NDIS providers and Tasmanian AHP association representatives
	+ Developing and trialling an ‘incentives package’ for NDIS registered AHPs who support university student placements
	+ Establishing and coordinating joint student placement opportunities between different types of providers (sole/small providers, larger providers, not-for-profit and government)
	+ Promoting existing resources for students and supervising AHPs to ensure that placements are of high quality
* Establish a rotation program for grade one/new graduate AHPs employed by Tasmanian Health Service or large health services on the mainland, where employees rotate to a Tasmanian NDIS provider for a period of time during their contract
* Encourage Tasmanians to choose to study allied health by:
	+ Working with AHP associations to promote allied health careers to school students through career advisors and expos
	+ Investigating a collaboration between University of Tasmania (UTas) and mainland universities to offer preparation for in demand allied health professions
	+ Offering scholarships to attend university in other states such as those previously available through Services for Australian Rural and Remote Allied Health (SARRAH)
* Investigate mechanisms to embed disability content in existing UTas allied health undergraduate degrees
* Establish an incentives program for new graduates and AHPs experienced in working with people with disability and developmental delay to move to Tasmania, including subsidising relocation and CPD costs
* Utilise the CWIN network to link AHPs looking for work with people with disability and developmental delay and DSOs wishing to expand or establish an allied health workforce
* Develop a marketing strategy to attract AHPs to Tasmania and work within the NDIS encompassing the following activities:
	+ Investigating opportunities for recruitment including pull factors, current barriers, methods used, successes
	+ Inviting collaboration with relevant stakeholders
	+ Marketing the Tasmanian lifestyle
	+ Targeting events such as university career expos and allied health conferences – involve Tasmanian AHPs to share success stories

## Activities to strengthen knowledge of allied health amongst relevant stakeholders (utilisation)

* Develop and distribute accessible educational resources on the role of AHPs for use by people with disability and developmental delay and their carers and families, as well as NDIA planners, CoS, DSWs, and NDIS partner roles
* Deliver training/information seminars on the role of AHPs to the above stakeholders

## Activities to extend the role of DSWs and AHAs in the delivery of therapy supports (utilisation)

* Share evaluation findings from the ‘Introduction to Allied Health skill set’ training delivered during the Allied Health Disability Workforce Project– incorporate findings and recommendations into future training initiatives
* Develop and model (using case studies) viable business and clinical practices utilising AHAs
* Continue to raise the issues of pricing and processes regarding the use of AHAs with the NDIA
* Offer training to AHPs working with people with disability and developmental delay in how to work more effectively with DSWs / AHAs

## Activities to support the use of telepractice (utilisation and capability)

* Offer CPD on telepractice, delivered by AHPs already successfully utilising telepractice for therapy delivery
* Offer small grants to allied health providers for purchase and implementation of training and infrastructure for telepractice
* Establish an information hub with freely accessible telepractice resources
* Promote investment in Information Technology (IT) hubs in regional and rural communities to support infrastructure and digital literacy

## Activities to strengthen connections between AHPs, local communities, and other NDIS roles (utilisation and capability)

* Invite CoS, NDIS partners and DSO representatives to CWIN regional network events
* Promote place-based information sharing and linkages by working with local communities to build on existing resources – integrate relevant information about NDIS providers in these
* Establish a pilot project in a rural community: trial a visiting services hub with space for visiting providers to use; link with IT support for telepractice and with local service providers and networks

## Activities to strengthen the delivery of positive behaviour supports (PBS) (capability)

* Deliver competency based training for AHPs in PBS planning, based on national Quality and Safeguarding competency framework
* Provide support for AHPs to access supervision and mentoring from experienced behaviour support practitioners, possibly through an online Community of Practice, based on the requirements of the Quality and Safeguarding framework
* Develop and deliver introductory information on PBS and reducing and eliminating restrictive interventions to participants, carers and families, and CoS, planners, NDIS partners and DSOs
* Deliver training for DSWs and AHAs in implementing PBS plans and reducing and eliminating restrictive interventions

The following section of this document contains the full strategy and action plan which expands upon these activities and separates them out into three priority areas. The full strategy and action plan highlights existing initiatives including those delivered during the Allied Health Disability Workforce Project, current and potential stakeholders, and details links between different action areas.

# Priority Area 1 – Adequate workforce supply

## Outcome

AHPs are attracted and retained to work with people with disability and developmental delay in Tasmania – particularly those providing services in regional, rural and remote areas.

## Strategies

Collectively these strategies are designed to contribute towards the achievement of the outcome above. The first seven strategies contain multiple actions that target a specific group of people (marked in bold).

The final strategy enables the development of a structured marketing plan, which will draw on most of the other strategies.

1.1 Support **existing Tasmanian disability workforce AHPs** to navigate the NDIS (retention)

1.2 Support **AHPs in regional, rural and remote Tasmania** to become NDIS providers

1.3 Encourage **Tasmanians** to pursue allied health career pathways

1.4 Increase **allied health students**’ exposure to working with people with disability and developmental delay

1.5 Engage **local communities** to help attract and retain AHPs

1.6 Support **new graduate AHPs** to work with people with disability and developmental delay

1.7 Attract **AHPs experienced in working with people with disability and developmental delay** to move to Tasmania

1.8 Develop a marketing strategy to attract AHPs to work in regional, rural and remote areas of Tasmania

### Strategy 1.1 Support existing Tasmanian disability workforce AHPs to navigate the NDIS (retention)

| **Actions** | **Comments** |
| --- | --- |
| 1.1.A Support AHPs to evaluate the viability of expanding or establishing allied health business areas under the NDIS* Share findings from the Tasmanian allied health workforce data report and the workforce modelling and projections
* Work with the NDIA to share Tasmanian NDIS dashboard and market analysis data
* Ensure that Tasmanian health workforce needs assessments and associated initiatives take into account the NDIS and the allied health disability workforce
* This action is identical to [action 1.2.A](#_1.2.A_Support_businesses)
 | **Project action:** Workforce data report and modelling and projections will be made publically available once finalised**Associated initiative:** Health workforce stakeholder group and needs assessment. Contact: HR+ CEO Peter Barns |
| 1.1.B Support AHPs to navigate NDIS processes such as registration, certification, report writing and billing* Facilitate links with NDIA provider engagement teams and provide NDIS information, support and updates via the CWIN network, links with [action 3.1.A](#_3.1.A_Develop,_trial_1)
* Facilitate the feedback of any issues that AHPs raise with navigating the NDIS to the NDIA, and to AHP associations to direct advocacy efforts
* Partner with the NDIA and relevant stakeholders to:
	+ Offer training and information sessions to support providers (particularly sole traders and smaller providers) to prepare for auditing and certification processes related to NDIS registration
	+ Develop and offer CPD for AHPs on how to write successful reports within the NDIS, covering concepts such as ‘reasonable and necessary’ and information on the decision making tools that planners use, links with [action 3.2.A](#_3.2.A_Develop_and_1)
	+ Develop an information resource, for example, ‘NDIS for AHPs’ covering essential information to support registration, certification/auditing, report writing, and billing
* Promote [NDP membership](https://www.ndp.org.au/join-ndp) and access to the [sole traders hub](https://www.ndp.org.au/new-to-the-sector-tab/ndis-sole-traders) and the free [Allied Health Hub](https://www.ndp.org.au/allied-health-hub)
 | **Potential relevant stakeholders:** Allied Health Professions Australia (AHPA), Primary Health Tasmania (PHT), Australian Physiotherapy Association (APA), Speech Pathology Australia (SPA), Occupational Therapy Australia (OTA), Australian Psychological Society (APS), other AHP associations, NDP, NDS**Associated initiative:** leverage off existing national initiatives such as those offered by [Spot on DD](http://spotondd.org.au/) |
| 1.1.C Co-design the concept and application of ‘cooperatives’ for business and clinical relationships between sole traders or small providers* This action is designed to explore ways for AHPs to work together by investigating opportunities to share responsibilities such as back end office expenses, policies and procedures and/or office space.
* Establish a working group that has AHP members and those with relevant business expertise to investigate and design the concept for sole allied health trader/small providers to take, adapt and apply as appropriate
* Share findings through [NDP Allied Health Hub](https://www.ndp.org.au/allied-health-hub) and CWIN network, links with [action 3.1.A](#_3.1.A_Develop,_trial_1)
 |  |
| 1.1.D Support AHPs to strengthen their business capability * Establish access to and promote CPD for AHPs around business skills development, links with [action 3.2.A](#_3.2.A_Develop_and_1)
* Facilitate and encourage collaborations between AHP associations and other stakeholders to broaden reach across multiple allied health professions.
* Link AHPs with existing small business grants available through local government and elsewhere
* Share information about CPD opportunities being offered through organisations such as [NDP](https://www.ndp.org.au/new-to-the-sector-tab/ndis-sole-traders) and [Disability Services Consulting](http://www.disabilityservicesconsulting.com.au/allied-health-cpd/?utm_source=DSC+Contacts&utm_campaign=d6f458455a-EMAIL_CAMPAIGN_2018_06_01_03_38&utm_medium=email&utm_term=0_153f43591e-d6f458455a-66372043)
 | **Project action:** A business CPD event was delivered via a collaboration between PHT, OTA and NDS. The event was facilitated by Cathy Love of [Nacre consulting](https://www.nacre.com.au/contact-us/). This event was well attended by a range of AHPs from varying disciplines and was extremely well received. See summary report for full details. |
| 1.1.E Establish forums to link AHPs looking to work with people with disability and developmental delay and DSOs wishing to expand or establish an allied health workforce* Link AHPs and DSO representatives via the CWIN network, see [action 3.1.A](#_3.1.A_Develop,_trial_1)
 |  |
| 1.1.F Establish forums to strengthen connections between NDIS registered AHPs and other NDIS work roles such as CoS, and NDIS partners* NDIS partners include roles such as local area coordinators, early childhood partners, community connectors
* Link CoS and NDIS partners with AHPs via the CWIN network (see [action 3.1.A](#_3.1.A_Develop,_trial_1)) and engage these stakeholders in NDIS support initiatives where appropriate
 | **Associated Initiative:** The NDIA provider engagement team currently coordinate and support regular regional meetings for CoS and NDIS parters |
| 1.1.G Establish an incentives program to increase access to CPD relevant for AHPs working with people with disability and developmental delay* This strategy is relevant both for increasing retention of AHPs already in the NDIS workforce, and in developing their capability to provide high quality evidence based clinical practice
* This program would only be available for disability relevant CPD, and only Tasmanian AHPs that are NDIS registered or spending a significant proportion of their clinical load supporting people with disability and developmental delay would be eligible
* This action is identical to [action 1.2.D](#_1.2.D_Establish_an_1) and is detailed in [action 3.2.B](#_3.2.B_Establish_an_1)
 |  |

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### Strategy 1.2 Support AHPs in regional, rural and remote Tasmania to become NDIS providers

| **Actions** | **Comments** |
| --- | --- |
| 1.2.ASupport businesses offering allied health services to understand and evaluate business opportunities under the NDIS* This action is identical to [action 1.1.A](#_1.1.A_Support_AHPs) and is detailed there
 |  |
| 1.2.B Establish links with disability professional networks and professional mentors to develop clinical skills* Support access to CWIN network and to a disability-relevant CPD calendar, links with [action 3.1.A](#_3.1.A_Develop,_trial_1) and [action 3.2.A](#_3.2.A_Develop_and_1)
* Foster links with AHPs with disability expertise, links with [action 3.1.B](#_3.1.B_Establish_an_1)
 |  |
| 1.2.C Develop and/or collate information package titled ‘Introduction to working with people with NDIS plans’* Provide content that addresses foundational knowledge required to work with people with disability and developmental delay including:
	+ The social model of disability and key background documents such as the Disability Services Act and National Standards for Disability Services
	+ Links to existing relevant clinical resources and training
	+ Introductory information about providing services funded through NDIS plans such as that included in the ‘NDIS for AHPs’ information resource detailed in [action 1.1.B](#_1.1.B_Support_AHPs)
* Consider making information available through national working groups, AHP associations, ECIA, the [NDP Allied Health Hub](https://www.ndp.org.au/allied-health-hub) and the [NDS Workforce Hub](https://www.nds.org.au/workforce-hub)
* This action is identical to the following:
	+ [Action 1.6.B](#_1.6.B_Develop_and/or_1) and [action 3.2.C](#_3.2.C__Develop)
 | **Associated Initiative:** Link with any existing national initiatives **Potential stakeholders:** AHP associations, Early Childhood Intervention Australia (ECIA), NDP/NDS and AHPs with expertise in working with people with disability and developmental delay, advocacy organisations such as Speak out Association of Tasmania and Association for Children with Disability, and participants and carers/families |
| 1.2.D Establish an incentives program to increase access to CPD relevant for AHPs working with people with disability and developmental delay* This action is identical to [action 1.1.G](#_1.1.G_Establish_an) and is detailed in [action 3.2.B](#_3.2.B_Establish_an_1)
 |  |
| 1.2.E Support AHPs to navigate NDIS processes such as registration, certification, report writing and billing* This action is identical to [action 1.1.B](#_1.1.B_Support_AHPs) and is detailed there
 |  |

###

### Strategy 1.3 Encourage Tasmanians to pursue allied health career pathways

**Target group:** School leavers and students, particularly those living in regional, rural and remote areas of Tasmania

| **Actions** | **Comments** |
| --- | --- |
| 1.3.A Encourage Tasmanian high school students and UTas new graduates to study allied health**Priority:** SP, OT, PT and possibly O&P as these disciplines are in demand under the NDIS and are in short supply, and local university preparation is not available.* Collaborate with AHP associations to develop and make available promotional resources about:
	+ Career opportunities in relevant disciplines, focussing on work with people with disability and developmental delay
	+ Study pathways and options (including postgraduate options)
* Promote these resources to high school leavers through career advisors, high school career days, UTas career days and through social media advertising
	+ Link with [Rustica](https://www.nrhsn.org.au/rustica/home/) activities
	+ Link with existing NDS workforce supply activities
* Investigate mechanisms for promoting postgraduate study options to UTas graduates of courses such as Bachelor of Health and Bachelor of Nursing
* Offer scholarships for study and costs of travelling to mainland for allied health degrees that are not available in Tasmania
 | **Associated Initiative:** link with any existing national allied health study promotional initiatives and investigate and take learnings from previous incentive initiatives such as those that were offered by SARRAH**Potential stakeholders:** NDIA, NDS, ECIA, SARRAH, and AHP associations particularly APA, SPA, OTA and AHPA |
| 1.3.B Investigate a collaboration between UTas and other universities to offer preparation programs for Speech Pathology, Occupational Therapy and Physiotherapy* Establish a steering group or progress through HR+ health workforce stakeholder group
* Ensure relevant AHP associations are represented
* Examine and share information in the Tasmanian allied health workforce data report to evaluate the return on investment in this area
 | **Project action:** Workforce data report and modelling and projections will be made publically available once finalised**Potential stakeholder/associated initiative:** HR+ have reported plans to liaise with Charles Sturt University regarding a partnership to support local students to pursue allied health study. Contact: CEO Peter Barnes. |

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### Strategy 1.4 Increase allied health students’ exposure to working with people with disability and developmental delay

**Target group**: Students from Tasmania (particularly from regional and remote areas) studying OT, SP, PT and O&P with an interstate university, as well as UTas students studying relevant allied health disciplines such as psychology

| **Actions** | **Comments** |
| --- | --- |
| 1.4.A Increase the number of quality allied health student placements with NDIS-registered allied health providers* Establish a Tasmanian disability allied health education steering group to guide activities, or link to other existing groups such as the CWIN network (see [action 3.1.A](#_3.1.A_Develop,_trial_1)). Activities could include the following:
	+ Investigate how students can provide funded supports through NDIS plans to increase their value to businesses
	+ Investigating existing links and establishing relationships between relevant mainland universities, Tasmanian allied health NDIS providers and Tasmanian AHP association representatives. Use these connections to identify Tasmanian students studying allied health interstate and link with student placement opportunities in regional, rural and remote Tasmania
	+ Develop and trial an ‘incentives package’, such as access to CPD, online databases/journals etc., to support NDIS registered AHPs who support university student placements
	+ Establish and coordinate joint student placement opportunities between different types of providers (sole/small providers, larger providers, not-for-profit and government)
	+ Promote and establish links with existing resources and supports for students and supervising AHPs to ensure that placements are of high quality
	+ Link with [Rustica](https://www.nrhsn.org.au/rustica/home/) student support networks for social networks
 | **Associated Initiatives:** [UTas professional experience placement project](http://www.utas.edu.au/health/professional-experience-placement/contact) and national initiatives such as the Disability Workforce Education Reference Group, [NDP student placement hub](https://www.ndp.org.au/student-placement-hub), and the Flinders University Project [‘Building the Allied Health Workforce for an NDIS Future’](http://www.flinders.edu.au/sohs/building-the-allied-health-workforce-for-a-ndis-future/)**Potential stakeholders:** UTas, PHT, HR+, Tasmanian representatives of AHP associations, St Giles, Independent Living Centre, Tasmanian Health Service. |
| 1.4.B Investigate mechanisms to embed disability content in existing UTas allied health undergraduate degrees* Establish a working group with representatives from UTas, including course coordinators, for exercise physiology, psychology and social work, along with relevant disability and allied health representatives
* Link to steering group in [action 1.4.A](#_1.4.A_Increase_the) above
 |  |

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### Strategy 1.5 Engage local communities to help attract and retain AHPs

**Target group**: Regional, rural and remote local councils and community groups

| **Actions** | **Comments** |
| --- | --- |
| 1.5.A Raise awareness of local allied health workforce issues with local government representatives* Share project findings with local council representatives in key engagement communities (Burnie, Smithton, Scottsdale and Huonville)
	+ Collate relevant findings into a ‘Things Communities Can Do’ document
* Investigate opportunities to present at the Local Government Association Tasmania (LGAT) [annual conference](http://www.lgat.tas.gov.au/page.aspx?u=209) to garner interest and investment
 | **Project action:** Workforce data report and modelling and projections will be made publically available once finalised, and project engagement findings are already available on [NDP Allied Health Hub](https://www.ndp.org.au/allied-health-hub) |
| 1.5.B Investigate forums for regional, rural and remote communities to promote themselves to AHPs* Leverage relevant pull factors for AHPs to live and work in rural areas as identified through research and project engagement activities, such as low cost of living, including cheaper property; community connections; social and leisure opportunities; and quality local schools
* Links with [marketing, strategy 1.8](#_Strategy_1.8_Develop)
 |  |
| 1.5.C Promote investment in local IT infrastructure to support allied health service provisionThis action will be fulfilled if the following strategies are addressed. It is important that as these strategies are addressed, communities are afforded the opportunity to have (a shared) ownership.* Links with [telepractice, strategy 2.3](#_Strategy_2.3_Promote_1)
* Links with [place-based information sharing and linkages, strategy 2.4](#_Strategy_2.4_Promote_1)
* Links with [establish allied health disability professional networks, strategy 3.1](#_Strategy_3.1_Establish)
* Links with [support access to CPD, strategy 3.2](#_Strategy_3.2_Strengthen)
 |  |
| 1.5.D Promote increased investment in regional professional and service provider networks* Leverage existing professional networks such as [‘The Coasters’ building careers in the North West](http://www.theadvocate.com.au/story/4767063/the-coasters-mix-business-and-pleasure/) and service provider networks such as the [Huon Valley Health and Wellbeing network](https://healthconnecttas.org.au/about/)
* Link to [place-based information sharing and linkages, strategy 2.4](#_Strategy_2.4_Promote_1)
 |  |

###

### Strategy 1.6 Support new graduate AHPs to work with people with disability and developmental delay

**Target group**: Final year and recently graduated/grade one AHPs with links to rural areas and a strong interest in working with people with disability and developmental delay

| **Actions** | **Comments** |
| --- | --- |
| 1.6.A Develop and trial a Tasmanian rotation or internship program for PTs, SPs and OTs* Develop and trial a rotation program for grade one/new graduate AHPs employed by Tasmanian Health Service or large health service on the mainland, where AHPs rotate to a Tasmanian NDIS provider for a period of time during their contract
* Source funding for a program manager to support and oversee this initiative
* Possible model (based on HR+ managed Resident Medical Offer program):
	+ Health service employs an extra FTE new graduate/grade one AHP in relevant discipline
	+ NDIS registered allied health practice/s are identified and recruited locally
	+ A standard curriculum for each AHP is developed and agreed to by the health service and the practice/s
	+ The rotation opportunity is marketed to AHPs employed within the health service
	+ The program manager supports the practice/s and the health service to negotiate funding/supports required
* Link with Tasmanian disability allied health education steering group in [action 1.4.A](#_1.4.A_Increase_the)
 | **Associated Initiatives/potential stakeholder:** Residential Medical Officer rotation program managed and supported by HR+. Contact: CEO Peter Barnes  |
| 1.6.B Develop and/or collate information package titled ‘Introduction to working with people with NDIS plans’* This action is identical to the following:
	+ [Action 1.2.C](#_1.2.C_Develop_and/or_1) (action is described here) and [action 3.2.C](#_3.2.C__Develop)
 |  |
| 1.6.C Establish links with allied health disability professional networks and professional mentors to develop clinical skills* Support access to CWIN network and to a CPD calendar for AHPs providing services for people with disability and developmental delay, links with [action 3.1.A](#_3.1.A_Develop,_trial_1) and [action 3.2.A](#_3.2.A_Develop_and_1)
* Link new graduates with AHPs with expertise in working with people with disability and developmental delay, links with [action 3.1.B](#_3.1.B_Establish_an_1)
 |  |
| 1.6.D Establish an incentives program, including subsidising relocation costs and CPD access costs* Provide financial remuneration for the cost of relocation (if not from Tasmania) and for travel to and attendance at CPD events
* This action is identical to [action 1.7.A](#_1.7.A__Establish_1) and links to [action 3.2.B](#_3.2.B_Establish_an_1)
 | **Associated Initiative:** link with any existing national initiatives and investigate and take learnings from previous incentive initiatives such as those that were offered by SARRAH |
| 1.6.E Establish a peer support program for new graduates working with people with disability and developmental delay* Connect new graduates with each other and facilitate opportunities for reflection and peer support, link to CWIN network detailed in [action 3.1.A](#_3.1.A_Develop,_trial_1)
 |  |

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### Strategy 1.7 Attract AHPs experienced in working with people with disability and developmental delay to move to Tasmania

**Target group**: AHPs with expertise working with people with disability and developmental delay interested in living in regional, rural and remote areas

| **Actions** | **Comments** |
| --- | --- |
| 1.7.A Establish an incentives program, including subsidising relocation costs and CPD access costs* Seek funding to provide financial remuneration for the cost of relocation (if not from Tasmania) and for travel to and attendance at CPD events
* This action is identical to [action 1.6.D](#_1.6.D_Establish_an_1) and links to [action 3.2.B](#_3.2.B_Establish_an_1)
 | **Associated Initiative:** link with any existing national initiatives and investigate and take learnings from previous incentive initiatives such as those that were offered by SARRAH |
| 1.7.B Encourage links with Tasmanian allied health disability professional networks & CPD opportunities * Support access to CWIN network and to a CPD calendar for AHPs providing services for people with disability and developmental delay, links with [action 3.1.A](#_3.1.A_Develop,_trial_1) and [action 3.2.A](#_3.2.A_Develop_and_1)
 |  |

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### Strategy 1.8 Develop a marketing strategy to attract AHPs to provide services to people with disability and developmental delay in regional, rural and remote areas of Tasmania

* **Target groups**:
	+ AHPs already offering services in regional, rural and remote Tasmania who are not yet NDIS registered; links with [strategy 1.2](#_Strategy_1.2_Support_1)
	+ School leavers and students about to graduate in related disciplines living in regional, rural and remote areas of Tasmania; links with [strategy 1.3](#_Strategy_1.3_)
	+ Regional, rural and remote local councils and community groups; links with [strategy 1.5](#_Strategy_1.5_)
	+ Final year and recently graduated/grade one AHPs with links to rural areas and a strong interest in working with people with disability and developmental delay; links with [strategy 1.6](#_Strategy_1.6_)
	+ AHPs from outside Tasmania with expertise working with people with disability and developmental delay; links with [strategy 1.7](#_Strategy_1.7_)
	+ AHPs entering their transition to retirement and seeking a ‘tree’ or ‘sea’ change; links with [strategy 1.5](#_Strategy_1.5_) and [strategy 1.7](#_Strategy_1.7_)

| **Actions** | **Comments** |
| --- | --- |
| * Activities may include, but are not limited to the following:
	+ Investigate opportunities for recruitment, including pull factors, current barriers, methods used, successes
	+ Explore and link with similar programs in other sectors
	+ Market the Tasmanian lifestyle
	+ Targeting events such as university career expos and allied health conferences – involve Tasmanian AHPs to share success stories
	+ Promote/link with incentive initiative to support CPD detailed in [action 3.2.B](#_3.2.B_Establish_an_1), and to support relocation costs outlined in [action 1.6.D](#_1.6.D_Establish_an_1) and [action 1.7.A](#_1.7.A__Establish_1)
 | **Potential stakeholders:** NDIA,AHP associations, HR+, Tasmanian state government departments such as Tasmanian Health Service. Department of Education, UTas, LGAT, individual councils, library and IT service hubs in Tasmania |

# Priority Area 2 – Optimal workforce utilisation

## Outcomes

1. People with disability and developmental delay and relevant stakeholders in regional, rural and remote Tasmanian communities can access allied health services
2. Allied health service providers can operate sustainably under the NDIS

## Strategies

2.1 Promote the inclusion of appropriate allied health therapy supports in NDIS plans

2.2 Build support for the use of AHAs to strengthen therapy outcomes and access to therapy services

2.3 Promote the use of telepractice to deliver allied health therapy supports

2.4 Promote place-based information sharing and linkages

### Strategy 2.1 Promote the inclusion of appropriate allied health therapy supports in NDIS plans

| **Actions** | **Comments** |
| --- | --- |
| 2.1.A Strengthen allied health knowledge of people with disability and developmental delay, their families and carers * Co-design accessible educational resources on the role of allied health therapy in providing supports for people with disability and developmental delay. Consider if different kinds of information are needed by people accessing early childhood intervention services, people who are school aged, and adults
	+ Focus on use of videos, infographics, narratives and plain language
* Distribute resources to relevant stakeholders in appropriate format; consider peer-facilitated face-to-face workshops, online materials, printed materials
 | **Associated initiatives:** Link with any existing national initiatives**Potential stakeholders:** AHP associations, ECIA, Tasmanian NDIS allied health providers, advocacy and support organisations such as Speak Out and Association for Children with Disability |
| 2.1.B Strengthen allied health knowledge of NDIA staff and NDIS partners, CoS, DSOs and DSWs* NDIA staff and NDIS partners include roles such as planners, local area coordinators, early childhood partners, community connectors
* Make resources available online and through seminars
	+ Consider delivery by AHPs and people with disability
	+ Promote through NDP, NDIA provider network and NDS member network
* Links with [action 2.1.A](#_2.1.A_Strengthen_allied_1) (above)
 | See above |

* +

### Strategy 2.2 Build support for the use of AHAs to strengthen therapy outcomes and access to therapy services

| **Actions** | **Comments** |
| --- | --- |
| 2.2.A Establish and promote training pathways to extend the role of support workers in the implementation of therapy plans* Share evaluation findings from the ‘Introduction to Allied Health skill set’ training delivered during the Allied Health Disability Workforce Project.
	+ Promote success stories to encourage future uptake and implement learnings into next version of program
* The skill set approach was developed through collaboration between TasTAFE and NDS with support from project stakeholders and was targeted at the existing disability/early childhood support workforce.
* The skill set will run from May – November 2018 and involves:
	+ Three units of competency taken from Certificate IV Allied Health Assistance, with a focus on foundational knowledge required to work in partnership with AHPs
	+ 80 hours of workplace learning and assessment with some oversight (direct, indirect or remote) of an AHP
	+ 4 days of face to face in-service style learning, and online and work place assessment and learning tasks
* Upon completion of the skill set learners will be offered further enrolment options to complete their Certificate IV AHA. This may include a combination of some of the following; recognition of prior learning, formal traineeships (consider the use of group training organisations to provide flexible options) and individual skill sets
 | **Project action:** A report on the training model employed for the ‘Introduction to Allied Health’ skill set, including evaluation findings and future recommendations will be made available in the coming months.**Potential stakeholders in future training delivery:** TasTAFE, St Giles, NDS, University of Sydney (to offer guidance and linkages with interstate initiatives) |
| 2.2.B Address barriers in the utilisation and uptake of the AHA role* Investigate pricing issues and interpretation of business rules for funding of supervision and monitoring tasks, including non-client-facing time and leverage existing NDS mechanisms to raise issues and barriers with NDIA
* Develop, model and share viable business and clinical practices utilising AHAs through the following activities:
	+ Develop case studies highlighting practices from around Australia where AHAs are used successfully to support implementation of therapy plans within the NDIS
	+ Link DSOs and AHPs with those that are successfully using an AHA-type role under the NDIS funding model
	+ Provide advice about developing/adapting supervision and delegation frameworks for use in the context of supporting people with disability and developmental delay
	+ Link to evaluation findings in [action 2.2.A](#_2.2.A_Establish_and) above
* Explore the extent of unpaid work AHPs carry out in supervising AHAs, and raise any issues with the NDIA and to AHP associations to direct advocacy efforts
* Offer training to AHPs working with people with disability and developmental delay in how to work more effectively with DSWs / AHAs, links with [action 3.3.A](#_3.3.A_Offer_training_1)
 | **Project action:** refer to project engagement findings report: ‘Use of Allied Health Assistants in the Tasmanian Disability Sector’ for details of barriers unearthed during project engagement, available on [NDP Allied Health Hub](https://www.ndp.org.au/allied-health-hub)**Potential stakeholders:** NDIA, AHP associations, University of Sydney, St Giles and other NDIS services actively employing/supporting AHAs |

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### Strategy 2.3 Promote the use of telepractice to deliver allied health therapy supports[[1]](#footnote-1)

| **Actions** | **Comments** |
| --- | --- |
| 2.3.A Offer CPD opportunities promote opportunities in the use of telepractice for delivery of therapy supports* Focus on practical application of skills and resources to deliver therapy using technology
* Use AHPs who are already using telepractice options successfully under NDIS service models to deliver CPD
* Link with and share learnings from innovative service models available nationally such as [Umbo](https://www.umbo.com.au/), an online platform supporting AHPs to access resources and support to deliver therapy services online
* Links with [action 3.2.A](#_3.2.A_Develop_and_1)
 | **Project action:** [Therapy Connect](http://therapyconnect.com.au/) were commissioned to develop a fit for purpose webinar that provided introductory and practical advice to AHPs on the use of telepractice to deliver therapy services for people with disability and developmental delay. This was shared with project stakeholders and can be accessed via this link: [https://vimeo.com/273245655/62989415f0](https://nam03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvimeo.com%2F273245655%2F62989415f0&data=02%7C01%7C%7C5bc441ffb3534fea965a08d5d0bc21f9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C636644428798682999&sdata=X6Rqcm32F%2Bg50gjaDIwxu6MrMHVvxN3wrtGKEEwDROM%3D&reserved=0)  |
| 2.3.B Offer a grant program to develop and implement telepractice models for delivery of therapy services* Offer small grants to allied health providers for purchase and implementation of training and infrastructure for telepractice
	+ Cover infrastructure and/or training
* Stipulate that successful grant applicants must share their learnings with other AHPs through CPD event or similar
* Links with [action 3.1.A](#_3.1.A_Develop,_trial_1) and [action 3.2.A](#_3.2.A_Develop_and_1)
 |  |
| 2.3.C Develop a centrally coordinated telepractice information hub directed at AHPs* Make the hub available through the [NDP Allied Health Hub](https://www.ndp.org.au/allied-health-hub)
 | **Potential stakeholders:** University of Sydney, AHP associations, telepractice providers, IT specialists |
| 2.3.D Support the development of IT infrastructure and knowledge to support telepractice initiatives using a place-based approach* Promote investment in IT hubs in regional and rural communities to support infrastructure and digital literacy
	+ Establish a pilot project in a community such as Smithton or Scottsdale; links to [action 2.4.B](#_2.4.B_Trial_a_1)
 | **Associated initiatives:** Telehealth facility service mapping coordinated by Association for Children with Disability (Tas) in an NDIS Sector Development Fund project. Contact: CEO Caroline PeggSt Giles and LINC teletherapy trial in three regional, rural and remote communities in Tasmania. Contact: Allied Health Manager, Ally White |

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### Strategy 2.4 Promote place-based information sharing and linkages

Share information between local NDIS participants, families, service providers, NDIA staff, NDIS partner roles, CoS, locally available disability supports, and AHPs

| **Actions** | **Comments** |
| --- | --- |
| 2.4.A Work with individual communities to find ways for them to share information and access allied health services* Promote place-based information sharing and linkages by working with local communities to build on existing resources – integrate relevant information about NDIS providers in these.
* Include both online and offline options to overcome digital access and literacy barriers
* Include options for community transport to support access to services not available within community
* Include exploration of options for telepractice; links with [action 2.3.D](#_2.3.D_Support_the_1) and [action 2.4.B](#_2.4.B_Trial_a_1)
* Evaluate the outcomes of these strategies and share learnings with other communities, possibly through LGAT
 | **Potential stakeholders:** existing service provider networks and/or community groups as relevant |
| 2.4.B Trial a local hub for visiting allied health providers offering services for NDIS plans* Establish a pilot project in a small community such as Smithton or Scottsdale to provide a shared space for visiting allied health service providers to deliver services and make connections with local service providers.
	+ Links with [action 1.5.C](#_1.5.C__Promote_1) and [action 1.5.D](#_1.5.D__Promote_1)
	+ Connect with IT supports for telepractice initiatives; links with [action 2.3.D](#_2.3.D_Support_the_1)
	+ Evaluate outcomes, and lobby for funding for expansion to other communities as appropriate
 | **Potential stakeholders:** existing local service providers (local DSOs, NDIS partner roles, CoS, health and community services), local health and community service networks, LINC, local council, visiting NDIS allied health providers |

# Priority Area 3 – Strong workforce capability

## Outcome

The skills and knowledge of the allied health and disability support workforce are strengthened to better meet the therapy support needs of people with disability and developmental delay in regional, rural and remote Tasmania.

## Strategies

3.1Establish professional networks for Tasmanian AHPs working with people with disability and developmental delay

3.2Strengthen access to CPD for AHPs working with people with people with disability and developmental delay

3.3 Strengthen collaboration between AHPs and local supports including, DSWs and AHAs

3.4Strengthen the use of PBS to reduce and eliminate restrictive interventions

### Strategy 3.1 Establish a professional network for Tasmanian AHPs working with people with disability and developmental delay

| **Actions** | **Comments** |
| --- | --- |
| 3.1.A Develop, trial and evaluate a model for an allied health disability professional network in Tasmania* Establish a multi-disciplinary Clinicians Working in the NDIS (CWIN) network, encompassing all of the AHP target groups outlined in [Priority Area 1](#_Priority_Area_1_1)
* A pilot regional event series was trialled successfully during the Allied Health Disability Workforce project, through a collaboration between NDS, PHT and the NDIA provider engagement team. Future activities to progress this may include:
	+ Seeking funding and support for an ongoing network coordination role
	+ Establishing a steering committee with relevant stakeholders
	+ Facilitating collaboration between AHP associations, NDIA and relevant stakeholders to broaden the scope and reach of relevant CPD and to offer new support initiatives
	+ Promoting existing relevant CPD and training opportunities and supports
	+ Developing and offering a multi-disciplinary CPD calendar covering disability relevant topics (links with action 3.2.A)
	+ Holding regular regional networking events, incorporating CPD activities, facilitated networking, and inviting relevant guest speakers
	+ Establishing community of practices for peer-to-peer information sharing and support, focussing on specialist areas such as behaviour supports and assistive technology
	+ Involving the NDIA to provide NDIS updates and information sharing and supports
	+ Developing a communication strategy to coordinate and promote network activities
	+ Inviting guest speakers and other stakeholders as appropriate to strengthen collaboration, such as CoS, NDIS partners, DSO representatives, advocacy organisations
 | **Project action:** CWIN network pilot, see evaluation report for full details.**Potential Stakeholders:** NDIA provider engagement team, PHT, NDS, HR+, AHP association Tasmanian representatives, in particular SPA, OTA, APA, APS, AHPA and SARRAH**Associated initiatives**: The CWIN network is a potential lynch pin for the delivery many of the activities included in this plan, references are made to it throughout this document |
| 3.1.B Establish an allied health clinical mentor program* Link experienced AHPs with AHPs who wish to gain experience in working with people with disability and developmental delay
* Use the professional network in [action 3.1.A](#_3.1.A_Develop,_trial_1) to deliver and coordinate the program
 | As above |

### Strategy 3.2Strengthen access to CPD for AHPs working with people with disability and developmental delay

| **Actions** | **Comments** |
| --- | --- |
| 3.2.A Develop and deliver a CPD calendar for relevant topics* Have the CWIN network coordinate the calendar; links with [action 3.1.A](#_3.1.A_Develop,_trial_1)
* Make face-to-face delivery available in regional cities, but online when this is not possible
* Include the following topic areas:
	+ NDIS information sharing and support; link with [action 1.1.B](#_1.1.B_Support_AHPs) and [action 1.2.E](#_1.2.E_Support_AHPs)
	+ Social model of disability and person-centred practice (ensure the voices of people with disability, carers and families are included in this component)
	+ PBS planning; links with [action 3.4](#_3.4.A_Deliver_training).A
	+ Telepractice; links with [strategy 2.3](#_Strategy_2.3_Promote_1)
	+ Business supports; links with [action 1.1.D](#_1.1.D_Support_AHPs)
* Investigate possibility of promoting events through the [NDP Allied Health Hub](https://www.ndp.org.au/allied-health-hub)
 | **Associated initiatives:** link with any existing CPD opportunities available nationally through organisations such as NDP and Disability Services Consulting, as well as AHP professional associations**Potential stakeholders:** encourage collaborations between PHT, AHP associations, NDS, NDP and the NDIA to broaden the scope and reach of initiatives.  |
| 3.2.B Establish an incentives program for AHPs to access CPD* Provide financial remuneration for travel, course costs and time taken to attend CPD (cost per hour to factor in missed billable hours)
* Make program available to all NDIS registered AHPs
* Links with [action 1.1.G](#_1.1.G_Establish_an), [action 1.2.D](#_1.2.D_Establish_an_1), [action 1.6.D](#_1.6.D_Establish_an_1) and [action 1.7.A](#_1.7.A__Establish_1) (under each of the relevant AHP target groups)
 | **Associated initiative:** the [Health Workforce Scholarships Scheme](https://www.hrplustas.com.au/medical-recruitment-tasmania/health-workforce-scholarship-program) currently being delivered via HR+ whilst relevant, is targeted at those working in primary health care. Previous SARRAH initiatives are no longer available. |
| 3.2.C Develop and/or collate information package titled ‘Introduction to working with people with NDIS plans’* This action is identical to the following: [Action 1.2.C](#_1.2.C_Develop_and/or_1) (action is described here) and [action 1.6.B](#_1.6.B_Develop_and/or_1)
 |  |

### Strategy 3.3 Strengthen collaboration between AHPs and local supports

This strategy is intrinsically linked with a number of strategies targeting optimal workforce utilisation. These include build support for the use of AHAs ([strategy 2.2](#_Strategy_2.2_Build)), promoting telepractice ([strategy 2.3](#_Strategy_2.3_Promote_1)), and place-based information sharing ([strategy 2.4](#_Strategy_2.4_Promote_1)).

| **Actions** | **Comments** |
| --- | --- |
| 3.3.A Offer training to AHPs working with people with disability and developmental delay in how to work effectively with DSWs/AHAs* Offer training to AHPs working with people with disability and developmental delay in how to work more effectively with DSWs / AHAs
* Make face-to-face delivery available in regional cities for many events, but online when this is not possible.
* Consider peer-facilitated training from those who are already working effectively with AHAs/DSWs
* links to [action 2.2.B](#_2.2.B_Address_barriers)
 | **Potential stakeholders:** AHP associations, St Giles, University of Sydney |
| 3.3.B Offer training to DSWs in how to work effectively with AHPs* See [action 2.2.A](#_2.2.A_Establish_and) for details
 |  |

### Strategy 3.4Strengthen the use of PBS to reduce and eliminate restrictive interventions

| **Actions** | **Comments** |
| --- | --- |
| 3.4.A Deliver training and offer supervision/mentoring for AHPs in developing PBS plans* Deliver competency based training for AHPs in PBS planning, based on national Quality and Safeguarding competency framework, focussing on the application of skills and knowledge in the workplace
* Provide support for AHPs to access supervision and mentoring from experienced behaviour support practitioners, possibly through an online Community of Practice (based on the requirements of the Quality and Safeguarding framework)
* Link to CPD calendar, [action 3.2.A](#_3.2.A_Develop_and_1)
 | **Project action:** regional introductory PBS planning workshops were delivered for AHPs in May 2018, an online community of practice will commence end of June 2018 and continue to the end of the year. This will focus on the implementation of knowledge and skills in the workplace. Contact: Dr Kristen Foss, Anglicare**Potential stakeholders:** Tasmanian Office of the Senior Practitioner, AHP associations, NDIA |
| 3.4.B Deliver training for DSWs and AHAs in implementing PBS plans* Dr Kristen Foss is collaborating with TasTAFE to develop and offer a skill set entitled “Implementing Positive Behaviour Support Plans” to support workers. This will be aligned with the following accredited units of competence:
	+ CHCCCS021 Respond to suspected abuse
	+ CHCDIS002 Follow established person-centred behaviour supports
* This skill set will likely involve 3 days of face to face learning delivery and ongoing facilitation through an online platform. NDS has facilitated this connection and will actively promote this opportunity amongst member networks once it becomes available.
* Encourage DSWs involved with introduction to allied health skill set to participate in this training; links with [action 2.2.A](#_2.2.A_Establish_and)
 | **Associated initiative:** In early 2018 NDS worked with the Tasmanian Office of the Senior Practitioner to run forums and to produce a document to guide DSOs to prepare for the NDIS quality and safeguarding frameworks relating to the use of restrictive interventions. This can be accessed here: <http://www.dhhs.tas.gov.au/disability/senior_practitioner> and may be drawn upon for future training and information sharing initiatives |
| 3.4.C Develop and deliver introductory information on PBS and reducing and eliminating restrictive interventions to participants, carers and families, and CoS, planners, NDIS partners* These sessions should be introductory in nature and focus on the skills and information required to identify when a PBS practitioner might be needed, and how to ensure this is incorporated in the planning and process
 | **Associated Initiative:** See above**Potential stakeholders:** Tasmanian Office of the Senior Practitioner, AHP associations, NDIA, NDS, advocacy organisations such as Speak Out and Association for Children with Disability (Tas) |

# Appendix A: Issues for allied health service delivery for people with disability and developmental delay in regional, rural and remote areas

| **Issue** | **Break down** |
| --- | --- |
| Difficulty with recruitment and retention of AHPs | * Difficulty attracting new AHPs to work with people with disability and developmental delay
	+ NDIS funding model not allowing for training and support of new AHPs, including student placements
	+ Lack of locally available university preparation in SP, OT, PT, O&P and Podiatry
* Attrition of existing AHPs who work in government teams that are disbanding due to NDIS implementation
* Lack of recognition of AHPs with higher skills levels/more experience in the NDIS (lack of clinical career path/progression), which means there is less incentive to stay working in the NDIS compared with other areas such as the health sector
 |
| * Lack of allied health service availability
 | * Sense of isolation reported by people with disability and developmental delay and their families living in regional, rural and remote areas, expressed in terms of connectedness to services and supports
	+ Visiting providers are infrequent and irregular resulting in poorer access and longer wait times
	+ General lack of choice of allied health providers who are based locally, some community members have expressed a preference for local providers where that option exists
	+ Local communities often feel visiting providers don’t understand the context in which they are working
* AHPs not willing to live and work in regional, rural and remote areas for a variety of reasons including lack of stable employment options and services
* Thin markets means regular outreach is not viable for allied health providers due to insufficient funding and resources available
* Poor links between visiting allied health providers and local supports
 |
| Gaps in allied health service delivery | * Poor data and clarity around where the demand and need is, in order to best direct service delivery
* Less allied health services available to school aged and adult people with disability
* Specialised skill sets such as paediatric PTs and behaviour support practitioners are often not available or limited to urban areas
 |
| Difficulty understanding and navigating the NDIS | * Poor understanding the concept of the NDIS and the processes involved, felt by participants, AHPs, disability support workforce, general community and other service providers such as health and education
* Perceived lack of communication from NDIS regarding processes and changes
* Delays and issues with payment for services reported by service providers.
* Complicated planning and implementation processes, increased administrative burden and wait times reported by both service providers and participants
* Poor accuracy of plans, planners/NDIS partners failing to understand context of person with disability or developmental delay
* Lack of clarity on the interface between NDIS and other services, particularly education and health
* Difficulty with managing NDIS registration requirements, such as preparing for auditing and certification processes, particularly for sole traders and small providers.
 |
| Available allied health services aren’t always person centred or appropriate for people with disability and developmental delay | * ‘Medical model’ not fitting with social model of disability
* Lack of governance/oversight for quality of allied health services particularly new providers, resulting in concerns around vulnerable clients not receiving good quality therapy supports
* AHP not understanding the concept of capacity building for clients
* AHP not understanding context of participant’s life
* Culture and structure of allied health services don’t always support person centred service delivery
 |
| Fragmentation of allied health services | * Loss of multi-disciplinary government disability teams (in progress with disbandment of Disability Assessment and Advisory Teams and possibly Early Childhood Intervention Services), proliferation of small and sole providers, resulting in loss of professional networks for skills sharing and collaboration
* Loss of information history when client leaves a service
* NDIS framework leading to decreased coordination & fragmentation of services.
* Complex/more vulnerable clients are not necessarily funded at appropriate levels to allow coordination
 |
| Lack of appropriate supports for behaviour management | * Lack of available skilled behaviour support practitioners
* Lack of training for provision of behaviour supports for AHPs, DSWs and AHAs
* Poor awareness of PBS, and management and reporting of restrictive practices for all stakeholders
 |
| Lack of access to CPD and training for AHPs | * NDIS funding model not allowing for release time for training required for AHPs to work effectively
* General lack of training and CPD access for regional rural and remote AHPs
* Lack of disability specific CPD for both new and more experienced AHPs
* Disability specific clinical information and resources are difficult to find/poorly coordinated
 |
| Lack of support for effective working relationships between AHPs and disability support workforce | * Poor communication and collaboration between AHPs and support staff due to a number of factors including insufficient time and inappropriate models of practice
* Lack of staff and high turnover of DSWs, NDIS funding model does not allow AHPs time/flexibility to manage issues with this.
* Poor training and literacy levels of DSWs, impacting on their ability to implement therapy recommendations
* Fear from AHPs surrounding the inappropriate use of AHAs, such as going beyond scope
* Time for training and supervising AHAs and DSWs is not funded adequately, inadequate risk management for liability and legal issues when delegating tasks
 |
| Lack of information about allied health service availability | * People with disabilities and developmental delays and families and carers, NDIS partners, CoS & other AHPs and services
* Information is fragmented and difficult to find
 |
| Lack of knowledge on AHPs’ role in supporting people with disabilities and developmental delays | * Families and carers of people with disability and developmental delay, people with disability, NDIS partners and CoS, results in therapy need not being recognised (not referred) or poorly directed referrals to allied health services
 |
| Lack of support for transport/travel to allied health services | * Cost and time involved is not funded adequately
* Increased pressure on families and services
 |
| Poor infrastructure and skills in use of technology  | * Poor internet connection in many areas of Tasmania, particularly rural and remote
* AHPs, people with disabilities/families/carers, disability support workforce not skilled or confident in use of technology
* Lack of existing infrastructure for use of telepractice options for delivery of therapy supports
 |

1. Investigate opportunities to apply for [auDA Foundation telepractice grant](https://www.audafoundation.org.au/funding-information/) for short-term projects (not open at the time of writing in June 2018) [↑](#footnote-ref-1)