Case Study Six:

Providing a pathway to AHP roles

This Queensland-based NDIS provider employed AHPs and AHAs to deliver NDIS supports Australia-wide. Over the past year, they started recruiting fourth year AHP students as AHAs, primarily in support roles rather than clinical roles. They work one-on-one with AHPs to provide support by following up on quotes for services, looking for assistive technologies, doing joint therapy interventions, and developing resources and writing reports.

They recently recruited six AHAs to work directly with clinicians to go out into the community to deliver the intervention services for participants under the delegation of an AHP. Good practice involved providing the NDIS participant with sufficient information to make an informed choice about whether to have some of their approved services delivered by an AHA under the delegation of an AHP. This was communicated in language that was easily understood by the participant.

This provider also developed a basic clinical practice AHA competency checklist to be used on a case-by-case basis to ensure quality of service. The provider's future goal was to bring this approach into a broader framework. This would include check-in points to ensure consistency in the approach to delivery of allied health services by both AHPs and delegated to AHAs.

Benefits

The benefit to participants for using AHAs was that their funding went further. This increased the number of support sessions due to the lower hourly rate for an AHA.

'They get to build rapport with more than one person … introducing more than one person to a participant's journey.' (CEO, NDIS Provider).

The AHA's on-the-job learning was directly related to their future career, and directly linked to their study. This helps them to 'understand what it's really like to work with people in the community in their everyday environments'. (CEO, NDIS Provider).

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Challenges

For this provider, the main challenge of taking on AHAs was how to ensure their competency. They were assessing AHA competency on a client-to-client basis whereby the AHP assessed the competency of the AHA to deliver a specific intervention with a participant. However, this approach was very labour intensive, so they were developing a systematic model to replace this method. There was also a barrier in getting AHPs to understand how to maximise the use of an AHA when they had not worked with one before – such as how to delegate – when to delegate – and when not to delegate physiotherapy students.

Strategies for success

This organisation integrated AHAs into their workplace by establishing a range of practices, including:

- A check-in process that covered each stage, including initial assessment, plan development and delivery of supports. (The process specified the number of sessions an AHA should deliver before checking in with AHP, setting markers so that the participant's care was consistent and of high quality.)
- The introduction of an option to use AHAs in the initial quotes for service by clearly communicating to participants why they used an AHA and their benefits.
- Recruitment of AHP students as AHAs so they could transition into the organisation when they had completed their qualification. This also provided the student with work directly related to their course and possible future employment.

Key principles of good practice

- Recruit AHP students as AHAs with the intention of recruiting them to the AHP workforce when they have completed their qualification
- Provide clear processes for NDIS participants and AHAs
- Create a competency checklist to be used on a case-by-case basis
- Have check-in points for when the AHP will be involved in service delivery
- Utilised AHAs for administrative support tasks and service delivery
- Educate AHPs on how to employ and delegate to AHAs
- Develop a systematic method to assess AHA competency.