

HumanAbility Submission

DoHAC National Allied Health Strategy Consultation

March 2025



HumanAbility is a Jobs and Skills Council funded by the Australian Government Department of Employment and Workplace Relations.

Acknowledgement of Country

HumanAbility acknowledges the Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of Australia and their continuing connection to both their lands and seas.

We pay our respects to Elders – past and present.

About HumanAbility

HumanAbility is the Jobs and Skills Council for the Care Economy. One of 10 Jobs and Skills Councils established in 2023, our role is to provide leadership to address skills and workforce challenges for our industries, with a focus on the Vocational Education and Training qualified workforce.

We are responsible for ensuring the aged care, disability, children's education and care, health, human (community) services and sport and recreation sectors are supported with skilled, adaptable and sustainable workforces to achieve positive economic and social outcomes for industry, community and individuals.

Human Ability's four key functions are:

- Workforce planning
- Training Product development
- Implementation, promotion and monitoring
- Industry stewardship

We are tripartite. Our governance structure and stakeholder engagement approach reflect government, union and industry.

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Executive Summary

The National Allied Health Workforce Strategy (the strategy) is a much-needed step towards strengthening workforce planning and addressing critical shortages across the sector. It aligns with national priorities and acknowledges the essential role of Allied Health in healthcare, aged care, and disability services. The strategy provides a strong foundation for long-term workforce sustainability.

In HumanAbility's previous submission to the Outline of the National Allied Health Workforce Strategy in July 2024¹, we emphasised the critical role of the Allied Health Assistant workforce in alleviating pressure on Allied Health Professionals, improving service access, and strengthening workforce capacity. We highlighted the need for allied health assistant inclusion in workforce planning, data collection, and service models to ensure a sustainable and efficient allied health system.

We are pleased to see that some of the workforce considerations we raised previously have been reflected in the draft strategy. Of note, the recognition of workforce shortages, the need for improved workforce planning, the issues of placement poverty and the importance of regional, rural, and remote workforce initiatives are welcome.

We acknowledge the challenges in developing a whole-of-workforce strategy in Allied Health but remain concerned about the challenges to workforce planning, addressing workforce shortages and meeting service needs if a whole-of-workforce strategy is not developed at this time. We are concerned that there is still a clear gap in the draft strategy in fully recognising the role of Allied Health Assistants and the contribution they make to improved services and outcomes for clients.

Our submission has been informed by engagement with unions, peaks, providers and Allied Health employees at forums over the last 18 months and targeted consultations with the Allied Health Assistants National Association, Indigenous Allied Health Australia, Health Services Union.

There are five areas we highlight in this submission where it is recommended that the strategy be further developed.

Strengthening First Nation's Allied Health Care: The considerations outlined in data collection, workforce pathways, and paid placements must also explicitly address the needs of First Nations communities.

Expanding opportunities for First Nations Allied Health Assistants is essential for providing accessible entry points into the Allied Health Workforce, supporting local employment in rural and remote areas, and strengthening culturally responsive care. Ensuring dedicated pathways, targeted workforce support, and improved access to paid placements will contribute to long-term workforce sustainability and better community-driven health outcomes.

Workforce planning must include targeted strategies to support both the Aboriginal Community Controlled Organisation (ACCO) workforces, ensuring culturally safe and community-led approaches to workforce development.

Addressing these issues will also ensure that workforce planning initiatives align with Indigenous-led priorities and frameworks such as the National Agreement on Closing the Gap and the National Aboriginal and Torres Strait Islander Health Workforce Plan.

¹ HumanAbility Submission – DoHAC consultation on the draft outline for the National Allied Health Strategy, July 2024.

Workforce Data: One of the most significant gaps is the lack of workforce data on Allied Health Assistants. Without taking steps to collect and aggregate this data, the workforce planning to identify workforce trends, career pathways, retention challenges, and the effectiveness of joint service delivery models between Allied Health Professionals and Allied Health Assistants will not be possible.

Addressing placement barriers: Placement costs present a significant barrier to workforce entry and retention for students undertaking study to enter the Allied Health Assistant or Allied Health Professional workforce. Other sectors, such as nursing, have introduced earn-while-you-learn models and financial support for student placements that the allied health sector could consider, through its inclusion in this strategy. It is recommended that a commitment is made to paid placements in the allied health sector.

Pathways: While the strategy discusses pathways from Vocational Education and Training to Allied Health Professional, this could be strengthened further, recognising the multiple Vocational Education and Training pathways, specifically including an Allied Health Assistant pathway. Clearer workforce pathways will enhance career progression and workforce sustainability.

Representation of Allied health Assistants and Vocational Education and Training on the National Allied Health Workforce Strategy Reference Group: Unlike national workforce strategies for nursing, aged care, and disability, the National Allied Health Workforce Strategy Reference Group does not include representation from the Allied Health Assistants and/or the Vocational Education and Training sector. We acknowledge there are members of the Advisory Group that have some cross over with the allied health assistant workforce and Vocational Education and Training, and that include First Nation's representation. However there needs to be a greater focus on VET and Allied Health Assistance. A reference group that reflects the full scope of the Allied Health workforce will ensure the sector can be responsive to emerging and evolving changes as demand on the sector increases and evolves over the next decade.

Taking further steps to recognise the Allied Health Assistant workforce would help to bring the strategy in line with other government workforce strategies (nursing, aged care, mental health). However, for complete alignment with other national workforce strategies and a robust workforce strategy for the allied health sector, HumanAbility recommends a commitment to developing a workforce strategy for allied health assistants that could be added to the current strategy as soon as possible.

Recommendations

Recommendation one: Commit to expanding the National Allied Health Workforce Strategy, by developing an Allied Health Assistant Workforce Strategy within an identified near timeframe.

Recommendation two: Strengthen the recognition of the allied health assistant workforce in this National Allied Health Workforce Strategy by:

- Including a commitment to a nationally consistent approach to data collection for the whole workforce
- Adequately acknowledging the First Nations Allied Health workforce and the importance of allied health assistants in rural and remote communities
- Explicitly stating the role of Vocational Education and Training and allied health assistants in career pathways
- Outlining an approach to paid placements or earn while you learn models for the allied health workforce.
- Including a VET/Allied Health Assistant representation on the National Allied Health Strategy Reference Group.

Submission

The role of Allied Health Assistants in service delivery

Allied Health Assistants play a critical role in increasing the frequency of therapeutic support, implementation of treatment plans, and improving continuity of care. They can enable clients to receive more frequent and consistent support, that is affordable for the client/patient and that frees an allied health professional to work to their full scope of practice, leading to better health outcomes.

Stakeholders have highlighted the benefits of allied health assistants being an integral part of multidisciplinary care teams, noting that this strengthens workforce sustainability, particularly in retention of allied health professionals' by reducing burnout among allied health professional roles (particularly in rural communities), creating a pipeline from allied health assistant to allied health professional roles, and improving patient outcomes by having allied health assistants support the implementation of treatment programs.

The following case study demonstrates how the integration of Allied Health Assistants into therapy models can enhance service delivery, improve patient outcomes, and optimise workforce capacity.

Case Study²

A primary aged NDIS participant with an intellectual and physical disability had 60 therapy hours per year, covering all aspects of service delivery, including travel, reporting, and liaison. With no support worker funding and parents working full-time, therapy had to be delivered at school or home. Due to travel time, the child could only receive 35 one-hour sessions annually, split across Speech Pathology, Occupational Therapy, and Physiotherapy.

To maximise therapy outcomes, an allied health assistant was introduced to provide three shorter, combined sessions per week, implementing Speech, Occupational Therapy, and Physiotherapy in 20-minute blocks per session. Allied Health Professionals remained responsible for clinical oversight, developing the therapy plan, reviewing progress, and adjusting strategies as needed. The lower cost of allied health assistant-led sessions and coordinated travel allowed for more frequent therapy within the same funding limits, increasing the dose of intervention and improving engagement.

After seeing significant progress, the family opted to continue with allied health assistant-supported therapy under allied health professional guidance, valuing the increased frequency and structured approach. This case study demonstrates how allied health professionals and allied health assistants can work together to improve service access, sustain intervention frequency, and enhance client outcomes.

This example highlights how minor adjustments to the National Allied Health Workforce Strategy could better align with Commonwealth priorities such as NDIS reforms. Recognising the role of allied health assistants within multidisciplinary service models enables more flexible, responsive, and cost-effective therapy, ensuring individuals receive the right care at the right time.

Vocational Education and Training qualified roles across care and support sectors provide a critical entry point into the workforce, and for many, are one part of a career path, while playing an essential role facilitating other parts of the workforce to work to their full scope of practice.

Strengthening the First Nations Allied Health workforce

² Provided by HumanAbility stakeholder – has been generalised to protect anonymity.

A team-based approach, where all members of the allied health workforce contribute to delivering high-quality services, enhances access and maximises the impact of a patient care plan.

Recognising and scaling up existing targeted workforce initiatives in allied health that support culturally safe service delivery, will strengthen quality care for Aboriginal and Torres Strait Islander peoples. Allied health assistants play a key role in strengthening culturally safe service delivery. It is not uncommon for a First Nation Allied Health Assistant to live in or near community and so they are able to provide direct care and support in the implementation of programs with Aboriginal and Torres Strait Islander people within their community, in partnership with Allied Health Professionals.

The National Agreement on Closing the Gap³, the National Aboriginal and Torres Strait Islander Health Workforce Plan⁴, and other Indigenous workforce initiatives⁵ highlight the importance of a holistic, multidisciplinary approach, workforce development of First Nation's people, and quality service delivery.

A great example of this in practice is the Healthy Deadly Feet program⁶, a team-based approach comprising Allied Health Assistants, Allied Health Professionals, and Aboriginal and Torres Strait Islander Health Workers working in partnership to enhance the quality-of-service delivery with demonstrated improved outcomes^{7 8} for Aboriginal and Torres Strait Islander peoples. Additionally, this program includes structured training and development pathways for the Healthy Deadly Feet team, including Aboriginal health workers, allied health professionals and allied health assistants, including Vocational Education and Training and cultural safety and responsiveness training.

Priority four of the strategy would be strengthened by the explicit recognition of the role of the allied health assistant workforce within the broader First Nation allied health workforce. Actions under this priority should include recognising allied health assistants in rural and remote workforce planning and outlining an approach to increasing pathways and career development opportunities for First Nations allied health assistants.

Workforce data and evidence-based planning

Effective workforce planning requires a comprehensive understanding of workforce trends, career pathways, and how to ensure that staff work to their full scope of practice. To achieve this, improving data collection and aggregation - including identifying data gaps, is essential. Without a nationally consistent approach to workforce data in allied health, it will be difficult to plan effectively for the future of the allied health workforce, including the allied health assistant workforce. This data is critical for identifying workforce shortages, career progression trends, retention challenges, and the effectiveness of integrated service delivery models between allied health professionals and allied health assistants.

Additionally, there is a key gap in current workforce data in comprehensive information on First Nations allied health assistants. Ensuring that data collection explicitly includes First Nations Allied Health Assistants will support more targeted workforce planning and help strengthen their role in delivering culturally safe care.

³ <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap>

⁴ <https://www.health.gov.au/topics/aboriginal-and-torres-strait-islander-health/how-we-support-health/health-plan>

⁵ Examples: <https://www.vaccho.org.au/wow-strategy/>
https://rise.articulate.com/share/QK1PzQsc06MIzLyq3U6ccWf5HltNEv_3#/lessons/gCFt353JTpltZOmJ6GkOOLLZcRBpw-an
https://www.health.qld.gov.au/data/assets/pdf_file/0023/628340/aboriginal-torres-strait-islander-workforce-framework.pdf

⁶ <https://www.health.nsw.gov.au/workforce/aboriginal/Publications/healthy-deadly-feet-domains.pdf>

⁷ <https://metronorth.health.qld.gov.au/news/a-chance-meeting-keeps-aunty-helenor-on-her-feet?>

⁸ https://www.nahc.com.au/wp-content/uploads/2019/07/Hassan-Kadous-NAHC2019_KADOUS_HASSAN.pdf

To ensure workforce planning is informed by accurate data we recommend that the strategy be expanded to include a commitment to a nationally consistent approach to data collection of the allied health workforce (including allied health assistants). This aligns with the previous recommendations we have made and would help create a more effective and responsive strategy.

Addressing placement barriers

Placement poverty remains a major issue for students across both higher education and Vocational Education and Training, including in allied health qualifications. Financial barriers can deter individuals from entering or completing their studies, especially if upskilling requires them to reduce or leave paid work.

Paid placements and earn-while-you-learn models are an option to support workforce retention and ensure a steady pipeline of new entrants. These supports should be available not only at the point of entry but also for those already in the workforce who need to upskill. Without financial assistance, the sector risks limiting opportunities, particularly in rural and remote areas, and failing to build a diverse, locally grown allied health workforce. A nationally consistent approach to paid placements would strengthen workforce sustainability and help address ongoing shortages.

Strengthening workforce pathways

As already discussed, allied health assistant roles are an important entry point into the allied health workforce, especially for people living in regional or remote areas and for Aboriginal and Torres Strait Islander people. Stakeholders have highlighted examples of allied health assistants continuing studies and progression to allied health professional roles. While the strategy acknowledges the need for stronger workforce pathways, including a specific reference to the role allied health assistants can play in creating these pathways would strengthen the strategy.

The Vocational Education and Training sector is a crucial part of allied health workforce development, supporting clear entry and progression pathways from school-based Vocational Education and Training programs, through allied health assistants, into allied health professional roles⁹. While Vocational Education and Training is referred to in the strategy, it can be strengthened. Like the National Nursing Workforce Strategy¹⁰, which includes pathways for Assistants in Nursing and Enrolled Nurses, this strategy can be more explicit about the opportunities of Vocational Education and Training as a legitimate pathway into the Allied Health Sector. This may be further strengthened by providing some of the evidence-based, effective and innovative pathways that exist.

A cohesive strategy would examine this alongside strategies to attract people into Allied Health Professional roles through higher education, and how to support higher education students, in addition to the need highlighted above, for paid placements.

Case study

A large, multidisciplinary allied health provider faced workforce shortages in its regional and outer metropolitan clinics. Their recruitment challenges to attract allied health professionals and associated long waitlists made it difficult for clients to access any disability, early intervention or aged care services. Rather than leaving the community without support, the clinic adapted by having allied health professionals provide remote supervision

⁹ NCVER (National Centre for Vocational Education Research) 2023, *Getting to know VET overview: VET pathways*, VET Knowledge Bank, NCVER, Adelaide, <https://www.voced.edu.au/vet-knowledge-bank-getting-know-vet-overviews-vet-pathways>.

¹⁰ <https://www.health.gov.au/our-work/national-nursing-workforce-strategy>

whilst delegating therapy plans to allied health assistants, who implemented Speech Pathology, Occupational Therapy, and Physiotherapy programs in a structured, supervised model to clients in-person.

This approach ensured clients continued receiving regular therapy while allowing allied health professionals to focus on assessments and more complex cases. The lower cost of allied health assistant-led sessions also meant families could access therapy more frequently, increasing the dose of intervention and improving outcomes. Regular check-ins and secure video conferencing with allied health professionals ensured therapy plans remained responsive to client progress.

Even as new allied health professionals were recruited, many families responded positively to the allied health assistant supported model and requested to continue with, appreciating the consistency and progress their children had made with the support of both allied health assistants and allied health professionals¹¹.

This case study highlights how structured allied health professional and allied health assistant collaboration can help sustain service delivery in areas with workforce shortages, ensuring clients, including children and families, receive ongoing, high-quality care.

Ensuring Vocational Education and Training and Allied Health Assistants are represented

Unlike National workforce strategies for nursing, aged care, and disability, the steering or advisory groups noted in the National Allied Health Workforce Strategy do not include representation from Allied Health Assistants or the Vocational Education and Training sector. This is not only inconsistent with workforce planning initiatives across the broader care and support sector, but without allied health assistant and/or Vocational Education and Training sector representation in advisory groups, the strategy risks missing key workforce solutions including aligning workforce needs across other national strategies.

¹¹ Case study provided during consultations. The case study has been de-identified and generalised to achieve anonymity.