



Case Study Five:

A provider's recruitment strategy

This case study showed the importance of matching an AHA's individual skillset with the participant, and how to create pathways to employ AHAs from the local community.

This Queensland allied health provider worked entirely within the NDIS and employed physiotherapists, occupational therapists and speech and language therapists. The provider employed 75 people, 12 of whom were AHAs. The AHAs were comprised of Certificate IV trained, AHP students, and people from other backgrounds and educations.

The NDIS participants the provider supported had requested AHAs because they were less expensive than therapists and worked with them in the community – which meant they got more therapy sessions in their NDIS plans.

The provider explored the candidate types that would allow them to counter the difficulty they had in recruiting enough AHAs. First, AHAs were employed casually, and then if they were a good fit, they were moved onto permanent part-time and then permanent full-time work as they built a caseload. AHP students were employed casually due to study commitments.



Benefits

AHAs were utilised for ongoing lower-level therapy to help participants' NDIS plan funds go further. This increased the number of therapy sessions the NDIS participant could afford in their plan.

AHP students were hired as AHAs. They provided discipline-specific knowledge and an understanding of disability and received on-the-job training under the delegation of an AHP. This gave the provider the option of employing the AHP students on completion of their degree and integrating them into their AHP workforce.



Challenges

This provider found it difficult to source AHAs as there were not enough available. When advertising positions the response rate was lower than required, and often occupational therapy students would apply, but few physiotherapy students.

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Strategies for success

This provider employed a range of strategies for sourcing and managing AHA recruits which included:

- Used a mix of AHP students and Certificate IV trained AHAs to create a more balanced workforce. Certificate IV trained AHAs could work in a range of AH disciplines and were more likely to continue in the AHA role, while AHP students were employed as AHAs in their specific discipline.
- Employed early recruitment of AHP students, which proved a successful workforce strategy. The provider sought direction from local universities as to what point in the courses they could recruit AHP students to work as AHAs under the delegation of an AHP.
- This provider advertised and used word-of-mouth to recruit AHAs who were then engaged based on the employer's needs.
- Scheduled regular face-to-face professional development meetings to counteract the fact that many staff worked remotely. This included AHPs running two-hour breakout sessions with the AHAs on discipline-specific skills.
- They were developing a delegation framework for AHPs and recommended that an understanding of how to delegate effectively should be included in all AHP qualifications.



Key principles of good practice

- Promoted the benefits of AHAs to NDIS participants who appreciated receiving more therapy sessions in their plan.
- Developed a delegation framework for AHPs so that AHAs could be supported in developing the skills to move from Level 1 (supervised tasks) to Level 2 (direct delivery of service under delegation of an AHP) and eventually to more advanced levels of clinical service delivery under the delegation of the AHP.
- Used a mix of AHA students and Certificate IV AHA graduates to create a more balanced workforce of specific knowledge and broader skills – while also providing opportunities for development of skills of both AHP students and certificate IV trained AHAs.
- Provided on-the-job training for AHAs to complement their formal training.
- Employed AHAs casually at first, and then if they were a good fit with the organisation, moved them into permanent part-time and permanent full-time.