

Inquiry into Disability Support Services in Tasmania

National Disability Services submission

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Contact

Alice Flockhart
State Manager Tasmania
0409 834 345
alice.flockhart@nds.org.au

Introduction

National Disability Services (NDS) welcomes the opportunity to contribute to this Inquiry.

NDS is Australia's peak body for non-government disability service organisations, representing over 1150 non-government service providers. Collectively, NDS members operate several thousand services for Australians with all types of disability.

On 10 December 2018, the Commonwealth and Tasmanian Governments entered into the *Bilateral Agreement between the Commonwealth of Australia and the State of Tasmania on the National Disability Insurance Scheme (the Agreement)*¹. With this Agreement the Commonwealth and Tasmania committed to improving the outcomes of people with disability by supporting them through the National Disability Insurance Scheme (NDIS) with the shared goal of increasing social and economic participation.

The Agreement also outlines that where required, continuity of support will be provided for clients of Commonwealth or Tasmanian specialist disability programs who are found ineligible for the NDIS, to assist them to achieve similar outcomes.

The most recent quarterly report published by the National Disability Insurance Agency reports that as of the 31 December 2020, Tasmania had 9,868 active participants (excluding Early Childhood Early Intervention in the scheme)². However, the Australian Bureau of Statistics most recent survey of Disability, Ageing and Carers, Australia: Summary of Findings, reports that 26.82% of Tasmanians reported a disability (or 140,100 people)³. This means only 7% of Tasmanians with disability are supported by the NDIS.

64.8%⁴ of NDIS participants live in Hobart or Launceston, and only 1.3%⁵ of participants live in remote or very remote areas. As Australia's most regionalised population, investigation needs to be undertaken to determine whether the distribution of NDIS plans accurately reflects the population

¹ <https://www.coag.gov.au/about-coag/agreements/bilateral-agreement-between-commonwealth-australia-and-state-tasmania>

² COAG quarterly reports, retrieved from <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

³ <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

⁴ COAG quarterly reports, retrieved from <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

⁵ COAG quarterly reports, retrieved from <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

of people with disability or reflects thin markets resulting in significant underutilisation in remote and very remote areas.

This year \$403.7 million⁶ has been committed to NDIS plans in Tasmania, with only \$261.6 million paid⁷. There is \$140.1 million underutilisation. It is vital that the Tasmanian government ensures that their significant investment in the NDIS is maximised and Tasmanians with disability, whether they are receiving NDIS supports or not, are appropriately supported in all parts of the state. It is of equal importance to ensure those who are not eligible for NDIS services, but who still require supports, are able to access them where and when they need them.

Tasmanian disability service providers remain committed to the NDIS. However, there are a number of challenges both disability service providers and people with disability are facing across the state.

These challenges are detailed in this report and include:

- Mainstream interface challenges including mental health and child safety interfaces
- Services in regional communities
- Independent assessments implications
- Continuity of support challenges
- Access to accessible housing
- Transport challenges
- Funding for organisations not eligible for NDIS funding
- Workforce development

In this submission we wish to draw on the evidence and experiences of our members in Tasmania as well as high level observations of the NDIS implementation and emerging gaps in service.

⁶ COAG quarterly reports, retrieved from <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

⁷ COAG quarterly reports, retrieved from <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

1. Consideration and management of the State based costs of long-term care and support for people who are not eligible for the NDIS;
2. The range of support services available to Tasmanians who are not on, or eligible for, the NDIS;

Sections 1 and 2 will be considered together.

Mainstream Interface

The NDIS introduced an individual based funding model where participants are in control of their own funding.

The two core benefit principles are:

- Giving people with disability better choice and control over their funding and supports.
- Helping them reach their goals through reasonable and necessary supports.

The NDIS funded supports and services are intended to be in addition to those that every Australian can access. However, interfacing with mainstream services has presented challenges and inconsistency of care depending on the State and the mainstream service. While the NDIS provides tailored funding to support people with disability who meet specific criteria, it does not replace, duplicate or directly fund government services.

There is a lack of clarity across Tasmania concerning the interface between the NDIS and health. Work is needed to ensure that people with disability and complex health conditions, and children with disability who have planned, or emergency hospital admissions receive the support they require. Under former block-funded arrangements, disability support workers accompanied a participant to hospital for all or part of their stay as required. Since the introduction of the NDIS when a person who is receiving NDIS supports enters the health system, particularly hospitals, there is widespread confusion about who pays for support and the processes around that.

Discharge from hospital is problematic in Tasmania as often patients do not have suitable housing return to. The hospital cannot discharge a patient if they do not have suitable accommodation to go to, and this is causing bed blockages.

Mental Health

Tasmania has the highest rate of psychosocial disability (8.3%) in Australia⁸. Nationally as of 2018, 81.4% of people with psychosocial disability who applied for the NDIS were approved, compared to over 97% for people with cerebral palsy, autism, or intellectual disability.⁹ These figures illustrate that people with psychosocial disability are more likely to be not gain access to NDIS funding, and that the NDIA is failing to engage appropriately with people experiencing psychosocial disability. It is also reported widely and to NDS that even when individuals with psychosocial disability are approved for the NDIS, they frequently receive inappropriate plans or are unable to find services to carry out their NDIS plan.

Currently 8% (755 people) of Tasmanians receiving NDIS supports are living with a psychosocial¹⁰ disability¹¹. Despite provision in the NDIS for this type of disability support, the majority of Tasmanians with mental illness and psychosocial disability will not be able to access NDIS supports. In 2018 the ABS reported there are 43,400 Tasmanians with psychosocial disability¹². This means that there are many Tasmanians living with psychosocial disability and mental illness who do, and will continue to, rely on other services- including mainstream services, to address the barriers they face.

People living with chronic mental illness or psychosocial disability experience uncertainty in relation to the mental health sector concerning recovery orientated supports and supported accommodation for those who are not eligible for, or not accessing, the NDIS¹³. There is a large portion of people in this category who are not eligible due to episodic illness or evidentiary requirements. Disability providers have also noted that even those in the scheme are not all receiving the supports they need.

The nature of many mental health issues is episodic. This complicates the individual's eligibility for NDIS support and is a barrier to people even applying. The evidentiary requirements for NDIS

⁸ ABS (2019), Disability, Ageing and Carers Australia viewed at [Psychosocial disability | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/psychosocial-disability)

⁹ <https://www.sydney.edu.au/content/dam/corporate/documents/faculty-of-medicine-and-health/research/centres-institutes-groups/cdrp/mind-the-gap.pdf>

¹⁰ Primary disability group

¹¹ COAG quarterly reports, retrieved from <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

¹² <https://www.abs.gov.au/articles/psychosocial-disability>

¹³ Anglicare Tasmania, 2021. Social Action and Research Centre information paper: The NDIS is not for everyone, nor the sole solution: The importance of a continuum of care for Tasmanians with mental health needs. Accessed from <https://www.anglicare-tas.org.au/research/mental-health-beyond-ndis/>

support are often very high and this can be a major obstacle to accessing support. Reasons for this include a lack of understanding of the application process, a fear of the application process (including of having to revisit traumatic experiences in order to provide evidence of illness), and a lack of identification with the word ‘disability,’ people sometimes do not equate their diagnosis as a disability or illness, even when it meets these definitions¹⁴.

As a result of the high presence of psychosocial disability in Tasmania, and the shortfalls of the NDIS in supporting people with this type of disability, the State government has a responsibility to ensure adequate services are available and funded for people with mental illness and those with psychosocial disability in Tasmania.

Regional Communities

With only 1.3% of NDIS participants located in remote or very remote communities in Tasmania, it appears that there is significant underutilisation of the NDIS in these areas. Further research into this potential discrepancy between distribution of people with disability and the distribution of NDIS participants must be undertaken.

Disability service providers have raised the issue that people in regional areas in Tasmania are often not accessing the NDIS, even when they are eligible. This is potentially attributable to multiple factors, including misunderstanding or confusion around what the NDIS is and how it could benefit a person with disability, or an unwillingness to engage in onerous regulatory requirements and lengthy application processes. This lack of engagement is detrimental to state government and the community. Financial costs for supporting someone eligible for, but not utilising, the NDIS must be found elsewhere, and the support received by the individual in this circumstance is unlikely to be as comprehensive as it might be within the NDIS. A targeted, place-based, approach that liaises with GP’s, community houses, community groups and local councils is a potential avenue to address this issue.

Project reachABLE was a State funded project that assisted and supported Tasmanians with disability to make the transition to the NDIS. This project was highly regarded by disability service providers,

¹⁴ Primary Health Tasmania, Rethink 2020: A state plan for mental health in Tasmania 2020-2025, accessed from https://www.health.tas.gov.au/__data/assets/pdf_file/0005/419549/Rethink_2020_A_state_plan_for_mental_health_in_Tasmania_20202025.pdf

and it is in the interest of state government to consider funding similar place-based programs to address underutilisation of the NDIS in rural or remote areas of our State.

Independent Assessments

The announcement that Independent Assessments will not be implemented until feedback from the current trials has been assessed, and further consultation across the sector has taken place, is a welcome outcome.

Under the planned changes, all future NDIS participants will have to undergo a mandatory assessment in order to access the scheme. Existing participants will progressively be required to undergo the same assessment process before they receive their next NDIS plan and funds. These assessments will be used by the National Disability Insurance Agency to decide who will be given access to the scheme, and how much funding and support they will receive.

There is concern that if Independent Assessments are introduced in the planned format, there will be groups of people more at risk of not being supported. NDS has had feedback that the process requires a high level of cognitive ability, research, and time, to successfully navigate. It was noted that unless a participant is themselves highly able to engage with the complex regulatory process, a strong advocate would be needed to ensure adequate outcomes from the assessment process. This advocacy isn't built into the assessment and places people with lower cognitive abilities at an elevated risk of receiving inadequate plans.

These changes will fundamentally alter the individualised and personalised nature of the NDIS. Greater consistency is needed, it is concerning that this increasingly automated process will not adequately consider individual need and circumstance.

The introduction of mandatory assessments is the biggest change to the NDIS since it began. Despite the scale and cost of the changes, they have not been rigorously tested or undergone an independent evaluation. Consultation has been rushed and the questions and concerns of people with disability, their families and the organisations that support and represent them have not been addressed.

Considering the significant impact the introduction of Independent Assessments would have on the wellbeing of Tasmanians with disability and their access to the NDIS, it is important that State

government advocates for thorough consultation with the disability sector at a national level, and supports further investigation into the proposed changes to the scheme. If the introduction of Independent Assessments results in a decrease of Tasmanians receiving NDIS supports, this responsibility will fall on the state government.

Transport

Transport is critical to an inclusive society. People with disability are facing inadequate funding for transport in their NDIS plans, limited or no accessible public transport (especially in regional and rural areas), decline in disability providers fleet car services and the reduction of the taxi subsidy annual cap through the Transport Access Scheme.

The Tasmanian Government cap on taxi subsidies for people living with disability is planned to reduce from \$1000 to \$350 per annum. Though it has been asserted by the state government that few participants are reaching this limit, it is important, particularly in rural areas, that people with disability do not face further barriers to transportation than already exist.

Transport also significantly impacts workforce availability in regional areas. Owning and maintaining a car is expensive and getting a license can be a struggle for many. Without private transport, reliance often shifts to public transport, but that can also be a barrier. Tasmania has a rural-metropolitan divide in transport access and provision, with rural services having significantly restricted timetables and reach compared to metropolitan services. If you live in regional Tasmania where buses are infrequent or absent and you cannot afford to run a car or have no one to help you complete the hours required to obtain a license, it is easy to miss out on opportunities that others take for granted.

Continuity of Support

Governments committed to ensuring people with disability who were receiving services prior to the NDIS roll out were not disadvantaged in the transition to the NDIS. This includes people who are 65 years and over do not meet the age requirements for the NDIS. NDS has been informed by multiple providers that despite funding increases, Continuity of Support (CoS) funding is still not at a level commensurate with the NDIS. It has been asserted that CoS clients are particularly vulnerable to failures of mainstream supports, including housing and accommodation.

Child Safety

Children with disability in state care continue to receive inadequate support. Disability providers who work in this area report that there is not adequate early identification of children with disability in the child support and safety system. Children in this circumstance can significantly benefit from entering the scheme, with their services being streamlined (dependent on effective and tailored case management and communication between agencies). It has been conveyed to NDS that the majority of children could be cared for more appropriately (and with better outcomes) through improved case management from the state in terms of working with the NDIS and support coordinators to ensure supports meet the needs of the child. Often there is minimum communication between agencies, and issues only get picked up when there are interface issues concerning support or package funding.

This an area that requires further investigation, and a close collaboration with those specific providers working in the space.

Housing

Housing for people with disability is a critical area of need that is being overlooked within the broader concern about affordable housing shortfalls in Tasmania.

Lack of appropriate housing is a significant issue identified by disability service providers in Tasmania. The current shortage of accessible housing, alongside the wider affordable housing shortage in Tasmania, is having a major impact on the quality of life of many people with disability. People with disability are more vulnerable and at risk of exposure to violence, abuse, neglect and exploitation if they are not able to access safe, affordable and suitable accommodation. People with disability are much more likely to be living on a low income (47.9%) compared with those without disabilities (29.2%), with the highest proportions on low income being people with intellectual (77.3%) and psychological (60.9%) impairments¹⁵.

¹⁵ Zoe Aitken, Emma Baker, Hannah Badland, Kate Mason, Rebecca Bentley, Andrew Beer & Anne Marie Kavanagh (2019) Precariously placed: housing affordability, quality and satisfaction of Australians with disabilities, *Disability & Society*, 34:1, 121-142, DOI: 10.1080/09687599.2018.1521333

Access to public housing is critical for people with disability. Low incomes, low workforce participation and lack of capital exclude a lot of people with disability from home ownership¹⁶. These factors also mean that private rentals are often not an option for people with disability, who are more likely to live in public housing, with approximately 40 per cent of households in public housing including a person with disability.¹⁷ Understanding the pathways that are required for a person with disability to access housing is important. Different levels of support may be required for a person with disability to navigate housing systems. Factors that may contribute to this include low levels of literacy, cognitive capacity and ability to understand the processes, a need for supported decision making, and access to suitable buildings for those with limited mobility.

People with disability are also at greater risk of homelessness than the general population.¹⁸ In 2011, the Productivity Commission estimated that around 6% of NDIS participants will require Specialist Disability Accommodation (SDA) funding, and the NDIA considers 6% to be the most accurate current estimate of the number of participants eligible for SDA funding under the NDIS.¹⁹ These participants have very high support needs and need adaptations to their built environment. Although not all people with disability require the SDA design features funded through the NDIS, this does not mean that they do not have complex housing and support needs, and many will still rely on a state-government funded housing response. Specialist Disability Accommodation (SDA) is a great initiative under the NDIS, but it is certainly not a panacea due to its extremely limited scope and systemic problems.

NDS's concerns include:

- Even for people eligible for SDA, the pace to SDA development/build cannot meet the growing demand and those people will remain inappropriately housed in the meantime, in residential aged care, the family home, or forms of homelessness.
- People who have complex support needs will have access to support under the NDIS (namely, Supported Independent Living), but not to the housing infrastructure that will enable them to live independently in accommodation appropriate to their needs.

¹⁶ Summer Foundation, 2019, Younger People in Residential Aged Care: True Stories, Practical Solutions. Summer Foundation Submission to the Royal Commission on Aged Care Quality and Safety

¹⁷ Wiesel, I., Whitzman, C., Bigby, C. & Gleeson, B. 2017 'How will the NDIS change Australian cities?', MSSI Issues Paper No. 9, Melbourne Sustainable Society Institute, The University of Melbourne

¹⁸ Beer, A., Baker, E., Lester, L., & Daniel, L. (2019). The Relative Risk of Homelessness among Persons with a Disability: New Methods and Policy Insights. *International Journal of Environmental Research and Public Health*.

¹⁹ <https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/specialist-disability-accommodation/sda-provider-and-investor-brief>

- Housing in the open market in Tasmania is unaffordable and inaccessible, furthermore, Social and Affordable Housing systems are limited in scale to meet the needs of the above two groups of people with disability.
- Participants who transitioned into the Scheme in state government funded housing programs are now required to have their eligibility for both the SDA and SIL component of that housing tested whenever they want or need to move house. This is giving rise to concerns that the Agency may be managing demand pressure on SDA by deeming some of these older residents ineligible for SDA in order to create space for new entrants whose needs may be greater. This will put long term support arrangements for people with disability at risk.

Within the wider affordable housing shortage in Tasmania, people with disability are disproportionately further disadvantaged. Being already more vulnerable to a thin housing market, Tasmanians with disability are falling through the cracks of an already overburdened social housing system. The private housing market cannot and does not provide adequate alternative to people with disability, both those in the NDIS and those not eligible for it. Urgent action is needed to build affordable and accessible homes for Tasmanians with disability.

3. Funding for organisations that service those not eligible for the NDIS

NDS has previously expressed concerns regarding the implementation of the Information, Linkages and Capacity Building (ILC) program, coupled with the withdrawal from specialist and mainstream disability services by the State Government. This resulted in a diminution of long-standing local organisations that have the capacity to provide services and programs to their local communities (whether these be communities 'defined' by geography and/or need - i.e; acquired brain injury). There is concern that government has underestimated the significant impact the loss of these organisations and services has on both the Tasmanian community and Tasmanian economy. A particularly strong example of the need for block, non-project specific funding for an organisation providing supports for those ineligible for the NDIS is explored below.

The Brain Injury Association of Tasmania (BIAT) lobbied extensively for the Mental Health Diversion Court (List) to be expanded to include people with cognitive impairment. The success of any Diversion Court is dependent upon there being services in the community to divert people to. However, with the removal of block funding, many services were interrupted, or ceased operating, due to the uncertainty of funding. This has meant that there are no longer services resourced in the

community that people with cognitive impairment can be diverted to through the courts. These people are not being connected to the services (alcohol, drug, mental health, housing etc) they need to ensure they do not end up in prison, at a far greater cost to the Tasmanian Government, Tasmanian community, and welfare of the individual.

This is just one example of the critical role many community organisations play in filling the gap between government provision of services and supports available through the NDIS. NDS believes that project-based funding is insufficient to support this distinct provision of services, as illustrated in the above example. There are gaps in supports for people with disability that are best addressed by community-based organisations such as BIAT, that require direct and ongoing funding (not short term or project based). Funding to sustain local service delivery in Tasmania is crucial to supporting Tasmanians who fall outside of the NDIS.

4. Workforce development and training opportunities for the disability support sector, including allied health;

Significant growth in the disability workforce is required to meet the increased demand under the NDIS. Equally important is the extent to which that workforce, including those recently recruited, is suitably skilled, motivated, and capable of delivering NDIS supports in a manner that meets the quality aspirations of people with disability, and the Scheme itself.

The unavailability of industry specific data from the ABS, NDIA or any other source hampers our understanding of workforce numbers or growth rates in Tasmania. The disability sector is one of the fastest growing in Australia with one in five new jobs over the next few years is predicted to be in the disability sector.

Every indication is that the localised, especially rural and remote, workforce shortages evident before the NDIS have only been accentuated since its roll out. The simple lack of people available to the sector in rural areas, and factors such as housing unaffordability and poor transport, restrict the labour supply in areas such as North West Tasmania.

The overall size and growth of the disability sector workforce in Tasmania

Regional, Rural and Remote Tasmania

Tasmania is characterised by a dispersed population in low density settlements. Greater Hobart is one of the least densely settled Australian cities, with some of the highest levels of low-density housing stock. Of all the states and territories, Tasmania has the highest proportion of its population residing outside of its greater capital city. More than half the population lives outside the capital city area, making it one of the most dispersed and transport-dependent regions in Australia.

Tasmania's rural and regional communities face workforce challenges under the NDIS. These include challenges in recruiting appropriately qualified staff (particularly therapists and specialists), managing the workforce and services across smaller populations and wider geographic areas, transportation, and providing staff supervision and access to professional development opportunities.

Workforce quality

Education and Training

Australia currently offers two models of VET in disability support: Certificate qualifications through classroom based technical learning in combination with work placement, and traineeships. Classroom-based technical learning can be delivered online or face to face. However, both require 120 hours of work placement to be undertaken for the purposes of assessment, in order to complete the qualification.

The Tasmanian Government's submission to the Productivity Commission Interim Review of the National Agreement on Skills and Workforce Development²⁰ provides some telling insights into the education and training sector challenges in Tasmania, including:

- The combined impacts of Tasmania's island status, a small and dispersed population (533 300 people), ageing workforce, significant disadvantage, the lowest labour force participation, the highest underutilisation of labour in the nation, lower income levels, and relatively low levels of literacy and numeracy continue to present challenges for

²⁰ Tasmanian Government Submission to the Productivity Commission Interim Review of the National Agreement on Skills and Workforce Development,
https://www.pc.gov.au/_data/assets/pdf_file/0011/254738/subir080-skills-workforce-agreement.pdf

employers and businesses seeking to meet their current and emerging workforce skill needs.

- Substantial capacity constraints exist in the Tasmanian VET system. The characteristics and small size of Tasmania's population, industry sectors and the VET system create an inconsistent demand for and supply of trainers and assessors. Retaining quality trainers within a private RTO and quality private RTOs within the VET system, particularly those that can deliver training in niche qualification areas, is becoming more difficult and more costly.
- The VET system is a 'managed' or 'regulated' market in Tasmania. Market failure exists in Tasmania – at best there is a 'thin market' – with comparatively low student numbers spread over multiple qualifications and multiple regions.

Accessibility of TasTAFE

TasTAFE are in the process of removing the Certificate IV in Disability from scope. Reasons cited include lack of enrolments and the incorrect perception that industry deem the qualification irrelevant. The Certificate IV in Disability is not included in TasTAFE's head deed, resulting in a cost of \$2334.00 which is far higher than the cost if accessed through a private Registered Training Organisation (RTO) who is accessing User Choice Funding through Skills Tasmania (this can be as little as a \$450 administrative fee²¹). It is important that TasTAFE offers the Certificate IV in Disability at a subsidised cost through the head deed. However, this will be of little consequence if the traineeship model of delivery is not embraced, which is currently the case with TasTAFE.

NDS was successful in receiving funding for two projects to increase the use of traineeships in the disability sector. One aims at increasing the number of new entrants to the sector utilising traineeships while the other aims to increase the number of existing workers that utilise traineeships to upskill. When NDS was awarded the funding, it became clear that TasTAFE were not able to offer the flexibility required for traineeships and this path was not viable. TasTAFE were not offering traineeships in Certification III in Individual Support (Disability) or Certificate IV in Disability. Since this time TasTAFE has assisted an employer to enter 20 students into traineeships on the North West Coast, but it is concerning that this is a rare event.

²¹ Work and Training, Certificate IV in Disability, accessed from <https://www.workandtraining.com.au/course/certificate-iv-in-disability/#:~:text=Course%20Fees,in%20a%20%24450%20administration%20fee.>

NDS were able to secure a pathway for the project through a private RTO. It greatly concerns NDS that, at a time of such high unemployment there remains a significant shortfall in disability support workers and that TasTAFE – our state’s largest public provider of vocational education and training, does not highlight the disability sector among the sectors ‘with meaningful career options for young Tasmanians’ that it assists. The Mercury published an article on 12 October 2020, [‘TasTAFE open day to showcase meaningful career options for young Tasmanians’](#), which failed to highlight the disability sector or any other sector within community services.

Through the traineeship projects that NDS is currently executing there has been an increased uptake of traineeships in the sector. Traineeships offer a pathway for employers to practice values-based recruitment and an avenue through which unqualified candidates can gain employment and accredited training in the sector.

It is NDS’s view that TasTAFE needs to:

- Offer the Certificate IV in Disability subsidised through the existing head deed.
- Increase its flexibility to offer disability qualifications through the traineeship model.
- Work closely with the Sector to increase the number of Trainers.

Understanding and accessing subsidised training

There is a wide-spread lack of understanding or awareness of the subsidised training available to employers in the disability sector. Though the above-mentioned traineeship projects have begun to address this, more can be done to foster the growth of a training culture within the disability workforce. NDS have identified this gap in employer knowledge not just in accessing subsidised funding for traineeships through User Choice funding, but also in understanding Skills Fund, Adult Learning Fund and any ad hoc funding that may arise. NDS has found the market to be driven by RTOs, when it should in fact be employer and industry needs driven.

Allied Health Skill Shortages

In 2017 NDS received NDIS Sector Development Funding from the Tasmanian Department of Health and Human Services to increase the supply and availability of the allied health workforce in regional, rural and remote areas of the state and to:

- Define the existing workforce and forecast the supply mix of AHPs at full scheme.

- Develop an allied health disability workforce strategy and action plan for regional, rural and remote areas.
- Implement priority strategies:
 - Influence the use of allied health assistants (AHAs) in NDIS plans and facilitate the establishment of AHA traineeships.
 - Implement strategies to skill the allied health workforce in positive behaviour supports (PBS) to reduce and eliminate restrictive interventions.

The work undertaken identified a shortage of allied health professionals (AHPs) available to provide therapy supports to people with NDIS plans in regional, rural and remote Tasmania. At the time it was estimated that Tasmania has 4.3 AHPs per 1,000 participants, which is the lowest of any state and over 25 percent lower than Australia as a whole (5.8 AHPs per 1,000 people).

This shortage, in conjunction with the expected increased demand for disability services in the coming years, posed a significant risk to the success of the NDIS, potentially impacting on the quality of life for people with disability and developmental delay. This issue was being felt especially and more acutely in regional, rural and remote Tasmania due to the following challenges: ²²

- University training for AHPs in demand under the NDIS (occupational therapists [OTs], speech pathologists [SPs], physiotherapists [PTs], orthotists and prosthetists [O&P] and podiatrists) is not currently available in Tasmania. These professionals must therefore be recruited from interstate where demand is already strong and competition for remuneration and career opportunities is high.
- Tasmania's demographics result in a relatively strong need for AHP services. At the outset of the NDIS trial, Tasmania had the highest rates of disability of any state or territory for people aged 64 years and under.
- Tasmania's thin markets outside the major urban centres make delivery of services difficult; regional, rural and remote workforce retention has already been identified by service providers as a significant challenge.

In the context of the NDIS, thin markets exist where there is a gap between the needs of participants and the services available in the market, which can occur in a particular location (where the services

²² The Allied Health Disability Workforce Strategy and Actions Plan, https://www.nds.org.au/images/resources/tas-allied-health/Full-Strategy-and-Action-Plan_final

are needed), and /or for a particular service, and/or for certain cohorts of participants; and is driven by difficulties in servicing a client's need or their location, such as cost.

Within Tasmania, except for psychology and social work, there are no study pathways for students to become qualified in any of the other allied health professions. This means to study and become qualified as an allied health practitioner, students must relocate interstate. Although some of these pathways are currently being developed through the University of Tasmania, there is still a medium-term risk over the next 10 years ensure adequate supply.

NDS was funded for a workforce attraction project, Project Momentum, which concluded in 2020. This project involved working with AHPs. Over the course of Project Momentum, AHPs were surveyed regarding their study and career pathway. Over half of the respondents began their professional career in the state in which they studied. This is significant because it highlights that Tasmania lose over half of the practitioners entering the sector after graduation, due to Tasmania's limited study options.

The results also indicated that the majority of practitioners' reasons for moving to Tasmania were not professional ones, but focused on social/lifestyle, family, or home state. The majority of AHPs working in the state originally grew up in Tasmania. This highlights the limitations Tasmania has in recruiting AHPs to the state. Rental affordability and the wage gap between AHPs working on the mainland and those offered in Tasmania were found to be the main reason deterring AHPs considering relocating to Tasmania.

Allied Health Assistants

Allied Health Assistants (AHAs) are an opportunity to alleviate the pressure on allied health practitioners in the state, a pathway that is not currently being exploited. Disability service providers need workforce development support to embrace the pathway.

AHAs support and assist the work of an AHP by undertaking a range of less complex tasks, (both clinical and non-clinical) enabling the AHP to focus on more complex clinical work (that cannot be undertaken by others) and provide care to a greater number of clients. AHAs commonly work with dietitians, physiotherapists, podiatrists, occupational therapists and speech pathologists in a variety of settings, including acute, rehabilitation, outpatient, community and mental health²³.

²³ Supervision and delegation framework for allied health assistants, <https://sarrah.org.au/sites/default/files/images/framework-for-web-060612.pdf>, pg 1

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. A skilled and flexible AHA workforce that is able to work with particular allied health disciplines or in multidisciplinary allied healthcare teams will help to alleviate some of the increasing demand pressure on allied health services and allow for the delivery of new and innovative models of care in response to community need.

Qualification requirements for an AHA include Certificate III and IV in Allied Health Assistance and are delivered by a range of public and private registered training organisations (RTOs) and Vocational education and training (VET) providers. These courses are difficult to access in Tasmania. TasTAFE is no longer offering these qualifications.

The development of an AHA pathway in Tasmania has been explored, particularly on the North West Coast with the NDIS Market Intervention and Commissioning Branch – Provider and Markets Division, and the Industry Training Hub. After a forum on *Innovative Allied Health supports in Thin Markets- Allied Health Assistants* there was interest in the AHA pathway, however, there was no interest in the pathway from school into AHA traineeships. This is the only pathway that had potential project funding available, through the Industry Training Hub, and was a pathway from school.

Conclusion

It is vital that the Tasmanian government ensures that their significant investment in the NDIS is maximised and Tasmanians with disability are appropriately supported in all parts of the state.

It is also important to ensure those who are not eligible for NDIS services, but who still require supports, are able to access them where and when they need them. Essential to these points are improved access to mainstream services, increased access to accessible transport and housing and workforce development to ensure the workforce quality and quantity exist.

NDS is available for follow up consultation should the committee wish to further discuss any of the issues raised in this submission.