

Opportunities to Strengthen Workforce Sustainability and Participant Access

1. About the Author

I am a Developmental Educator and provider working across assessment, planning, implementation and review of disability supports. My work involves daily collaboration with participants, families, allied health professionals, support workers and planners, providing a cross-sectional view of how funding structures translate into lived outcomes.

Through this role, I regularly observe the interaction between specialist services, broader workforce supports and the practical realities of implementing skill development within home, school and community environments. This perspective has highlighted opportunities to strengthen workforce sustainability while preserving the contribution of specialist expertise.

2. Purpose of This Submission

Through my work in assessment, planning and implementation, recurring patterns relating to access and workforce sustainability have become visible, particularly within regional contexts. In some areas, waiting periods for specialist services are lengthy, which may reduce opportunities for early intervention and can result in participants with ongoing needs experiencing extended delays.

Demand for specialist services frequently exceeds available workforce capacity. In practice, clinicians may find themselves responsible not only for assessment and program design but also for routine implementation, administration and supporting family members to build confidence with strategies. Providers across the sector report challenges associated with recruitment, retention and managing growing demand.

The value of specialist expertise is not in question. Skilled clinicians play an essential role in ethical assessment, formulation of goals and monitoring of outcomes. However, there may be opportunities to consider whether aspects of ongoing implementation could be shared with the broader workforce, under appropriate supervision.

When specialist time is limited to short, scheduled appointments, frequency of practice can be constrained. This may present challenges for participants who benefit from repetition across environments in order to build and retain skills. Models that support implementation in everyday settings, guided by multidisciplinary planning and professional oversight, may strengthen both workforce sustainability and participant outcomes.

3. Current Context

Demand for therapy and specialist services remains high across many regions, contributing to extended waiting periods and pressure on the available workforce. At the same time, there is strong emphasis within the Scheme on achieving value for money and ensuring that funded supports deliver meaningful and lasting benefits for participants.

Within this context, it may be helpful to consider whether a range of delivery models can be utilised to achieve outcomes effectively. Greater access to supported implementation in everyday environments, guided by skill plans developed by qualified professionals, may enhance opportunities for repetition and generalisation. Such approaches could also enable specialist expertise to be directed toward assessment, program design and review, potentially extending the reach of clinicians to a larger number of participants.

4. Observed Pattern in Service Delivery

In many settings, specialist clinicians are engaged in delivering ongoing practice of established strategies in order to support progress toward participant goals. While this approach can provide valuable input, it may also contribute to increasing demand on limited specialist availability.

High-frequency appointment models can create pressure on clinicians' time, potentially limiting capacity for complex assessment, program development and review. Service delivery may therefore occur primarily within scheduled sessions, which can reduce opportunities to embed learning within the environments where participants spend most of their time.

Families often coordinate multiple providers across different locations, and maintaining consistency between appointments can be demanding. Where strategies rely on implementation in daily routines, carers may require additional support and reinforcement to feel confident applying them outside formal sessions.

5. Why This Matters

A sustainable workforce is fundamental to the ongoing delivery of supports across the Scheme. Where demand for specialist services continues to grow, consideration may be given to how alternative delivery approaches could assist in managing pressure on limited capacity.

Such approaches do not replace specialist involvement. Rather, they may enable clinicians to focus their expertise on assessment, program design, supervision and review, while supporting the broader network around a participant to build confidence in day-to-day implementation.

Frequent appointments with multiple providers can contribute to fatigue for participants and families, and extended waiting periods may result in uneven access to services across regions. Expanding options for supported implementation in the environments where participants live,

learn and participate may help address these pressures while maintaining quality and safeguarding outcomes.

6. Opportunity to Optimise Workforce Roles

Aligning specialist services more closely with areas requiring professional expertise, such as assessment, program design and review, may offer opportunities to improve access while supporting value for money in the delivery of participant supports.

Alternative delivery approaches could enable strategies to be embedded more consistently within daily routines and natural environments. Increased opportunities for practice across contexts may assist participants to build and retain skills over time. In this model, the broader workforce can play an important role in supporting repetition and generalisation, while allowing the level of specialist involvement to be matched to the complexity of need.

Expanding participation of the broader workforce in supported implementation has the potential to extend the reach of existing clinicians without requiring immediate growth in specialist supply.

7. Distinction From Existing Therapy Assistant Models

It is acknowledged that therapy assistant models already operate within the Scheme. These roles commonly function as an extension of an individual clinician and are often structured around the delivery of discipline-specific programs within scheduled sessions. While this approach can expand capacity within a profession, it may not fully address the broader challenge of embedding skill development across daily environments and routines.

An alternative or complementary approach may involve multidisciplinary development of functional skill plans, with elements of routine implementation undertaken by trained support workers within natural contexts. In this model, clinicians retain responsibility for assessment, program design, oversight and review, while the broader workforce supports frequency, consistency and generalisation of practice.

Such an approach maintains professional accountability while creating greater opportunity for strategies to be delivered in the settings where participants live, learn and participate.

8. Safeguards and Quality Considerations

Expanding the role of the broader workforce in routine implementation would require clear parameters to maintain quality and safety. Delegation is most effective when guided by structured planning, defined goals and regular professional oversight. Clinicians would continue to hold responsibility for assessment, program design and review, while support workers assist with frequency of practice and generalisation in everyday environments.

Consideration may also be given to capability frameworks or targeted training pathways that support workers can access when implementing structured skill development programs. A complementary model provides opportunities for structured delegation and clinical oversight of supports. This approach promotes documentation and clinical reasoning. Clinicians retain a supervisory role, supporting the development of worker capability while ensuring clarity regarding role boundaries and thresholds for specialist involvement.

9. Monitoring Outcomes and Maintaining Accountability

For delegation models to maintain integrity, mechanisms for monitoring progress are essential. This may include clearly defined functional goals, observable indicators of change and scheduled review points with the supervising clinician. Where progress is limited or circumstances evolve, responsibility for delivery can appropriately return to specialist providers. Such feedback loops support both participant safety and funding confidence.

Documentation of the frequency and context of practice can also inform future planning decisions and contribute to development of workforce capability. Clearly defined roles and responsibilities may be outlined within implementation plans, supporting consistent application of strategies and ongoing evaluation of effectiveness. Multidisciplinary oversight enables clinicians to engage in reflective review, adjusting approaches where required and identifying when increased specialist involvement is warranted.

10. Potential Benefits of This Approach

This approach has the potential to extend the reach of clinicians while assisting to ease pressure on waiting lists. By increasing opportunities for practice within natural environments, participants may experience greater consistency and relevance in skill development.

Aligning specialist input with areas requiring professional expertise can support more efficient use of resources and contribute to the long-term sustainability of a workforce under strain.

11. Recommendations

The following recommendations are offered for consideration:

- Explore frameworks that support delegation of routine, non-specialist elements of service delivery.
- Develop guidance clarifying roles and responsibilities across specialist and general workforce functions within this model.
- Consider capability development pathways that enable support workers to deliver structured implementation under professional supervision.
- Ensure funding arrangements allow for supervision and review without undermining sustainability of the approach.

- Monitor the impact of such models on participant access, outcomes and workforce demand.

12. Closing Statement

I appreciate the opportunity to provide these observations and reflections. I would welcome opportunities to contribute to further discussion or collaboration on approaches that strengthen workforce sustainability while maintaining quality and equitable access for participants.

I remain committed to contributing constructively to conversations that support effective, sustainable service delivery across the Scheme.