

Working with an allied health assistant (AHA): Information for speech pathology clients, including NDIS participants



Speech pathologists support people to be more successful in their communication and to have enjoyable, effective and safe mealtimes. They also support individuals to build their capacity to participate in everyday activities which involve communication and eating and drinking. Such as:



Enjoying sociable mealtimes



Sharing a joke with friends



Public speaking



Asking questions



Getting and giving information and have conversations



Taking part in imaginative play with friends

Allied health assistants (AHAs) can play a role in delivery of speech pathology services when supervised and working under the direction of a qualified speech pathologist.

While AHAs aren't a replacement for speech pathologists, they can really add value by making the outcomes of service delivery more efficient, effective and lasting.

However, as the role of an AHA is basically to deliver an allied health "intervention" in lieu of an allied health professional they may not be the only or best option to make the biggest difference to a person achieving their communication or mealtime goals. People who are part of the person's everyday environment—friends, educators, support workers, school support officers, siblings or parents—may provide a better option. It may be better to help the support worker who goes along with the person with a disability to make an event, such as ordering a meal more successful.

Building capacity of those people in the individual's environment can be a more efficient, effective and sustainable model of service delivery. On other occasions, it may be more efficient/effective/sustainable for the AHA to offer the support in whatever context the person is practicing their new skill.

To help work out whether an AHA might be part of the team alongside existing people in a person's environment, it is important to talk with the speech pathologist to find out:

- which, if any, speech pathology intervention tasks could be delegated;
- the types of activities an AHA could do to support the person with a disability to participate in a range of identified activities;
- the knowledge, skills and/or experience the AHA needs to have or learn to have in order to provide these supports;
- what supervision and training the AHA will need;
- how often the AHA would need to meet with the speech pathologist and if the AHA sometimes needs to observe them and the person with a disability working together;
- who could be employed to be an AHA.

Some of the things to consider when deciding who might do what, include:

- what is the goal or outcome of the speech pathology intervention;
- what are the most important/effective things that can be done to help achieve that goal or outcome;
- who spends the most or a lot of time with the person with disability;
- who may have the time, interest, relationship and opportunity

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to support the person with disability's ability to take part in everyday communication, activities, and mealtimes;

- if it is hard to find someone to provide support who is part of the person's environment, could there anything be done to help change that.

Sometimes using an AHA will be the best or only option – but it is useful to talk with your speech pathologists to work that out.

If the decision is made that an AHA would be a positive addition to the team, make sure that everyone is clear about who will be providing what supports and how often, and that this is documented in the Service Agreement for NDIS participants.

If the decision has been made to include an AHA as parts of the support team the AHA could be:

- someone who has completed a Certificate 4 in Allied Health Assistance;
- a university student studying speech pathology;
- a teacher aide;
- a speech pathologist from a different country, waiting to be granted recognition in Australia to work as a speech pathologist;
- a retired special education teacher;
- a family friend of a client who is close-by and has a good relationship with them;
- someone who works for a third-party agency which contracts AHAs.

The NDIS guidelines mean that family members of NDIS participants cannot be paid to provide supports, including as an AHA.

There are a few different options for employment of an AHA. They could:

- be employed directly by a speech pathologist;
- work as a contractor to a speech pathologist or other provider;
- be employed directly by a participant who is self-managing their plan.

When AHAs are used by the speech pathologist to support delivery of specific speech pathology interventions (i.e., therapy), this is called **delegated care**.

The interventions which can be delegated to an AHA working with a person who has a communication or swallowing disability can be:

Direct – face to face; and/or,

Indirect – support for friends, family, educators, child care workers, disability support workers, volunteers etc., of this person.

Indirect interventions can help the people in a client's life learn how to create opportunities for the person with disability to learn or practice new skills, and use these skills to engage in communication opportunities, or participate in enjoyable, effective and safe mealtimes.

There are a few things AHAs cannot do. AHAs are not able to carry out assessments, diagnose communication or swallowing difficulties, or develop and make changes to therapy goals and plans. Only fully qualified allied health professionals can do these activities.

Below are some examples of delegated interventions (therapy) that an AHA could provide to support communication and swallowing goals across a range of settings:

- Identify the opportunities to use a communication device, identify any barriers that might make that difficult (policies, attitudes, knowledge, skill), and feedback this information to the speech pathologist.
- Accompany a person to scouts and provide them with prompts, and other scaffolding and support, to use their newly learned social skills during interactions with peers.
- Demonstrate to people who are in the client's everyday environment how to set up and support the person to use a communication device.
- Deliver repetitive and structured drill type activities several times in a week with a child who has an intellectual disability and Childhood Apraxia of Speech (CAS), where others in their everyday environment may not have the capacity to provide this frequency of support.
- Encourage a person to independently initiate a request for their favourite burger at a fast food outlet, by using a request card designed and provided by the speech pathologist. Demonstrate to the usual support worker how to prompt and support the client – so that in future, the support worker can provide the support needed, rather than the AHA.