RESPONSE FROM UNIVERSITIES AUSTRALIA TO THE NDS AND NDIS OUTCOMES FRAMEWORKS: INTRODUCTORY PAPER

December 2020

Thank you for the opportunity to respond to the draft framework: *"Improving outcomes for people with disability under the National Disability Strategy (NDS) and the National Disability Insurance Scheme (NDIS)".* Universities Australia's (UA's) interest in this work relates to the Framework's proposed outcomes in the following two domains:

- Health and wellbeing; and
- Learning and skills.

Further detail of these two domains is provided at Appendix 1.

UA supports the inclusion of both of these domains and associated outcomes/indicators in the framework and makes the following comments relevant to universities contribution to these areas.

Health and wellbeing:

Many of the framework's outcomes, sub-outcomes and indicators relating to the health and wellbeing of people with disabilities rely on access to a sufficient, adequately skilled and disability-cognisant health workforce. However, a recent evaluation report of the NDIS identified significant unmet health workforce need within the NDIS, particularly for allied health professionals[1]. This workforce need rises with, but is not limited to, areas of increasing rurality.

This is relevant to universities because they educate the majority of new entry allied health, dentistry, medical and nursing professionals that work across the multiple fields of aged care, disability and health. All university-based health professions education includes mandatory supervised clinical education within health and care services. These are usually referred to as clinical experience or placements. They provide opportunities for students to work directly with clients, qualified health practitioners and other staff in care services to further develop the knowledge, clinical and workplace skills learned at university.

There is a strong link between the settings in which health professional students undertake their clinical education and where they choose to work once qualified: it is well-established that quality clinical education experiences influence the likelihood that students will return to work in these settings as registered practitioners. Learning in different settings also increases graduates' workplace preparedness when they commence employment. This goes beyond the clinical skills that all graduates must demonstrate to attain registration. It also includes greater understanding of the operating environments, client needs, cultures and values in different service sectors. This is valuable knowledge and assists graduates to "hit the ground running" when they start work.

Currently, health professional student placements in disability services are limited. Various barriers outside of universities' control, contribute to this. Broadly they relate to the following:

[1] Evaluation of the NDIS 2018: https://apo.org.au/sites/default/files/resource-files/2018-04/apo-nid143516_1.pdf

- the private practice/fee-for-service nature of disability service providers – especially allied health – many of whom are also sole-practitioners;
- the general lack of a supervision payment to private practitioners for teaching health professional students within disability and other community-based care services[2];
- inability for a supervising practitioner within disability and/or primary care settings to claim for a student-delivered service both under the NDIS or the MBS;
- lack of available supervision capacity – and lack of accessible national data, analysable at regional and local levels about number/type of disability service providers that could potentially provide this capacity; and
- the regulatory complexity for health practitioners of becoming a disability service provider.

All health practitioners provide care to a diverse range of clients, including those with disabilities. However, the above factors combine to deter many private practice allied health and other practitioners from offering services and supervision under the NDIS. It also prevents services from harnessing the well-recognised benefits that students bring[3],[4]. This has current and future service access implications for people with disabilities.

To achieve the health and wellbeing outcomes proposed in the framework, a disability-aware health workforce is required. One aspect of this that universities can assist with is through facilitating more clinical experiences with disability service providers. However to support this, mechanisms need to be put in place to overcome the barriers outlined above and enable health professional students to access supervised placements with disability providers/practitioners. Helpful steps towards this include:

- introducing a student supervision payment to health practitioners providing disability care, particularly private allied health providers, given that allied health is an area of identified, significant unmet workforce need under the NDIS;
- developing a national database, analysable at more granular levels, of disability health service providers. Data would include provider capacity/willingness for student supervision. Primary Health Networks are well positioned to facilitate this data collection.
- offering an initial, short-term disability-provider placement fund to universities. The fund could be used specifically for universities to work in partnership with disability providers /practitioners to increase practitioner supervision capacity and disability-specific student clinical experience.

Effective examples of these approaches already exist in other domains and can be used as models.

Learning and skills:

UA supports the intent of the learning and skills outcomes in the framework and recognises that these outcomes refer to multiple parts of the education sector. Universities already support students with disabilities to pursue higher education. There has been a steady increase in the enrollment of students with disabilities in universities over recent years. Between 2012 and 2018, such enrollments rose by 64.9 per cent compared to 18.6 per cent growth in overall enrollments. In 2018,

[2] The exception here is medical students in general practice which can receive a Practice Incentive Program (PIP) teaching payment for medical students if eligible.
[3] Health Education and Training Institute (HETI) and NSW Interdisciplinary Clinical Training Networks (ICTN) 2015: Clinical Placements in NSW, 2015.:https://bit.ly/37d5Nfo
[4] Buchanan et al 2014. Student clinical education in Australia: A University of Sydney scoping study. The University of Sydney

the most recent year for which figures are available, students with disability represented 7.3 per cent of all domestic undergraduates, up from 6.8 per cent the previous year[5]. Universities will continue to work to maintain this inclusion and support.

Conclusion

Universities are committed to supporting people with disabilities achieve their full potential both by:

- continuing to assist students with disabilities to participate in higher education; and
- developing a more disability-aware future health workforce.

However, barriers exist to enabling the later which are outside of universities' control.

Universities Australia is engaging with the Boosting the Local Care Workforce initiative about NDIS workforce and skills needs. We look forward to working more closely with the Department of Social Services regarding universities' broader roles in supporting the NDIS framework outcomes, particularly those related to health workforce, and welcome the opportunity to discuss with you the ideas proposed here.

For further information, please contact Rachel Yates, UA's Policy Director Health and Workforce on: email r.yates@uiveritiesaustralia.edu.au or by phone on 02 6285 8127.

[5] Australian Disability Clearing House on Education and Training (ADCET). Higher Education Statistics: https://www.adcet.edu.au/inclusive-teaching/understanding-disability/Higher-Education-Statistics/

Appendix 1: Further details on relevant Health and Wellbeing and Learning and Skills outcome domains in the framework

<table>
<tr><td colspan="2">Domain: Health and wellbeing</td></tr>
<tr><td colspan="2">Outcome: People with disability attain their highest possible health and wellbeing outcomes throughout their lives.</td></tr>
<tr><td>Sub-outcome(s):</td><td>Example indicator(s):</td></tr>
<tr><td>I can:
access early intervention services
interact with health professionals who understand my needs
My GP and health care providers are accessible

I have the best possible:
health and wellbeing
mental health</td><td>Access to health services

Access to aged care facilities that meets needs.</td></tr>
<tr><td colspan="2">Domain: Learning and skills</td></tr>
<tr><td colspan="2">Outcome: People with disability achieve their full potential through their participation in an inclusive, high quality education that is responsive to their needs. People with disability have opportunities to continue learning throughout their lives in formal and informal settings.</td></tr>
<tr><td>Sub-outcome(s):</td><td>Example Indicator(s):</td></tr>
<tr><td>I can:
access a mainstream school, higher education institution or childhood education institution that is welcoming and inclusive.</td><td>Engagement in further education – vocational, tertiary.</td></tr>
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