Allied health capability framework: disability and complex support needs

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Introduction

The National Disability Insurance Scheme (NDIS) is about transforming the lives of people with disability for the better. This once-in-a-generation reform provides opportunities for allied health professionals to go beyond usual funding barriers to achieve positive outcomes for people with disability.

Many people with disability have trouble finding services that meet their needs when they need them. These barriers are higher for people with complex support needs. Complexity involves high levels of support needs across various life domains. These include physical, psychosocial, behavioural and social domains. Negative life experiences and a mix of individual capability, environments and the capacity of systems to respond may contribute to complexity over time if not addressed.

The NDIS can only deliver high-quality services if there is a highly skilled and professional workforce. Allied health professionals play an important role in delivering the scheme. To properly support people with disability and complex support needs, allied health professionals will need more than entry-level qualifications.

The *Allied health capability framework: disability and complex support needs* provides allied health professionals with guidance about working ethically and collaboratively across professions and service systems. With this guidance, they will be able to better provide high-quality, person-centred support that promotes choice and control for people with disability.

The views of people with disability, families, carers, advocates, allied health professionals, professional bodies, universities and governments have informed the development of the framework. It is part of *Keeping our sector strong*, Victoria's workforce plan for the NDIS.

This document

This document gives an overview of the *Allied health capability framework: disability and complex support needs* developed through targeted consultation.

'Background' provides a background of the framework, outlining its purpose, audience, scope, alignment and guiding approaches.

'Development of the capability framework' describes how the framework was development and next steps in its implementation.

'Structure of the capability framework' describes the structure of the framework.

'Capabilities by proficiency' describes behaviours that model each capability and maps them across a stepwise system of proficiency.

'Key terms' defines key terms used in the framework.

Language statement

We recognise the diversity of Aboriginal people living throughout Victoria. While the terms 'Koorie' or 'Koori' are commonly used to describe Aboriginal people of southeast Australia, we have used the term 'Aboriginal' to include all people of Aboriginal and Torres Strait Islander descent who are living in Victoria.

Background

Purpose

The framework aims to develop the skills and knowledge of allied health professionals to better meet complex support needs for people with disability. Achieving the best outcomes for people with disability is the main goal of the framework.

Allied health has a strong commitment to lifelong professional learning. Continuing professional development is required for registered and self-regulated allied health professions. Building the skills of allied health professionals aims to improve service quality and access to care.

A consistent framework will help people with disability and their families/carers to choose allied health professionals with knowledge and skills that suit their needs.

Audience

Table 1 summarises who the capability framework is for and how people can use it.

Table 1: Examples of how different people can use the capability framework

Who is it for?	How can it be used?
People with disability, families, friends and carers	To know what skills, knowledge and attributes allied health professionals should have. This can help when choosing the right support and in recognising when professionals need to do more.
Practitioners	As a self-reflection tool, to identify areas for professional and personal development to help individual practitioners working with disability and complex support needs. For a practitioner, to advertise a point of difference.
Managers and employers	As a service-level analysis tool, to determine workforce education needs and development opportunities to improve how allied health services are provided to people with disability and complex support needs.
Subject matter trainers	To guide the design and evaluation of learning, education and training opportunities to improve allied health professionals' capabilities in disability and complex support needs.
Curriculum developers at universities, colleges and private training organisations	As a criterion-based guide for curriculum development, to identify the knowledge, skill, behaviours and attributes that allied health professionals need when providing services to people with disability and complex support needs.
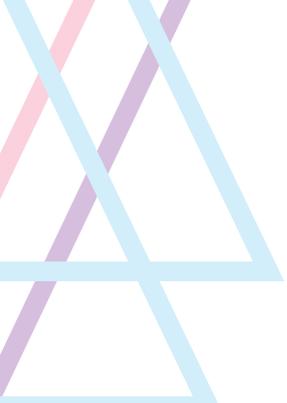
Scope

The framework can be applied widely across allied health professions, career stages, client groups and service settings.

Allied health professions consist of all those providing clinical services to people with disability. These include:

- physiotherapy
- occupational therapy
- podiatry
- speech pathology
- social work
- psychology
- dietetics
- orthotics and prosthetics
- audiologist
- orthoptics.

The framework is relevant along allied health career pathways, from new graduates to experienced practitioners. It applies to government, private and not-for-profit services. It concerns allied health services for children, young people and adults with disability along the health care journey, the NDIS pathway and at the meeting point of health and disability.

Alignment

Allied health professionals working with people with disability do so within a range of Victorian, national and international laws and policies. The framework adds to these laws and policies.

The *National Disability Insurance Scheme Act 2013* forms the basis of these laws and establishes the aims of the scheme, including to:

- help people with disability to be independent and to participate more in social and economic activities
- enable people with disability to have choice and control in reaching their goals and in the planning and delivery of their supports
- promote high-quality supports that enable people with disability to be as independent as they can and to participate as much as possible in the community
- protect and prevent people with disability from low-quality or unsafe NDIS supports or services.

The framework also considers:

- Australia's human rights obligations including under the *Convention on the Rights of Persons with Disabilities* and *Victoria's responsibilities under Victoria's Charter of Human Rights and Responsibilities Act 2006*
- relevant NDIS Rules, NDIS guidelines and policies that the National Disability Insurance Agency issues including about quality and safeguard requirements

- Council of Australian Governments principles to determine the responsibility of the NDIS and other service systems (2015)
- privacy laws and requirements including the *Privacy Act 1988* (Cwlth) and *Health Records Act 2001* (Vic)
- the National Registration and Accreditation Scheme for health professions through consistent laws across state and territory governments
- relevant codes of conduct for self-regulated professions
- the National Code of Conduct for Health Care Workers that state and territory governments apply
- the *Mental Health Act 2014* (Vic) and *Medical Treatment Planning and Decisions Act 2016* (Vic)
- common law about consent to treat
- duty of care.

This framework adds to existing allied health frameworks including:

- Victoria's *Allied health: credentialing, competency and capability framework (revised edition). (Department of Health and Human Services 2016)*
- *Victorian allied health clinical supervision framework* (Department of Health and Human Services 2019)
- *Supervision and delegation framework for allied health assistants and the support workforce in disability (Department of Health and Human Services 2018)*
- Allied health career pathways blueprint (Department of Health and Human Services 2019).
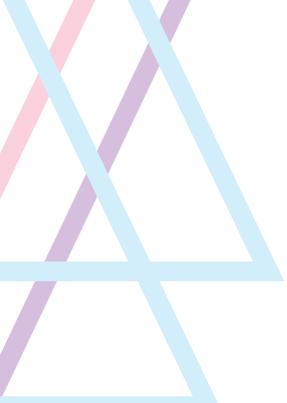
Guiding approaches

Essential ways of working with people with disability and complex support needs underpin the framework. These approaches help allied health practice to be:

- rights-based
- person- and family-centred
- trauma-informed
- recovery-oriented and strengths-based
- connected
- supportive of Aboriginal self-determination
- responsive to diversity.

Rights-based

Australians must ensure and promote all human rights and fundamental freedoms for all people with disability. They must do this without judgement of any kind of the person or their disability.

Allied health practitioners are well positioned to uphold and protect the rights of people with disability. These include the right to dignity and respect, and to live free from abuse, violence and people taking advantage of them.

A rights-based approach to service delivery provides a framework for showing what is needed to promote the rights of people with disability. It also provides a basis for designing and improving how services can be delivered to promote these rights.

Person- and family-centred

Many factors affect a person's ability to have a good life. These include family, education, housing, social support, work opportunities and workplaces, access to transport and leisure opportunities.

Person-centred practice considers all the impacts on a person's health, wellbeing and goals throughout life. This spans from before birth and throughout childhood, the teenage years and adulthood. It puts people and their families at the centre of decision making. It sees them as experts, working alongside professionals to give them more control over their life and the services they receive. Through person-centred practice, people can truly take part in decision making and form partnerships with their service providers.

Trauma-informed

Negative life experiences can affect a person's functioning and their mental, physical, social, emotional, and spiritual wellbeing. These negative experiences include drug and alcohol misuse, violence/ trauma, a family history of disadvantage, broken education, poverty and contact with the mental health or criminal justice systems.

Trauma-informed practice appreciates that each person's experience and expression of trauma is unique. It is an approach that is holistic, empowering, strengths-focused, collaborative and reflective. It promotes physical, emotional, spiritual and cultural safety.

Trauma-informed practices are designed and delivered in ways that intend to cause no further harm or distress. They do this by including values that support wellbeing and applying them in active and thoughtful ways across the service. Trauma-informed practice supports the wellbeing of everyone, whether they have ever had trauma or are still going through trauma.

Recovery-oriented and strengths-based

A recovery-oriented approach helps people to build and maintain a self-defined and self-determined, meaningful and satisfying life and personal identity, whether or not there are symptoms of mental illness.

Recovery-oriented practice involves delivering services in a positive way that emphasises people's strengths. Strengths-based practice focuses on supporting and building people's strengths, skills, supports and ability to manage life.

Recovery-oriented practice focuses on the person:

- having hope
- taking part in the community and social activities
- setting goals for themselves
- taking part in looking after their own wellbeing.

It involves a whole-of-person approach that addresses the factors that affect people's wellbeing.

Connected services

Complex support needs can span a range of life domains. It may mean a person accesses many services and service providers, at one time or at different times in their life, including support coordinators, across service systems.

Approaches that work together to connect services for people with disability and complex support needs make services easier to use and break down barriers within and across sectors.

Aboriginal self-determination

Aboriginal people with disability may face extra barriers to achieving health and wellbeing. Services should be culturally safe and respond to meet the needs of Aboriginal people with disability, their family and community.

All Aboriginal people, families and communities have a right to healthy, safe, resilient, thriving and culturally rich lives. Aboriginal self-determination is central to achieving this.

Aboriginal self-determination means different things to different people. The United Nations describes self-determination as the ability for Indigenous people to freely determine their political status and pursue their economic, social and cultural development. It also describes self-determination as a right that relates to groups of people, not only individuals. (See the *Declaration on the Rights of Indigenous Peoples*.)
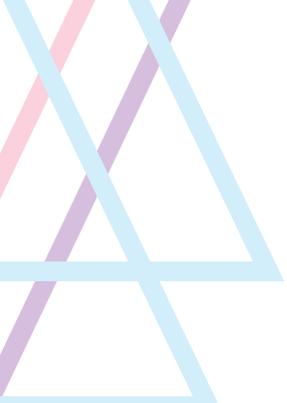
Allied health plays a role in improving Aboriginal self-determination. This involves:

- prioritising culture
- addressing trauma and supporting health
- addressing racism and promoting cultural safety
- transferring power and resources to communities.

Diversity and intersectionality

People with disability have widely different life experiences and opportunities. People with disability are diverse in the same ways as other people, even if their disability might seem similar. They have many other parts to their identity beyond their disability.

'Intersectionality' is an approach that considers the way social categories overlap. Social categories include, but are not limited to:

- gender
- sexual orientation
- ethnicity
- language
- religion
- class
- socioeconomic status
- gender identity
- ability
- age.

When these categories overlap, they can create systems of discrimination or disadvantage for either an individual or group. Intersectionality is a lens that seeks to understand how power intersects within social systems and structures creating overlapping forms of discrimination or disadvantage for either an individual or group based on social characteristics.

An intersectional view shows how systems and structures can interact to affect the wellbeing of marginalised or minority groups. This includes systems designed to support and help people with disability.

Intersectionality means looking beyond a person's individual identities and focusing on where they meet. It can help allied health professionals to consider all of a person's social identities at the same time. It can also help to understand how privilege, power and oppression shape a person's sense of power, resilience and wellbeing.
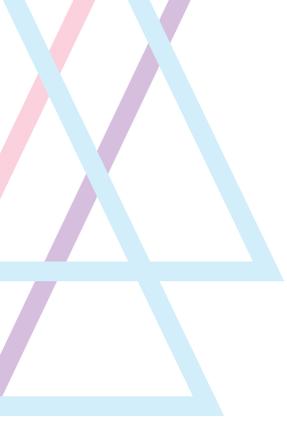
Development of the capability framework

The framework is a component of *'Keeping our sector strong'*, Victoria's workforce plan for the NDIS.

The project aims to build the skills and knowledge of allied health professionals who work with people with disability and complex support needs. It will do this by delivering:

- a capability framework
- tools for people with disability, families and carers to help them use the service system better
- tools and training resources for allied health professionals to translate the framework into practice
- a training pilot for allied health professionals.

Project methods

The project used the knowledge and skills of interested people in developing the framework, tools and training packages. These stakeholders include:

- people with disability
- family and carers
- advocates
- allied health professionals
- professional bodies
- disability service providers
- universities and training providers
- Victorian NDIS advisory bodies
- other Victorian and Commonwealth Government agencies.

The project involves a steering group, desktop review of research and existing frameworks and various methods of hearing from stakeholders.

The steering group provided guidance, advice and strategic leadership. An expert working panel developed and refined the framework. The panel contributed clinical, service system and capability development knowledge through three workshops. (See the appendix for a list of the members of these two groups).

Consultations

The main consultation methods included:

- meetings with 50 stakeholders including:
  – disability advocacy organisations
  – allied health practitioners in public, private and community health and disability services
  – people from professional bodies and researchers
- an online survey of 312 allied health professionals
- an online survey of 109 people with disability, family, carers and advocates
- focus groups with 31 people with disability.

Testing

The framework was developed through a process of targeted consultation and testing. These activities checked the framework with people with disability and the sector to ensure it was:

- **person- and family-centred** – the framework keeps people with disability and their families at the centre
- **flexible** – the framework supports allied health practitioners of all levels in a range of settings

- **contemporary** – the framework is forward thinking to help the allied health workforce to respond quickly to changing demands and opportunities
- **aligned with evidence and best practice** – the framework draws on best practice, local, national and international examples
- **robust** – the framework is thorough, with clear explanations
- **clear** – the framework is easy to use
- **user-friendly** – the framework is logical and easy to apply.

Implementation

A range of online tools and resources will help to apply the framework. These include:

- reference documents that outline behaviours for each capability mapped across three levels of ability
- a checklist for people with disability, families and carers to find and use allied health services
- a self-assessment tool for allied health practitioners with links to resources and professional development approaches
- an organisational checklist for service managers and allied health educators with links to resources
- an e-learning package for allied health professionals
- training resources for trainers and educators.
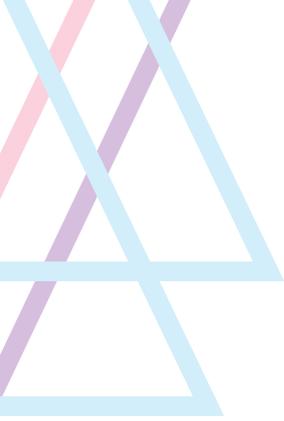
Structure of the capability framework

The framework describes 12 capabilities organised under four domains. The capabilities support high-quality, person-centred services that are collaborative, systems-oriented and ethical.

Capability development involves building knowledge, skills and attributes to complement the clinical and technical skills allied health professionals already have. The capabilities help practitioners to provide high quality services and to navigate the services system.

This framework outlines core capabilities across allied health professions. This framework does not outline guidelines, competencies or credentials for specific roles, practices or interventions.

Domains

A domain is a grouping of common capabilities. This framework has four domains:

- individual agency
- interprofessional practice
- systems
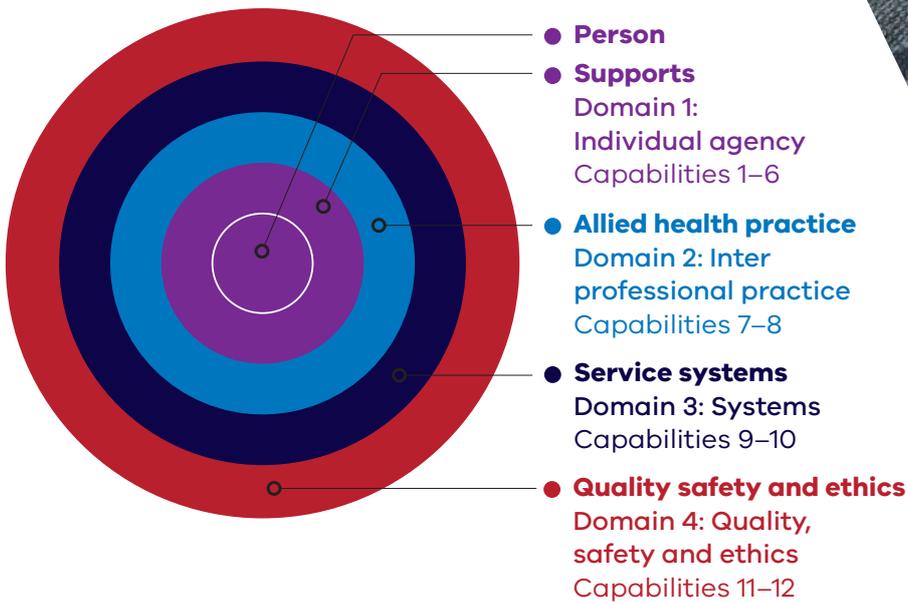- quality, safety and ethics.

Capabilities

Capabilities are non-clinical skills, knowledge and attributes that show work is being done well. Table 2 gives an overview of the framework's 12 capabilities and four domains. All 12 capabilities are relevant for allied health professionals to support people with disability and complex support needs.

Table 2: Allied health capabilities for disability and complex support needs

Domains	Capabilities
Individual agency	1. Understands disability and complex support needs 2. Promotes independence and informed choice 3. Works in partnership with the person to set and achieve goals 4. Thinks flexibly and tailors interventions to the person 5. Communicates effectively 6. Works collaboratively with the person's supports
Interprofessional practice	7. Operates within scope of practice 8. Collaborates interprofessionally
Systems	9. Navigates the National Disability Insurance Scheme 10. Collaborates across service systems
Quality, safety and ethics	11. Acts ethically and resolves conflicts 12. Promotes safety, quality and inclusion

The domains and capabilities are organised in a way that places the person in the centre. They are then surrounded by their supports, including family, friends and carers. This is within the context of allied health practice and the broader service system. Ensuring services are high quality, safe and ethical is an overall goal. Figure 1 shows this relationship.

Figure 1: Organisation of domains and capabilities

- **Person**
- **Supports**
  Domain 1:
  Individual agency
  Capabilities 1–6

- **Allied health practice**
  Domain 2: Inter professional practice
  Capabilities 7–8

- **Service systems**
  Domain 3: Systems
  Capabilities 9–10

- **Quality safety and ethics**
  Domain 4: Quality, safety and ethics
  Capabilities 11–12

Behaviours and proficiency levels

Visible behaviours show proficiency. The behaviours expected of an allied health professional change as they progress through grading structures and areas of practice.

The framework is organised by a stepwise or 'graduated' system of proficiency levels. The levels relate to increasing degree of autonomy, complexity and strategic awareness and an expanding circle of influence and control. Each capability includes the relevant descriptions of behaviour at each level.

Table 3 describes the capability framework's three proficiency levels.

Table 3: Proficiency levels

Who is it for?	How can it be used?
Level 1: foundational	Basic knowledge of the capability Is starting to apply the capability Requires support to work alone
Level 2: established	Good knowledge of the capability and can work alone Provides supervision for other practitioners
Level 3: leading	Advanced knowledge of the capability Leads, innovates and develops service improvements Provides supervision for other practitioners Assumes a mentoring role for other practitioners

Capabilities by proficiency

Capability 1: Understands disability and complex support needs

Knowledge and skills	Foundational	Established	Leading
1.1	• Has an up-to-date understanding of disability and the rights of people with disability	• Has a good, up-to-date understanding of disability and the rights of people with disability • Raises awareness of these within the service	• Has an advanced up-to-date knowledge of disability and the rights of people with disability • Builds knowledge in others in and beyond the service • Contributes to discussions and the evidence base through policy development, research and education
1.2	• Has a basic understanding of how individual, family, community and cultural views and experiences of disability may differ from that of the dominant culture	• Has a good understanding of how individual, family, community and cultural perceptions and experiences of disability may differ from that of the dominant culture • Raises awareness of this within the service	• Has an advanced understanding of how individual, family, community and cultural perceptions and experiences of disability may differ from that of the dominant culture • Encourages others to reflect on and challenge values, assumptions, beliefs and judgements in relation to the people and communities the service works with
1.3	• Understands that a person's wellbeing and support needs may span across different life domains (physical, emotional, spiritual, family and community) • Recognises that complexity may arise from the interplay between individuals and their environments, and the capacity of service systems to respond	• Has a good understanding of the range of influences on a person's wellbeing • Recognises factors contributing to complexity • Contributes to ways of adapting practice, environments and systems to respond to a person's complex support needs	• Has an advanced understanding of the range of influences on a person's wellbeing • Examines the factors that contribute to complexity • Champions ways of adapting practice, environments and systems to reduce and respond to complexity

Knowledge and skills	Foundational	Established	Leading
1.4	• Understands the likelihood of people with disability, their supports and communities to experience trauma • Reflects on and adapts their practice to be sensitive to those experiences	• Raises awareness about the possible influence of trauma on a person's support needs • Guides other allied health professionals to adapt practice to be sensitive and safely respond to those experiences	• Has a sophisticated understanding of the influence of trauma on a person's support needs • Develops service-wide strategies that support safety and recovery from trauma
1.5	• Gathers information to understand behaviours, strengths, challenges, interests, triggers, preferences, situations and context to best accommodate a person's support needs	• Gathers information to understand behaviours, strengths, challenges, interests, triggers, preferences, situations and context • Works with their supports to best accommodate a person's support needs	• Builds, implements and reviews service activities and policies that are sensitive to a person's behaviours, strengths, challenges, interests, triggers, preferences, situation and context
Values and attributes	• Sees the person, as distinct from their disability or diagnosis • Views the person as an equal partner in the therapeutic relationship • Identifies, reflects on and challenges their own bias • Redefines the 'problem' of challenging behaviours in a way that considers the origins, potential causes for, and desired function of such behaviours • Respects, protects and fulfils the rights of people with disability • Respects a person's culture, diversity, values and beliefs		

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'Allied health professionals need to 'have more understanding of how to interact with clients who have disabilities.'
– Person with disability

Capability 2: Promotes independence and informed choice

Knowledge and skills	Foundational	Established	Leading
2.1	• Has a basic understanding of how individual experiences of disability can influence the support a person may need to make informed choice and supports the person where possible to make their own decisions • Seeks expert guidance when necessary	• Has a strong understanding of how individual experiences of disability can influence the support a person may need to make informed choice • Confidently supports the person where possible to make their own decisions • Builds knowledge of this within the service	• Has a sophisticated understanding about promoting independence and informed choice • Leads processes in a service to support promoting the person's independence and informed choice • Builds this knowledge with people with disability, allied health professionals, the service system and community
2.2	• Understands the role of formal and informal supports in decision making • Engages supports in decision making • Seeks professional guidance when necessary	• Has a strong understanding of the role of formal and informal supports in decision making • Engages supports in decision making	• Understands the role of formal and informal supports in decision making • Develops service-wide strategies to facilitate the person's participation in decision making

Knowledge and skills	Foundational	Established	Leading
2.3	• Understands the range of formal decision-making arrangements involved in working with people with disability and complex support needs • Seeks guidance when determining what decision-making arrangement is appropriate	• Understands the range of formal decision-making arrangements involved in working with people with disability and complex support needs • Confidently determines what decision-making arrangement is appropriate	• Navigates legal and ethical frameworks to support decision making • Provides advice to others to assist their determinations
2.4	• Clearly communicates options to the person with disability and complex support needs in a way that they can understand • Responds to the person's concerns and queries quickly and in a genuine way	• Develops service information that clearly communicates options to people with disability and complex support needs	• Builds processes and systems that make service information accessible and responsive to people with disability and complex support needs
Values and attributes	• Recognises the person as an expert in their own life • Considers the person in the context of their developmental stage • Remedies the unequal power dynamic that is implicit in therapeutic relationships • Empowers people to exercise choice and control • Acknowledges and respects the role of family, friends, carers and community supports • Maintains high expectations for full participation of people with disability as equal citizens in their communities • Upholds the rights of people with disability		

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'Allied health professionals should support 'the consumer to make informed decisions, rather than "telling" the consumer what will be best.'
– Person with disability

Capability 3: Works in partnership with the person to set and achieve goals

Knowledge and skills	Foundational	Established	Leading
3.1	• Applies a basic understanding of the overarching goal of social and economic participation for all people • Applies the principles of person-centred goal setting and self-directed support	• Has a strong understanding and supports other practitioners to understand the overarching goal of social and economic participation for all people • Understands and promotes the principles of person-centred goal setting and self-directed support	• Integrates the overarching goal of social and economic participation for all people and the principles of person-centred goal setting and self-directed support within the service • Builds this knowledge beyond the service context
3.2	• Has a basic understanding of the role and value of allied health in promoting aspirations and setting and achieving a person's holistic goals	• Has a strong understanding and promotes the role and value of allied health in promoting a person's aspirations and achieving holistic goals	• Has a sophisticated understanding and promotes the role and value of allied health in promoting the aspirations of people with disability • Understands the role of allied health in achieving a person's holistic goals within and beyond the service context
3.3	• Incorporates the views, needs, preferences and developmental stage of the person, and where appropriate the person's supports in setting and achieving goals • Seeks professional guidance when necessary	• Incorporates the person's views, needs, preferences and developmental stage, and where appropriate those of the person's supports, in setting and achieving goals	• Coaches practitioners to incorporate the person's views, needs, preferences and developmental stage, and where appropriate those of the person's supports, in setting and achieving goals

Knowledge and skills	Foundational	Established	Leading
3.4	• Implements best practice models to set and achieve goals that are participation- or activity-focused • Seeks professional guidance when necessary	• Implements best practice models to set and achieve goals that are participation- or activity-focused	• Builds best practice models and the capacity of allied health professionals and service systems to work in partnership with the person to set and achieve goals
3.5	• Links the person and their informal and formal support networks to services that contribute to achieving their goals	• Builds the capacity of the person and their support networks to drive and direct services that contribute to achieving their goals	• Develops connections and networks of services to build a community of services that contribute to achieving the person's goals
Values and attributes	• Demonstrates compassion, empathy and respect in all interactions • Collaborates with key stakeholders including the person, their supports, other services and service systems • Promotes the aspirations of people with disability		

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'Allied health professionals need to understand and work towards an individual's goals. For many allied health professionals, particularly those who have very little experience working with people with disabilities, this requires a significant conceptual shift.'
– Person with disability

Capability 4: Thinks flexibly and tailors interventions to the person

Knowledge and skills	Foundational	Established	Leading
4.1	• Seeks guidance to understand and apply flexible and innovative service delivery approaches	• Applies flexible and innovative approaches to service delivery	• Leads, promotes and develops flexible and innovative approaches to service delivery
4.2	• Considers the person's lived experience, current circumstances and environment when determining suitable intervention options • Seeks professional guidance about clinical decisions to tailor intervention to best meet the needs, preferences and values of the person and their supports	• Flexibly adjusts therapeutic approach in response to the person's lived experience, current circumstances and environment • Uses clinical judgement to tailor intervention to best meet the needs, preferences and values of the person and their supports	• Concurrently assesses outcomes and provides intervention to achieve best therapeutic outcomes • Supports allied health professionals to develop clinical judgement to tailor intervention to best meet the needs, preferences and values of the person and their supports

Knowledge and skills	Foundational	Established	Leading
4.3	• Has a basic understanding of capacity-building approaches and interventions to enhance a person's capacity and participation, including modifications and assistive technology • Seeks guidance to apply these approaches	• Has a sound understanding of capacity-building approaches and interventions to enhance a person's capacity and participation • Applies these approaches independently	• Guides and supervises allied health professionals to apply capacity-building approaches and interventions
4.4	• Seeks guidance to workshop complex problems and implements solutions	• Thinks creatively to solve complex problems and implement solutions	• Coaches, advises and provides leadership to solve complex problems and implement solutions
Values and attributes	• Sees the person, as distinct from a disability or diagnosis • Views the person as an equal partner in the therapeutic relationship • Recognises the role and influence of family, community and culture on the person's support needs, preferences and values		

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'…the same equipment does not work for all people. For instance, upgrades may be uncomfortable for the person and there should be a choice to continue with the more familiar, not just upgrade for the sake of upgrade.'
– Person with disability

Capability 5: Communicates effectively

Knowledge and skills	Foundational	Established	Leading
5.1	• Has a basic understanding of various influences on a person's communication needs • Tailors communication to the person and their supports in a way that they can understand	• Considers the various possible influences on a person's communication needs • Adapts communication approaches to respond to those needs • Anticipates and manages barriers to effective communication	• Communicates clearly with people with disability and their supports • Builds knowledge about communication needs and effective, accessible communication strategies within and beyond the service
5.2	• Uses a positive interpersonal approach to build rapport and a mutual relationship with people with disability and their supports	• Uses excellent interpersonal skills to build rapport and mutual relationships with people with disability and their supports	• Models rapport-building to foster mutual relationships with people with disability and their supports through excellent interpersonal skills

Knowledge and skills	Foundational	Established	Leading
5.3	• Seeks professional guidance to develop and implement strategies that support effective communication, including the use of communication devices and systems	• Develops, implements, documents and shares strategies that support effective communication, including the use of communication devices and systems	• Builds service processes and systems that enable effective communication strategies • Coaches allied health professionals to implement effective communication strategies • Creates, implements and reviews policies and procedures that promote communication best practice
5.4	• Understands the diversity of cultures and languages and their influence on communication • Seeks guidance to adapt communication to respond to people from diverse backgrounds and uses qualified interpreters appropriately	• Has a good understanding of the diversity of cultures and languages and their influence on communication • Adapts communication to respond to people of diverse backgrounds and uses qualified interpreters appropriately	• Supervises and supports others to increase their understanding of diversity • Builds relationships with communities and services to inform and implement better service responses to people of diverse backgrounds
Values and attributes	• Actively listens to the person • Demonstrates patience, compassion, empathy and respect in all interactions • Appreciates different ways of being, thinking and doing		

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'The allied health professional was a 'good listener, [and gave] thoughtful feedback on things I said about my past and how it relates to current circumstances, strategies to deal with actual situations and ways to respond in them.'
– Person with disability

Capability 6: Works collaboratively with the person's supports

Knowledge and skills	Foundational	Established	Leading
6.1	• Understands the role of formal and informal supports to promote positive outcomes for people	• Has a strong understanding of the role and dynamics of formal and informal supports to promote positive outcomes for people	• Has a sophisticated understanding of the role, dynamics and frameworks of formal and informal supports to promote positive outcomes for people
6.2	• Involves the person's formal and informal supports as directed by the person	• Develops strong working relationships and builds the capacity of formal and informal supports to support the person	• Leads practice • Supervises allied health professionals • Innovates ways to engage with formal and informal supports
6.3	• Seeks guidance to resolve conflicts between a person's goals and the wishes of their supports	• Takes an active, collaborative problem-solving approach to resolve conflicts between a person's goals and the wishes of a person's supports	• Coaches others to resolve conflicts between a person's goals and the wishes of a person's supports

Knowledge and skills	Foundational	Established	Leading
6.4	• Understands the diversity and influence of cultural values, attitudes and beliefs on support needs	• Considers diverse values, attitudes and beliefs in delivering services • Builds systems to collect information about community support needs	• Fosters productive relationships with communities • Champions systems that enable person, family and community input into service delivery
6.5	• Understands concepts of family, community and cultures and their role in Aboriginal health, wellbeing and prosperity • Seeks guidance to deliver culturally safe and responsive services	• Has a strong understanding of concepts of family, community and culture and their role in Aboriginal health, wellbeing and prosperity • Engages with Aboriginal communities and organisations to deliver culturally safe and responsive services	• Has a sophisticated understanding of concepts of family, community and culture and their role in Aboriginal health, wellbeing and prosperity • Builds relationships with Aboriginal communities and organisations to inform, design and partner in culturally safe and responsive services
Values and attributes	• Demonstrates collaboration and teamwork • Recognises the role and influence of family, community and culture on the person's support needs, preferences and values		

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'I find being open and upfront about the role of the allied health professional and the role of the family in meeting goals is extremely important. Parents need to know what they can expect and what is being expected of them.'
– Carer

Capability 7: Operates within scope of practice

Knowledge and skills	Foundational	Established	Leading
7.1	• Understands the scope of their own practice at task level, as applied to the person with disability and complex support needs • Executes core requirements within scope	• Demonstrates a strong understanding of scope of practice at the task level through delivering services and supervising foundational-level allied health professionals	• Demonstrates a sophisticated understanding of scope of practice by leading teams of allied health professionals • Leads innovation, policy development and translation into practice
7.2	• Understands their profession's scope of practice as applied to the person with disability and complex support needs • Executes core requirements within scope	• Demonstrates a strong understanding of their profession's scope of practice through delivering services and supervising foundational-level allied health professionals	• Demonstrates a sophisticated understanding by contributing to the evolution of scope of practice in line with advancement of the profession • High-level representation on relevant boards and committees

Knowledge and skills	Foundational	Established	Leading
7.3	• Understands evidence-informed practice, goal setting and appropriate measurement of outcomes in relation to their profession • Seeks professional guidance when applying these in practice	• Implements evidence-informed practice confidently and independently • Measures outcomes appropriately	• Leads implementation of evidence-informed practice and appropriate measurement of outcomes
7.4	• Reflects on practice • Proactively seeks guidance in operating within the scope of practice • Uses supervision to identify and plan how to address knowledge gaps • Actively participates in learning and development opportunities	• Contributes to a culture of interprofessional learning and development by supervising and teaching students	• Builds a culture of interprofessional learning and development • Develops supervision and teaching materials that improve interprofessional practice • Provides mentoring for foundational and established practitioners across allied health professions
Values and attributes	• Demonstrates accountability for their practice • Demonstrates a commitment to lifelong learning • Respects the contribution of all professions in achieving outcomes for people with disability • Promotes teamwork and respects and uses team diversity • Self-reflective		

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'The allied health professional should 'not [be] afraid to admit what you don't know and explore opportunities with the person and family.'
– Person with disability

Capability 8: Collaborates interprofessionally

Knowledge and skills	Foundational	Established	Leading
8.1	• Understands the role of interprofessional approaches in responding to multiple and complex support needs • Seeks professional support to apply these in practice	• Demonstrates a strong understanding of a collaborative, interprofessional approach to responding to multiple and complex support needs • Applies the approach in practice	• Coordinates and integrates models for teams • Introduces innovative models of interprofessional practice that respond to multiple and complex support needs
8.2	• Is aware of their limits and professional boundaries • Understands the scope of practice of other professions • Appropriately initiates and articulates referral purpose to the person	• Understands their limits and professional boundaries • Has a strong understanding of the scope of practice of other professions • Builds strong relationships with other allied health professionals to support referrals • Articulates reasons for referrals to the person	• Has a strong understanding of the scope of practice of allied health professions • Supports practitioners to work to the full extent of their role • Integrates practice to support positive outcomes for the person
8.3	• Understands and operates in the supervision and delegation framework for allied health assistants and disability support workforce	• Delegates clearly and confidently to allied health assistants and disability support workforce • Educates others	• Leads interprofessional practice • Mentors allied health professionals • Builds a collaborative culture between allied health professionals, allied health assistants and the support workforce in disability

Knowledge and skills	Foundational	Established	Leading
8.4	• Understands the role of other support services in meeting multiple and complex support needs • Seeks guidance to engage with other support services	• Has a strong knowledge of the local network of support services • Confidently engages local supports as appropriate	• Builds a collaborative culture and alliances with other services • Leads communities of practice and promotes integrated practice
Values and attributes	• Demonstrates collaboration • Respects the contribution of all professions in achieving outcomes for people with disability • Promotes teamwork and respects and uses team diversity		

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'To ensure they facilitate a positive outcome for participants, even if it means referring participants to someone else within the organisation or externally. This may be a multidisciplinary referral. Therapists need to be honest about their experience and expertise and be client-focused.'
– Person with disability

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'The client complex support need profile suggests the need for an additional skill set. That is, both a working knowledge of specific support techniques as well as a common language when collaborating across disciplines and agencies is required.'
– Dowse et al. 2016[1]

1 Dowse, L, Wiese, M & Smith, L 2016, 'Workforce issues in the Australian National Disability Insurance Scheme: Complex support needs ready?', *Research and Practice in Intellectual and Developmental Disabilities*, vol. 3, no.1, pp54-64

Capability 9: Navigates the National Disability Insurance Scheme (NDIS)

Knowledge and skills	Foundational	Established	Leading
9.1	• Understands principles and objectives of the NDIS and its commitment to people with disability and complex support needs	• Stays up to date about the NDIS issues and strategies • Translates knowledge and resources about the NDIS into practice • Assists participants and professionals to understand the NDIS	• Has current and expert-level NDIS knowledge • Identifies and develops ways of dismantling systemic barriers that prevent participation to make improvements to NDIS policy
9.2	• Understands NDIS operational guidelines and processes • Seeks guidance to apply NDIS guidelines in practice	• Implements NDIS operational guidelines and processes • Builds skills in other professionals to implement NDIS guidelines	• Contributes to improvements to NDIS processes and systems within and beyond the service
9.3	• Understands NDIS language • Seeks guidance to write outcome-oriented reports that inform planners	• Produces accurate reports that articulate level of activity limitation, participation restrictions, therapeutic plans, outcome measures and the person's goals	• Champions organisational systems of quality assurance for NDIS reports
9.4	• Incorporates an understanding of reasonable and necessary supports in developing plans with a participant	• Assists participants and professionals to understand reasonable and necessary supports	• Contributes to the evidence base about what are considered reasonable and necessary supports

Knowledge and skills	Foundational	Established	Leading
9.5	• Seeks guidance to use plans • Supports flexibly in response to a participant's changing support needs	• Uses plans • Supports flexibly in response to a participant's changing support needs	• Coaches others to use plans • Supports flexibly in response to a participant's changing support needs
9.6	• Understands decision-making process of the NDIS • Identifies escalation processes and policies • Confidently raises issues with their supervisor	• Escalates matters using identified and agreed escalation frameworks	• Has a strong understanding of escalation processes and policies • Resolves participant issues with the NDIS
9.7	• Understands approaches to advocacy • Supports the participant to advocate for themselves • Advocates for the participant, as appropriate • Seeks professional guidance where necessary	• Understands approaches to advocacy • Supports the participant to advocate for themselves • Advocates for the participant, as appropriate	• Advocates for system improvements for people with disability and complex support needs in the NDIS
9.8	• Identifies relevant Quality and Safeguards Commissions requirements • Seeks professional guidance to ensure compliance with requirements	• Operates within and recommends service improvements to comply with the NDIS Quality and Safeguards Commission requirements	• Ensures compliance within the NDIS Quality and Safeguards Commission audit framework • Innovates practice to support quality and safeguarding

Knowledge and skills	Foundational	Established	Leading
9.9	• Understands the market model of the NDIS and how it applies to the service	• Has strong business knowledge and skills to operate in the NDIS context	• Innovates business models that respond to a participant's needs • Ensures a successful business in the NDIS market model
9.10	• Demonstrates time management skills in a fee-for-service environment	• Demonstrates excellent time management skills in a fee-for-service environment • Assists others to develop time management skills within the service	• Innovates practice to support positive outcomes within a fee-for-service environment
9.11	• Contributes constructively to change processes through NDIS and service system transformation and reform	• Identifies effective ways to navigate the NDIS • Supports others through change processes through NDIS and service system transformation and reform	• Promotes change as a healthy and normal part of organisational growth • Leads others through NDIS transition and service system reform
Values and attributes	• Willingness to establish relationships with the National Disability Insurance Agency, planners and plan managers • Stays up to date with NDIS initiatives and research outcomes of the profession • Champions choice and control		

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'Understanding the NDIS and being able to advocate effectively in that space.'
– Allied health professional

Capability 10: Collaborates across service systems

Knowledge and skills	Foundational	Established	Leading
10.1	• Has a basic understanding of human service systems, including disability, health, mental health, child protection and family support, early childhood development, education and training, employment, housing, transport, justice systems	• Has a strong knowledge of service provision across service systems • Assists others to understand the role of systems approaches to responding to the needs of people with disability and complex support needs	• Draws on a sophisticated knowledge of service systems and their interrelationship to make service and systemic improvements for people
10.2	• Understands the principles developed by the Council of Australian Governments (2015) outlining the responsibility of the NDIS and other service system	• Uses the principles developed by the Council of Australian Governments (2015) to determine the responsibility of the NDIS and other service system	• Influences systemic solutions to interface issues by offering consultation
10.3	• Seeks guidance from their supervisor and other professionals to navigate service systems	• Negotiates multiple systems to achieve positive outcomes for people • Develops solutions to complex interface issues	• Builds the capacity of workers in other service systems when working with people with disability and complex support needs
10.4	• Contributes to managing transitions of care across settings	• Manages transitions of care across settings	• Integrates systems to support transition of care across settings
Values and attributes	• Supports and builds stakeholder relationships • Adapts within systems • Communicates respectfully and collaboratively • Promotes holistic service orientation • Promotes collaboration		

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‘Practitioners skilled in inter-system operations are needed...to improve the coordination of the system and better participant outcomes...’
– Summer Foundation 2018[2]

2 Worsnop, T & Taleporos,G 2018, *'Insight into Design Issues in the Health and NDIS Systems Interface'*, The Summer Foundation, Melbourne

Capability 11: Acts ethically and resolves conflicts

Knowledge and skills	Foundational	Established	Leading
11.1	• Understands and operates within professional and ethical standards	• Demonstrates a strong understanding of ethical standards and issues that arise for people with disability and complex support needs • Builds knowledge in others	• Actively promotes discussion of ethical issues that arise for people with disability and complex support needs with stakeholders
11.2	• Understands that ethical considerations when working with Aboriginal people with disability should acknowledge the historical context and impacts of colonisation, holistic views of wellbeing, spirituality, the role of family and community and the diversity of Aboriginal cultures and communities	• Draws on knowledge and wisdom of Aboriginal people with disability to inform approaches to address ethical issues	• Develops trust and equalises relationships with Aboriginal people with disability • Creates opportunities to draw on the knowledge and wisdom of Aboriginal people to design ethical practice
11.3	• Identifies and understands ethical issues as they arise • Applies their profession's code of ethics in practice • Seeks guidance where necessary to reconcile tensions between maximising choice and control, supporting positive risk-taking, dignity of risk, duty of care and promoting safety	• Develops responses to ethical issues with relevant parties • Provides supervision regarding ethical practice for other allied health practitioners	• Mentors others in addressing ethical issues • Ensures business practices include processes to respond to ethical issues and a systematic approach to minimising conflicts of interest

Knowledge and skills	Foundational	Established	Leading
11.4	• Demonstrates an understanding of evidence-based practice and its role in promoting best outcomes for people • Maintains professional boundaries and scope of practice • Sets realistic goals with the person • Is transparent about the feasibility and effectiveness of therapeutic input	• Identifies conflicts that arise in the context of providing therapeutic input on a fee-for-service basis • Manages conflicts of interest in planning, implementation and reporting • Ensures efficient and effective use of finite resources to achieve best outcomes for people	• Initiates knowledge application of ethics and evidence-based practice
Values and attributes	• Acts with integrity, honesty, accountability and respect • Transparency in decision making		

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'[M]aking informed decisions to leave a service requires confidence and capacity, as well as information and knowledge of the market and provider quality. It also requires information about the right to do so. Lack of accessible, timely and targeted information has been identified as a direct barrier to choice and the capacity to exit.'
– David and West 2017[3]

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3 David,C & West,R 2017, 'NDIS Self-Management Approaches: Opportunities for choice and control or an Uber-style wild west?, *Australian Journal of Social Issues*, vol. 52, pp 331-346.

Capability 12: Promotes quality, safety and inclusion

Knowledge and skills	Foundational	Established	Leading
12.1	• Supports a culture and environment of safety and inclusion of people with disability and complex support needs	• Contributes to a culture and environment of inclusion of people with disability and complex support needs	• Champions a culture and environment of safety and inclusion of people with disability and complex support needs within the service and beyond the service context
12.2	• Supports the participation of people with disability and complex support needs in design and decision making about services that affect them	• Integrates the participation of people with disability and complex support needs in design and decision making about services that affect them	• Champions ways to support the participation of people with disability and complex support needs in service- and system-level decision making • Creates, implements and reviews policies and procedures for support staff to promote the participation of people with disability in decision-making
12.3	• Considers physical, cognitive, behavioural and social concepts of individual safety • Considers the context of increased exposure to risk and vulnerabilities experienced by people with disability and complex support needs • Seeks guidance to increase protective factors for people with disability and complex support needs	• Considers physical, cognitive, behavioural and social concepts of individual safety and the context of increased exposure to risk and vulnerabilities experienced by people with disability and complex support needs • Implements approaches that increase protective factors for people with disability and complex support needs	• Contributes to contemporary policy and research on safety of people with disability and complex support needs

Knowledge and skills	Foundational	Established	Leading
12.4	• Adheres to rules and responsibilities for minimising vulnerabilities for people with disability and complex support needs within the service • Identifies policies and procedures relevant to minimising risk to safety for people with disability	• Analyses and anticipates risks to safety within the service that can affect people with disability and complex support needs and the workforce • Recommends solutions	• Leads organisational systems for safety • Implements preventative measures
12.5	• Promptly reports risks to the safety of people with disability and complex support needs to relevant professionals	• Identifies risks and develops organisational systems to promote the safety of people with disability and complex support needs	• Manages risks and champions systems to promote the safety of people with disability and complex support needs
12.6	• Seeks advice about appropriate clinical documentation of allegations of violence, abuse, neglect, exploitation or discrimination	• Ensures appropriate clinical documentation of allegations of violence, abuse, neglect, exploitation or discrimination	• Integrates systems for appropriate clinical documentation of allegations of violence, abuse, neglect, exploitation or discrimination

Knowledge and skills	Foundational	Established	Leading
12.7	• Appropriately escalates allegations and incidents of violence, abuse, neglect, exploitation or discrimination	• Contributes to the escalation process and supports people affected by an allegation	• Provides professional supervision and opportunities for debriefing, assistance, mentoring and clinical development
12.8	• Understands the impact that primary and vicarious trauma can have on professionals and identifies and implements strategies to promote self-care	• Promotes self-care strategies	• Champions opportunities and systems to encourage self-care in other professionals
Values and attributes	• Respects and protects a person's dignity and privacy • Protects people from violence, abuse, neglect, exploitation, discrimination and sexual misconduct • Champions diversity and inclusion in the workforce • Demonstrates flexibility and resilience working in complex care environment		

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'As a physio I'm often asked to provide massage and stretching to clients. In instances where this is not evidence-based [for the diagnosis] and unlikely to be effective, it's important that I discuss this with the client so they can actively participate in decisions that inform their care. A client may elect to leave my service and find another, which is exercising their choice. Sometimes, we may lose clients to companies unethically delivering services aimed at keeping clients coming back. How do you balance clients' individualised choice and ethical and effective practice?'
– Allied health professional

Key terms

Attribute

A quality or characteristic you have as a person.

Behaviour

The way you act to show knowledge, skill or an attribute that can be seen and measured.

Capability

Underpinning knowledge, skills, attributes and behaviours that characterise work being performed well.

Complex support needs

Complex support needs involve high levels of support across various life domains (including physical, psychosocial, behavioural and social domains). They are influenced by adverse life experiences such as substance misuse, a history of violence and trauma, cultural and intergenerational disadvantage, criminal justice contact, disrupted education and poverty. They arise from intersections between individuals, environments and the capacity (or incapacity) of systems to respond.

Disability

Disability is an umbrella term for impairments, activity limitations and participation restrictions. It is the aspects of the interaction between a person with impairments and the attitudes and environmental barriers that hinders their full and effective participation in society on an equal basis with others.

Informal and formal supports

Informal supports include family, friends, carers and community supports that are available to a person. These arrangements are part of family life or natural connection with friends and communities.

Formal supports are people or services that have a formalised arrangement or agreement with a person with disability. They outline the type of care or capacity-building support to be provided.

Every person does not have informal and formal supports available to them.

Knowledge

The theoretical or practical understanding that you apply when completing an activity or task.

Participant

A person with disability who meets the access requirements to become a participant in the National Disability Insurance Scheme (NDIS).
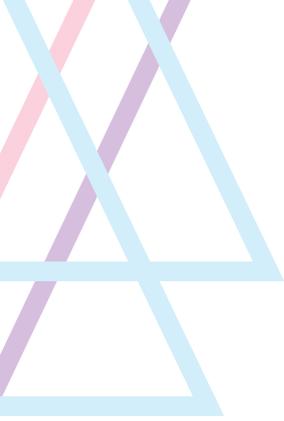
Proficiency

The degree of expertise in an area of knowledge or skill you can show.

Skill

Ability you have developed through training or experience to perform activities or tasks.

Values

The principles that help you to decide what is right and wrong, and how to act in various situations.

Appendix: Expert groups used to develop the framework

Project Steering Group

- Jessica Cochran, Consumer
- Sharon Downie, Department of Health and Human Services
- Rachel Eastoe, Department of Health and Human Services
- Dianne Hardy, National Disability Services
- Philipp Hermann, Allied Health Professions Australia
- Andrew Minge, Consumer
- Melissa Petrakis, Monash University
- Heather Thompson, Department of Health and Human Services
- Jill Walsh, Monash Health
- Dina Watterson, Alfred Health
- Renata Winkler, Victorian Paediatrics Rehabilitation Services

Project Team

- Rouel Dayoan, Project Manager, Department of Health and Human Services
- Lizzie Castles, Project Officer, Department of Health and Human Services

Expert Working Panel

- Satu Aho, Action on Disability in Ethnic Communities
- Michelle Bult, Summer Foundation
- Kelly Chait, Summer Foundation
- Ingrid Cole, Everyday Independence
- Sacha Finlayson, Goulburn Valley Developmental Clinic
- Sarah Forbes, Victorian Advocacy League for Individuals with Disability
- Kieran Halloran, North Western Melbourne Primary Health Network
- Mary Hawkins, National Disability Insurance Agency
- Louise Jellie, M Power
- Carol Jewell, Occupational Therapy Australia
- Cassie Kenyon, Yooralla
- Tony McHugh, Australian Psychological Society
- Bernadette O'Connor, The Royal Children's Hospital
- Kelly Reynolds, Kids Plus Foundation
- Jacinta Sadler, Monash Health
- Donna-Maree Towney, Indigenous Allied Health Australia
- Anita Volkert, Occupation Therapy Australia
- Stephanie Worsteling, Carers Victoria