

Disability Professionals

In the disability sector, it is very interesting to note that many skilled and educated workers who have started their career as a support worker in the beginning. Many of the workers have relevant qualifications in the sector, but due to lack of proper recruiting guidelines; they were undermined in the recruitment process, even if they choose to work in other positions within the organization. I have noticed that there were some instances where the candidates without adequate qualifications were given preferences over the candidates with relevant territory qualifications.

With the introduction of NDIS, the recruitment process has become more comprehensible. 'The guide to suitability providers' clarifies the minimum qualification requirement to become a service provider for a particular registration group. This gives an opportunity for qualified professionals to practice independently as a service provider. I believe that the Allied Health Professionals (AHPA) have an important role in the sector. I believe that, widening employment opportunities for private practitioners would definitely improve the quality of the service. Moreover, lot more candidates will choose the industry in the future.

Although there are a number of qualified health professionals from the mainstream services are available (social worker, psychologist, physiotherapists, speech pathologist), I wonder whether NDIA gives a particular consideration to disability-specific allied professionals (Occupational Therapists and Developmental Educators). A sustainable employment opportunity for disability professionals with disability specific studies needs to be entrained to increase the supply of professionals in the field. I would like to mention few disability specific the courses run by Flinders University in South Australia as below.

<https://www.flinders.edu.au/study/courses/bachelor-disability-developmental-education>

<https://www.flinders.edu.au/study/courses/postgraduate-disability-studies>

<http://www.deai.com.au/>

LACs and Support coordinators

Also, the recent feedback from many participants revealed the downside of employing contractors (LACs) without significant knowledge in the area whereas allowing professionals to practice independently to bridge the gap between NDIA, Service Providers and the participants.

The ratio between Allied Health Professionals vs Number of Participants (- Quality of services-Qom)

There are organizations that employ very few professionals but provide a large volume of services. I wonder whether it is logical to have an OT with a large number of participants (participants are charged 1:1 basis). Is it necessary to set up a benchmark for the services? setting a benchmark would definitely help to identify any noticeable deviation in the service.

For example, a practitioner who works 8 hrs a day provides half an hour of service per participant.

The hourly benchmark for service hours ratio should not be more than (1:1 hours). Any deviation from 1:1 hrs will be easily noticeable.

Service quantity ratio per hour (1:2)

The service outcome can be measured using the ratio between:

AHPs hours and Total Number of therapy hours provided

Number of AHP: Number of Participants.

In the future, there are chances that some providers may come up with innovative support ideas. For example – As per ATO, only registered tax agent can file the tax return for a fee. But when you investigate further, you may notice that a registered tax agent who employs number of tax preparers to prepare the tax returns. The agent simply verifies and lodge the return. Assuming the tax agent lodges one tax return every 5 minutes by employing 10 tax preparers; is it logical to provide services to 10 customers per hour?

In tax lodgement services, it is maybe justifiable due to the fact that the outcome is measurable. But can you imagine a health professional (GP) providing such services?

There are a lot of online plan management service providers who have already come up with such ideas. They provide an interface for the participants/ family members and the participant can avail the services. These kinds of services definitely not improve the capacity of any participant. My questions to the proponents of such services are that why does NDIS portal can be improved or designed in a similar way? It is always essential to have 1:1 support (minimum once in a month) from a qualified plan manager.

Similarly, the above ratio test will identify such online providers if they do not have adequate qualified staff. In my opinion, a person with dual qualifications (accounts and disability with some prescribed qualification/minimum /diploma in each profession) needs to be entertained to provide such services. A sustainable plan management fee can be charged by such provider.

I would like to propose the above ideas as my recommendations and will be grateful to see any of these would be useful.

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