

HOW CAN WE ENSURE THAT PEOPLE WITH INTELLECTUAL DISABILITY LIVING IN RURAL AREAS GET ACCESS TO GOOD THERAPEUTIC SUPPORT?

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Rural and remote areas of Australia experience significant shortages in the provision of disability services. Allied health professionals (AHPs) are hesitant to work in rural areas due to limited resources, lack of career development, difficulty accessing resources, and few networking opportunities (Dew et al., 2016). For people with disability, staff shortages lead to long travel times, long waiting times and limited access to treatment (Dew et al., 2012).

Approaches such as outreach, fly-in fly-out (FIFO) services and teletherapy avoid challenges associated with attracting and retaining staff by situating them in more populated areas and either travelling long distances to deliver face-to-face services or offering services through technology. An alternative model — the hub and spoke model — is typified by staff living in the communities they are servicing ('spokes'), while still supported in administration and professional development opportunities by a regional centre ('hub').

One way of employing a hub and spoke model is to employ Therapy Assistants in rural communities. Therapy Assistants do not need any formal qualifications, so can be sourced from local communities and trained to work under the delegation and supervision of AHPs. Therapy Assistants can carry out programs designed by AHPs but cannot conduct assessments or make clinical judgments and do not replace AHPs. Having locally based Therapy Assistants available in rural communities can complement the outreach, FIFO or teletherapy work of more distantly based AHPs.

Having access to Therapy Assistants residing in the same geographical area as clients can provide many benefits to people with intellectual disability. Therapy Assistants can work with clients in the settings needed to generalise skills. Therapy Assistants can also be trained to create easy-to-read resources to support their clients to understand new concepts. As they are less costly than AHPs, Therapy Assistants are a good option for teaching tasks that require regular practice.

SUMMARY

- There is a shortage of allied health professionals (AHPs) in rural areas
- Therapy Assistants can be used to conduct therapy programs designed by AHPs
- Therapy Assistants can provide skilled, regular, face-to-face support in rural areas. This has a lot of benefits for people with intellectual disability
- Service providers must ensure that Therapy Assistants are adequately trained and supervised
- The Centre for Disability Studies developed a competency framework to ensure their staff have the skills to work as Therapy Assistants

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From 2018, the Centre for Disability Studies (CDS) has been delivering Therapy Assistant services to people with disability in rural NSW through a hub and spoke model called 'here 2 enable'. CDS currently has Therapy Assistants based in Bathurst, Cobar, Coonamble and Coonabarabran. This initiative was greatly inspired by the work of the University of Sydney's Wobbly Hub Rural Research Team and supported through funding from the NSW Government's Disability Sector Scale-Up Business Acceleration Grant Program.



here 2 enable team therapy assistants.

While CDS relied on grant funding to establish here 2 enable in 2018, hiring Therapy Assistants through a hub and spoke model has become a more viable option for service providers since the release of the NDIS's 2019-20 Support Catalogue. This release introduced the line item of 'Therapy Assistant- Level 2', who are "...able to work independently without direct supervision at all times" (p. 58, NDIS, 2019). Level 2 Therapy Assistants are now able to charge over 50% more than their Level 1 counterparts that require direct supervision.

One concern with the high rates that Therapy Assistants can now charge is that service providers may be tempted to employ staff under this job title without understanding the training and supervision required to ensure quality support is provided within the Therapy Assistant's scope of practice. While the Certificate IV in Allied Health Assistance provides staff with many skills relevant to the job, it is focused on the skills needed by allied health assistants working under direct supervision in health settings and does not adequately prepare staff for the requirements of working in the disability sector, particularly under remote supervision. CDS addressed this issue by developing a competency framework for Therapy Assistants. The framework is based on a literature review, sector consultation and guidelines released by Allied Health Professional Associations.

The employment of Therapy Assistants under remote supervision provides an exciting opportunity to offer people with intellectual disability living in rural areas the option of regular, face-to-face therapy sessions that would not otherwise be available. While choice (and control) are important facets of NDIS supports, the staff delivering this support must be adequately trained, supervised and always work within their scope of practice. As shown by CDS's experience, developing a competency framework is a good option for ensuring people with intellectual disability living in rural areas receive good support.

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