



Policy Paper:

Ensuring a better future for Australians with disability

March 2013



**POLICY PAPER:
ENSURING A BETTER FUTURE FOR
AUSTRALIANS WITH DISABILITY**

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Visit:

<http://www.ahpa.com.au/Home/AlliedHealthRepresentation/AHPAPositionStatements.aspx> to view AHPA’s 2013 Federal Election Platform, Policy Papers and Position Statements.

AHPA's call to action ...

- AHPA believes it is critical that funding of all disability schemes ensures continuity of care for people with disability during this period of substantial reform in the sector. While there will be a strong focus on the NDIS during its establishment phase it will be only one part of the disability sector and stakeholders must recognise that many other schemes will continue to provide services to Australians with disability, all of whom are entitled to equitable access.
- AHPA recommends that the disability sector fully utilises allied health professionals. As well as providing evidence-based quality interventions and extending their role to assessors in the NDIS, they are well positioned to contribute to governance, training and leadership in the sector.
- AHPA seeks representation on all relevant advisory groups and recommends the appointment of an advisor within the Department of Families, Housing, Community Services and Indigenous Affairs (FaCHSIA) who is able to provide policy advice on allied health.
- AHPA is concerned that insufficient definition has been provided about the anticipated structure, scope, future transition arrangements and proposed timelines for NDIS. We call upon the major political parties to commit to completing the introduction of the NDIS, and to clarify their vision for the NDIS and the disability sector as a whole to enable key stakeholders to commence planning without delay.
- AHPA seeks to work collaboratively to ensure sufficient workforce is both available and capable of delivering the outcomes required under the scheme. AHPA has demonstrated a nationally legislated model of authorised self-regulation could be introduced in a cost-effective and timely manner.¹ A commitment to introduce this for professions that are outside the scope of the National Registration and Accreditation Scheme is regarded as a necessity to ensure consumer safety and assist with workforce planning.

¹ Harnessing self-regulation to support safety and quality in healthcare delivery: A comprehensive model for regulating all health practitioners; AHPA, March 2012.

Position Statement

Ensuring a better future for Australians with disability

AHPA strongly supports the principles within Australia's National Disability Strategy 2010–2020 to improve 'outcomes and whole-of-life opportunities for people with disability in Australia' and the introduction of the National Disability Insurance Scheme (NDIS). Allied health professionals have a crucial role to play in fulfilling these principles, both within NDIS and across other schemes that support people with disability.

AHPA believes that the disability sector would benefit from full utilisation of allied health professionals across areas including assessments, governance, training and leadership and the development of models of care. Allied health professionals also have the skills, knowledge and abilities to support participants to exercise their rights in control and choice of support, by providing appropriate information and advice to enable them to make informed and supported decisions.

AHPA remains concerned that, to date, insufficient definition has been provided about the anticipated structure, future transition arrangements and proposed timelines. Services across disability, health and education settings are currently available to people with disability through a number of federal and jurisdiction-based schemes. It is critical that funding of these schemes continues to ensure all people accessing services through existing schemes receive continuity of care during this period of substantial reform in the disability sector. In the lead-up to the election, we call upon the major political parties to commit to completing transition to the NDIS and to clarify their vision for the NDIS and the disability sector as a whole to enable key stakeholders to commence planning without delay.

Ongoing collaboration with the sector, through AHPA, will be vital to ensure sufficient workforce is both available and capable of delivering the outcomes required under the scheme. AHPA has demonstrated a nationally legislated model of authorised self-regulation could be introduced in a cost-effective and timely manner.² A commitment to introduce this for professions that are outside the scope of the National Registration and Accreditation Scheme is regarded as a necessity to ensure consumer safety

² Harnessing self-regulation to support safety and quality in healthcare delivery: A comprehensive model for regulating all health practitioners; AHPA, March 2012.

and assist with workforce planning. Consideration of models for regulating other allied health workers is also necessary.

AHPA remains concerned that people with disability, as well their families and carers, are not always aware of the range of health services delivered by allied health professionals and the outcomes that can be achieved. The introduction of a participant-led model under the NDIS must be preceded by strategies which improve health literacy for all decision-makers, including families and carers.

We seek the opportunity to work with stakeholders to improve outcomes for people with disability through stronger participation in the development of NDIS and other schemes. At a national level, AHPA recommends the appointment of an advisor within the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) who is able to provide policy advice on allied health.

Background

Australia's National Disability Strategy 2010–2020 is a 'national approach to improving outcomes and whole-of-life opportunities for people with disability in Australia'.³ The strategy is structured under six areas: inclusive and accessible communities; rights, protection, justice and legislation; economic security; personal and community support; learning and skills; and health and wellbeing.⁴ The recent report to the Council of Australian Governments (COAG) noted that all levels of government have committed to 'a bold and ambitious approach to ensure that people with a disability have the support necessary to fulfil their potential as equal citizens in Australian life', confirming that some achievements may not be immediately evident or measurable, given that the strategy was still in the 'Laying the Groundwork 2011–2014' phase.⁵

As part of the Australian Government's commitment to a National Disability Strategy, it instructed the Productivity Commission to commence a project to consider '... the best solutions to improve care and support services for people with disability. An exploration of alternative approaches to funding and delivering disability services with a focus on early intervention and long-term care will be an important contribution to the National Disability Strategy'.⁶ The report, *Disability Care and Support*, was delivered in July 2011. The report recommended the development and implementation of a National Disability Insurance Scheme (NDIS) to 'cost-effectively minimise the impacts of disability', 'provide information and referral services', and 'provide individually tailored, taxpayer-funded support'.⁷

The Australian Government has appointed an NDIS Launch Transition Agency and the first stage of the scheme will commence in mid-July 2013 at selected launch sites across Australia.

³ Department of Families, Housing, Community Services and Indigenous Affairs National Disability Strategy 2010–2020 Report to the Council of Australian Governments 2012 Summary Report, p. 3. Available at: http://www.fahcsia.gov.au/sites/default/files/documents/01_2013/nds_summary_report-41.pdf, accessed 21/2/2013.

⁴ *ibid.*

⁵ *ibid.*, p. 11.

⁶ Productivity Commission 2011, *Disability Care and Support*, Report no. 54, Canberra, p. iv. Available at: <http://www.pc.gov.au/projects/inquiry/disability-support/report>, accessed 21/2/2013.

⁷ *ibid.*, p. 63.

Improving disability services through better integration of allied health

Allied health professions⁸ have evolved rapidly over recent decades in response to the growing need for a workforce with the capability to deliver specialised services in support of people with functional limitations affecting areas including communication, mobility and self-care. The respective professional associations have sought to ensure the knowledge, skills and abilities of allied health professionals enable them to deliver safe, high quality services.

Enhancing consumer outcomes through services provided by allied health professionals

There has been an ongoing increase in the number of services provided by allied health professionals to people with disability, across disability, health and education sectors. Alongside this sits growing evidence that access to allied health support for people with disability can facilitate improvement, maximise the use of existing function, maintain function or slow deterioration, or reduce symptoms, as well as improving participation and wellbeing of those with a disability and their carers/family and reducing their need for other services. Allied health professionals influence outcomes through the delivery of evidence-based health services in a broad range of areas, including the provision of mental health services and prescription of assistive technology. Some professions are also trained to provide support to families and carers as part of their service delivery.

We note that the NDIS legislation is guided by the objectives of supporting both the social and economic participation of people with disability and enabling them to exercise control and choice over their supports. Allied health professionals have the skills, knowledge and abilities to support participants to exercise their rights in control and choice of supports, by providing appropriate information and advice to enable them to make informed and supported decisions. As well as utilising their skills to provide these important services, the sector should consider their broad knowledge as particularly suited to roles in assessing the needs of participants, including referral to other health practitioners as required, providing training and guidance to support workers and assistants, quality assurance and management.

⁸ Allied Health Professions Australia, Definition of Allied Health, 2012. Available at: <http://www.ahpa.com.au/Home/AboutAlliedHealth.aspx>, accessed 6/3/2013. See also Appendix 1.

Allied health professionals are experienced and capable of performing the important role of ensuring multidisciplinary and integrated care planning and management. The disability sector would also benefit significantly from better integration of allied health into other areas including governance, the provision of training and leadership of support staff and the development of effective multidisciplinary models of care.

Allied health professionals have long had a focus on functional measurement, and it is appropriate that they are involved in the development and implementation of measures that appropriately assess and evaluate outcomes for people with disability as they relate to communication, social interaction, learning, mobility, self-care and/or self-management limitations, and participation.

Access to allied health services contributes significantly to people with disability reaching their potential within the community, but it is essential that these services are accessible in a timely manner and that sufficient services are provided. Presently, access to services provided by allied health professionals is inequitable due to the sector's fragmentation. AHPA is also concerned that people with disability, as well their families and carers, are not always aware of the range of health services delivered by allied health professionals and the outcomes that can be achieved. The introduction of a participant-led model under the NDIS must be preceded by strategies which improve health literacy for all decision-makers, including families and carers.

AHPA believes that access to high quality, evidenced-based interventions and services provided by appropriately qualified and skilled allied health professionals is important to support people with disability in Australia, and should be a key component of all disability programs, including the NDIS.

The importance of clarifying the role and future of the NDIS

AHPA acknowledges that the planned introduction of the NDIS, commencing in mid-2013, is a step forward and will provide valuable data to inform the design of the national scheme. Sufficient forward planning will be required, however, to ensure a fully operational scheme delivers anticipated outcomes. AHPA remains concerned that, to date, insufficient definition has been provided about the anticipated structure, scope, future transition arrangements and proposed timelines to enable allied health professions to commence planning. The scarcity of information is likely a result of the shared

responsibility across all jurisdictions as well as the implications of a potential change in federal government at the forthcoming federal election.

AHPA calls upon the major political parties to commit to completing the introduction of the NDIS, and to clarify their vision for the NDIS and the disability sector as a whole to enable key stakeholders to commence planning without delay.

Beyond the uncertainty surrounding the future role of the NDIS in the disability sector, there is also confusion relating to the scope of the scheme – who will it cover, what schemes will it replace, and what schemes will it work alongside? While the recently released NDIS rules give some indication, these aspects are still not fully described. Given the importance of maintaining access to services for our most vulnerable members of the community, AHPA believes it is crucial to ensure that the introduction of the NDIS is not impeded by any unintended consequences. In particular, transition arrangements must demonstrate continuity of care for participants currently accessing services through one of the many disability schemes. We strongly support recent indications that the NDIS will provide some transitional support to people currently accessing services but who are not otherwise eligible for NDIS. However, the specifics of these arrangements are needed urgently, so that vulnerable people and their families are not left wondering whether or not they will be able to access help in the near future.

Further, adequate funding for schemes that will continue to provide services to people with disability outside of the NDIS needs to be guaranteed. Processes are required to ensure clear lines of responsibility for funding and continuity of care must be established, and there must be an assurance that these participants will not be disadvantaged due to lack of clarity or cost-shifting across schemes within the disability sector.

Planning towards a smooth transition to the NDIS must also adequately consider the specific challenges of service provision in our Indigenous communities and in rural and remote areas. Early clarification from the major political parties of their vision for the disability sector as a whole would enable key stakeholders to commence long-term planning towards a smooth transition.

Ensuring the quality and safety of participant-led services for Australians with disability

AHPA supports a participant-led model for the provision of disability services that incorporates appropriate measures of performance and outcomes, and a framework of continuous improvement. From the outset, the safety and quality of services funded by the NDIS must be of an equivalent standard to services funded through other sectors.

One key component to high quality service provision is the application of evidence-based practice (EBP). Allied health professionals are required to work within a framework of EBP, utilising research evidence, clinical expertise and client preferences and circumstances as three pillars that support decision-making in practice. AHPA believes that evidence-based practice should be supported across all areas of NDIS, including assessment to ensure that the most appropriate, robust measures are used, and interventions/supports to ensure that only well-researched, appropriate interventions are applied. Outcome measures should be used to evaluate the effectiveness for individuals and contribute to the evidence for new interventions.

In ensuring that services are of high quality, safe and effective, particular attention must be paid to ensuring they are delivered in line with a practitioner's scope of practice. AHPA believes that it is essential that services are delivered by appropriately trained and regulated professionals, or other workers (e.g. assistants) under the direction of professionals. Given the commencement of transition to the NDIS is scheduled for July 2013, early priority must be given to ensuring the appropriateness of allied health professionals delivering services within the scheme, particularly those professions that are outside the scope of the National Registration and Accreditation Scheme (NRAS). A commitment to work towards a nationally legislated model of authorised self-regulation, which AHPA has demonstrated could be introduced in a cost-effective and timely manner⁹, is regarded as a necessity to both ensure participants' safety in line with the community's growing expectations and assist with workforce planning. Consideration of models of regulating other allied health workers is also necessary to ensure the quality and safety of NDIS services. AHPA believes that one of the most important areas to be considered in relation to the quality and safety of services under NDIS will be the medico-legal issues, particularly around informed consent. Allied health professionals have an established role in providing information to people concerning management and support options. It is particularly important that this information is provided in a manner that can support decision-making, particularly for those people with

⁹ Harnessing self-regulation to support safety and quality in healthcare delivery: A comprehensive model for regulating all health practitioners; AHPA, March 2012.

communication, cognitive and/or intellectual disabilities, as well as for those from culturally and linguistically diverse backgrounds.

Preparing the workforce of allied health professionals for national rollout of NDIS

The allied health workforce in Australia is comprised of allied health professionals and technicians, assistants and support workers who work with allied health professionals.¹⁰ Allied health professionals are usually required to practise autonomously, often within multidisciplinary teams, providing direct care including diagnosis, treatment and rehabilitation. As community sentiment has changed and their expectations have increased, allied health professions have evolved to meet demand. The value that each allied health profession provides to the sector presents some challenges from time to time in terms of capacity and distribution; however, strong evidence exists that this uniqueness or specialisation, when used appropriately, has a profound positive impact on the lives of participants, as well as their carers and families. These benefits also extend into the wider community in terms of positive social and economic contributions.

Planning for the national rollout of the NDIS, particularly in respect to workforce capacity and preparation, needs to be prioritised. In order to prepare the workforce for change, clarity of scope of the scheme and timelines are needed. AHPA is confident that given appropriate planning time, the allied health sector can be well positioned to positively influence participants' outcomes and the overall operation of the scheme when it is extended nationally.

Allied health professionals are required to complete an Australian Qualifications Framework Level 7 or higher qualification that incorporates significant clinical training through placements to attain entry level skills, knowledge and abilities. The lead time to attain this qualification must be taken into account when there is a need to build capacity. Ongoing collaboration with the sector will be vital to ensure sufficient workforce is both available and capable of delivering the outcomes required under the scheme.

While working with people with a disability is within the scope of practice of all allied health professionals, some aspects can be considered to be more specialised, requiring additional experience

¹⁰ Allied Health Professions Australia, Definition of Allied Health, 2012. Available at: <http://www.ahpa.com.au/Home/AboutAlliedHealth.aspx>, accessed 6/3/2013. See also Appendix 1.



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and competencies. There is a need for appropriate mentoring and support, and in some cases credentialing, for allied health professionals taking on specialist roles. There is also the opportunity to involve allied health professionals in the development and capacity building of the disability care and support workforce through the provision of ongoing education, training and support.

The significant reform in the disability sector, together with the evolution of allied health professions, demonstrates a clear need for close, ongoing collaboration. AHPA seeks representation on all relevant advisory groups and recommends the appointment of an advisor within the Department of Families, Housing, Community Services and Indigenous Affairs (FaCHSIA) who is able to provide policy advice on allied health.

Appendix 1 – Definition of allied health

The allied health workforce in Australia is comprised of allied health professionals and technicians, assistants and support workers who work with allied health professionals.

In this definition, Allied Health Professions Australia (AHPA) aims only to define the allied health professions and their professionals.

Background

In both the international and national domain there is no universally accepted definition of allied health professions. Instead, a range of definitions are used in various sectors. A variety of professions are listed as allied health professions by various government authorities and departments, health service providers, health funds and tertiary institutions. It is well accepted that the allied health subset of the Australian health professions does not include medical, nursing or dental professionals.

Professions Australia has defined 'a profession' as: 'a disciplined group of individuals who adhere to ethical standards and who hold themselves out as and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others. It is inherent in the definition of a profession that a code of ethics governs the activities of each profession. Such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. Further, these codes are enforced by the profession and are acknowledged and accepted by the community'.

AHPA's Definition of 'Allied Health Professions'

AHPA uses and builds on Professions Australia's definition of a profession with additional specifications:
An allied health profession is one which has:

- a direct health consumer care role and may have application to broader public health outcomes
- a national professional organisation with a code of ethics/conduct and clearly defined membership requirements
- university health sciences courses (not medical, dental or nursing) at AQF Level 7 or higher, accredited by their relevant national accreditation body
- clearly articulated national entry level competency standards and assessment procedures
- a professionally defined and a publicly recognised core scope of practice
- robust and enforceable regulatory mechanisms

and has allied health professionals who:

- are autonomous practitioners
- practise in an evidence-based paradigm using an internationally recognised body of knowledge to protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function
- may utilise or supervise assistants, technicians and support workers.



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About Allied Health Professions Australia

Allied Health Professions Australia (AHPA) is the national peak body for the allied health professions in Australia, with 18 national associations as member organisations. Collectively, these organisations with their members in public, private, not-for-profit, rural and regional services across Australia work together to provide an effective voice for over 57,000 allied health professionals.

As the largest peak body representing and advocating for the role of allied health professions in Australia, AHPA provides unified advice to government and key stakeholders across a broad range of issues, seeking to improve the health and wellbeing of all Australians.

Australia has a well-developed workforce of allied health professionals who utilise their specialised knowledge and skills to improve consumer outcomes. Allied health professionals work autonomously, as part of multidisciplinary teams and are available to supervise other health workers, including assistants and technicians. AHPA and its member organisations consider the role of appropriately trained and regulated allied health professionals is vital to the delivery of safe and effective health services, and ensuring the community has access to 'the right practitioner in the right place at the right time'.

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Audiological Society of Australia



Australasian Podiatry Council



Australian and New Zealand College of Perfusionists



Australian Association of Social Workers



Australian Music Therapy Association



Australian Orthotic Prosthetic Association



Australian Osteopathic Association



The Australian Psychological Society



Australian Sonographers Association



Chiropractors' Association of Australia



Dietitians Association of Australia



Exercise & Sports Science Australia



Occupational Therapy Australia



Orthoptics Australia



Society of Hospital Pharmacists of Australia



Speech Pathology Australia

Associate members:



Australian Diabetes Educators Association



Australian Association of Practice Managers