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
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.
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 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 - 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.
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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