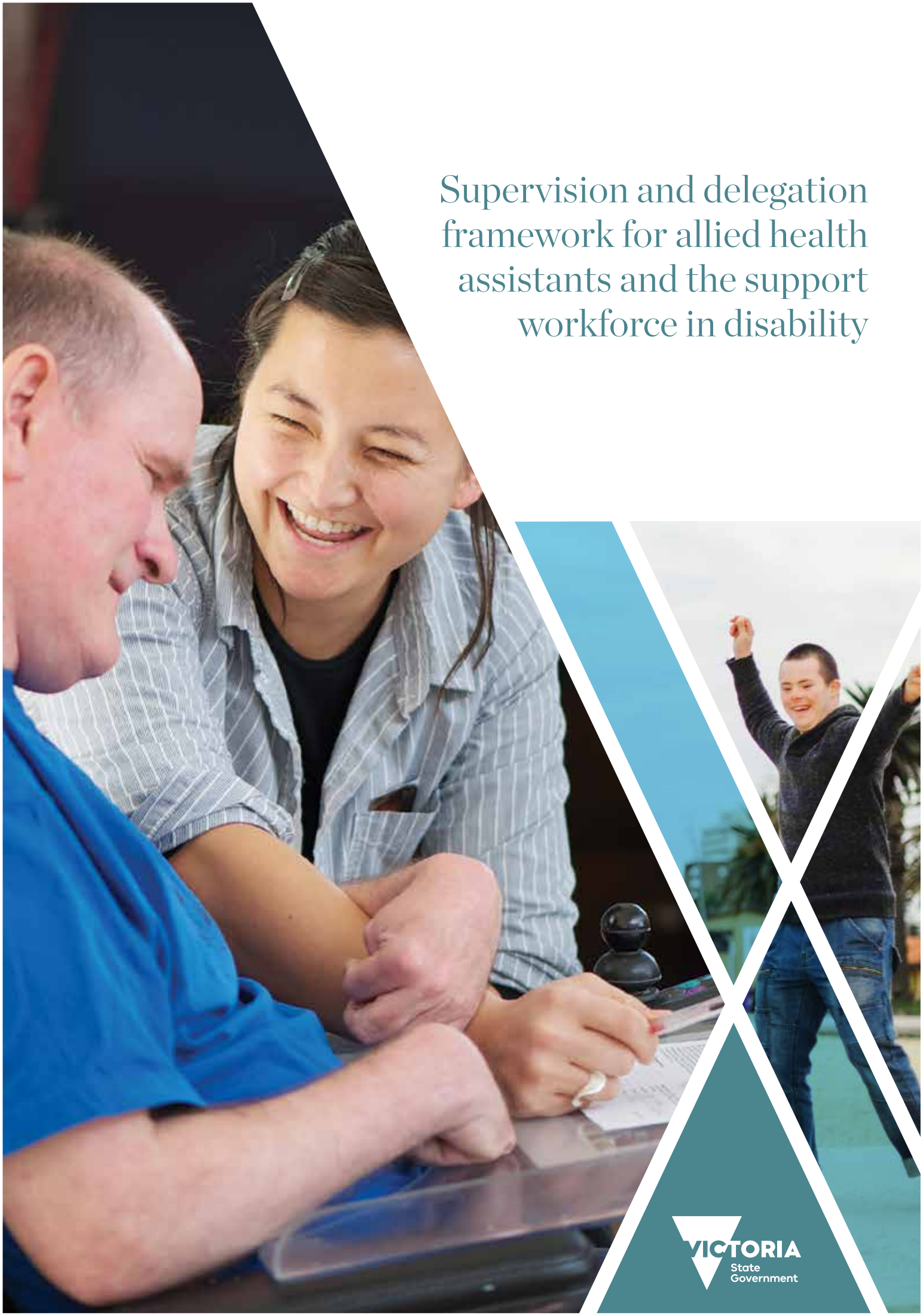
Supervision and delegation framework for allied health assistants and the support workforce in disability



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Foreword

Tracy Hetherton with her grandson, Riley Hetherton-Dart, and his Occupational Therapist, Rebecca Spokes.

The National Disability Insurance Scheme (NDIS) is playing an important role in the lives of people with disabilities, their families and carers across Australia. As it continues to rollout into full implementation, a number of challenges are in the spotlight, none more so than the increasing skill shortages in the workforce and demand for allied health services.

This is an important topic for our family, as we are grandparents raising our eight-year-old grandson Riley full time.

Riley was diagnosed with Cerebral Palsy with left side hemiplegia at three months. When Riley came to live with us at 22 months old, he was unable to walk, use his left hand and arm or talk. It was from this day on that allied health professionals have become an important part of Riley's development.

Being reliant on occupational therapy, physiotherapy and speech pathology to ensure Riley maximises his potential to have a good life is supported by his NDIS package. However, the experience of limited access to intensive services, especially in rural areas with restricted allied health professionals availability to provide several sessions in a set timeframe, together with the expense of service delivery, has been a barrier, not only for us but for many families.

The *Supervision and delegation framework for allied health assistants and the support workforce in disability* was developed in consultation with an expert panel of key industry stakeholders and highlights important aspects to be considered when expanding your allied health team to include allied health assistants and/or support workers.

Utilising this framework within his NDIS plan, Riley has more opportunities to access intense therapy as required and we have a great reference point to effectively self-manage the implementation of the right team to meet his needs as he grows. Having the right team is really important to both Riley and us, as we rely on clear communication regarding processes. Given this is about Riley's' future, its essential that we are informed every step of the way; but we also understand what those steps include.

Already this has led to Riley improving his ability to perform essential, everyday tasks that we take for granted. Riley's determination is inspirational, taking charge of his goals and even having input into how he wants to achieve them.

Tracy Hetherton
National Disability Coordination Officer Program and Consumer
Australian Government's National Disability Coordination Officer Program

Riley sums up nicely the importance of his allied health team. On New Year's Eve 2016, Riley said '*I have a New Year resolution – in 2017 I'm going to work harder on my hand so it gets better and I can use it more*'.

The flexibility of the NDIS, together with the tools provided in the *Supervision and delegation framework for allied health assistants and support workers in disability*, is a 'game changer' for our family, more importantly it can be for anyone.

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Alex Kyle with his support worker, Daniel Watson.

Acronyms

ADL – activities of daily living

AHPRA – Allied Health Practitioners Regulation Agency

AISC – Australian Industry and Skills Committee

AHA – allied health assistant

AHP – allied health professional

DHHS – Department of Health and Human Services

EBA – Enterprise Bargaining Agreement

GP – general practitioner

NDIA – National Disability Insurance Agency

NDIS – National Disability Insurance Scheme

NDS – National Disability Services

NRAS – National Registration Accreditation Scheme

RTO – registered training organisation

SCHADS – Social Community Home Care and Disability Services

VET – Vocational Education and Training

Executive summary

Outcomes for people with a disability

The *Supervision and delegation framework for allied health assistants and the support workforce in disability* (the framework) is a governance tool that provides a person-centred approach to support and achieve client goals. The framework aims to improve communication between the person with a disability, their carer or family and their support team, and improve understanding of allied health professionals and the support workforce in providing allied health services. This approach will give clients greater choice, flexibility and control over how and where their support is delivered.

To support National Disability Insurance Scheme (NDIS) changes in disability services, governance practices that provide guidance, training and supervision for allied health assistants and support workers are crucial to ensure high quality supports and a safe environment for all people with a disability. The framework provides examples and practical resources to help allied health professionals, allied health assistants, support workers, managers and organisations to safely and effectively delegate allied health tasks to maximise client independence and inclusion.

Context

The NDIS brings greater choices and opportunities for people with a disability and increased demand for allied health services and therapeutic supports. To meet these demands, and provide cost-effective and high quality supports for people with a disability, allied health assistants and disability support workers will be increasingly incorporated into NDIS support plans. This will enhance services provided by allied health professionals and maximise supports available to people with a disability.

The framework can assist disability organisations with workforce challenges and planning. It provides information and guidance for increasing capacity and delivery of health-related therapeutic supports. The framework provides organisations with a quality service foundation for client supports.

Purpose of the framework

The framework provides information to organisations and managers to assist them in providing safe and effective allied health services for people with a disability. It includes:

- models for delegating, identifying and training in allied health tasks
- guidance for when it is appropriate to delegate, assign or allocate responsibility for allied health tasks
- guidance for accountabilities associated with delegating, assigning or identifying and allocating allied health tasks
- the elements allied health professionals should consider when training allied health assistants and disability support workers.

Further information

The framework is accompanied by resources and practical case examples to assist allied health professionals, allied health assistants, disability support workers and people with a disability through the decision-making processes to ensure people receive the best support possible.

To access the full version of the framework and information about other initiatives and projects supported by the Department of Health and Human Services, please refer to the department's website at: <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>.

01 Introduction

1.1 Context

As demand for allied health services increases under the National Disability Insurance Scheme (NDIS), there is a need for new workforces and service models that make the best use of available skills across the workforce, particularly in rural and regional areas.

Greater use of allied health assistants and more effective use of the disability support workforce will increase allied health workforce capacity and sustainability in the disability sector; and improve the system's capacity to meet the community's needs into the future. While the role of the allied health assistant is not new, there are significant opportunities to expand the roles and use of allied health assistants in disability services. There are also significant opportunities for disability support workers and community care workers to work more closely with allied health professionals and assist with allied health therapy under the supervision and delegation of an allied health professional.

This supervision and delegation framework will guide allied health professionals in safely and effectively working with allied health assistants and disability support workforce to provide therapeutic services in disability services.

1.2 Disability services

Disability services provide advocacy and individual and group-based supports that enhance client choices, self-determination, quality of life and participation.[1] In the context of disability, allied health professionals provide episodic support to improve function and prevent decline, support inclusion in the community and access to local settings, and provide the right environment to build the client's independence and skills. This helps the client work towards their goals and meet their objectives.

Disability services are provided in a range of settings. These include:

- shared supported accommodation (Supported Independent Living and Specialist Disability Accommodation under the NDIS)
- short stay accommodation and assistance
- services that support people to live in their own homes
- supported employment
- day services
- recreational activities, including holidays and camps for children
- community and workplaces.

Workers in the disability sector provide support to people with a disability and support them to access and actively participate in the community through the following services:

- Direct support – assisting clients with daily life activities. This may be provided in the client's home or in supported accommodation and may include participation in day services and community hubs.
- Case management (support coordination under the NDIS) – planning and problem solving to find the right supports for people.
- Management – supporting other staff, managing budgets and framework service improvement.

Health and disability sectors interact with the client in many ways and allied health professionals are often at the interface. For example, an allied health professional may be part of the continuum of care, supporting the client in developing an NDIS support plan with Local Area Coordinators or National Disability Insurance Agency (NDIA) planners, and assisting with planning their allied health therapies. This may occur at the client's request, as the client transitions from the hospital or health care facility to home or supported accommodation. Allied health professionals are often involved in prescribing aids and equipment and home modifications. Allied health professionals work across the breadth of the disability sector, including intellectual, psychosocial and physical disability. The role of allied health is not just in recovery, most of the work is in supporting the person with a disability to live a fulfilling life.

NATIONAL DISABILITY INSURANCE SCHEME

The NDIS is a national approach that will provide all Australians under the age of 65 who have a permanent and significant disability with the reasonable and necessary supports they need to enjoy an ordinary life[1]. It is a national scheme that commenced on 1 July 2013, with phased implementation across the states and territories, for anticipated completion in 20192.

The NDIS is based on the premise that each individual's support needs are different, and those participating in the scheme should be able to exercise choice and control over the services and support they receive. The scheme is distinguished in a number of ways:

- it adopts a person-centred model of support
- it applies insurance principles to costs
- funding is determined by an assessment of an individual's needs, and these needs are reasonable, necessary and directly related to the impact of disability.

While many people will be supported with services under the NDIS, others will use alternative funding or schemes to receive allied health support. It is important to note that this framework applies to disability services that provide allied health support to clients with or without NDIS funding.

1.3 Early childhood intervention

Early childhood intervention services in Victoria are targeted to support young children with a disability or developmental delay and their families and carers from birth to school entry. For allied health professionals, the focus of early intervention is to build the capacity of parents, family or carers. Services are provided using a family-centred approach.

In early childhood intervention, the use of disability support workers and allied health assistants may be limited to more complex situations, such as when the family needs additional support to build their capacity. As with all disability services, it is critical that all allied health professionals have sufficient experience and skills to provide the high-quality therapy services required by the child with a disability. Communication and supervision arrangements between allied health assistants and allied health professionals must be carefully set up to ensure allied health services are safe and effective.

1.4 The purpose of this framework

This framework supports allied health professionals across a range of allied health disciplines working in the disability sector to:

- better understand the range of roles allied health assistants and the support workforce can play in client support
- better understand the supervision and delegation responsibilities of an allied health professional working with an allied health assistant or the support workforce
- feel confident in working safely with allied health assistants or the support workforce to improve the life of a person with a disability.

The framework also provides information to guide organisations and line managers in providing an environment that facilitates safe and effective implementation of allied health services for individuals with a disability.

The framework outlines the roles, responsibilities and accountabilities of organisations, line managers, allied health professionals, allied health assistants, the support workforce, clients and, if appropriate, the client in consultation with their decision-makers.

This framework recognises that the need for supervision and delegation of allied health tasks to allied health assistants and the disability support workforce should be considered when developing individualised client NDIS support plans.

1.5 How this framework was developed

The Victorian Department of Health and Human Services (DHHS) developed this framework by adapting the existing *Supervision and delegation framework for allied health assistants* to the disability workforce and disability service context.

The Department of Health and Human Services:

1. Reviewed the Department of Health and Human Services Victoria's, *Supervision and delegation framework for allied health assistants*[3].
2. Reviewed the professional standards and legislative requirements related to disability support workers, allied health assistants and allied health professionals.

3. Consulted widely with key stakeholders on the issues and practices the framework should cover. Stakeholders included professional associations, not-for-profit organisations, private practice managers, clinicians, allied health assistants, directors/managers of allied health departments, training providers, the Victorian Allied Health Professions Association and the Health and Community Services Union and other industry groups.
4. Established a steering committee comprising industry experts with responsibility for overseeing the project and endorsing the supervision and delegation framework for assistants in disability.
5. Established an independent expert panel comprising representatives from all key stakeholder groups to provide advice and input to the steering committee on content and adaptations to the framework to ensure the framework is fit for purpose.
6. Developed the draft framework and reviewed the draft framework in consultation with key stakeholder groups.
7. Refined the draft framework incorporating the feedback received in the consultations.
8. Produced an endorsed framework that aligns to the new NDIS environment.

1.6 Who this framework is for

This framework aims to support allied health professionals in disability services to work with allied health assistants and disability support workers. It will support both experienced practitioners and new graduates entering the workforce. The framework provides practical information on ways of working with allied health assistants and the support workforce to support allied health professionals to feel confident in:

- identifying tasks that are appropriate to delegate
- identifying whether a particular allied health assistant or disability support worker has the knowledge and skills to safely do a particular task
- supervising an allied health assistant or disability support worker
- training an allied health assistant or disability support worker
- communicating with a disability support worker, allied health assistant and their line manager
- supporting the professional development of an allied health assistant or disability support worker
- understanding their duty of care obligations and accountability.

This framework will also provide useful information for:

1. Allied health assistants to gain a greater appreciation of:
   - the expected knowledge and skill levels of disability support workers
   - the roles and responsibilities of allied health professionals, allied health assistants, disability support workers, line managers and clients that support effective team work.
2. Disability support workers to gain a greater appreciation of:
   - the roles and responsibilities of allied health professionals, allied health assistants, line managers and clients that support effective teamwork.
3. Allied health managers, team leaders and line managers to:
   - understand the expected knowledge and skill levels of allied health assistants with a Certificate III or IV in Allied Health Assistance in disability or disability support workers with a Certificate III in Individual Support (Disability) or a Certificate IV in Disability
   - identify the policies required at a systems level to support their staff to enable allied health professionals, disability support workers, allied health assistants, the client, their family and carer in consultation with the decision-maker to work effectively together within a team
   - develop role statements for their staff, including new allied health assistant positions and the role of disability support workers in the performance of allied health tasks.

The framework can also be used by training providers from both the vocational education and training (VET) and university sectors.

1.7 How to use this framework

We suggest that readers initially read this entire framework to gain an appreciation of the issues that team members need to understand about their respective roles and responsibilities when performing allied health activities; and the supervision and support allied health assistants and the disability support workforce require to work safely with clients.

The framework does not provide definitive answers as to whether or not particular tasks can be delegated or allocated to allied health assistants or the disability support workforce. Instead, it identifies factors to consider in delegating tasks, and the level of support and supervision required if tasks are delegated.

Whether it is appropriate to delegate or allocate a task depends on several factors, including the knowledge, skills and prior training received by the allied health assistant or disability support worker, their experience with the task, the complexity of the task, the support needs and goals of the client, and the level of supervision available to support the allied health assistant or disability support worker.

Allied health professionals should use this framework to assist their decision making as to whether or not they delegate or transfer a particular task and, if they do, to identify the supervision and support required by the allied health assistant or disability support worker implementing the task.

Allied health assistants and disability support workers should use the framework to:

- understand the parameters of practice for Grade 1, 2 and 3 allied health assistants
- understand the scope of practice for disability support workers in performing allied health tasks
- identify the supervision and support they may need from an allied health professional.

This framework supports constructive dialogue between allied health professionals, allied health assistants, disability support workers and line managers about how to work effectively together in delivering high-quality, client-centred allied health services.

This framework can be used to support discussions that allied health professionals may have with NDIS planners if a client requests their support in this process. Factors to consider include:

- the need to consider supervision and delegation in planning decisions
- the accountabilities associated with decision making
- recognising risk and developing risk mitigation strategies related to delegating allied health tasks
- communicating that allied health service is more than just providing direct allied health therapy. This has not been well understood or appropriately recognised to date. Allied health professionals require time to provide supervision, documentation and training to ensure safe and effective support is provided to clients under the NDIS.

Discussions with NDIA planners should incorporate the complexity of the allied health task for that client, including the client's support need, environment and the inherent risk for that client. This should include:

- high-risk tasks, for example, some mealtime assistance tasks for some clients
- medium-risk tasks, for example, assistance with exercise support
- low-risk tasks, for example, activities of daily living such as assistance with dressing.

An example of allied health professional practice in disability may be:

1. Initial meeting, assessment and agreement with client: 1–2 hours
2. Develop therapy plan, documentation and identifying allied health assistant or disability support worker: 1–2 hours
3. Training sessions (1 hour each): 3–4 hours
4. Documentation of program: 1–3 hours
5. Ongoing reviews, support meetings and supervision of allied health assistant or disability support worker (half hour each): 3–4 hours
6. Evaluation and documentation of summary report and, if transferring accountability, documentation of recommendations: 2–3 hours.

Note: It is acknowledged that at the time of publishing, some NDIS items in the example above, are currently unfunded.[4]

1.8 The content of this framework

The framework is structured in the following way:

Chapter 1. Introduction: This chapter provides the context, background and need for the supervision and delegation framework in the disability sector.

Chapter 2. The allied health team: Discusses the roles and responsibilities of allied health professionals, allied health assistants, disability support workers, line managers and clients in allied health therapeutic support.

Chapter 3. Delegation, identification and training: Describes safe and effective models of delegation and supervision that are particular to allied health therapeutic support for the client in disability services.

Chapter 4. Supervision: Defines supervision and discusses approaches to supervision for allied health assistants and disability support workers for performance of allied health tasks.

Chapter 5. Communicating effectively in disability: Provides useful information on overcoming barriers to effective communication, and tools and resources to assist communication, particularly relevant to allied health support, across the disability sector.

Chapter 6. Training, education and instruction: Outlines the elements that allied health professionals need to consider when training allied health assistants and disability support workers. There is information on planning and designing training, strategies for assessing skill and knowledge acquisition, evaluation considerations and documentation requirements.

1.9 Resources

The framework is accompanied by resources and practical case examples to assist allied health professionals, allied health assistants, disability support workers and people with a disability to make decisions that ensure people receive the best support possible. The five resources supporting the framework, available in Appendices 1–5 and on the department's website at <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>, include:

1. **Allied health professional considerations for delegation**. A guide for allied health professionals to determine the suitability, risks and risk mitigation strategies associated with the safe and effective delegation of a task.
2. **Allied health handover template**. A template for a comprehensive handover of allied health tasks to a manager.
3. **Pre-training preparation for allied health professionals**. A guide for allied health professionals for planning training for allied health assistants and disability support workers.
4. **A guide to accepting tasks for allied health assistants and support workers in disability**. A checklist to help allied health assistants and disability support workers decide when it is safe or not safe to perform tasks.
5. **Accepting allied health tasks (Easy English)**
6. **Participant information – Your allied health therapy and allied health assistants**. A guide for people with a disability, their carers and family, to determine if an allied health assistant is appropriate for their support needs.

1.10 Terminology

Disability services use differing terms to refer to the individuals they provide services to, including 'clients' and 'customers', while the National Disability Insurance Agency (NDIA) uses the term 'participants'. Throughout this document, we use the term 'client', unless directly quoting from the relevant training package.

Disability services employ multiple support workers, including, but not limited, to community support workers, disability support workers, personal care workers and residential care support workers. In this document, the term 'disability support worker' is used to describe people working under or in all of these categories.

1.11 Definitions

Accountability: the legal liability allied health professionals are bound by relating to regulatory and professional bodies in terms of conforming to standards of practice, standards of client care and abiding by professional codes of ethics and or conduct[3]. In disability services, the line manager, team leader or organisation that employs the allied health assistant or disability support worker is also accountable for the allied health assistant's or disability support worker's work performance and their ability to safely and effectively complete the task that they have been allocated to provide.

Allocation: the process of the line manager allocating tasks to the disability support worker. In this process, the line manager maintains accountability for the task. This occurs after the allied health professional identifies the appropriate tasks for a disability support worker to perform and transfers recommendations for the task to the line manager.

Assignment: transference of a task, including all legal rights and responsibility of the task, to another person.

Capable: having the skills, knowledge and ability to perform a task or skill.

Competency: demonstrated capacity to apply a set of related knowledge, skills and abilities to successfully perform a task or skill needed to satisfy the special demands or requirements of a particular situation.

Client: a person who has a disability or mental health condition or developmental delay. If the person is eligible for the NDIS, then they are referred to as a participant.

Decision-maker: supported decision-making involves the person with the disability making the decision him or them self with some level of support or assistance from other people. Nominee arrangements involve a different person (the nominee) making the decision on behalf of the participant. Nominees have a duty to support the participant to make their own decisions wherever possible and to build the client's/participant's capacity for decision-making[5].The decision maker may be the client, a client advocate, family member, nominee, guardian or other person.

Delegation: the process by which an allied health professional gives work to an allied health assistant or a disability support worker who is deemed capable to undertake that task and who then undertakes that task.

Dignity of risk: dignity of risk recognises that people should be able to do something that has a level of risk involved, whether real or perceived.

Disability: a) a sensory, physical or neurological impairment or acquired brain injury or any combination thereof, which is, or is likely to be, permanent; and causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; and requires significant ongoing or long-term episodic support and is not related to ageing; or b) an intellectual disability; or c) a developmental delay[6].

Disability supports: the supports used by people with a disability to meet their individual needs and enhance their participation in community life. Supports may include assistance with communication, mobility and personal support, amongst others, and may be provided by registered providers, unregistered providers and directly employed disability support workers.

Identification: the process where an allied health professional, as part of developing the client therapy plan, identifies appropriate tasks for a disability support worker to perform. The allied health professional does this in the knowledge that they will transfer this recommendation to the line manager, who will then allocate the tasks to the disability support worker. This can occur whether the allied health professional and disability support worker are in the same organisation or not.

Line manager/Key worker: the person who a disability support worker or allied health assistant directly reports to. This may be the team leader, coordinator, manager or the self-managed client. In disability services, the line manager, team leader or organisation that employs the disability support worker is also accountable for the disability support worker's work performance and their ability to safely and effectively complete the task that they have been allocated to provide.

Support coordinator: the person who implements the client's NDIS support plans and supports as outlined in the client's NDIS plan.

Training: the process where the allied health professional is asked to provide upskilling, education or instruction for a task to an allied health assistant or disability support worker to support the allied health assistant's or disability support worker's implementation of that task. Training (in the context of this framework) is where the task has been assigned to the disability support worker by someone other than the allied health professional.

Training may be:

- group or individual training organised by the employee's organisation
- on the job training or 'right now' or 'in-situ' training
- client need-specific task training, such as meal assistance from a speech pathologist
- group training, such as wheelchair set-up
- workplace training, such as manual handling.

Competency-based accredited training that is delivered by registered training organisations is not included in this definition of training as it sits outside the scope of this framework.

Transfer: after the allied health professional identifies appropriate tasks for a disability support worker, the process where an allied health professional transfers the accountability for the task to the line manager. The line manager will maintain accountability while allocating the tasks to disability support worker.

Note: The supervision and delegation models presented in the framework do not involve assignment where both accountability and responsibility is transferred from an allied health professional to a disability support worker. This is a deliberate omission, as assignment in allied health services is not appropriate in the context of this framework. However, a line manager may assign tasks or activities to a disability support worker, if this is appropriate. In the Training Model, the only responsibility of the allied health professional is to provide training.

02
The allied health team

2.1 Allied health

Allied health encompasses a broad group of health professionals who use scientific principles and evidence-based practice for:

- diagnosis and case formulation, evaluation and treatment and support of acute and chronic diseases and conditions
- prevention of decline and disease
- promotion of wellness for optimum health and quality of life[7].

Allied health in disability services focuses on optimising skill, wellbeing and functioning for individuals with a disability, to ensure they live the life they would like to live.

Tasks delegated by an allied health professional to an assistant or support worker must always be performed under the auspices of an allied health professional.

The allied health team often includes support workforces, including allied health assistants and disability support workers, who can assist with the delivery of allied health services. The assistant or disability support worker may also provide support to individuals in daily tasks or activities, enhancing overall client benefit by applying allied health recommendations. This may involve adjusting environmental factors or providing strategies to improve functioning and participation.

However, allied health assistants and disability support workers have differing roles and responsibilities in providing support. This means allied health assistants and disability support workers have different levels of accountability and different relationships with the allied health professional. It is important that the allied health professional understands and is able to distinguish between allied health assistants and disability support workers when considering the scope of practice, qualifications and knowledge, and type of support required in providing allied health services to a client or clients.

2.2 Allied health professionals

Allied health professionals provide services to improve, support and maintain the function of people with a disability within their home, in the education setting or in the community. This may include in private practice rooms, shared supported accommodation, schools, gyms and day centres. There is an emphasis on healthy lifestyle and achieving client independence; whether physically, psychologically, cognitively or socially[6].

Allied health encompasses a broad range of professions with different technical skills, knowledge and practices. The allied health workforce comprises registered professions (registered by the Australian Health Practitioner Regulation Agency (AHPRA) under the National Registration and

Accreditation Scheme (NRAS)) and self-regulated allied health professions. It includes both professionals and assistants. Non-AHPRA registered allied health professionals must hold current membership of the relevant professional association for registration as an NDIS provider[7]. Allied health professionals, registered and self-regulated, must adhere to a code of conduct and comply with any other regulatory requirements as outlined by their profession. Allied health professionals are autonomous health practitioners and are responsible and legally accountable for the management and care they provide[8]. Allied health assistants are bound by a National Code of Conduct for health workers[9] and, if providing support to NDIS participants, will be under the auspices of the NDIS Quality and Safeguarding Framework[10] and potentially additional regulatory instruments and frameworks in the future.

Allied health professionals registered with the NRAS are regulated by their National Board. Each National Board registers practitioners and develops standards, codes and guidelines for the profession[11]. Unregistered allied health professionals must adhere to the National Code of Conduct for health care workers[9].

Allied health professionals are accountable for delegating allied health services and tasks and have a legal responsibility to determine that the allied health assistant or support worker they are delegating a task to, has the knowledge and skill level required to perform the delegated task. The allied health professional also needs to provide an appropriate level of supervision and feedback to the allied health assistant or disability support worker in respect to any delegated tasks.

2.3 Allied health assistants

Allied health assistants support and assist the work of allied health professionals by undertaking a range of less complex allied health tasks, both therapeutic and non-therapeutic. This assistance enables allied health professionals to focus on more complex therapeutic work and provide support to a greater number of clients.

Allied health assistants work within clearly defined parameters and their work is determined by the needs of the client and the allied health professional delegating work to the allied health assistant. This should be captured and clearly outlined in the position description the allied health assistant is employed to. In disability services, an allied health assistant may provide support to an allied health professional for a specific allied health intervention; this involves a delegation process. A useful resource, *A guide to accepting tasks for allied health assistants and support workers in disability*, is available at Appendix D and on the department's website <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>. This is also available in Easy English to support the safe acceptance of tasks by allied health assistants.

Tasks that can be delegated to an allied health assistant may include:

- direct client therapy
- provision of information and training to the client, carer and family
- provision of training, education and instruction to a disability support worker, carer or family member who is providing direct support and development to a person with disability.

2.3.1 Scope and qualifications of an allied health assistant

Within Victoria, the scope of practice of an allied health assistant is defined by the current classification descriptors. Figure 2.1 details the duties of Grade 1, 2 and 3 allied health assistant roles, the level of supervision required and education levels for each grade. It outlines the differences in roles and summarises the allied health assistant career structure.

Please note that these classifications apply at the time of publishing. However, as with any industrial obligation, it is recommended that the latest version of the relevant enterprise bargaining agreement (EBA) or other applicable industrial instrument is consulted to ensure compliance with the most up-to-date requirements.

Figure 3.1: Duties of Allied Health Assistants (AHAs), education-level entry criteria and career pathways

Grade 1 AHA

Supervision and nature of work:

- Will be required to perform work of a general nature under the direct supervision of an Allied Health Professional (AHP).

Education level entry criteria:

- No formal qualifications required.

Duties:

- May include collection and preparation of equipment, maintaining client contact details, monitoring clients to ensure they follow their program.

Grade 2 AHA

Supervision and nature of work:

- Will be required to perform work of a general nature under the supervision of an AHP.

Education level entry criteria:

- Formal qualifications of at least Certificate III level from Registered Training Organisation (RTO), or its equivalent.

Duties:

- Perform the full range of duties of a Grade 1.
- Work directly with an AHP; work alone or in term as under supervision following a prescribed program of activity
- Use communication and interpersonal skills to assist in meeting the needs of clients.
- Accurately document client progress and maintain documents as require.
- Demonstrate a capacity to work flexibly across a broad range of therapeutic and program related activities.
- Identify client circumstances that need additional input from the AHP.
- Prioritise work and accept responsibility for outcomes within the limit of their accountabilities.

Grade 3 AHA

Supervision and nature of work:

- Will be required to perform work of a general nature under the supervision of an AHP.

Education level entry criteria:

- A Grade 3 AHA is a person appointed as such by a health service.
- Formal qualifications of at least Certificate IV level from RTO, or its equivalent.

Duties:

- Perform the full range of duties of a Grade 1 and Grade 2.
- Understand the basic theoretical principles of the work undertaken by the AHP whom they are employed to support.
- Work with minimum supervision to implement therapeutic and related activities, including maintenance of appropriate documentation.
- Identify client circumstances that need additional input from the AHP, including suggestions as to appropriate interventions.
- Demonstrate very good communication and interpersonal skills.
- Organise their own workload and set work priorities within the program established by the AHP.
- If required, assist in the supervision of the work being performed by Grade 1 and 2 AHAs and those in training.

The current classification structure (which came into effect on 1/9/2007) replaced the previous structure which supported unqualified and qualified AHAs.

Figure referenced from Supervision and delegation framework for allied health assistants.[3]

Grade 1

There is no specific education level or entry criterion for a Grade 1 allied health assistant. It is a requirement that they are directly supervised by an allied health professional. Their duties are of a general nature and include collecting and preparing equipment and supporting clients to implement their allied health program. Under the classification descriptors for allied health assistants, automatic progression occurs from Grade 1 to Grade 2 on successful completion of Certificate III in Allied Health Assistance.

Grade 2

A Grade 2 allied health assistant is able to perform the full range of duties of a Grade 1 allied health assistant. However, they have a broader role and are able to work with allied health professionals to provide therapeutic support in accordance with prescribed treatment and support plans for clients.

Grade 3

In addition to performing the full range of duties of a Grade 1 and Grade 2 allied health assistant, the Grade 3 allied health assistant is able to 'work with minimum supervision' to implement therapeutic treatments and supports for clients in accordance with therapy and support plans, seeking input from allied health professionals as required. In a rural context, many Grade 3 allied health assistants have roles supporting clients in the community and at home visits within a supervisory framework.

The entry-level qualification to a Grade 3 allied health assistant position is a Certificate IV in Allied Health Assistance. However, an allied health assistant appointed to a Grade 3 position is expected to have significant additional and relevant experience.
The employing organisation determines whether a position is classified as a Grade 3 allied health assistant role. Attainment of a Certificate IV in Allied Health Assistance does not result in automatic progression to a Grade 3 position.

Certificate III in Allied Health Assistance (HLT33015)

This qualification reflects the role of allied health assistants who provide assistance to allied health professionals under predetermined guidelines. Depending on the setting, work may include following treatment and support plans for therapeutic interventions and conducting programs under the regular direct, indirect or remote supervision of an allied health professional.

Certificate IV in Allied Health Assistance (HLT43015)

This qualification reflects the role of workers who provide therapeutic and program related support to allied health professionals under the guidance and supervision of an allied health professional. Supervision may be direct, indirect or remote and must occur within organisation requirements. The worker is required to identify client circumstances that need additional input from the allied

health professionals. The worker may be engaged to work in a specialty area or generically across the organisation. The worker, in conjunction with the allied health professionals, may have responsibility for supervising other allied health assistant workers.

Please note, while the information provided in the framework relating to the Health Training Package is up to date at the time of publishing, it is acknowledged that changes will occur to all training packages over time, as part of the Australian Industry and Skills Committee's (AISC) continuous improvement of training packages. Therefore, it is recommended that training package information is sourced directly from the Australian Government website <www.training.gov.au> to ensure currency.

2.3.2 Equivalence

The education level entry criteria under the classification descriptors for allied health assistants allows for people with an equivalent qualification to a Certificate III or IV in Allied Health Assistance to enter roles as Grade 2 or Grade 3 allied health assistants respectively.

Some allied health assistants may have other qualifications that allow them to do a broader range of tasks. These qualifications may include exercise physiology, human movement, fitness, massage and nursing. Where allied health assistants have a broader range of qualifications, it is important that the allied health professional has a good understanding of the competencies associated with these other qualifications.

It is within the employer's discretion in employing staff to determine whether the qualification a person has is equivalent to a Certificate III or IV in Allied Health Assistance.

2.4 Disability support workers

Disability support workers provide support to people with a disability. They are responsible for a wide range of tasks that support client choice, optimising general health and wellness, physical comfort, social enrichment and emotional wellbeing. They support individuals in function and participation in their home environment and in the community. Disability support workers work within clearly defined parameters and their work is determined by the needs of the client.

As part of their role, disability support workers may also support the client with allied health tasks that the allied health professional, client or decision maker have identified as appropriate, such as the best way to stand and walk. This work should be captured and clearly outlined in the position description the disability support worker is employed to. An allied health professional may delegate or identify tasks that could be performed by a disability support worker.

In some circumstances, a disability support worker may be allocated an allied health task by someone other than an allied health professional. Organisational support and other mechanisms must be in place to support these practices effectively and safely. A useful resource, *A guide to accepting tasks for allied health assistants and support workers in disability*, is available at Appendix D and on the department's website <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>. This is also available in Easy English to support the safe acceptance of tasks by disability support workers.

2.4.1 Scope and qualifications of a disability support worker

A disability support worker's classification is based upon a documented description of the position such as a duty statement or a position description, which is in line with the industrial instrument under which they are employed, either an Enterprise Bargaining Agreement (EBA) or the Social Community Home Care and Disability Services (SCHADS) Award[12, 13]. In Victoria, there are multiple EBAs across different disability services providers and therefore there is no one structure for disability support workers. Please refer to the relevant industrial instrument (EBA or the SCHADS Award; Schedule B), the National Disability Services (NDS) career Planner and Capability Framework[10], <www.nds.org.au/resources/disability-workforce-capability-framework-webinars> and industry directions to guide further training that may lead to differing levels of responsibility.

Disability support worker – supervision and nature of work

Disability support workers work under varying levels of supervision, ranging from working as part of a direct support team under day-to-day direct supervision to working independently with limited access to supervision or working alone without supervision. Classification grades for disability support workers are generally determined by their performance of established work procedures, qualifications and experience, with some requirement of initiative and judgment in relation to tasks.

Disability support worker – duties

Disability support workers provide direct support for client wellbeing, including support with daily household activities, preparation and assistance with meals, personal care and social, self-advocacy, recreational and community experiences that improve quality of life, based on the individual's support plan goals. Disability support workers work within a developmental and human rights based framework, assisting people with disability to become more independent and live an ordinary life. Within the role, the disability support worker is required to understand client need, preferences and interests (including through client directions and client records). If a disability support worker is an employee of an organisation, they will receive professional supervision, either individually or as part of a team. If they are independent, it is recommended they seek external mentoring.

Note: For both allied health assistants and disability support workers, the position description they are employed to defines the role and scope of practice within the work environment (within the grading structure of the industrial instrument).

Disability support worker – education level entry criteria

At the time of publishing, there are no specific education levels or entry criterion for disability support workers, however certain roles may require certificate or undergraduate training. Formal qualifications are available to support disability support workers, including but not limited to Certificate III in Individual Support (Disability); Certificate IV in Disability; or Bachelor of Applied Science (Disability).

Certificate III in Individual Support (Disability specialisation – CHC33015)

This qualification reflects the role of workers in the community and residential setting who follow an individualised plan to provide person-centred support to people who may require support due to ageing, disability or some other reason. Work involves using discretion and judgement in relation to individual support as well as taking responsibility for own outputs. Workers have a range of factual, technical and procedural knowledge, as well as some theoretical knowledge of the concepts and practices required to provide person-centred support.

Certificate IV in Disability (CHC43115) description

This qualification reflects the role of workers in a range of community settings and clients' homes, who provide training and support in a manner that empowers people with disabilities to achieve greater levels of independence, self-reliance, community participation and wellbeing. Workers promote a person-centred approach, work without direct supervision and may be required to supervise and coordinate a small team. To achieve this qualification, the candidate must have completed at least 120 hours of work as detailed in the assessment requirements of the units of competency. For more information, refer to the <www.training.gov.au> website.

2.5 The role of the line manager/key worker

The allied health assistant or disability support worker line manager provides managerial and operational supervision relating to the position description and organisation or workplace. The line manager is the manager of the allied health assistant or disability support worker; their title may vary depending on the setting. They are typically responsible for recruiting and orienting the disability support worker, as well as rostering, developing and managing performance, and supervising work performance. They are also responsible for developing person-centred plans, and monitoring and reviewing clients and client plans.

2.6 The role of the client

The client is a person who is accessing disability and mainstream supports available in the community. The client may purchase services through the NDIS or alternate forms of funding, depending on their circumstance. The client has a central role in directing and managing their therapeutic goals and services through active communication with their allied health team.

The client has a right to:

- decide who sees any part of their NDIS plan and enter into service agreements with a range of providers
- select staff to provide their allied health services
- determine how they receive their services, including when and where
- receive good quality evidence-based practice
- make decisions made about their allied health services
- participate in active and supported decision making (as relevant)
- disclose or withhold information at their discretion, including consent for communication between providers.

A useful resource, *Your allied health therapy and allied health assistants,* outlining the benefits and cautions in using allied health assistants for clients and their families, is available at Appendix E and on the department's website <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>.

Reasonable and necessary supports: This term is used in the National Disability Insurance Scheme Act 20132 to describe the types of support the NDIS will fund in a person's plan. 'Reasonable and necessary' includes that the supports relate to the client's goals and aspirations, facilitate the client's social and economic participation, have regard to current good practice, represent value-for-money and are the supports that fall within the remit of the NDIS2.

2.6.1 Self-managed client

A self-managed client has specific roles and responsibilities as part of their individualised plan. In this situation, self-managed clients are like line managers and are responsible for:

- choosing and arranging their own supports, including recruiting, training and rostering, and paying their support workers
- ensuring that the relevant invoices for their supports are paid in a manner that is consistent with their service agreements with providers
- keeping appropriate records and receipts for supports provided, claimed and paid
- reporting to the NDIA or the department (if they have an Individual Support Package) on how they spend their funds[14].

2.7 The role of the decision maker

The client is the primary decision maker. Supported decision making may be required and involves the person with disability making the decision with some support from other people. Plan nominee arrangements involve a different person (the nominee) making the decision on behalf of the participant. A plan nominee means a person who is appointed as a plan nominee of a participant under section 86 of the NDIS Act. Nominees have a duty to support the participant to make their own decisions wherever possible and to build the participant's capacity for decision making. It is the duty of a nominee to ascertain the wishes of the participant and to act in a manner that promotes their personal and social wellbeing. If the client is not an NDIS participant, the plan nominee may be referred to as the decision maker.

2.8 Shared decision making

Shared decision making is where the allied health team, client or the decision maker or plan nominee, make informed choices in consultation with each other. Shared decision making integrates a client's values, goals and concerns with the best available evidence about benefits, risks and uncertainties of treatment, in order to achieve appropriate decisions. It involves the client and the allied health team making decisions about the client's management together[19].
For an example of shared decision making, see page 60.

03
Delegation, identification and training

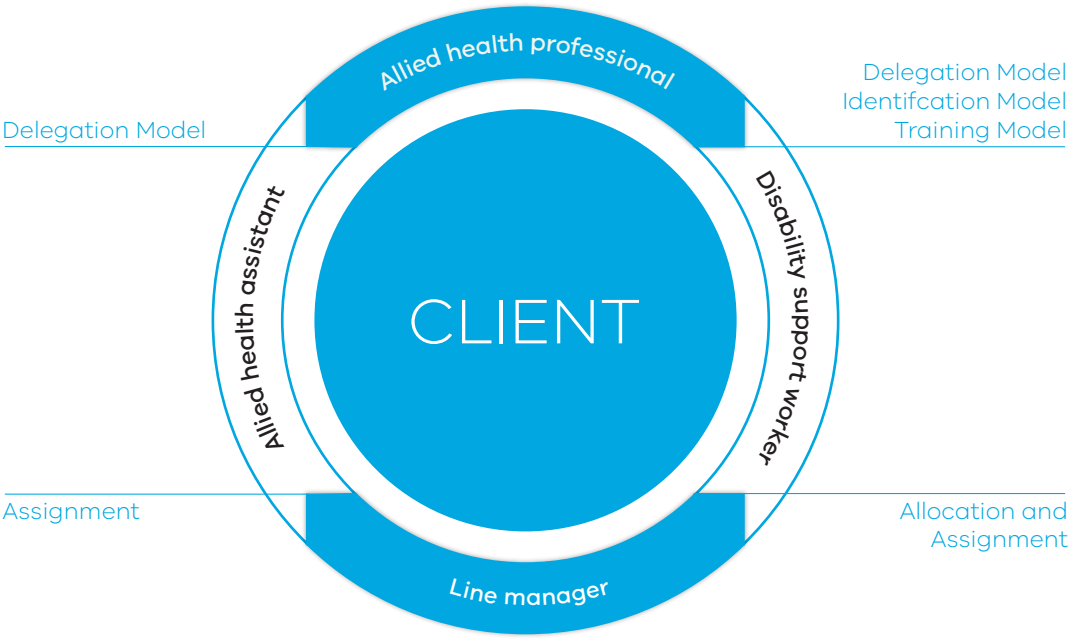
This chapter defines and describes the three models that allied health professionals should follow to work effectively with allied health assistants and disability support workers to provide safe and quality client support in disability services. The three models are the:

- Delegation Model
- Identification Model
- Training Model

This chapter describes the role of an allied health professional in delegation, identification and training of appropriate tasks for implementation by allied health assistants and disability support workers. It provides information about when it is appropriate to delegate tasks, the identification of suitable tasks for allied health assistants and disability support workers, and the importance of establishing strong communication links between team members involved in a client's support. In addition, this chapter discusses the concept of accountability that allied health professionals, line managers, disability support workers and allied health assistants hold, and where the accountability sits in relation to delegated and identified (and allocated) tasks.

There are a number of pathways to ensure safe and appropriate delegation of an allied health task to an allied health assistant or disability support worker (Figure 3.1).

Figure 3.1: Pathways for the delegation, identification and training models



Please note, a line manager can only assign non-allied health tasks to an allied health assistant.

In disability services, allied health professionals may be responsible for delegating or identifying tasks that are suitable for allied health assistants or disability support workers. Line managers may also assign or allocate an allied health task to a disability support worker. Line managers may request an allied health professional to provide training for disability support workers for an allied health task that has been or will be assigned. This will most often occur before the implementation of that task with a client to ensure it is performed safely and effectively. The models (outlined below) are potential pathways for ensuring safe and appropriate undertaking of allied health tasks by allied health assistants or disability support workers.

Key terms are presented again for ease of reference.

KEY TERMS

Accountability: the legal liability allied health professionals are bound by relating to regulatory and professional bodies in terms of conforming to standards of practice, standards of client care and abiding by professional codes of ethics and or conduct[3]. In disability services, the line manager, team leader or organisation that employs the allied health assistant or disability support worker is also accountable for the allied health assistant's or disability support worker's work performance and their ability to safely and effectively complete the task that they have been allocated to provide.

Allocation: the process of the line manager allocating tasks to the disability support worker. In this process the line manager maintains accountability for the task. This occurs after the allied health professional identifies the appropriate tasks for a disability support worker to perform and transfers recommendations for the task to the line manager. The accountability for the task lies with the line manager.

Assignment: transfer of a task, including all legal rights, responsibility and accountability for the task, to another person.

Delegation: the process by which an allied health professional gives work to an allied health assistant or a disability support worker who is deemed capable to undertake that task and who then undertakes that task. The accountability for the task remains with the allied health professional.

Identification: the process where an allied health professional, as part of developing the client therapy plan, identifies appropriate tasks for a disability support worker to perform. The allied health professional does this in the knowledge that they will transfer this recommendation to the line manager, who will then allocate the tasks to the disability support worker. At the point of transfer, the accountability moves from the allied health professional to the line manager. This can occur whether the allied health professional and disability support worker are in the same organisation or not. See chapters 4 and 5 for structures to assist this process.

Training: the process where the allied health professional is asked to provide upskilling and information for a task to an allied health assistant or disability support worker to support the allied health assistant's or disability support worker's implementation of that task. Training (in the context of this framework) is where someone other than the allied health professional has already assigned the task to the disability support worker. The accountability for the training lies with the allied health professional; however, accountability for the performance of tasks lies with the line manager who assigns the tasks.

Transfer: after the allied health professional identifies appropriate tasks for a disability support worker, the process where an allied health professional transfers the accountability for the task to the line manager. The line manager will maintain accountability whilst allocating the tasks to disability support worker.

3.1 Accountability

3.1.1 Allied health professional accountability

Allied health professionals are accountable as individuals to ensure their activities conform to legal requirements. They are also accountable to regulatory and professional bodies in terms of conforming to standards of practice, standards of client care and abiding by professional codes of ethics or conduct.

Delegation Model

Allied health professionals are accountable for delegating allied health tasks to others and have a legal responsibility to determine that the allied health assistant or disability support worker has the:

a. knowledge and skill level required to perform the delegated task
b. appropriate level of supervision and feedback from the allied health professional in the performance of that delegated task.

Allied health professionals are responsible for supervising and supporting allied health assistants and disability support workers to whom they delegate activities, and for monitoring the allied health assistant's or disability support worker's implementation of activities they have delegated. Supervision is discussed in detail in chapter 4.

Identification Model

The allied health professional is accountable for the client's therapy plan and identification of allied health tasks that can be allocated to others. The allied health professional is accountable for:

a. clear communication and documentation to support effective transfer of the therapy plan
b. identifying allied health tasks in the therapy plan that an allied health assistant or disability support worker could implement with supervision from a line manager
c. provide training for the allied health assistant or disability support worker (if required) to safely implement the task
d. provide recommendations to the line manager, as once the therapy plan is transferred, the line manager becomes accountable and responsible for the decision to allocate the tasks to a disability support worker or assign the tasks to an allied health assistant or disability support worker. (Note: In the case of a self-managed client, the client or decision maker takes the role of the line manager.)

Training Model

The allied health professional has accountability for provision of the training; **however, accountability and responsibility for that task remains with the person who allocates or assigns that task**.

The allied health professional is accountable and responsible for:

a. the training and evaluation of trainees (allied health assistants or disability support workers) at completion of the training. The training may be in conjunction with the organisation or line manager and the client and their family, NDIS plan nominee or decision maker.

3.1.2 Allied health assistant accountability

Delegation Model

Allied health assistants are accountable for accepting delegated tasks from allied health professionals. Allied health assistants are responsible for their own actions in carrying out delegated tasks and for ensuring that they have the appropriate skill, knowledge and judgement to accept the delegation. Allied health assistants are responsible for fully understanding what is expected of them in relation to tasks being delegated and to raise concerns if they feel they do not have the necessary skills to do a task. Allied health assistants must actively participate in the clinical supervision process.

An allied health assistant can refuse to accept a delegation if they are concerned about their capacity and confidence to do the task. The allied health assistant should raise their concerns with the allied health professional, who can then identify training or supports that are needed for the allied health assistant to do the task safely and effectively. If, following discussion with the allied health professional, the allied health assistant still feels uncomfortable undertaking a task; they should speak directly with their line manager.

Training Model

Allied health assistants must attend and actively participate in training, education or instruction to upskill in tasks delegated by allied health professionals. They should fully understand what is expected of them in relation to the allied health tasks and seek clarification where required. Allied health assistants must understand their scope of practice and context of the training, because once trained in that task they are accountable for delivery of that task in a safe and effective manner.

Note: Once the training episode is completed the allied health professional is not accountable for performance of the task. The person assigning the task holds the accountability for the assignment.

3.1.3 Disability support worker accountability

Delegation Model and Identification Model

Disability support workers must fully understand what is expected of them in relation to allied health tasks that are delegated. They should raise their concerns if they feel they do not have the necessary skills to do a task being delegated to them. They should seek the support of an allied health professional or their line manager if they are concerned client or staff safety. Disability support workers are accountable for delivering the task in a safe and effective way within the scope of their role.

Training Model

Disability support workers, if directed by their line manager, must attend and actively participate in appropriate training, education or instruction for their professional development and upskilling in tasks for client support. They should fully understand what is expected of them in relation to the task and seek clarification where required. Disability support workers must understand their scope of practice and context of the training, as they are accountable for delivery of that task in a safe an effective manner once trained to perform that task.

3.1.4 Line manager accountability

Identification Model and Training Model

In disability services, the line manager who employs the allied health assistant or disability support worker is also accountable for the allied health assistant's or disability support worker's work performance and their ability to safely and effectively complete the allocated or assigned task. Line managers need to ensure their allied health assistants and disability support workers work within their scope of practice according to their position descriptions. They must also provide appropriate training and upskilling, and professional development opportunities.

Line managers need to make recommendations for the ongoing support of allied health tasks that are provided by the allied health professional. In the Training Model, line managers must be aware that the provision of training by an allied health professional does not automatically imply the capability of a disability support worker to perform a certain task to support a particular client. As the line manager is accountable for the assignment of that task they are required to judge if the task is appropriate to be assigned.

3.1.5 Organisational accountability

In disability services, the organisation that employs the allied health assistant or disability support worker is also accountable for the allied health assistant's or disability support worker's work performance and their ability to safely and effectively complete the task that they have been allocated or assigned to provide.

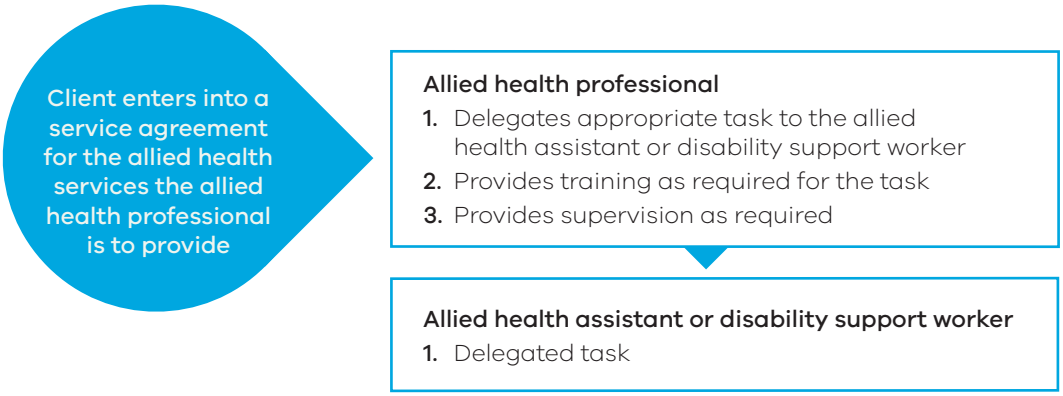
The key concept critical to working safely and effectively is understanding where the accountability for decision making resides and what is required for safe and effective transfer of decision making.

3.2 The Delegation Model

Delegation is defined as the process by which an allied health professional gives work to an allied health assistant or a disability support worker who is deemed capable to undertake that task and who then undertakes that task. Delegation occurs when the allied health assistant or disability support worker is responsible for undertaking the task. The Delegation Model is the model provided in the *Supervision and delegation framework for allied health assistants*.[3] This model is appropriate when the allied health professional is required to provide therapy or therapeutic support to achieve a participant's NDIS goal. Figure 3.2 outlines the process for delegation.

Accountability: the allied health professional, who is the delegator, retains accountability. The allied health assistant or disability support worker then has responsibility for undertaking that task, whilst the allied health professional maintains accountability having delegated the task.

Figure 3.2: Delegation – the allied health professional delegates the task



It is important to note that there may be occasions where an allied health professional delegates a complex or high-risk task to a disability support worker. Allied health professionals should only delegate high-risk or complex tasks to a disability support worker if close supervision and monitoring arrangements are in place, as the allied health professional remains accountable in this relationship. If an allied health professional is delegating medium risk and medium complexity tasks to a disability support worker, they must consider if supervision and monitoring is required as the allied health professional remains accountable in this relationship. (See Figure 3.5 for a decision making tool to determine the risk level of a task.)

Table 3.1 outlines the responsibilities of the disability support team in allied health service in the Delegation Model.

Table 3.1: Delegation Model responsibilities

Allied health professional	• Develop allied health therapy plans in collaboration with the client or decision maker, to achieve the client's goals. • Have a clear understanding of the allied health assistant or disability support worker's role, scope of practice, knowledge and skill level. • Analyse therapeutic practice to identify allied health tasks that could be completed by an appropriately trained and supported allied health assistant or disability support worker (refer to Figure 3.5 for the decision process to determine risk level of a task). • Delegate tasks appropriately and provide appropriate levels of supervision to support the allied health assistant or disability support worker in accordance with organisational guidelines. • Provide support to the allied health assistant or disability support worker in undertaking their role and, where necessary, demonstrate how to do specific tasks associated with their role. • At completion of the client's plan or achievement of goals, transfer responsibility for the task safely and appropriately. • Establish with the client, allied health assistant, disability support worker and line manager, plan nominee or decision maker, ways of working together to support effective communication and high-quality support for clients. • When train-the-trainer models are appropriate, the allied health professional should clearly document what, when and how train-the-trainer models should occur. • Participate in professional development activities to develop and refine their supervision skills as required.
Line manager	• Provide a suitable environment for the allied health assistant or disability support worker to receive supervision from the allied health professional. • Establish with the allied health assistant, disability support worker, allied health professional, client or decision maker, ways of working together to support good communication and high-quality allied health services for clients.

Allied health assistant or disability support worker	• Understand that the allied health professional is responsible for reviewing client diagnosis and case formulation and overall treatment and therapy planning. • Be responsible for delivery of elements of the treatment and support plan. • Fully understand what is expected of them in relation to tasks being delegated and seek clarification where required. • Raise concerns if they feel they do not have the necessary skills to do a task being delegated to them. • Seek the support of an allied health professional or their line manager where there is a concern about client or staff safety. • Participate in the therapeutic supervision process • Participate in appropriate professional development activities.
Client and decision maker	• Participate in the communication process with the allied health professional and allied health assistant and/or disability support worker. • For self-managing clients, agree on what training is needed and organise the allied health professional to provide training for the allied health assistant or disability support worker.
Organisation	• Provide a suitable environment for the allied health assistant or disability support worker to receive supervision from the allied health professional.

Case study: Delegation Model

Jordan is a 26-year-old male who has cerebral palsy with left sided hemiplegia and is classified as a Level IV on the Cross Motor Function Classification System Level IV. He also has managed seizure activity.

Jordan's NDIS plan includes a goal to improve his health and fitness through hydrotherapy. For this he has been provided with block funding including time with a physiotherapist and funding for 2:1 Allied Health Assistant (AHA) time for hydrotherapy. 20 hours of physiotherapy time is allocated.

A referral is made to a physiotherapist with this request. A physiotherapist is interviewed by Jordan's carer to ensure that they are a good fit for Jordan and his goal, and that they can provide guidance and training to an allied health assistant. Jordan, his carer, the physiotherapist and the allied health assistant meet to discuss a plan to achieve Jordan's goal of improving his health and fitness through hydrotherapy.

The physiotherapist assesses Jordan out of the pool. This includes an assessment of his ability, strength and weaknesses and the risks in the environment of the hydrotherapy pool and surrounds. The physiotherapist then assesses Jordan in the pool with the allied health assistant supporting Jordan's therapy. The physiotherapist develops a safety plan and program in the pool that Jordan can complete with two allied health assistants.

The physiotherapist provides both allied health assistants with training during a second session in the pool so the allied health assistants are capable and able to assist Jordan safely in learning these new skills. The physiotherapist finalises the program and provides this information along with a seizure action plan to the allied health assistants, Jordan and his carer. The physiotherapist gives the allied health assistants a pro forma with contact details and guidance of when to call. These initial steps take approximately 5–6 hours.

The allied health assistants work at the same location as the physiotherapist. Therefore, the supervision occurs through a 5–10 minute office conversation immediately after the session. The physiotherapist also reviews Jordan and the allied health assistant in the pool two weeks later to modify or progress the program as required. The physiotherapist reviews the program in the pool three months into the program with a review period assessment at nine months. Each of these reviews takes one hour. At the nine-month review, the program is stable and Jordan's cardiovascular fitness has improved and he is enjoying his hydrotherapy sessions. The physiotherapist and allied health assistants have supported Jordan in achieving his goal. To continue hydrotherapy and train disability support workers, the Delegation Model would change to the Identification Model (see page 46).

WORKING IN THE NATIONAL DISABILITY INSURANCE SCHEME CONTEXT

Allied health professional involvement in client support, as well as supervision of allied health assistants or disability support workers involved in the client's therapy and support, is shaped by NDIS funding models. When planning assessment, treatment, supervision and evaluation of clients, the allied health professional should consider how they schedule their contact with the client within the funding in the client's plan. All elements of client support, including supervision of allied health assistants and disability support workers providing allied health services, should be considered in light of the client's funding package. Under the NDIS, allied health professionals often fulfil a secondary consultation role.

There will be times when the allied health professional may withdraw from the direct support of the client, because elements of the client's allied health therapy plan that need to be continued can be appropriately delegated. This will allow more value for the client for the amount of therapy funded in the client's NDIS plan. For instance, this may occur when a funding package allows for only a short block of allied health intervention or the allied health professional is required in a consultative role rather than in the provision of therapy.

In this instance, the allied health professional (with the client's consent) will transfer the accountability for the therapy plan and tasks to a line manager, coordinator or key worker to continue allied health support. The allied health professional should provide clear recommendations to the line manager to affect a safe and effective transfer of responsibility.

Key factors to consider when transferring a task to the line manager include:

- review dates
- reporting requirements, that is, for recording 'critical incidents', key indicators of change, time for cessation of the support, etc.
- the purpose of the allied health interaction with the allied health assistant or disability support worker
- what support is required to 'pass over' the task rather than 'cease it'
- the context (are they being directly employed by the participant or are they working within an established governance structure that is overseeing their work).

The information documented for the line manager depends on the task, the aims of the task, the support required for the task, and expected or potential changes in participant's needs. A handover template for this transfer, *Allied health handover template*, is available at Append B with a word version on the department's website at <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model> .

Note: in some cases, extra allied health professional input will be needed to complement the delegated therapy. The health professional will need to work with the client to arrange a plan review so additional therapy can be built into the plan.

CONTENT OF THE FINAL (END OF PLAN) REPORT FOR THE PARTICIPANT

The allied health professional final report should include measurement of how the intervention has assisted the client to achieve their goals and, if needed, any recommendations for ongoing allied health professional, allied health assistant or disability services that should be considered in their next NDIS plan. The report should include:

- a summary of support provided and progress made during the plan in relation to the client's goals and what the allied health professional was engaged to provide
- recommendations for the performance of clearly identified tasks (and parameters of these tasks) by an allied health assistant or disability support worker, including training required, risk mitigation strategies, indications for allied health review or referral or General Practitioner (GP) review
- provide original copies of assessments or reports completed during the plan period to be stored in accordance with the *Health Records Act 2001*
- recommendations for future intervention, including details of new goals, how they will be achieved, and additional funding broken down into tasks (for example, 4 x 1 hour staff training sessions = 4 hours, develop travel training program = 3 hours)
- considerations including request for hours to attend support team meetings, conduct staff training, travel (as per NDIS guidelines) and write NDIS review reports as these items are commonly overlooked
- recommendations for train-the-trainer models for allied health assistant or disability support workers if appropriate.

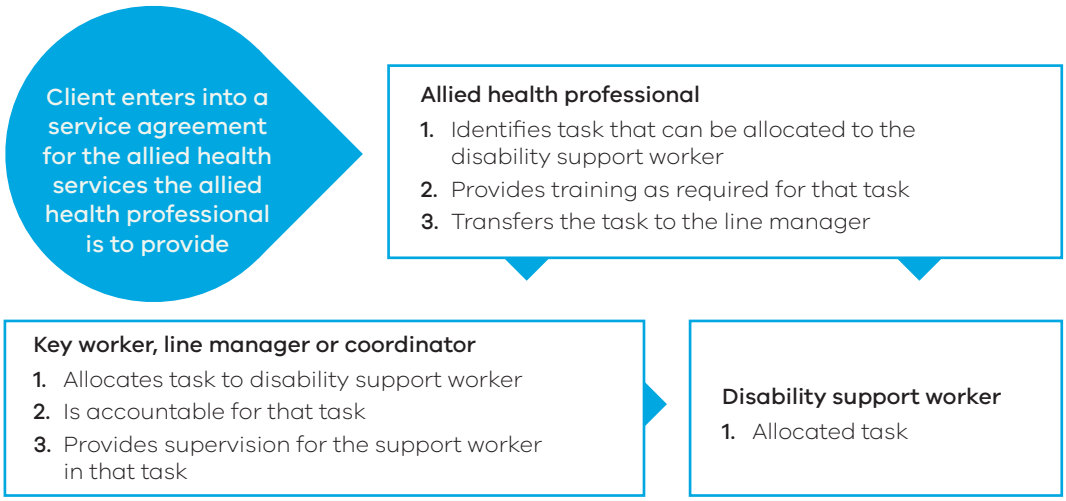
3.3 The Identification Model

Identification is defined as the process where an allied health professional, as part of developing the client therapy plan, identifies appropriate tasks for a disability support worker or an allied health assistant to perform. The allied health professional transfers the recommendation to the line manager who then allocates tasks to the allied health assistant or disability support worker. This model is appropriate when the allied health professional is required to provide an assessment, recommendations and support to the participant and their carers, family or disability support service provider to achieve a participant's NDIS goal. Figure 3.3 outlines the process for identification.

Accountability: The allied health professional is accountable for the client's therapy plan and identification of appropriate allied health tasks that may be performed by others. The allied health professional is accountable for clear communication and documentation to support effective transference of the therapy plan and recommendations to the line manager. Once transferred appropriately, the line manager becomes accountable and responsible for the decision to allocate or assign the tasks to a disability support worker. In the case of a self-managed client, the client or decision maker takes the role of the line manager.

The allied health professional should clearly document and communicate to the line manager the training and supervision requirements for the task to be performed appropriately. The allied health professional must provide recommendations escalation. This includes identifying and actioning the need for allied health professional review in relation to that task. Figure 3.3 outlines the process for identification.

Figure 3.3: Identification – the allied health professional identifies the task



It is important to note that delegation to disability support workers commonly occurs with low-risk tasks. The necessary supports and monitoring should be considered carefully if there is potential for the task to escalate to medium or high risk complexity. If a delegation occurs, the accountability remains with the allied health professional. However if the allied health professional identifies the task and transfers responsibility to the line manager, the line manager has responsibility for that task.

Table 3.2 outlines the responsibilities of the disability support team in allied health services in the Identification Model.

Table 3.2: Identification Model responsibilities

Allied health professional	• Have overall responsibility for allied health treatment and therapy plans to achieve the client's goals. • Identify appropriate allied health tasks that an allied health assistant or disability support worker could implement with supervision from a line manager (refer to Figure 3.5 for the decision process to determine the risk level of a task). • Provide training for the allied health assistant or disability support worker if this is required to safely implement the task. • Transfer responsibility for the task to the line manager safely and appropriately. • Establish with the client, plan nominee or decision maker, allied health assistant, disability support worker and line manager ways of working together to support good communication and high-quality support for clients. • If train-the-trainer models are appropriate, the allied health professional should clearly document what, when and how train-the-trainer models should occur.
Line manager	• Accept responsibility for the task when transferred. • Have a good understanding of the allied health assistant or disability support worker's knowledge and skill level. • Provide supervision to the allied health assistant or disability support worker for performance of the task. • Establish with the allied health assistant, disability support worker, allied health professional, client or decision maker ways of working together to support good communication and high-quality allied health services for clients.

Disability support worker	• Understand that the allied health professional is responsible for identification of client diagnosis and case formulation and overall support and treatment planning. • Be responsible for delivery of elements of the support and treatment plan. • Fully understand what is expected of them in relation to allied health tasks being allocated and seek clarification where required. • Raise concerns if they feel they do not have the necessary skills to do a task being allocated to them. • Seek the support of their line manager where there is a concern about client or staff safety. • Actively participate in the therapeutic supervision process • Participate in the communication process. • Participate in appropriate professional development activities.
Client	• Participate in the communication process with the allied health professional and allied health assistant and/or disability support worker. • For self-managing clients, mutually agree on training to be provided and organise the allied health professional to provide training as required for the allied health assistant or disability support worker.
Organisation	• Provide a suitable environment for the allied health assistant or disability support worker to receive supervision from the line manager.

Case study: Identification Model

Kylie is a 15-year-old female with Autism Spectrum Disorder. She is anxious about meeting new people.

The goal of independence and increased access to the community is listed in Kylie's NDIS plan. Kylie is provided with capacity building block funding, which includes 10 hours of occupational therapy time.

Kylie has identified she would like to go to the skate park to develop her gross motor and social skills. Kylie has limited opportunities to access the community and socialise with children outside of her family as she has two younger brothers and getting out of the house is challenging.

The occupational therapist contacts Kylie and assesses her motor and social skills, including her strengths and weaknesses and environmental risks walking to and from and within the skate park. The occupational therapist develops a community safety plan and program for a disability support worker to support Kylie. The frequency of the program is established to be twice a week.

The family recruits a disability support worker through one of their service providers. They decide to use a disability support worker who they currently access for respite. They include the additional gross motor and social skills tasks in the disability support worker's schedule.

Initial training for the disability support worker, including two joint sessions with Kylie and her family, is provided by the occupational therapist. A second disability support worker is present so that they can replace the original worker when they are on leave. For the first two weeks the occupational therapist provides supervision for the disability support worker, primarily via email contact. Training of the disability support worker is concluded when the occupational therapist deems the disability support worker capable of supporting the program without further training or therapeutic supervision.

The occupational therapist uses their clinical judgement to transfer the responsibility of the gross motor and social skills program to the disability support worker's line manager. The occupational therapist provides supportive documentation (a handover) to Kylie, her family, the disability support worker and line manager. This documentation includes a verification of the skills learned, communication line back to the occupational therapist if required, a recommended review timeframe, recommended supervision the line manager should provide, and plans for when issues and emergencies arise. The line manager accepts responsibility for the community program and provides professional supervision to the disability support worker as appropriate.

As the occupational therapist is no longer providing a service for Kylie, if Kylie's family or the line manager identifies a further need for occupational therapy, they will request an NDIS plan review or ensure occupational therapy is included in the following year's plan. If there is an urgent need, the plan can be reviewed by a GP or support coordinator. The line manager provides monthly supervision in virtual team meetings. At this meeting the disability support worker provides a key worker report and risk assessment. The disability support worker uses part of their report-writing funding (for community access) for preparing their NDIS plan/report of the support provided for Kylie. This report is sent back to the occupational therapist to provide feedback on the program.

3.4 The Training Model

Training is defined as the process where the allied health professional is asked to provide training, education and instruction for a task or activity that has been or will be assigned to a disability support worker, by someone other than the allied health professional. The allied health professional has accountability for the training content; however, accountability and responsibility for that task remains with the person who assigned that task. See Figure 3.4 for the Training Model process.

Training may be:

- on the job or 'right now'
- profession-specific task, such as meal assistance from a speech pathologist
- group training, such as wheelchair set-up
- formal training, such as manual handling.

Accountability: the allied health professional is accountable and responsible for the training and evaluation of trainees (disability support workers) at completion of the training. This may be in conjunction with the organisation or line manager. Once the training is completed, the allied health professional is not accountable for the performance of the task. The line manager or person assigning the task has responsibility and accountability.

Figure 3.4: Training – the key worker, coordinator or line manager assigns the task

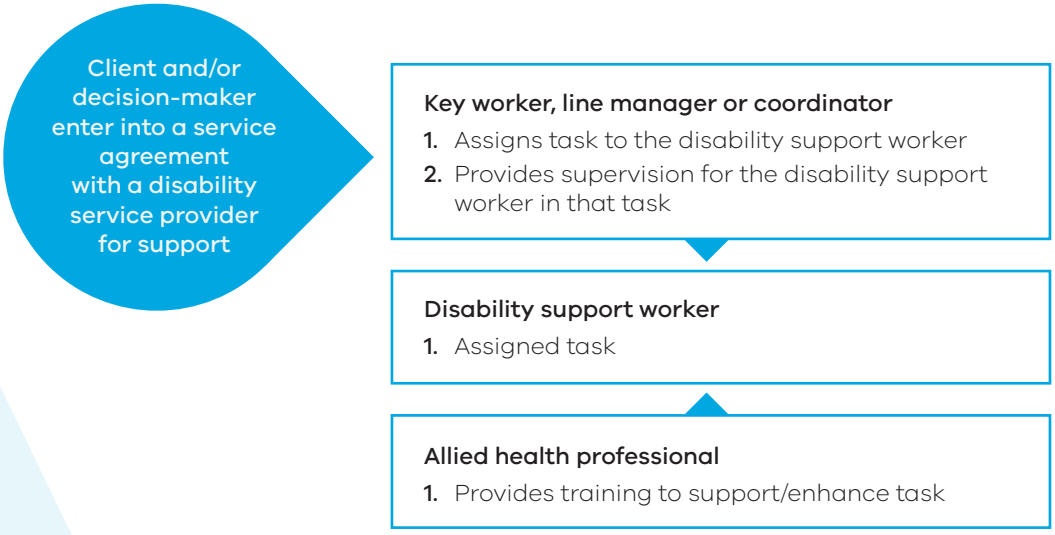


Table 3.3 outlines the responsibilities of the disability support team in allied health services in the Training Model.

Table 3.3: Training Model responsibilities

Allied health professional	• Ensure they are the appropriate professional for conducting training, education or instruction. • Establish the context, circumstances and goals of the training. • Develop appropriate training content. • Assess the allied health assistant or disability support worker skill or knowledge level after training. • Liaise with the line manager to feedback outcome of the training. • Provide recommendations for future training requirements. • Participate in professional development activities to develop and refine their training provision skills as required.
Line manager	• Provide the allied health professional with a clear outline of goals, context and circumstances for the training. • Understand the context of the training for the performance of allied health tasks by disability support workers and allied health assistants. • Keep a record of the training outcomes. • Action recommendations for further training (individual or group needs).
Allied health assistant or disability support worker	• Attend and actively participate in appropriate training, education or instruction. • Understand their scope of practice and context of the training. • Fully understand what is expected of them in relation to allied health tasks being assigned and seek clarification where required. • Raise concerns if they feel they do not have the necessary skills to do a task being assigned to them. • Seek the support of their line manager where there is a concern about client safety.
Client and/or decision maker	• Participate in the communication process with the allied health professional and allied health assistant and/or disability support worker. • For self-managing clients, mutually agree on the training and organise the allied health professional to provide training as required for the allied health assistant or disability support worker.
Organisation	• Provide a suitable environment for the allied health assistant or disability support worker to receive training from the allied health professional • Keep a record of training outcomes.

Case study: Training Model

The physiotherapist has been asked by a day centre manager to provide training to a group of disability support workers working at the centre. In their position description and as directed by their line manager, the disability support workers are required to assist clients in and out of their wheelchairs using the hoist. The line manager asks the physiotherapist to provide training to all the disability support workers at the day centre on how to correctly use the hoist. The line manager also asks the physiotherapist to provide individualised instruction to two disability support workers on how to hoist one client who needs specific positioning to prevent back and leg pain and spasms. The physiotherapist conducts the training and provides recommendations on the skill level of the disability support workers and scope of training. The physiotherapist maintains a record of the training and the assessment conducted. The line manager retains accountability for assignment of the task.

3.5 Making the decision in delegating and identifying tasks

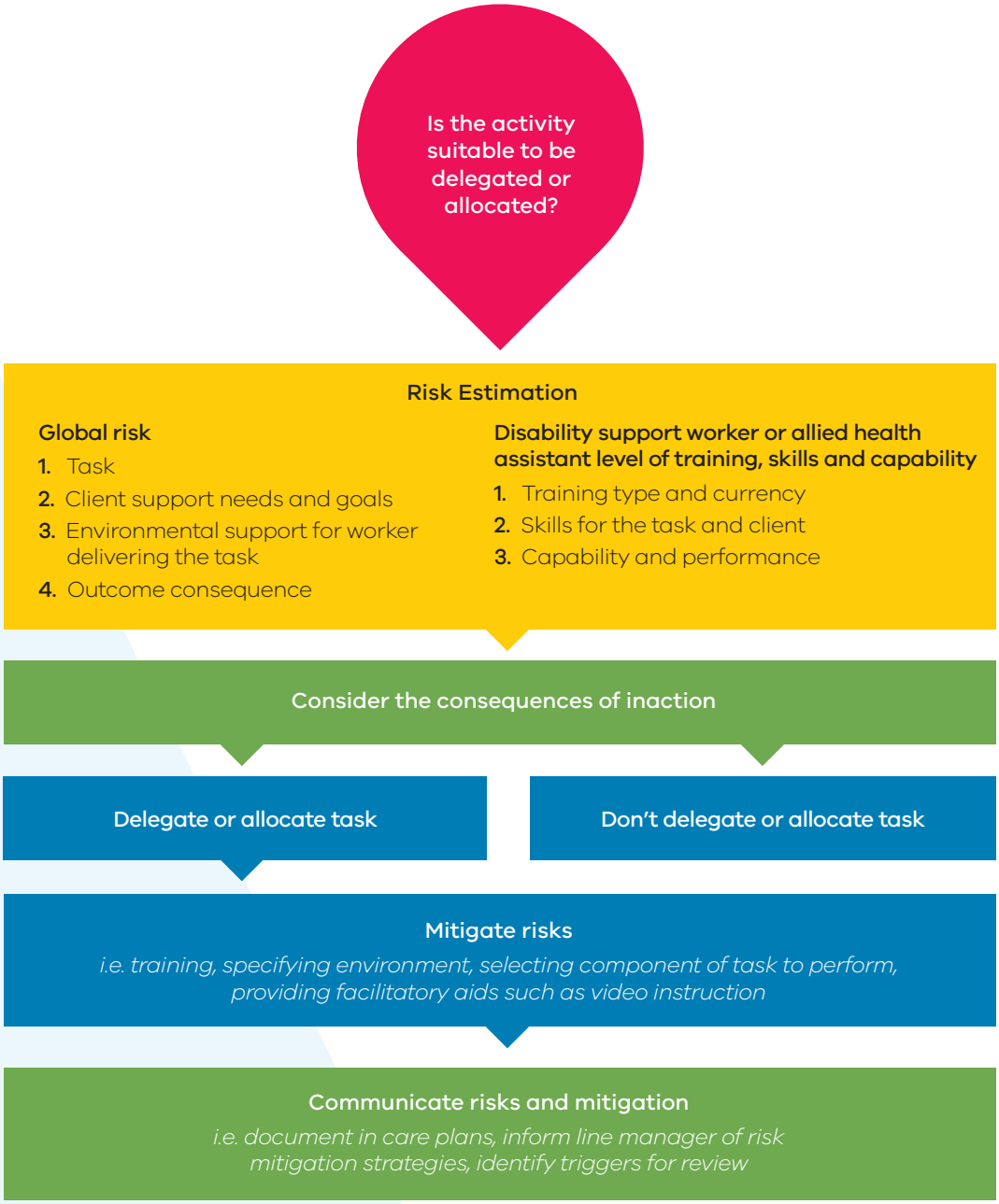
Allied health professionals have a key role in determining whether an allied health task could be performed by an allied health assistant or disability support worker. When making this decision, the allied health professional must determine if there are mechanisms in place so that allied health assistant or disability support workers are appropriately trained, supervised and monitored to implement the task. The type, modes, frequency and worker involved in performing and supervising the task, will often depend on a range of factors, including the nature of the delegated task, the client support needs and goals, the setting/environment, and the knowledge and skill level of the allied health assistant or disability support worker.

As a part of this decision making, risks and risk mitigation strategies associated with the safe and effective performance of the task should be considered, developed and clearly communicated to the client, line manager, organisation and allied health assistant or disability support worker.

Figure 3.4 provides a flowchart to support allied health professionals to determine whether a task should be delegated to an allied health assistant or disability support worker.

Figures 3.5 and 3.6 expand on the flowchart to provide a decision-support framework for allied health professionals when determining the risk and nature of risk of tasks that could be delegated or identified and allocated to an allied health assistant or disability support worker. These figures can also be used to highlight risks that require the development and communication of risk mitigation strategies before delegation or identification and allocation. A useful resource to support the decision making, *Allied health professional considerations for delegation*, is available at Appendix A with a word version on the department's website at <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>.

Figure 3.5: Decision making steps for task delegation



Note: The table is a framework to assist and support the allied health professional's clinical judgement.

The allied health professional, when exercising their clinical judgement on the estimation of risk, should consider broader 'global' risk as well as the training, skills and capability of the allied health assistant or disability support worker.

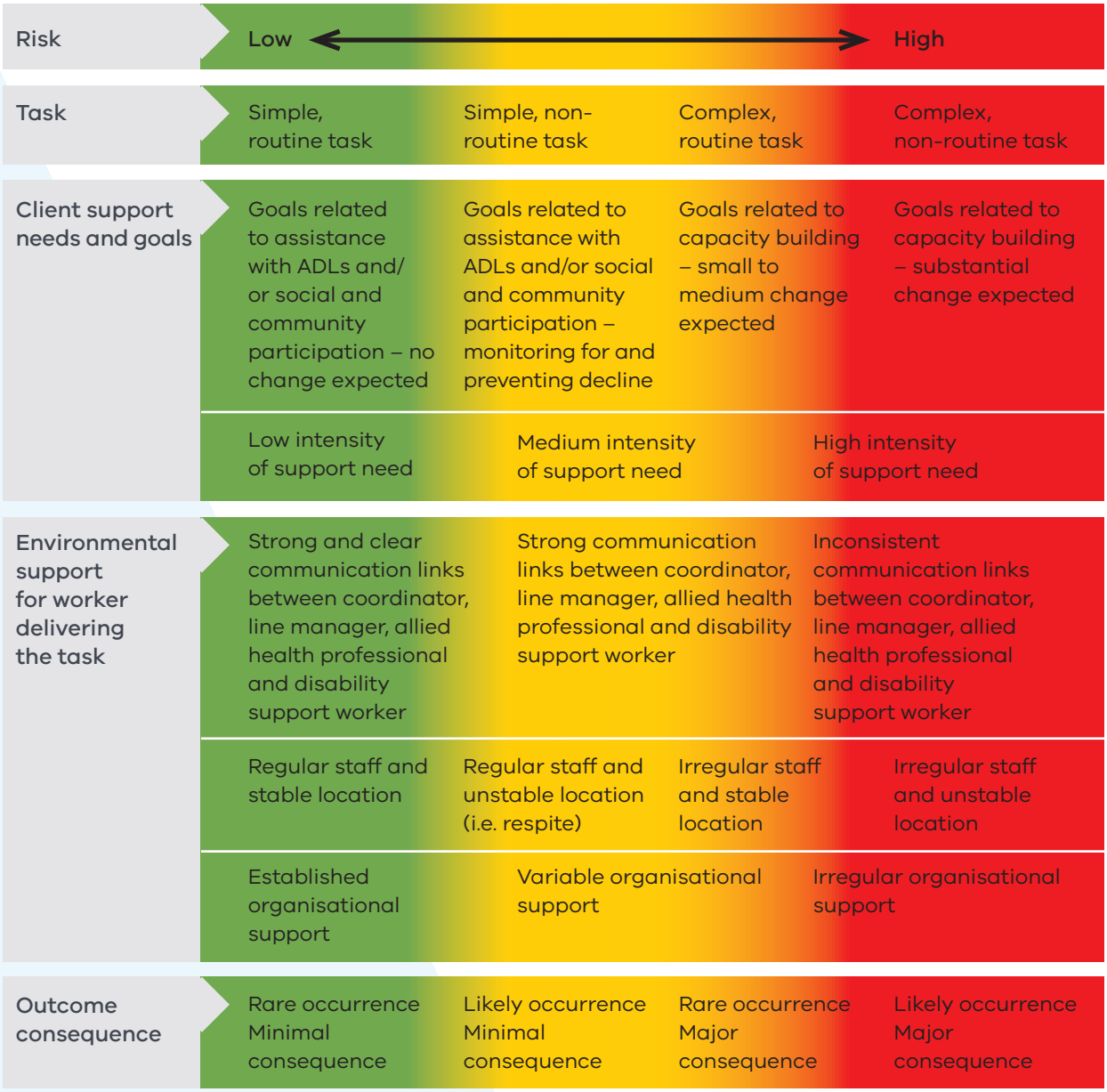
Global risk includes complexity of the task, environmental issues and client needs. Consideration should include the following:

1. Nature of the delegated task, including:
   a. The complexity associated with undertaking the task.
2. Characteristics of the client, including:
   a. The client's support needs
   b. The client's goals
   c. The potential impact of the task on the client – improving or declining function/status or stable function/status.
3. Characteristics related to the setting/environment, including:
   a. Organisational support for allied health assistant and disability support worker performing allied health tasks
   b. Communication links between allied health professional, allied health assistant or disability support worker and line manager
   c. The setting (for example, community setting, residential service or home environment).
4. The likelihood and potential consequence of injury or adverse outcome to the client, allied health assistant, disability support worker or another person.

Once a judgement has been made around the global risk, consider how the current allied health assistant or disability support worker level of training, skills and capability impacts on this risk. Consideration should include the following:

5. Qualifications and training received by the allied health assistant or disability support worker:
   a. Type of training received and evidence of skill acquisition
   b. Currency of training.
6. Allied health assistant or disability support worker skills related to the task and the client:
   a. Familiarity with client
   b. Experience in conducting task
   c. Recentness of task performance.
7. Capability and performance of the allied health assistant or disability support worker:
   a. Problem-solving skills and complexity of information processing
   b. Team work and communication skills, accountability for performance and values.

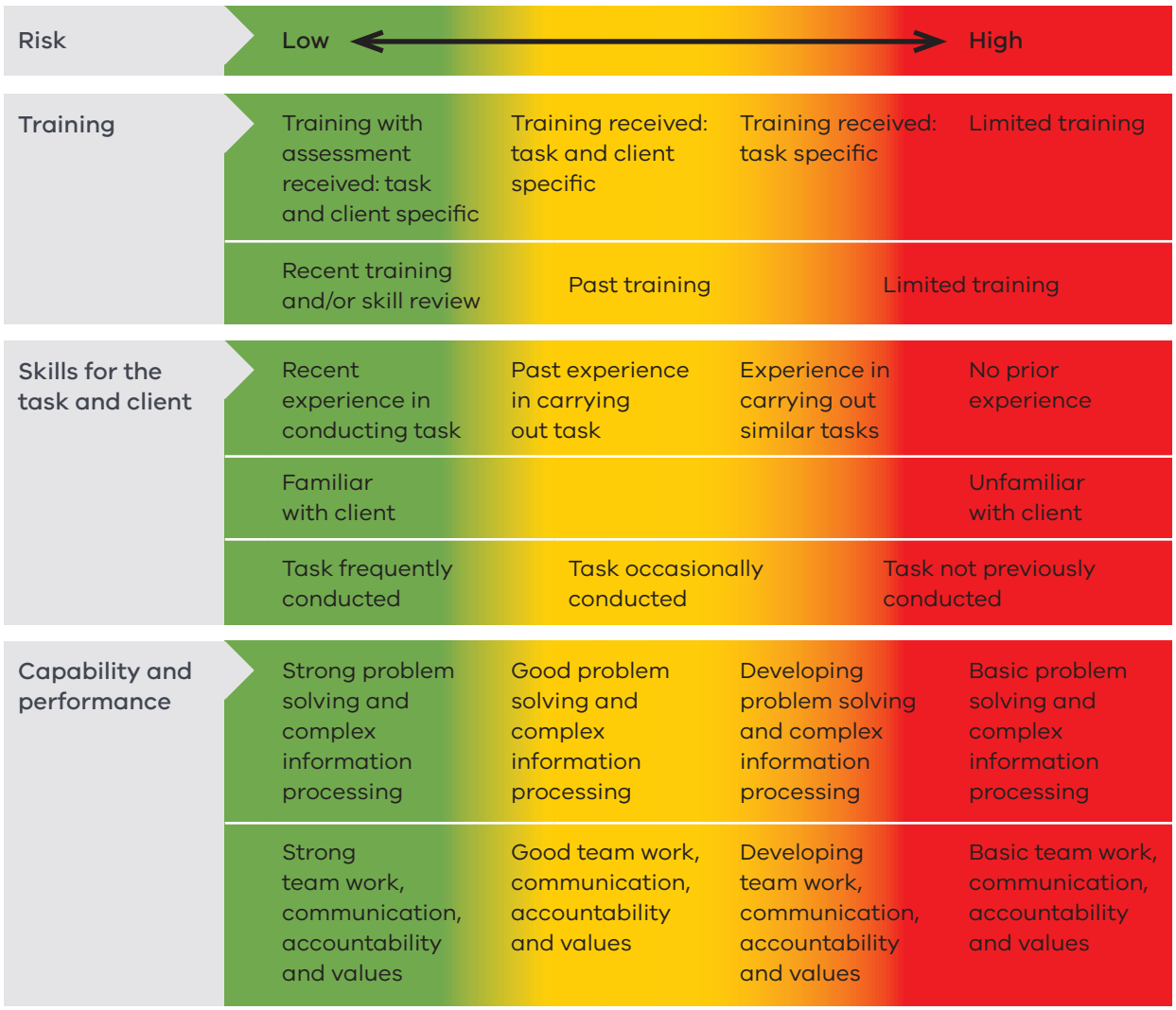
Figure 3.6: Global risk tool



Legend: ADL: activities of daily living

Note: This figure is a decision support tool to assist and support the allied health professional's judgement in regard to risk.

Figure 3.7: Assessment tool – allied health assistant or disability support worker level of training, skills and capability



Note: This figure is a decision support tool to assist and support the allied health professional's judgement in regard to risk.

3.6 Consequences of inaction

The allied health professional should consider the potential outcome for the client if a task is not allocated or delegated to an allied health assistant or disability support worker. This may be in relation to available funding for allied health tasks, client's request, goals and needs. However, all tasks delegated or allocated should have risk and risk mitigation plans, whether informal or formal, with clear and accessible communication and documentation.

Where the decision is made not to proceed, it is necessary to clearly document this. If delegation of tasks is deemed best practice, however environmental factors prevent this, based on the decision-making factors involved, recommendations for resolution should be provided to the client, decision maker, support coordinator, line manager or through NDIS planning processes.

Dignity of risk recognises that people should be able to do something that involves a level of risk, ensuring that they are empowered to make their own choices, understand and live with the consequences.

Case study: Shared decision making

Greg really enjoys pizza; however, he often coughs when trying to eat it. Greg has requested a speech pathologist to review his swallowing ability. The speech pathologist assesses Greg's swallowing and identifies a risk that Greg will choke if he continues to eat pizza. Therefore, the speech pathologist recommends Greg doesn't eat pizza. Considering the risks outlined by the speech pathologist, Greg decides he would still like to eat pizza. The speech pathologist, using risk mitigation tools and clinical judgment, informs Greg of the risks associated with eating pizza and possible risk minimisation strategies. The speech pathologist, in consultation with Greg, develops a risk management plan, including a list of strategies to reduce the risk of aspirating and what to do if this occurred. Greg approves the risk plan. He is able to make an informed decision and, with the speech pathologist's support, decides to only eat pizza at the times he is most alert and is sitting well supported in his wheelchair. Greg has previously been assessed as competent to make this decision by his general practitioner. This discussion, the Greg's informed decision and the risk mitigation strategies are documented.

Case study: Global Risk tool

Penny is a 24-year-old with an intellectual disability whose goal is to walk one kilometre every day for her exercise. Penny's physiotherapist has supported Penny on a number of walks around her suburb without incident. However, Penny is known to display behaviours of concern if she encounters a Banksia tree. The large spiky flowers cause Penny distress. The funding for the physiotherapist's support is ending; however Penny would like to continue her program.

The physiotherapist uses the Global Risk tool, in combination with their professional judgment, to determine if the task is suitable to delegate or identify to a disability support worker. Penny's physiotherapist decides that even though walking for exercise is considered a low-risk task for Penny, it becomes a high risk if she encounters a Banksia tree. The physiotherapist considers that gentle verbal guidance is required for Penny's walking, but specific strategies to respond to Penny's distress and prevent escalation would be required if Penny encounters a Banksia tree. Penny has a consistent disability support worker who knows her well and who could complete this task with her.

The physiotherapist is aware that this is the first time the disability support worker has completed a walking program; however, the disability support worker demonstrates strong problem-solving skills when asked how they would manage a challenging situation. The physiotherapist also recognises the consequences of not delegating or identifying the task: Penny would not achieve her main goal, would not be able to access the community and her quality of life would be impacted.

In conjunction with Penny, her decision maker and the disability support worker, the physiotherapist determines a risk mitigation strategy to identify and allocate the walking program. The risk mitigation strategy involves the disability support worker exploring the suburb to locate any Banksia trees, then mapping out appropriate walking paths for Penny to undertake her exercise program. The physiotherapist provides written and verbal recommendations for the program, as well as plan for escalation and for identifying early signs of Penny's distress, to Penny's decision maker, the disability support worker and the line manager. The physiotherapist transfers the walking program to the disability support worker's line manager and the line manager takes responsibility for the activity. The disability support worker supports Penny with her exercise program every day. Penny is happy that she can walk one kilometre every day.

04
Supervision

Supervision allows for safe and effective monitoring of tasks delegated or identified by allied health professionals to allied health assistants and disability support workers.

This chapter describes the supervisory role of allied health professionals in ensuring safe and effective support of clients in the disability context. Three types of supervision are necessary when providing allied health services:

- therapeutic (requires an allied health professional and is referred to as 'clinical' supervision in the health context)
- managerial
- professional (including personal/pastoral).

This chapter clarifies how the supervisory roles may be separated and provided by different people to support appropriate and effective delegation and allocation of allied health tasks to allied health assistants and disability support workers. It is important to consider if the appropriate and qualified person is providing all three types of supervision.

4.1 Key elements of supervision

Effective supervision comprises of four key elements:

Delegation: involves entrusting/giving responsibility to another person (the allied health assistant or disability support worker) to undertake tasks or make decisions, while retaining accountability for the activity being delegated.

Direction: provides advice on the course of action to be taken.

Guidance: shows the way for effective learning through visual/verbal/manual/mechanical aids.

Support: nurtures, reassures and protects, enabling a person to gain skills and confidence.

Supervision can vary in what it includes and how it is delivered. It may incorporate elements of direction, guidance, observation, collaboration, exchanging ideas and coordination of activities[11]. It may be direct, indirect or remote, according to the nature of the work being delegated. In the context of allied health assistants or disability support workers undertaking therapeutic duties, effective supervision also incorporates a significant element of monitoring.

Generally, supervision:

- supports the development of individuals in line with personal needs and service requirements
- provides support to the individual through validating their work, providing clarity regarding roles and expectations, feedback and opportunities for reflection, performance of tasks, quality of therapeutic support and workload
- monitors workloads and quality of the delivery of services[20].

4.2 The supervisory relationship

Allied health professionals can delegate to allied health assistants and must have a therapeutic supervisory role for all therapeutic activities delegated to an allied health assistant. This reflects that allied health professionals can delegate tasks of higher complexity and potential therapeutic risk to allied health assistants because of assistants' allied health specific training, skills and knowledge. Delegation of allied health tasks and the supervision of allied health assistants significantly increase the capacity of allied health professionals to provide therapeutic services. However, an effective supervisory relationship is a prerequisite for this to occur safely and for clients to benefit from this workforce model.

In disability services, an allied health professional may delegate therapy tasks that are of lower risk to a disability support worker than they would delegate to an allied health assistant. These tasks are likely to be related to the continuation of therapy plans to optimise skill, wellbeing and functioning for individuals with a disability. If the allied health task has been delegated, disability support workers must receive therapeutic supervision by an allied health professional for the performance of that task.

Disability support workers cannot accept delegation of allied health therapeutic tasks unless structures and mechanisms for supervision by an allied health professional are in place.

However, if an allied health professional identifies an allied health task and transfers the responsibility for that task to the line manager, when the line manager allocates the task to a disability support worker, the line manager must provide professional supervision to the disability support worker. The allied health professional should be aware that the line manager cannot provide therapeutic supervision unless they are an allied health professional and the task allocated is within their scope of practice. The allied health professional must provide a plan for escalation or indicators for when allied health input is required for safe and effective client support.

4.3 The role of a supervisor

The supervisor has responsibility for ongoing supervision by setting, encouraging, monitoring and assessing the standard of work performed by the allied health assistant or disability support worker. This ensures that an allied health assistant or disability support worker can safely, effectively and efficiently perform their work according to their position description, skills and ability, and the work environment. This is best achieved through the supervisor having a good awareness of an allied health assistant or disability support worker's knowledge, skills and their personal strengths and weaknesses. The supervisor should set appropriate and clearly articulated expectations, monitor performance and provide the appropriate level of support. In the context of disability services, an allied health professional or a line manager of the allied health assistant or disability support worker may perform this role, depending on whether the Delegation Model or the Identification Model has been used.

4.4 Types of supervision

Table 4.1 outlines the different types of supervision and the associated activities and duties. It is possible for the different types of supervision to be performed by separate people or, depending on the nature of tasks, combined in a single role.

Table 4.1: Types of supervision

Supervision type	Definition	Supervisor's duties
Therapeutic	A professional relationship that supports the allied health assistant or disability support worker to develop knowledge and capability, assume responsibility for their own practice, and improve client/consumer protection and safety of client support in therapeutic situations.	• Monitoring work performance of allied health tasks • Maintaining ethical and professional standards of client allied health therapeutic support • Ensuring that the supports being delivered are consistent with the client's goals and service agreement between the therapist and the client, and NDIS principles.
Managerial	Supervision relating to the position description or the workplace.	• Sharing information relevant to work • Clarifying task boundaries • Identifying training and development needs • Performance management • Monitoring the employee's work with clients • Prioritising workloads • Ensuring that the supports being delivered are consistent with the client's goals and service agreement between the provider and the client, NDIS principles and any legal and regulatory obligations.

Note: this table is based on the National Health Service's *Supervision for healthcare assistants* (adapted from *Supervision and delegation framework for allied health assistants*)[3]

4.5 Therapeutic supervision

Therapeutic supervision (referred to as clinical supervision in the health context) is a professional relationship that supports the allied health assistant or disability support worker to develop knowledge and capability, assume responsibility for their own practice, and improve client protection and safety in therapeutic support situations. Therapeutic supervision must be provided by an allied health professional. At times, the allied health professional may also provide personal/pastoral supervision in relation to professional issues; however, this is ultimately the responsibility of the line manager.

4.6 Managerial and professional supervision

The line manager of the allied health assistant or disability support worker provides managerial and professional supervision, which involves issues relating to the position description or the workplace. They are typically responsible for recruitment and orientation of the allied health assistant or disability support worker, as well as rostering, performance development and management, and supervision.

Within client support teams, different people provide different types of supervision. Commonly, allied health assistants and disability support workers will have:

1. a client as the recipient and purchaser of support and services
2. a line manager they report to, who will take responsibility for supporting them in regard to managerial and personal pastoral supervision
3. an allied health professional who will take responsibility for providing them with therapeutic supervision
4. a support coordinator may also be available to provide support in relation to a particular client.

It is important to understand where the duty of care fits when multiple people are supervising an allied health assistant or disability support worker. To ensure consistent and safe supervision, it should be structured and the roles of each supervisor should be clear.

4.7 Modes of supervision

The mode by which supervision occurs can vary. Supervision may be direct, indirect or remote.

Direct supervision is where the supervisor works alongside the allied health assistant or disability support worker and can observe and direct their activities providing immediate guidance, feedback and intervention as required.

Indirect supervision is where the supervisor is not physically present, but there are processes to ensure the supervisor is easily contactable and accessible to provide direction, guidance and support as required.

Remote supervision is where the supervisor is located some distance from the allied health assistant or disability support worker, but processes are in place to ensure the supervisor is contactable and reasonably accessible to provide direction, guidance and support as required. Mechanisms will be in place allowing the supervisor to monitor and support the allied health assistant or disability support worker from a distance, including the use of information communication technologies, such as multimedia messaging services and video conferencing.

In determining reasonable accessibility and the frequency of monitoring, the supervisor must consider the skills, competence and industrial classification of the allied health assistant or disability support worker and the nature of the allied health tasks they are performing.

4.8 Monitoring performance

Monitoring allied health assistants or disability support workers' performance of allied health tasks and activities is important in ensuring the safe delivery of quality allied health services. Monitoring is a process of ensuring the delegated task is being completed safely and capably in the manner required[17]. Effective supervision incorporates a significant element of monitoring. Mechanisms must be in place to support the monitoring deemed necessary by the allied health professional for the safe delegation or identification and allocation of a specific allied health task. The level of and responsibility for monitoring is determined by the model.

Monitoring an allied health assistant's or disability support worker's implementation of delegated activities allows allied health professionals to:

- ensure the allied health assistant or disability support worker can do that activity
- ensure the activity is being completed appropriately and complies with instructions

- modify the activity or instruction, as required
- determine where the allied health assistant or disability support worker may need further support or development
- ensure the outcomes of the activity are expected and appropriate.

When deciding if a task can be delegated or identified for allocation, allied health professionals must consider if the appropriate monitoring mechanisms are in place. The modes and frequency of monitoring will depend on a range of factors, including the nature of the delegated task, the client condition (for example, severity and stability), the setting/environment, and the knowledge and skill level of the allied health assistant or disability support worker.

When an allied health professional transfers the accountability for an allied health therapeutic task to a line manager, client or decision maker for allocation to a disability support worker, the allied health professional should provide clear recommendations and guidelines regarding appropriate support mechanisms for the disability support worker and when therapeutic supervision is required.

4.9 Appropriate monitoring strategies

A range of direct and indirect strategies can be used to monitor an allied health assistant or disability support worker's performance.

1. Direct monitoring strategies include observation of task implementation; therapeutic supervision face-to-face or via teleconference; and verbal or written feedback from the allied health professional
2. Indirect and remote monitoring strategies include tracking activity performance, liaising with the client, monitoring client progress, reviewing notes or therapy plans, reviewing log books, diaries and timetables, and measuring outcomes using assessment tools.

Tables 4.2 and 4.3 provide a framework to assist allied health professionals determine the frequency and type of monitoring that may be required for a given task.

The last column in each table provides recommendations about the suitability of a train-the-trainer model to support the Identification and Training Models. A train-the-trainer model is defined as the initial training of a person or people who, in turn, train other people at their workplace[21]. For example, in the context of this framework, an allied health professional may train one disability support worker (who may be the key worker), who would then train other disability support workers in that task. Allied health professionals should consider the risks associated with train-the-trainer models, including ability to evaluate future disability support workers' performance, the complexity of the task, and risks to the client and staff. The allied health professional should clearly articulate boundaries for this type of training.

Table 4.2: Monitoring and supervision by level of risk – allied health assistants

Level of risk	Level of training requirement	Level of monitoring/supervision	Train-the-trainer appropriate?
Higher risk	1:1 on-the-job training and observation	• Allied health professional delegates task • Allied health professional provides guidance and direction at commencement of task • Supervision continues until goal achieved • Frequent monitoring • Communication links established between allied health professional and allied health assistant	No
Medium risk	1:1 on-the-job training and observation	• Allied health professional delegates task • Allied health professional provides guidance and direction at commencement of task • Supervision continues until goal achieved • Regular monitoring • Communication links established between allied health professional and allied health assistant	Potentially
Low risk	Team or 1:1 training On-the-job training and/or observation	• Allied health professional delegates task • Allied health professional provides guidance and direction at commencement of task • Supervision continues until goal achieved • Intermittent monitoring • Communication links established between allied health professional and allied health assistant	Yes
Assignment	Group or individual training session	• Supervision provided by line manager/ coordinator (may or may not be allied health professional)	Yes

Note: The table is a framework and should be used in conjunction with the allied health professional's clinical judgement.

Case study: Supervision of an allied health assistant

Jack is an 11-year-old boy with a diagnosis of Autism. Jack requires assistance with daily living, establishment of routine and skill development to promote independence. Jack's father is a sole parent who receives support for his mental health and requires assistance in establishing a routine for Jack.

Jack's plan provides funding for an occupational therapist to assess Jack's capacity to attain skills to dress independently and engage in a morning routine, preparing him for school. Block funding has been received to achieve this goal. As Jack's father needs extra support, it is determined that an allied health assistant would be suitable to continue the program after the occupational therapist has provided a training plan. This would establish and practise the routine, building the capacity of both Jack and his father.

The occupational therapist completes the assessment with Jack and his father, including an assessment of Jack's strengths and weaknesses, and the suitability and goals of the program. The occupational therapist establishes SMART goals with Jack and his father. The occupational therapist develops a routine with prompts and visual guides.

An allied health assistant is employed to follow the dressing and travel training program, building Jack's independence and his father's capacity to support this. The allied health assistant also helps to develop the required visual guides to support Jack in achieving his goal. The occupational therapist trains the allied health assistant in the routine with Jack and his father over two sessions.

The occupational therapist uses their clinical judgement to assess that the allied health assistant demonstrates the ability to deliver the program safely and effectively for Jack. The occupational therapist documents their training, recommendations and work with Jack and his father.

The allied health assistant continues the therapy sessions with Jack and his father. The occupational therapist is available by phone to provide therapeutic supervision once a week. A face-to-face therapeutic supervision is organised at the request of the allied health assistant and Jack, as Jack is not getting him to school on time. The occupational therapist checks the program and outcomes of the past three weeks by viewing the shared platform for documentation that Jack and his father have consented to use. The occupational therapist completes the joint session with Jack, his father and the allied health assistant to problem-solve the difficulties and modifies the program. At the end of 12 weeks, the occupational therapist evaluates therapy outcomes to provide a summary report to the NDIS and the goals have been achieved.

Table 4.3: Monitoring and supervision by level of risk – disability support worker

Level of risk	Level of training requirement	Level of monitoring/supervision	Train-the-trainer appropriate?
Higher risk (identification or delegation)	1:1 on-the-job training and observation	• Allied health professional identifies and transfers a task to the line manager/coordinator (allied health professional documents in the therapy plan with risks and risk mitigation strategies stated) • Line manager allocates task or allied health professional delegates task to the disability support worker* • Guidance, direction and training is provided at commencement of task and for new staff members • Allied health professional continues supervision until the allied health professional deems it appropriate to transfer accountability to the line manager • Line manager provides supervision • Frequent monitoring • Communication links between disability support worker, allied health professional and line manager established **Allied health professionals should only delegate high-risk, complex tasks to a disability support worker if close supervision and monitoring arrangements are in place as the allied health professional remains accountable in this relationship.*	No
Medium risk (identification or delegation)	1:1 on-the-job training and observation	• Allied health professional transfers task to line manager/coordinator (allied health professional documents in the therapy plan with risks and risk mitigation strategies stated) or allied health professional delegates task to disability support worker*	Potentially

Level of risk	Level of training requirement	Level of monitoring/supervision	Train-the-trainer appropriate?
Medium risk (identification or delegation) *cont...*	1:1 on-the-job training and observation	• Guidance, direction and training is provided at commencement of task • Supervision continues until allied health professional deems it appropriate to pass on accountability to the line manager • Line manager or allied health professional provides supervision • Regular monitoring • Communication links between disability support worker, allied health professional and line manager established **If an allied health professional is delegating medium risk/medium complexity tasks to a disability support worker, careful consideration of supervision and monitoring is required as the allied health professional remains accountable in this relationship.*	Potentially
Low risk (identification only)	Team or 1:1 training On-the-job training and/or observation	• Allied health professional transfers task to line manager/coordinator (allied health professional documents in the therapy plan with risks and risk mitigation strategies stated) • Guidance, direction and training is provided at commencement of task • Line manager or allied health professional provides supervision • Intermittent monitoring • Communication links between disability support worker, allied health professional and line manager established	Yes
Assignment	Group or individual training session	• Supervision provided by line manager/ coordinator (not allied health professional) • Training as appropriate at commencement of task	Yes

Case study: Supervision of a disability support worker

Lenny is 13-year-old boy with cerebral palsy who is learning to use a computer and tablet application to develop independent recreational options. Lenny's goal is to learn how to send emails and use Instagram. A referral is made to a speech pathologist to assess Lenny's current skill level.

Lenny attends a mainstream secondary school using a powered wheelchair. He has severe communication impairment and a mild intellectual disability. His hand skills are limited due to spasticity so direct access to a tablet or computer is not possible. The speech pathologist contacts Lenny's family and provides assessment and support over four sessions during which various assistive technologies are sourced and trialled. In consultation with Lenny, the speech pathologist recommends training sessions twice per week.

The speech pathologist provides training to Lenny's family and a disability support worker who Lenny currently uses for occasional respite on how to assist Lenny with the assistive technology.

With consent from the client, the line manager agrees to provide time to the disability support worker to receive therapeutic supervision from the speech pathologist. This is set initially as 30 minutes per week but will be reviewed according to the supervision needs.

The speech pathologist remains in contact with the disability support worker in the first two weeks, with supervision by mobile video and email. Supervision by the speech pathologist continues but is less regular over the following weeks. Email contact between the disability support worker and speech pathologist continues on a monthly basis to check on any issues and monitor progress.

The speech pathologist reviews the program at end of the established period. Lenny and his family meet to review Lenny's skills and adjust the program. All therapy, supervision, reviews of the client and recommendations are documented.

4.9.1 Monitoring plans

Before delegating an activity to an allied health assistant or disability support worker, the allied health professional must know how they will monitor the activity they are delegating. They should consider:

- what will be monitored
- what monitoring strategies they will use
- how regularly they will monitor the activity
- what mode of communication they will use to monitor the activity (for example, face-to-face, phone, videoconference)
- documentation and risk identification
- escalation strategies.

When identifying a task that will be allocated to a support worker by a line manager, the allied health professional must clearly inform the line manager of the risks, risk mitigation strategies and recommended strategies to support the disability support worker to safely and effectively perform the task. This should be documented.

4.10 Approaches to supervision

Successful models of supervision emphasise the need for allied health professionals or line managers to use approaches that are appropriate to the allied health assistant or disability support worker's level of experience and training. Supervision is a 'dynamic' process requiring the supervisor to determine the supervisee's knowledge and skill level, and evaluate and adjust their strategies to ensure that delegated allied health tasks are provided safely. It is important to note that it is the client's right to provide consent for communication between their support team. The client also has a right not to consent. In this circumstance, delegation and supervision of allied health tasks is not appropriate.

4.10.1 Strategies for supervision

A range of strategies may be helpful in supervising allied health assistants or disability support workers. These can be used in combination[16]:

Direct observation: for determining technical capability and how an allied health assistant or disability support worker behaves in a therapeutic setting.

Direct observation of an allied health assistant or disability support worker performing a task is critical to ensuring client safety. It allows supervisors to gauge the skills and abilities of an allied health assistant or disability support worker. Combined with focused feedback, direct observation has been shown to facilitate the most rapid skill development and confidence. The key advantage is that the supervisor can directly observe and assess the allied health assistant or disability support worker's skill level and correct performance if required. The supervisee can also seek direction if required.

It is recommended that direct supervision is used:

- to make an initial determination of an allied health assistant or disability support worker's skills and abilities
- when the allied health assistant or disability support worker is learning a new skill or technique
- when the allied health assistant or disability support worker is performing a task with a client for the first time
- when the supervisor has concerns about the allied health assistant or disability support worker's ability to perform the task safely and effectively.

Observation via multimedia messaging services or video conferences: for observing performance of an allied health assistant or disability support worker in a therapeutic setting.

While these technologies can be used to observe performance, this option is not as accurate as direct observation. It should be considered in conjunction with other modes of supervision. Client privacy needs extra consideration due to the risks related to the use of information technology. Organisational guidelines should support staff and clients in using this form of monitoring. This method should not be covert or used for performance management. It must be agreed to by the allied health assistant or disability support worker.

Client therapy plan or notes: can provide information regarding the completeness and quality of the therapy provided.

With the client's consent, examining the therapy plan or notes may help determine what support was provided and whether it was in accordance with the agreed treatment plan. If the allied health professional also has managerial responsibility for an allied health assistant, an audit measures the ability of the allied health assistant to make notes in the therapy plan/case notes.

Protocol reliability check delegated to line manager: can provide clarity and assessment of specific task performance.

Regular discussions: to appropriately monitor performance and provide support.

Discussions should be scheduled regularly to talk about workload, performance and raise issues that need support. Discussions may be in person, by phone or email.

Team meetings: can help assess professional behaviour, communication and collaboration.

Team discussions can also provide the supervisor with information or perceptions that can be useful in the ongoing review of the safe performance of allied health services. Informed by collective review of case notes, incident reports, client feedback and staff feedback.

4.10.2 Profession-specific supervision

It is important that an allied health assistant or disability support worker has access to an allied health professional of the relevant profession when undertaking duties associated with that profession. Refer to peak bodies' statements on the support workforce for further details[23-26].

Allied health assistants who have profession-specific qualifications and perform allied health tasks delivered by that profession (for example hydrotherapy), should have access to regular, structured supervision sessions with an allied health professional from that profession. Where allied health assistants perform tasks from multiple professionals, they should have access to supervision sessions involving all allied health professionals delegating tasks. If the roles of the allied health assistant are generic, it is reasonable for them to be supervised by any allied health professional from within the support team.

Allied health assistants or disability support workers may be required to work across several locations. This can add a degree of complexity that needs to be considered and addressed in ensuring appropriate supervision arrangements are in place.

4.10.3 Provision of high-quality allied health services

Other systemic approaches that support high-quality allied health services in disability include:

- all delegated tasks and activities have written protocols that incorporate robust processes to support the allied health assistant or disability support worker to undertake tasks and identify situations when they need to seek further support from an allied health professional
- all tasks are evidence-based and best practice
- therapy planning processes are documented, with the allied health professional reviewing the client's progress
- face-to-face visits are scheduled by the allied health professional to see clients and provide therapeutic supervision to the allied health assistant or disability support worker
- regular contact is maintained between the allied health professional and allied health assistant or disability support worker to discuss emerging issues or escalation
- access to professional development activities for allied health professionals, allied health assistants and disability support workers as required.

4.10.4 Importance of building a strong working relationship

The quality of the relationship between supervisor and supervisee is one of the most important factors for effective supervision[23]. It is important that:

- time is regularly set aside for formal supervision sessions or practice review
- the supervisor is reasonably accessible to provide support as required to ensure client safety
- there is continuity in the supervisor[24].

Research has identified that supervision sessions held away from the workplace can assist in building trust and rapport, strengthen skills, and support reflection[24]. While this may not always be possible, it is a good idea to meet in a location where issues can be discussed without interruption and away from the location of allied health service provision. When setting throughput targets for allied health professionals, it is important that allied health managers and disability service organisers consider the time required to supervise an allied health assistant or disability support worker, so that the workload of allied health professionals with these responsibilities is manageable.

4.11 Characteristics of effective supervisors

A review of the literature identifies[24] that:

1. Supervisors need to be therapeutically competent and knowledgeable, have good communication skills and be able to relate well to those they supervise.
2. The relationship between the supervisor and the supervisee should recognise the allied health assistant and disability support worker gaining more experience.
3. Helpful supervisory relationships include giving direct guidance on therapeutic support work, linking theory to practice, joint problem solving, and offering feedback, reassurance and role models.
4. Supervisors need to provide supervisees with clear feedback about their errors, so they are aware of any mistakes or weaknesses. Supervisors should also make suggestions to assist the allied health assistant or disability support worker to avoid making mistakes in the future, or offer ways to strengthen their performance.
5. Supervisors need to provide supervisees with clear feedback about the strengths of their performance to promote good outcomes. It is useful to provide positive feedback that is specific and provides detail on how the performance is linked to expected outcomes or behaviours[25].
6. Ineffective supervisory behaviours include rigidity, low levels of empathy with others, failure to offer support, failure to follow up supervisees' concerns, inability to facilitate learning, being indirect and intolerant, and focusing on evaluation and negative aspects.

4.12 Giving feedback

Giving feedback is an important component of supervision. The supervisee needs to understand what is going well and what requires improvement. Feedback helps supervisees understand how others observe what they did, how it was done and the consequences of their behaviour. Being aware of their actions enables them to change their behaviour and become more effective in their interactions or improve their performance.

The goal of feedback is to develop agreed action plans to improve performance. Feedback loops should also involve clients, plan nominees and decision makers.

Tips for providing and receiving positive feedback.[26]

Focus feedback on:

- behaviour rather than the person
- observations rather than inferences
- descriptions rather than judgements
- behaviour descriptions in terms of more or less, rather than 'either or'
- specific situations, preferably in the 'here and now', rather than abstract behaviour in the 'there and then'
- sharing of ideas and information, rather than giving advice
- exploring alternatives, rather than the answers or solutions
- the value it may have to the recipient and not the value or 'release' that it provides for the person giving the feedback
- the amount of information that the person receiving feedback can use, rather than the amount you might like to give
- time and place, so that personal data can be shared at the appropriate time
- what is said, rather than why it is said.

4.13 Skills associated with supervision

Supervision is an important skill for all allied health professionals. Supervisors are responsible and accountable for the quality of supervision they provide to allied health assistants or disability support workers.

Staff with responsibility for supervising other staff should take responsibility for:

- ensuring they have the appropriate knowledge, skills and abilities to provide supervision
- participating in appropriate professional development activities to acquire the necessary competencies.

Managers of allied health professionals and organisations should ensure all staff with roles in therapeutic supervision have completed appropriate training and work within the organisation's supervision polices.

Given the level of complexity of allied health tasks delegated to disability support workers, line managers must ensure that disability support workers have access to therapeutic supervision from an allied health professional. When an allied health professional identifies tasks and transfers them to a line manager for allocation, the line manager should have the skills and knowledge to support disability support workers in their roles. This includes identifying when supervision is required for safe and effective therapeutic support, and making sure this occurs.

4.14 Establishing appropriate supervision structures and mechanisms

Supervision systems and policies are critical for the delivery of safe and effective therapeutic support for clients. Supervision frameworks and policies will ensure the following:

1. Supervision structures and arrangements are in place and clear, with policies that:
   a. clearly document the role and responsibilities of allied health professionals in supervising allied health assistants and disability support workers
   b. accommodate the different allied health professional requirements and approaches to supervision across the allied health professions
   c. ensure allied health professionals are aware of their responsibilities to allied health assistants, disability support workers and line managers, including:
      – managerial responsibility for supervising on a day-to-day basis (if applicable)
      – responsibility for providing therapeutic supervision or practice review
   d. ensure allied health assistants are aware of:
      – the allied health professionals to whom they are accountable on a day-to-day basis and whom they will meet with regularly for therapeutic supervision or practice review
      – staff members they can go to for support and supervision if the allied health professional to whom they are accountable is absent or unavailable
   e. ensure line managers are aware of:
      – managerial responsibility for supervising on a day-to-day basis
      – the role and responsibilities of allied health professionals in supervising allied health assistants and disability support workers
      – the scope and roles of allied health assistants and disability support workers in providing allied health therapeutic support
   f. clearly document the role and responsibilities of allied health professionals in supervising disability support workers, including:
      – the appropriate situation for an allied health professional to delegate and supervise a disability support worker
      – mechanisms for safely and appropriately passing accountability and supervision arrangements to a line manager
   g. disability support workers are aware of:
      – the communication lines between the allied health professional, disability support worker and line manager.
2. Standards are set and clearly communicated in regard to the requirements and expectations relating to therapeutic supervision or practice review, including frequency of therapeutic supervision,

confidentiality and documentation, and the need to work within the NDIS service agreements with clients and NDIS provider obligations

3. Mechanisms are in place, so that when an allied health professional leaves, the responsibilities for providing supervision to the allied health assistant or disability support worker are reassigned and, where this is not possible, the role and scope of the allied health assistant or disability support worker is reviewed. All allied health assistants and disability support workers undertaking discipline-specific allied health tasks must have a line of supervision to allied health professionals of the relevant discipline area(s).
4. Training or professional development is available to support supervisors to acquire supervision skills.
5. Training or professional development is made available to support allied health assistants or disability support workers to address learning needs identified in therapeutic supervision or practice review sessions.
6. Qualifications and skills of allied health assistants and disability support workers are documented. It is expected that allied health assistants and disability support workers will participate in a range of continuous professional development activities, including on-the-job training and formal training programs. It is important that formal mechanisms are in place to monitor and record the qualifications and skills they acquire.

An appropriate amount of time should be made available for supervisors to supervise allied health assistants and disability support workers. This is important in ensuring high-quality and safe client support. See chapter 5 for structures and mechanisms that support effective supervision practices.

4.15 Approaches for allied health services in a rural context

It is important that risk management and contingency strategies are in place so that allied health assistants or disability support workers can continue working with the support and supervision of an allied health professional when a sole allied health professional is unavailable. Given the high workplace mobility of allied health professionals and the large percentage of sole allied health professionals working in rural Victoria, this may be challenging. If systems are not in place to cover these situations, this should be discussed with the client or decision maker and the scope of the allied health assistant or disability support worker should be restricted until another allied health professional can provide supervision.

05 Communication

Allied health professionals, disability support workers, allied health assistants and line managers all require good communication and interpersonal skills to provide safe and high-quality services to clients.

This chapter defines communication and outlines the challenges with consistently achieving successful communication in disability services. It provides guidance on communication strategies and approaches, with emphasis on safe and effective allied health services.

Clear and considered communication should occur:

- when delegating or identifying and allocating a task
- when transferring accountability for a task
- during supervision
- when providing feedback about the implementation of a task
- when discussing a client's progress
- when delivering training.

5.1 Benefits of effective communication

Effective communication has many benefits. Table 5.1 outlines benefits for support workers and clients.

Table 5.1: Benefits of effective communication

For disability support workers and allied health assistants	For clients
Helps the support workforce to give and receive information that is relevant to a client's support and wellbeing	Enables the client to be central to decision making about their supports and life, and to receive communication in a format that suits their needs and circumstances
Allows the support workforce to provide safe and effective client support	Enables the client to receive high-quality client-centred and effective services and supports
Enables the support workforce to express trust, acceptance, understanding and support	Strengthens cooperation and partnership in their provider relationships and ensures they are well informed about their service and support options and progress
Allows the support workforce to identify and meet the goals and needs of each client	Empowers clients by allowing them to express their needs, worries, wishes and preferences
Enables the support workforce to identify and support a client's abilities and improve their independence	Creates equality and opportunities for self-expression and to be understood by the support workforce

Table adapted from the Business and Technology Education Council – Health and Social Care Unit 1[27].

5.2 Different forms of communication

Communication may be between the allied health professional, allied health assistant, disability support worker, client, support coordinator, key worker, team leader, line manager, family, decision maker or client advocate. Communication may involve two people or many people and teams, and may or may not include the client.

Forms of communication include:

- **verbal communication:** face-to-face, telephone, videoconference or mobile applications
- **non-verbal communication:** body language, gestures, facial expression, eye contact and sign language
- **written communication:** emails, case notes, treatment programs, spreadsheets, pictures, checklists, reports, computerised communication, team communication software or applications and the intranet.

Understanding, considering and using the different forms of communication, as appropriate, will improve communication and help ensure that the correct message is received and understood. Communication may be assisted by the use of technology and information systems, such as tablets, smartphones and shared platforms.

5.3 Factors that influence communication in disability

There are many factors in disability that make achieving effective communication challenging, such as the environment, the nature of the disability workforce, differing management lines, variable education and training, knowledge and experience, and implementation of information technology. A detailed explanation of each of these factors is provided below.

These factors should be considered and addressed, where possible, to improve communication.

5.3.1 The client's decision making

The client should be at the centre of communication and decisions and can determine the interaction between service providers. Clients have a right to make informed decisions and express their choice and preference. Some clients may need support to make decisions – this is supported decision making. Please refer to the Department of Health and Human Service's *Supported decision making guide* <http://services.dhhs.vic.gov.au/supporting-decision-making> for further details.

Factors that may influence communication that evolve from the client include:

- the specific communication needs of the client or their plan nominee or decision maker, for example, if they use a communication device, sign language or speak a language other than English
- shared decision making
- client and family motivation and self-determination
- client activeness and confidence in the therapy
- health literacy of the client
- client and support provider relationships and the level of equality and trust between parties
- client's understanding of support provider communication and its benefits.

Involving the client in the communication is vital in providing safe and effective support. It is important that the client is empowered and participates in communication, and understands the importance of communication across their support team. The client can facilitate communication across their support team by providing consent and participating in communication between support team members.

5.3.2 Workforce

Disability support workers are a highly casualised, part-time workforce. The communication challenges they face include:

- variable staffing and workforce turnover
- the involvement of multiple organisations in providing services to clients
- limited time to communicate due to competing requirements and workloads
- the need to work within a participant's NDIS funding

- working in various locations (community, homes, schools workplaces).

An effective communication strategy is needed to address these challenges. A mode of communication that is not person-dependent and is robust and clear enough to be understood by all people is required. It must be efficient to make, and easy to change and update if required. For example, written information that is easily updated (such as a template on a computer) will provide clear communication and be easily updated.

5.3.3 Communication lines

As there are many team members and service providers involved in supporting a client, the communication lines may be difficult to negotiate. Disability support workers and allied health professionals are often employed by different organisations with different goals, values, priorities and obligations. Differing communication lines between clients, service providers and the support workforce may result in inadequate or untimely communication, which can limit the time available to develop skills for implementing allied health tasks.

Recognising these challenges, communication strategies need to develop mutually agreed and consistent methods and processes for communication, and establish clear points of contact. Pathways for communication need to be understood by everyone and agreed to by the many organisations providing services to the client.

5.3.4 Environment

Allied health services may be provided in multiple locations – the client's home, community and residential services. So, communication may occur with the client present or not.

Challenges related to the environment may include:

- if the communication is not in the same location as the task, it may be difficult to contextualise
- if the allied health assistant or disability support worker and allied health professional are not in the same location at the same time, this will impact on the timeliness and form of communication that can be used.

Environmental challenges require communication methods that are effective when people are not physically present or available at the same time, such as emails. However, as there are inherent difficulties with non-face-to-face communication, strategies need to establish agreed processes and modes that will ensure timeliness, accuracy and consistency in communication.

5.3.5 Information technology

Information technology is being increasingly used to improve communication, however there are particular challenges with its use. These include:

- access or knowledge of information technology, differing software programs and time required for training in technology
- services in multiple locations and multiple support workers, with information centred around the client, require consideration of maintaining appropriate, timely, safe and confidential access to information
- opportunities for the client to hold this information
- staff literacy and confidence with information technology.

There are two key challenges related to communication via information technology. As new technologies are being developed, staff skills and knowledge may differ greatly, so the choice of software programs and technology should be carefully considered. The use of simple and widely used technology may be more appropriate unless adequate training for newer or more complicated technologies is available. The second challenge is developing an accessible system for staff based across multiple locations where client confidentially and privacy is required. This may require that much information remains with the client, as the central location, however documents and medico-legal requirements may need to be stored away from the client.

5.3.6 Levels of skill, knowledge, experience and education

The diversity of people working in disability services results in differing understanding and expectations for service provision.

Differences in the workforce may include:

- language use and understanding, including the use of 'health' or 'disability' and NDIS terminology
- varied levels of literacy skills and the resulting need to communicate appropriately, that is with 'easy English'
- cultural barriers and the impact on the understanding of disability and of person-centred support
- education and knowledge of disability or allied health service delivery
- variable expectations of the allied health professional, disability support worker or the allied health assistant around the performance of tasks and activities.

In the context of communication, it is important to ensure the correct message is conveyed and understood. In this situation, feedback from the receiver affirming they have understood the message is crucial, and will ensure effective communication.

5.4 Strategies for effective communication

Where possible, strategies should be applied to improve communication between the allied health professional, allied health assistant or disability support worker, line manager and client. Improved communication will ensure high-quality and safe allied health service provision for the client.

Strategies to support effective communication in allied health in disability services are described below.

Choosing the appropriate communication type and delivery method

- Communicate through different technologies, such as laptops, tablets and smartphones.
- Use a shared platform for documentation, allocation and monitoring of workload, tasks and activities; and provide clear information about priorities.
- Meet with the client at various times and locations to communicate with different staff involved in their support.
- Provide instruction and 1:1 demonstration.
- Use the support coordinator, when available, to communicate new strategies to staff, review progress of implementation, and feed back to the allied health professional.
- Provide informal opportunities for shared communication and exchange, such as joint visits.

Ensuring communication is accessible

- Provide structured and regular supervision.
- Develop a consistent point of contact for questions, referral, requests for review.
- Develop a clear process for identifying the providers of the therapy or support plan.
- Use formal and structured means for reporting outcomes of allied health interventions in a timely manner.

Request a review for further support if required, ensuring that the provision of allied health supports is included in the client's plan and sits under their NDIS goals.

Choosing the appropriate style of communication

- Choose appropriate language and terminology and use it consistently.
- Develop trust with other team members, the client and the decision maker
- Provide multiple forms of communication (simply writing instructions may not be appropriate)
- Ensure both parties understand 'a two-way conversation'
- Use active listening skills and encourage reflective practice.

- Document expectations, outcomes and reporting relationships that are appropriate for the client, decision maker, allied health assistant, disability support worker, line manager and the allied health professional who is providing support.

Encouraging and facilitating the client's involvement in communication

- Ensure the client and their family are the centre of communication, and the client is involved in decision making.
- Ensure the client understands what you have said.
- Clearly communicate reasons for joint support team visits and communication so the client can provide informed consent for communication between team members.

Being aware of the expectations of the support workforce in providing allied health service delivery

- Understand and respect cultural differences, values and motivations.
- Discuss and set limits for personal scope of practice expectations for individual allied health assistants. This will allow allied health assistants to develop areas of 'focus' for their work.
- Support shared reflective practice between the allied health professional and the allied health assistant or disability support worker.
- Develop and acknowledge well-defined position descriptions that include working, reporting and supervision relationships.
- Have a shared understanding of roles and responsibilities, scope of practice and of different duty of care requirements, including an understanding of reporting arrangements.

5.5 Reporting lines and communication links

Developing a clear process for communication and consistent point of contact will improve the ability to communicate and, therefore, address issues early. When working with an allied health assistant or disability support worker, it is important to ensure they know to whom, where and how to raise questions, requests for review and address concerns. The allied health professional can use the following strategies to assist with setting up clear communication links and reporting lines:

- Ensure the client is at the centre of the conversation and the therapy plan.
- Provide clear guidance around the issues of concern.
- Know who to transfer the allied health task to and who will accept responsibility for the task, which is appropriately documented.
- Give clear recommendations on how and who to follow up with if issues arise.
- Provide clear methods of communication, feeding back outcomes to support staff, client, family and management as appropriate.
- Discuss communication loops.

5.6 Client communication and health literacy

It is important that the client has a good understanding of the roles and scope of practice of each member in their team. Communication with the client should include an explanation of the benefits of the services being delivered and the need for strong team communication. In many circumstances, it is appropriate to discuss all the elements in the transfer of accountability from the allied health professional to the line manager with the client, so the client can make their own decisions around risks and risk mitigation.

The health literacy of the client and their family must be considered in relation to communication and service provision. The client is required to provide consent for communication between health providers, so their understanding is critical.

The Australian Institute of Health and Welfare (AIHW) defines health literacy as:
Health literacy is a measure of a person's ability to find, understand and apply health information. It involves knowledge of bodily functions, signs of poor heath, and how and where to seek more information. The concept of health literacy is broader than the ability to read labels, fill in forms and follow instructions. It also encompasses the ability to access health information and interpret conflicting advice critically, navigate the health care system, and communicate effectively on health-related matters[28].

5.7 Managing risk through effective communication

For an allied health professional working with an allied health assistant or disability support worker, communicating the risks and risk mitigation strategies is critical to minimise potential harm to the client, allied health assistant or disability support worker. It also provides an opportunity to allow the client, disability support worker, allied health assistant or line manager to consider those risks before undertaking a task.

Strategies for communicating risks and risk mitigation strategies include:

- documentation, including client case notes
- video documentation of delegated task
- boundaries for support worker scope and skill level.

Documentation in the therapy plan should be clear and should include:

- client goals, needs and vision
- information defining the role and responsibilities of the allied health assistant or disability support worker
- the name of the provider
- triggers for review or re-referral where appropriate
- identified risks.

5.8 Communication responsibilities

As members of a client's support team, allied health professionals, allied health assistants and disability support workers have a responsibility to communicate effectively and, with the client's consent, to work together to achieve the client's vision and goals.

Other responsibilities in communication and client service delivery include:

- providing high-quality and safe client allied health services
- communicating effectively and regularly with each other
- working collaboratively in accordance with their role descriptions and scope of practice
- showing each other mutual respect and valuing each others' contribution
- communicating openly with each other, raising issues of concern, safety and resolving issues before conflict arises.

5.9 Interagency agreements

Interagency agreements can improve the working relationship between allied health professionals and disability support workers employed by different organisations. Interagency agreements should include policies, procedures and work instructions, including those for communication between organisations and staff. Agreements should also include processes for reviewing service provision, including the impact of interagency collaboration on client outcomes and the quality of service delivery.

Systematically coordinated communication between agencies is also beneficial. For example, developing a shared platform for communication, coordinating support team meetings or a sharing a platform for documenting case notes may be possible.

However, for individual clients, communication should be client-led. The client, plan nominee or decision maker must consent to any communication between their support team for this to occur.

5.10 Communication for the transfer of accountability from allied health professional to line manager

If it is appropriate for a line manager to supervise an allied health task performed by a disability support worker, the allied health professional will transfer the accountability for that task to the line manager. When transferring accountability, the allied health professional must clearly communicate the risks, risk mitigation strategies and other recommendations to the line manager.

Handover should include the following information:

- Recommended activity for the support worker to carry out with the participant.
- Appropriate communication links if issues arise, including referral to GP or review of NDIS plan.
- Guidance on the issues of concern.
- Future allied health recommendations for NDIS planning including support worker training needs.
- Guidance on training and support required for support workers.
- Advice on ways to detect and monitor issues.

06

Training, education and instruction

Allied health professionals have an important role in providing training, education and instruction to teach others how to perform specific skills in disability services. This chapter outlines the factors allied health professionals should consider when training allied health assistants and disability support workers. It provides guidance on planning and designing training for generic and therapeutic allied health intervention and day-to-day activities that may be enhanced by involving allied health. A useful resource, *Pre-training preparation for allied health professionals*, is available at Appendix C and on the department's website at <www2.health.vic.gov.au/health-workforce/allied-health-workforce/victorian-assistant-workforce-model>, to support allied health professionals in designing, performing and evaluating training.

This chapter also discusses strategies for assessing skill and knowledge acquisition to evaluate training outcomes and emphasises the requirement for documenting outcomes.

In the context of this framework, it is implied that the allied health professional is the trainer or assessor and allied health assistants and disability support workers are the trainees.

6.1 Definition of training, education and instruction

Training: Training focuses on learning the skills required to perform a task or improve performance. It involves the systematic development of skills and the specific transfer of skills to the disability setting. Training brings about behavioural and attitudinal change.[29]

Education: Education focuses on learning new skills, knowledge and attitudes that will equip an individual to perform a new task at a predetermined future time.[30]

Instruction: detailed information about how something should be done.

An allied health professional may provide training, education and instruction to allied health assistants or disability support workers in circumstances including:

- as a component of supervision for a delegated task
- when the allied health professional identifies a task that could be performed by an allied health assistant or disability support worker, and the training is deemed necessary to safely allocate the task and transfer the responsibility for undertaking it
- to improve the ability, safety and effectiveness of disability support workers conducting day-to-day tasks assigned by a line manager.

6.2 Role of an allied health professional in training and education of the support workforce

Allied health professionals have a key role in providing advice, education[19] and training to ensure adequate workplace support for employees providing allied health services. Access to appropriate training for support workers strengthens the capacity of services to deliver safe, effective, appropriate and timely allied health interventions that support the client's day-to-day activities. Allied health professionals or organisations should establish processes and resources for implementation of a comprehensive training and education program[19].

It is acknowledged that training by an allied health professional in upskilling an allied health assistant or disability support worker for a particular task, often happens in real-time with the client or 'on-the-job'. An example is a physiotherapist training a disability support worker to perform leg exercises. It is important for the physiotherapist to determine if the disability support worker understands how to perform the task safely, any risks associated with the task, as well as the nuances associated with performance of the task, such as the number of repetitions. The allied health professional should then document the training provided in the case notes.

When providing education or training, allied health professionals should determine the context and circumstance in which staff may use the skills or knowledge taught.

In disability services, these considerations should include:

- Will the skill be used with a specific client or with a group of clients?
- Will the skill be used under supervision or will it be performed independently?
- What is the anticipated timeframe for which the training remains valid?

6.3 Who can provide training, education and instruction?

Allied health professionals have a key role in training, supervising and monitoring support staff undertaking allied health tasks. Allied health professionals can train an allied health assistant or disability support worker when they have:

- tacit knowledge of the training area
- recent and broad experience in the area
- working knowledge of the training content
- working knowledge of the assessment plan, tools and processes
- working knowledge of their responsibilities as a trainer
- deemed themselves competent through qualification, training or experience.

Allied health service providers and allied health professionals should consider developing professionals' skills for training and education through formal and informal opportunities.

6.4 Capable, current and confident – aims of training

It is important that the allied health assistant or disability support worker is capable or competent, has current skills and knowledge, and is confident in performing the allied health tasks.

Capable: has the skills, knowledge and ability to perform a task or skill.

Currency: has recent experience in using skills and knowledge, and the skills and knowledge are current and up to date.

Confident: is assured and comfortable in the performance of a skill or task.

Competent: has demonstrated capacity to apply a set of related knowledge, skills and abilities to successfully perform a task or skill needed to satisfy the special demands or requirements of a particular situation.

Competency-based training and assessment means that a person is trained and assessed to meet the performance and knowledge requirements to safely and effectively complete workplace activities in a range of different situations and environments, to an industry standard, that is expected in the workplace[31].

The evidence criteria ensure the intent of the assessment tool is met and that the learner is able to demonstrate they have valid, sufficient, authentic and current skills and knowledge.

6.5 Maintaining currency of skill acquisition

As a trainer, the allied health professional may make recommendations about the need for, and frequency of training 'refreshers'. It is the responsibility of the line manager to ensure that the required training is sought and provided.

6.6 Skill and performance development

After recruitment, an allied health assistant or disability support worker's skills and capability might be monitored through performance improvement processes, including therapeutic supervision, behavioural performance measures and peer review. These are commonly supported by orientation processes, professional position/scope statements, therapeutic guidelines and organisational procedure and policy documents.

6.7 Designing training

The content and delivery method of training should be carefully planned. Considerations should include:

The aims, objectives and goals of the training

- Are the goals and aims of the training and the expected outcomes clearly articulated?
- Is the goal to acquire knowledge or apply a skill in the context of job performance?
- Is the training generic or specific to a client or task?
- For client-specific training, what are the client's needs and the setting in which the activity will be performed?
- What is the scope of the skill or knowledge, and what are the limitations?
- What is the most time-efficient way of providing this training (sometimes online training can be more accessible and effective than face-to-face training).

Current staff training, knowledge and skills

- What is the current level of staff knowledge or skill?
- Have staff previously received training in this area (formal or informal)?
- What experience have staff had in this area?

The content and delivery of the training

- What needs to be covered in the training content?
- How would adult-learning theories be best applied?
- What is the best method of delivery to ensure skills are learned (face-to-face, online)?
- Is the training once-off or does it need to be conducted on a regular basis to maintain the skills learned?
- How many training sessions are required to achieve the desired goal?
- How can you involve the client, plan nominee or decision maker in the training of their support team?

Assessing the training

- Is the goal competency, skill acquisition or knowledge acquisition?
- How will the assessment provide proof of goal achievement?

Learning methods

- Self-directed learning may be appropriate in some situations.
- Experiential opportunities help the support worker understand the experience of being supported from the client's perspective, for example, how it feels to have someone spoon-feed them while their eyes are closed.
- 'Just in time' learning is training provided when there are immediate and emerging needs identified for a specific client. This style of training may be appropriate due to workforce turnover, diversity of participants and their various support needs, and the requirements of operating in the NDIS environment

Note: If programs are being used to ensure independent, effective and safe application of skills in the workplace, then skills practice on the job should be included in performance assessment.

6.8 Types of training – generic and specific

The goals and aims of the training will guide the type of training provided. It is important to consider the scope of the training content with each type of training and to recognise the implications on the ability of the allied health assistant or disability support worker to apply the skills learnt. This should be communicated to the service provider.

Generic training

Generic training may be organisation-wide or program-specific. It may be provided in various formats. It is frequently used to address occupational health and safety, legal and ethical requirements and core skills. This training is commonly performed soon after recruitment.

Client-specific or task-specific training

Client-specific training or advanced skills training may be provided when a particular task is identified as necessary or when a client requires a specific type of intervention or service that is beyond the current skill level of the disability support worker or allied health assistant. It may be performed at any time.

6.9 Assessment and competency

Skill or knowledge acquisition needs to be assessed to verify that the learning outcomes of training programs have been achieved. It is critical to choose an appropriate assessment tool to determine the effectiveness of the training. Evidence of skill acquisition is based on observation and information provided by the disability support worker or allied health assistant during the training or during workplace performance and should be recorded following training. This will ensure the training and skills acquired are transferable across the disability sector.

6.9.1 Principles of assessment

The Australian Skills Quality Authority outlines four principles for assessment that can be applied to training in this context of this framework[32].

1. **Fairness:** the allied health assistant or disability support worker's individual needs are considered in the assessment process and reasonable adjustments are made to the assessment if required. The allied health assistant or disability support worker should be informed about the assessment and they should be able to challenge the result and be reassessed if necessary.
2. **Flexibility:** the assessment is flexible to the allied health assistant or disability support worker by reflecting their needs and should draw from a range of assessment methods, using those that are appropriate to the context, the skill being taught, the associated assessment requirements, and the individual. This should include consideration around reading and writing ability, culturally and linguistically diverse populations and comfort with assessment processes.
3. **Validity:** the assessment is based on the evidence of performance of the individual allied health assistant or disability support worker. Validity requires:
   - the assessment requirements cover the broad range of skills and knowledge that are essential to competent performance of the tasks
   - assessment of knowledge and skills is integrated with their practical application
   - assessment is based on evidence that demonstrates that the allied health assistant or disability support worker could demonstrate these skills and knowledge in other similar situations
   - judgement of competency is based on evidence of the disability support worker's or allied health assistant's performance that is aligned to the assessment requirements.
4. **Reliability:** evidence presented for assessment is consistently interpreted and assessment results are comparable, irrespective of the allied health professional conducting the assessment.

6.9.2 Evidence for assessment

The Australian Skills Quality Authority outlines four rules for the collection of evidence for accredited training[32]. These principles should be considered when determining how to assess allied health assistants and disability support workers during and after training.

1. **Validity:** the assessor is assured that the learner has the skills, knowledge and attributes as described in the training and associated assessment requirements.
2. **Sufficiency:** the assessor is assured that the quality, quantity and relevance of the assessment evidence enables a judgement to be made of a learner's competency.
3. **Authenticity:** the assessor is assured that the evidence presented for assessment is the learner's own work.
4. **Currency:** the assessor is assured that the assessment evidence demonstrates current competency. This requires the assessment evidence to be from the present or the very recent past.

6.9.3 Evidence of assessment for individuals

A record of participation and the assessment outcome of workplace training must be made and ready available for the employer and employees. Assessment outcomes may be documented in human resources systems, training databases and performance plans, and provided as evidence to potential clients as part the process of selecting staff they want to work with.

6.10 Evaluation methods and documentation of training outcomes

All training is valuable and should be visible. It is important to evaluate the quality and effectiveness of training, and record the training and training outcomes. A statement of training attendance should be provided to the allied health assistant or disability support worker. It should include details of the context and objectives of the training. Evaluation methods are dependent on the context of the training and expected outcomes from the training. For example, training provided for higher risk tasks necessitates a higher level of assessment requirement and trainer accountability, than required training of a lower risk task.

Evaluation methods, evidence collected and documentation processes may include the following.

Outcomes for the client in relation to the ability of the allied health assistant or disability support worker (related to the training)

- The level of client satisfaction and goal attainment.
- Review of client therapy plans and program recording charts.
- Measurable increases in performance and function, for example, level of support required by staff.
- Measurable decreases in risk, such as decreased medical attention and reporting of incidents.

Allied health assistant or disability support worker satisfaction with the training

- The reaction of learners to training programs, such as learners providing feedback on the content, trainer or delivery method.
- Team meeting review discussion and minutes.
- Documented discussion during individual supervision sessions or supervision notes.

Outcomes for the allied health assistant or disability support worker work performance (related to the training)

- Quiz at the end of the training session for evaluation of learning outcomes.
- Behaviour or skill change level after training, such as learners using the skill in the workplace.
- Direct client and disability support worker and allied health assistant observation of task performance.

Outcomes for the organisation related to the training

- Training completion rates.
- Workforce capacity to deliver high-quality allied health and disability services.
- Effectiveness of the training program in improving safety and quality.

07

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08

Appendices

A **Allied health professional considerations for delegation**. A guide for allied health professionals to determine the suitability, risks and risk mitigation strategies associated with the safe and effective delegation of a task.

B **Allied health handover template**. A template for a comprehensive handover of allied health tasks to a disability support worker's line manager.

C **Pre-training preparation for allied health professionals**. A guide for allied health professionals for planning of training for allied health assistants and support workers.

D **A guide for accepting tasks for allied health assistants and support workers in disability (with Easy English versions)**. A checklist to help allied health assistants and support workers decide when it is safe or not safe to perform tasks.

E **Accepting allied health tasks (Easy English)**

F **Participant information – Your allied health therapy and allied health assistants**. A guide for people with a disability, their carers and family, to determine if an allied health assistant is appropriate for their support needs.

Appendix A: Allied health professional considerations for delegation

Prior to delegating to an allied health assistant or disability support worker, an allied health professional should consider the risks and benefits for delegating a task. This should be in collaboration with the client. Broader "global" risk questions address risks related to the task, client support needs, and support for the allied health assistant or disability support worker outside the allied health professional relationship. If risks are deemed high then the allied health professional should determine if these risks can be mitigated.

If risk mitigation strategies are inadequate and the task is not deemed not appropriate to delegate, then the allied health professional should not delegate the task. In this instance, recommended follow up could involve: communicating with the client, carer/ family and or support coordinator; advocating for appropriate allied health services to achieve the client's goal(s); and advocating for greater skill development and training for allied health assistants and disability workers.

Global risk considerations

What is the nature of the delegated task, including the complexity associated with undertaking the task?
What are the client's support needs?
What are the client's goals?
What are the potential impacts of the task on the client?
How much organisational support is there for allied health assistant and disability support workers performing the task?
What are the communication links between allied health professional, allied health assistant or disability support worker and line manager?
Will the task be performed in a stable or variable setting?
What is the likelihood and potential consequence of an adverse outcome in response to the allied health task?

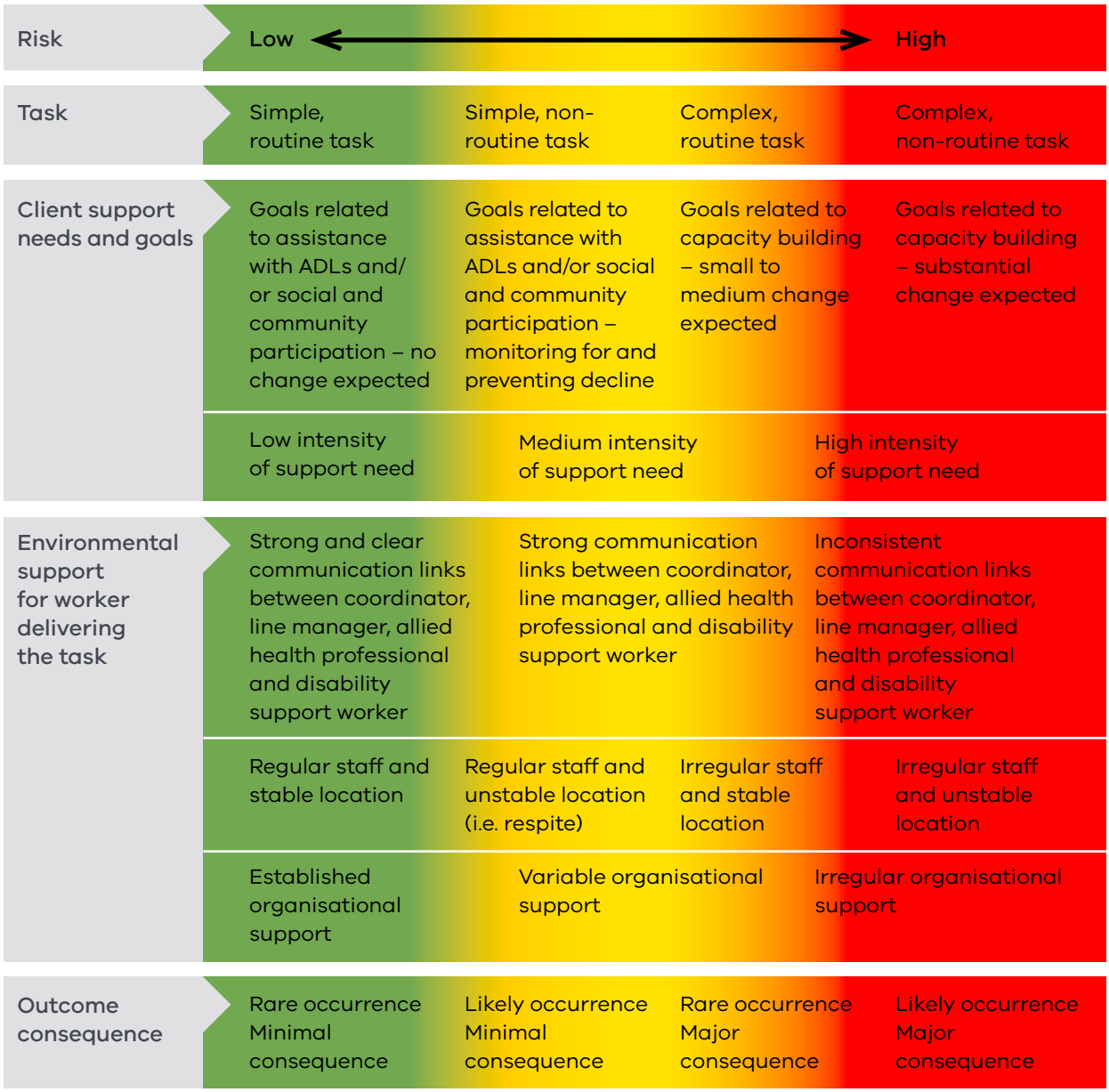
Once the global risk is determined, the level of training, skills and capability of the allied health assistant of disability support worker, should be considered. This will determine if they are suitable to perform the task. The client may provide important feedback on the level of skills and capability on the allied health assistant or disability support worker as well. Actions to address areas of need, such as building skills or capability should be considered at this point, prior to making the decision to delegate or identify a task, or to make the decision not to delegate.

Allied health assistant or disability support worker level of training, skills and capability considerations

What prior training or qualifications does the allied health assistant or disability support worker have?
How current was the training?
Is the allied health assistant or disability support worker familiar with the client?
Does the allied health assistant or disability support worker have experience in conducting the task?
Has the allied health assistant or disability support worker completed this task or a similar task recently?
Does the allied health assistant or disability support worker demonstrate appropriate problem solving skills and complexity of information processing to carry out the task?
Does the allied health assistant or disability support worker demonstrate good teamwork and communication skills, accountability for performance and values to carry out the task?

These matrixes are decision-support tools provide further decision-support for allied health professionals when determining the risk and nature of risk of tasks that could be delegated or identified and allocated to an allied health assistant or disability support worker. These also highlight risks that may require risk mitigation strategies, such as training, supervision or clearly communicated action plans, prior to delegation or identification of tasks.

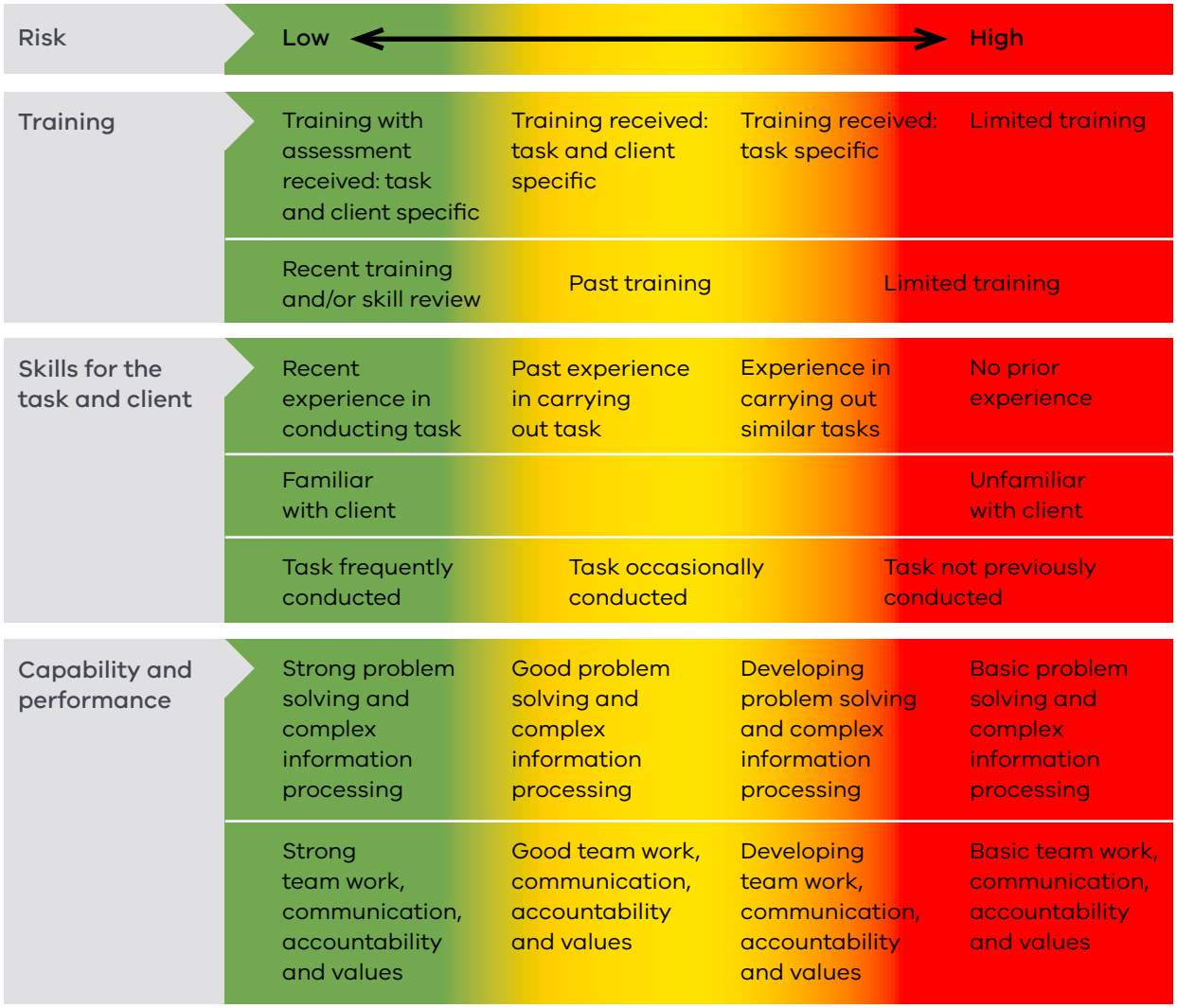
Figure 3.6: Global risk tool



Legend: ADL: activities of daily living

Note: This figure is a decision support tool to assist and support the allied health professional's judgement in regard to risk.

Figure 3.7: Assessment tool – allied health assistant or disability support worker level of training, skills and capability



Note: This figure is a decision support tool to assist and support the allied health professional's judgement in regard to risk.

Appendix B: Allied health handover template

Identify	Client's name	
	Other identifying information	
	Person transferring task to (i.e. support worker, manager)	
Situation	Client's goals	or see attached*
	Task's to be performed with the support worker	
	Add further details here if required (i.e. pictures, photos)	N/A*
	Reason for identification and allocation	
Background	Summary of situation	or see attached*
	Ongoing involvement of allied health professional	
Assessment	Potential risks identified	
	Risk mitigation strategies	
Recommendation	Therapy plan	or see attached*
	Add further details here (i.e. pictures, photos)	N/A*
	Criteria for escalation (i.e. cease therapy, review client)	
	Plan for escalation	
	Recommended review by (name and profession)	Date: / /
	For this tasks transfer, is a train the trainer model appropriate: Yes / No	
	Skill, knowledge and training requirements for the support worker to perform safely	
	Recommendations for next NDIS plan	or see attached*
Allied health professional signature:		**Date:** / /
Allied health professional name, profession and contact number:		
Form received by (signature, name, role)		**Date received:** / /

* If information already available please attach to handover and circle "see attached" to avoid duplication. Further details sections to be completed if relevant.

Appendix C: Pre-training preparation for allied health professionals

Prior to conducting training or education sessions, careful planning and designing of training content, delivery and assessment methods should be considered. This checklist is a guide to planning of training for allied health assistants and support workers.

Aims, objectives and goals of the training	Details:
Are the goals and aims of the training, and the expected outcomes of the training clearly articulated?	Yes / No
Is the goal of the training • knowledge acquisition or • application of skill in the context of job performance?	Knowledge / Skill
Is the training generic in nature, or specific to a client or task?	Generic / Specific
What is the context of where the skill will be performed? *e.g. Training for modifying thickened fluids to Mildly Thick and Moderately Thick as required by five specific clients attending the community group.*	
What is the scope of the skill or knowledge acquisition, and what are the limitations?	
What is the most time-efficient way of providing this training?	

Current staff training, knowledge and skills	
What is the current level of staff knowledge or skill?	Basic/moderate/ advanced
Have staff previously received training in this area? How recently?	Yes / No and recency:
What experience have staff had in this area?	

The content and delivery of the training	
What needs to be covered in the training content?	
How would adult-learning theories be best applied? (*Knowles, 1990*)	
How will you deliver this training? What is the best method of delivery to ensure skills are learnt?	
How many training sessions are required to achieve the desired goal?	
How can the client, plan nominee and/or decision maker be involved in the training?	

How should the training be assessed?	
Is the goal competency, skill acquisition or knowledge acquisition?	Competency / Skill / Knowledge
How will the assessment provide proof of goal achievement?	
How will training outcomes be documented?	

Follow up	
How often should the training be run to maintain skills learnt?	
What is the context and circumstance in which trainees may utilise skills learnt?	
How will the context and circumstance be communicated to trainees and managers requesting the training?	

For further information please refer to Chapter 6 of the *Supervision and delegation framework for allied health assistants and the support workforce in disability.*

Reference: Knowles, MS, 1990, *The Adult Learner: A Neglected Species,* Gulf Pub Co, Houston, USA.

Appendix D: A guide to accepting tasks for allied health assistants and support workers in disability

Working in disability you will be delegated tasks that you are required to carry out with clients. Tasks may be delegated to you by an allied health professional, your manager or a client. It is important that you have the information and training required to correctly carry out these tasks.

This checklist will help you decide when it is safe or not safe to perform tasks.

This checklist can be used as a general prompt or as a written record that is used for specific clients or tasks.

Accepting Tasks Checklist

- Ask yourself the following questions prior to accepting a task that is delegated to you.
- This will determine if you require training and will help you perform the task safely and correctly.

Self-assessment checklist	Yes / No
Do you understand **what** you are required do to?	
Do you understand **why** you are completing the task?	
Do you have the skills to perform the task delegated to you?	
Is this task within the scope and job description of your role?	
Are you confident in performing the task delegated to you?	
Are you aware of how the client will respond when performing the task?	
Has the allied health professional identified any risks or strategies to assist in performing the task?	
Do you feel comfortable with your and your client's safety if you were to perform the task?	
Do you have the right resources to complete the task?	

- If you answer no to any of these questions do **NOT** accept the task. Discuss your concerns with your manager or an allied health professional.
- You may need to discuss your concerns with your client to explain why you cannot complete a task they have requested.
- It is appropriate to seek training to ensure you are able to support clients safely and effectively.

Appendix E: Accepting allied health tasks (Easy English)

Can I do this task?

Help for

- **Allied Health Assistants**
- **Support Workers.**

Can I do **this** task in the

- right way?
- safe way?

Task I need to do.

Task _____

With_____

Staff_____

Date _____

Person who gave me the task and phone number

_____

1. Is this task in my job role? **Yes** ☐ **No** ☐
2. Do I know all the steps in the task? **Yes** ☐ **No** ☐
3. Do I know why I need to do this task? **Yes** ☐ **No** ☐
4. Do I have the right skills to do this task? **Yes** ☐ **No** ☐
5. Do I feel confident to do the task? **Yes** ☐ **No** ☐

6. Do I know what the client will do Yes ☐ No ☐
   - at the start of the task?
   - when we do the task?
   - at the end of the task?

7. Do I know if there is any risk in the task? Yes ☐ No ☐

8. Do I have ways to reduce any risks in the task? Yes ☐ No ☐

9. Will I be safe when I do the task? Yes ☐ No ☐

10. Will the client be safe when I do the task? Yes ☐ No ☐

11. Do I have everything I need to do the task? Like, the right hoist to do a lift. Yes ☐ No ☐

2

Did I say **Yes** to all the questions?

→ I have the skills to do the task in a safe way.

Did I say **No** to any question?

→ Do **not** do the task.

→ Talk to the person that gave me the task.

→ I may need

- more information
- some one to show me how to do the task
- some training
- some tools to do the task in a safe way.

→ I may also need to talk to my client.

I need to tell them why I can **not** do the task now.

3

Images

We used images from Mayer-Johnson.

This information is based on

Accepting allied health tasks. A guide for Allied Health Assistants and Support Workers in Disability 2017.

Access Easy English

Access Easy English wrote this version of the document.

March 2018.

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Appendix F: Participant information – Your allied health therapy and allied health assistants

1. What is an allied health assistant?

Allied Health includes physiotherapists, occupational therapists, psychologists, speech pathologists and other health professionals that are not nursing or medical. Allied health therapy may involve therapy to maintain and improve your level of function and support you to live independently, as well as prescription of home modifications, aids and equipment.

Allied health assistants work under the direction of allied health professionals. Allied health assistants can contribute to your support by assisting allied health professionals to provide your therapy. This may be directly assisting the allied health professional or following a program set by the allied health professional. Allied health assistants may work with or without the allied health professional being present during the treatment session.

An allied health assistant cannot assess or prescribe therapy and must work under the direction of an allied health professional.

2. How is an allied health assistant different to a support worker?

Allied health assistants are different to support workers. Allied health assistants provide therapy for a defined period of time to achieve and support the health-related goals on your NDIS Support Plan. Allied health assistants work directly with you AND your allied health professional.

Support workers provide support with daily activities and participation in the community to achieve and support your NDIS Support Plan goals. This may include support for activities such as showering and dressing, preparation of meals and recreational activities. Support workers often provide longer term support and work directly with you. Support workers may or may not work with an allied health professional to achieve your goals.

3. When is using an allied health assistant beneficial?

Allied health assistants have a basic knowledge of medical terms and skills to assist in allied health treatment plans and therapeutic support. Allied health assistants are trained to provide allied health therapy and work closely with allied health professionals. Including an allied health assistant in your therapy plan may provide you with additional hours of service or a reduced hourly rate for therapy.

Allied health assistants may also support the allied health professional when two people are required to provide therapy. Situations when allied health assistants may be beneficial:

- hydrotherapy programs
- if you need two people to help you move or support you in a task
- when additional sessions are required to teach family and/or carers how to support you
- for supporting you with an exercise program
- for practicing with a new piece of equipment.

4. How allied health assistants work with allied health professionals?

Allied health assistants must work under the supervision of an allied health professional. An allied health assistant cannot work without allied health professional funding and involvement in your plan. This will ensure your therapy is safe and appropriate for you.

Allied health assistants cannot replace an allied health professional. They carry out different roles. Allied health professionals will discuss your goals and assess your current ability to determine an appropriate therapy plan. They will make recommendations and will develop a program that an allied health assistant can carry out. The allied health professional must support the allied health assistant to do this. Allied health professionals may provide training for the allied health assistant, discuss your program with the allied health assistant and will monitor the therapy to achieve your goals. The allied health professional is responsible for reviewing your therapy at appropriate intervals.

5. When is an allied health assistant NOT appropriate?

Allied health assistants may not always be appropriate to include in your plan. If you are unsure about using an allied health assistant it is important to talk to an allied health professional or your support coordinator to discuss your concerns or questions.

Situations an allied health assistant may not be appropriate include, but are not limited to:

- allied health professional time is NOT included in your plan
- you have a high level of and/or complex support needs
- your health is significantly fluctuating

There may be other circumstances an allied health assistant is not appropriate.

In summary:

Allied health assistants *may provide valuable support to enhance your allied health therapy plan. They work closely with you and your allied health professionals provide appropriate and safe therapy. It is important to discuss with your NDIA planner how an allied health assistant can fit in with your NDIS Support Plan to safely maximise your therapy options.*

If you require further information on allied health assistants please contact your allied health professional and/or support coordinator.

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