

# Allied Health in the National Disability Insurance Scheme (NDIS): Do you have the ability?

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Project 7A – Greater utilisation of the assistant workforce in disability

# Supervision and delegation frameworks: One for Health, One for Disability

[www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model](http://www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model)



# Acknowledgements



# Project background

## Preconceived conventions from health

- delivery of therapy
- Client-centred care

## New language

## Acknowledging NDIS challenges and evolution



# Aims and Method

## Primary aims:

**(1) Describe perceptions of allied health professional practice in the disability support services setting**

**(2) Explore experiences from allied health professionals currently working in the disability sector using case examples.**

**A qualitative design nested within NDIS & DHHS Vic project.**

**Monash University Human Research Ethics Committee approved.**

# Results

**Thematic analysis identified key areas of allied health professional (AHP) practice in the disability**

- **Dignity of risk;**
- **Informed choice and consent;**
- **Models of care;**
- **Goal oriented work;**
- **Working in the client's environment;**
- **Training and education role.**

# Dignity of risk

Dignity of risk was a recurrent theme throughout the participant interviews that inter-related with many other themes.

Dignity of risk is defined as:

*‘the principle of allowing an individual the dignity afforded by risk-taking with subsequent enhancement of personal growth and quality of life’*



# Informed Choice and Consent (Choice & Control)

**Participant referred for allied health therapies they want ....and maybe don't want**

**AHPs caught between participant and guardians or people with power of attorney**

**AHPs role in respecting and enhancing people's choice**





# Models of care

**Models of care - dependent on a client's goals, rather than one model to fit all circumstances for allied health service delivery**

**Related to:**

- **block funding models under the NDIS.**
- **business model rather than health model**



# Goal oriented work

**Conceptualisation of the person with disability as ‘client’ or ‘consumer’ rather than ‘patient’.**

**Allied health activities/therapies directed at achieving goals.  
More direct way to achieve goals:**

- **removing environmental barriers to goal attainment instead of improving function through therapy**

**Allied health services may not always be provided to an individual eg. teachers, parents, school, workplace.**



# Working in the supported persons environment

**Provision of disability support services by allied health professionals often occurring in the client's environment**

➤ **home, school, workplace**

**The client's environment more likely to be structured in a way that meets their physical needs and/or sensory preferences.**

➤ **Consideration of risk**



## Training and education role

**AHPs train and educate client's, family, carers and other staff**

**Providing training to staff outside of the AHPs organisation challenging**

**Allied health training and education has limited funding.**

**AHPs can support disability support workers (DSWs) already working with clients to engage in allied health related activities to achieve goals**

Thank you

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