Developing the assistant role in community rehabilitation—experiences of rural and remote pilot sites

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Overview of the Community Rehabilitation Workforce Project

The profile of health care in Australia is evolving in response to the changing population demographics, preferences and needs. A growing and aging population, shortages of professional health workers, advancing technology and increasing consumer expectations means we must investigate new models for the delivery of healthcare services.

It has been suggested that an assistant or associate level workforce be utilised to ensure healthcare can be provided to meet the current and future needs of the Queensland community. This will require high level support, education and training, and in some areas such as community rehabilitation, the development of new roles, or extension of existing roles to suit new contexts.

The Pathways Home program was an Australian Government health initiative to focus on the care and services provided to support the transition from hospital to home under the Australian Health Care Agreement 2003-08. The Queensland Health Community Rehabilitation Workforce Project (CRWP) was funded for five (5) years until June 2008, by the Australian Government Pathways Home Programme. The aim of the CRWP was to optimise the capability of the current and future workforce to develop, implement and evaluate community rehabilitation (CR) programmes to meet the current and emerging health needs of the Queensland community.

The Project initiatives undertaken specifically targeted the assistant or associate level workforce as part of the CRWP and included:

- Independent Systematic Review of the Literature on the Utilisation of Support Workers in Community Based Rehabilitation
- Independent Audit of the Education & Training Needs of Staff Working in Community Rehabilitation in Queensland

An initial and critical aspect of the project, the Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland was conducted by Griffith University in Queensland. This formative evaluation involved 190 participants and developed 10 competency domains for CR. A series of literature reviews and the International Classification of Functioning, Disability and Health (ICF) also formed a basis for subsequent project activities.

Developing the Community Rehabilitation assistant workforce was a major aspect of the project. This included piloting an Advanced Community Rehabilitation Assistant (ACRA) role in six (6) sites across Queensland. The development of the ACRA role was locally driven through a service mapping and needs analysis process. Consistency across the pilot sites regarding the purpose of the role resulted in the development of a state-wide role description. Evaluation from the perspective of the ACRA, health professionals and clients indicated that the role was valuable. Many of the pilot sites have secured ongoing funding. The project also funded the development of an online training module for health professionals around skills for supervising assistants.

The CRWP funded Sunshine Coast TAFE to develop learning materials and to deliver the Certificate IV in Allied Health Assistance with directed electives in CR to 60 sponsored participants. Once they graduate in June 2009, participants will be a valuable resource for future advanced assistant roles. Development of a nationally recognised qualification specific to advanced assistant roles in CR through the Community Services and Health Industry Skills Council, was also funded by the project. Three (3) new units of
competency are approaching the final endorsement stage and it has been recommended that learning materials be developed for these new units.

Learning and development activities for health professionals in the existing CR workforce were also delivered by the project with over 1,600 participants attending in-services, workshops and videoconferences provided by Training and Development Officers. Formal evaluation indicated that this interdisciplinary training was valued and valuable and that rural and remote clinicians were able to gain equitable access. Training and Development Implementation Grants funded 25 projects to implement changes in the workplace linked with learning and development activities.

The project also funded post-graduate scholarships, which were awarded to 81 applicants who studied CR related courses at a variety of universities. Scholarship recipients reported a wide variety of learning outcomes which they planned to apply to their current CR roles. In addition, three (3) major postgraduate course initiatives were funded by the CRWP at Queensland universities. A total of 13 research grants and 10 evidence based practice grants were also funded. In order to effectively monitor the outcomes of CR services in the future, the Centre for Allied Health Evidence (University of South Australia) was commissioned to develop a compendium of clinical (outcome) measures in CR.

Training of the future workforce was another priority for the CRWP. The project funded curriculum development in CR at eight (8) tertiary institutions. An interdisciplinary student placement in CR model was also developed with 134 students from various universities participating. Evaluation results indicated that students found the placement to be of value, particularly with respect to working with other disciplines, but that there was some dissatisfaction with the limited opportunity to practice discipline specific skills. A neuro-rehabilitation practicum for physiotherapy students from James Cook University was also trailed and evaluated, and the M.A.G.P.I.E (Meet, Assess, Goal Set, Implement, Evaluate) process was developed as a case management model for students and clinicians.

Sustainability of project achievements was maximised through the development and wide dissemination of a resource DVD which includes workbooks, toolkits, learning materials, and research findings developed or funded through the project. The project internet site which includes many of these materials, will also be maintained in the long term. The CR Special Interest Group, and the CR Contacts Group will also continue after project closure. They will continue dissemination of project resources, peer support, networking, training delivery, facilitation of evidence based practice and advocacy of best practice in CR at a client and systems level.

Aim and scope of the Community Rehabilitation Workforce Project

The aim of the Community Rehabilitation Workforce Project (CRWP) was to optimise the capability of the current and future workforce to develop, implement and evaluate community rehabilitation programmes to meet the current and emerging health needs of the Queensland community.

The project sought to support staff working in rehabilitation to develop skills to enable them to adopt lead roles in the sustainable implementation of community rehabilitation programmes in the future. It had a state-wide focus and involved both Queensland Health staff and workers from other organisations which provide rehabilitation in the community. This included non-government agencies, private practitioners, Community Controlled Organisations and other government departments.

The professions targeted were occupational therapy, speech pathology, physiotherapy and rehabilitation nursing. Professions such as social work, psychology, dietetics and nutrition, medicine and podiatry were also included in most activities. The project did not focus on Alcohol Tobacco and Other Drugs Services, or specialist Mental Health Services.

Governance structure and staffing

The project was sponsored by the Medical Chair, Division of Rehabilitation at the Princess Alexandra Hospital and District Health Service, and by the Principal Allied Health Advisor, Allied Health Workforce Advice and Co-Ordination Unit, Queensland Health Corporate Office. Two Reference Groups provided
guidance to the project – an overall project reference group and the Working party for Community Rehabilitation Workforce Project: Community Rehabilitation Assistant Workforce.

**Defining community rehabilitation**

The project defined community rehabilitation in the following way: “Community rehabilitation is a process which seeks to equip, empower and provide education and training for rehabilitation clients, carers, family, community members and the community sector to take on appropriate roles in the delivery of health and rehabilitation services to achieve enhanced and sustainable client outcomes.”

It is therefore a broad and diverse area which generally encompasses:

- the physical, social and attitudinal environment in which services are delivered
- the use of networks to create a complete response to consumer needs
- the engagement of consumers in their own rehabilitation.

This definition was adapted from “CBR: a strategy for rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper 2004”, International Labour Organization, United Nations Educational, Scientific and Cultural Organization and the World Health Organization.6

**Development and trial of the advanced community rehabilitation assistant role in the pilot sites**

**Description**

The CRWP developed, trialed and evaluated an Advanced Community Rehabilitation Assistant (ACRA) position in six (6) pilot sites across Queensland. These sites were reflective of metropolitan, provincial, rural and remote service delivery across Queensland. In this paper we focus on the two rural/remote trial sites of Roma and St George.

Table 1 shows where and when the ACRA positions were trialed.

<table>
<thead>
<tr>
<th>Pilot site</th>
<th>Team ACRA worked with</th>
<th>ACRA establishment</th>
<th>Date ACRA commenced (all pilots ceased on 30 June 2008)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roma</td>
<td>Rehabilitation and Allied Health Unit</td>
<td>1 FTE</td>
<td>3/12/2007</td>
</tr>
<tr>
<td>St George</td>
<td>Primary Health Care Unit</td>
<td>1 FTE shared by 2 part-timers</td>
<td>3/12/2008</td>
</tr>
<tr>
<td>Cairns</td>
<td>Transition Care</td>
<td>1 FTE</td>
<td>4/2/2008</td>
</tr>
<tr>
<td>Cairns</td>
<td>Smithfield Community Health</td>
<td>1 FTE</td>
<td>11/2/2008</td>
</tr>
<tr>
<td>Northside Health Service District</td>
<td>Community Based Rehabilitation Team</td>
<td>1 FTE</td>
<td>12/11/2007</td>
</tr>
<tr>
<td>Spiritus- Logan Branch</td>
<td>Allied Health</td>
<td>1 FTE</td>
<td>20/8/2007</td>
</tr>
</tbody>
</table>

The development of the roles was locally driven with a part-time project officer employed at each site to facilitate the process. The project officers worked with the teams and completed service mapping and a needs analysis, and scoped roles for the community rehabilitation assistant workforce. A job description was developed at each pilot site. As they all shared a common purpose, roles, responsibilities and reporting structures, they were collated into one job description that underwent the Job Evaluation and Management Scheme (JEMS) centrally. Minor changes were then made at a local level at each site. Task lists were produced in consultation with local services, based on the job description. The project officers
recruited locally based assistant staff to the trial positions and continued to provide support to the ACRAs and the local teams throughout the trial.

In St George, the two women who were recruited to share the ACRA position were local women who lived on properties in the district, both with an education background. Michelle was a qualified teacher and had been the Principal of a local school and Deb had been working as a teacher aide at another local school. Neither of them had a health background but had both had experience in caring from relatives at home with significant disabilities and health problems. They were mature women who were part of the local rural community and had an in-depth understanding of the local environment. They have proved to be quick to learn and adjust to the Assistant position and very quickly became an integral part of the team at the Primary Health Care Unit at the St George Hospital.

In Roma the Assistant was also recruited from the local community. Nerida had been working as the Manager of a Nursing home facility in Mitchell which is approximately 90 kms west of Roma. She had an administration background but had some knowledge of rehabilitation and following rehabilitation plans as outlined by visiting Allied Health Professionals, with the elderly. She and her family moved to Roma to take up the ACRA position. Again she is a local community member with an integral knowledge of the rural environment and very quickly became a valued member of the Rehabilitation Unit at the Roma Hospital.

The project officers contributed to the coordination of education and training of the ACRAs in the pilot phase through both formal and informal methods. All of the ACRAs were sponsored to undertake the Certificate IV in Allied Health Assistance with directed electives in CR, with the course commencing in semester 1, 2008. In-house training was also developed around topics identified by local teams during the early stages of the pilot projects. The project officers developed an interactive workbook for ACRAs covering many of the identified topics. Monthly teleconferences facilitated by a project officer were also initiated.

The teleconferences were utilised for two purposes, firstly to provide a forum for the ACRAs to network, and secondly to deliver further training to the ACRAs. The training component was opened to any interested allied health assistants. There was a high level of interest in accessing this training from allied health assistants across the state.

The project officers also co-ordinated supervisor training for professionals. The Community Rehabilitation Workforce Project (CRWP) in partnership with the University of Queensland developed a Clinical Supervision training module that was particularly relevant to the needs of Health Professionals supervising assistants in community rehabilitation. This module was included in the Queensland Health Clinician Development Education Service (CDES) clinical education training package. During the Project, it was offered as a stand alone package and sponsorship was available to all allied health professionals and nurses working in the area of community rehabilitation.

Consultation occurred at all stages of the project with union, industrial relations, human resource and professional association representatives. Updates on the project direction were delivered to the Queensland Health Public Hospital Oversight Committee at their monthly meetings, as were any significant materials or documents produced as part of the project.

The ACRA roles were multidisciplinary in nature, working with a variety of Allied Health Professionals. It was hoped that the ACRAs would also support Nursing Professionals working in CR and one pilot site started to explore this. However, due to the time constraints of the project, this did not progress very far. There was also concern from professional nursing bodies regarding the scope of the ACRAs’ role in relation to nursing support.

Guidelines for advanced assistants and their supervisors were also developed to guide the practice of advanced assistants working in community rehabilitation and their supervisors. The guidelines and other relevant materials developed during the project were compiled into an ACRA resource kit that was incorporated into the CRWP resource DVD. The resource kit, whilst not prescriptive, provides a framework for the development and implementation of assistant positions in CR.
Three (3) videoconferences were conducted with approximately 24 sites to educate stakeholders about the resources and how they can be utilised in the final weeks of the Project.

**Evaluation**

The ACRA pilots were evaluated through the use of the following tools:

- a pre and post questionnaire completed by the ACRA
- semi structured interviews with the ACRA, health professionals and clients
- daily diaries completed by the ACRA
- the collection of activity levels/statistics.

These evaluation tools are explored in Table 2. These tools were designed to investigate the evolution of the ACRA role and the early impacts of the role upon clients, health professionals and services.

<table>
<thead>
<tr>
<th>Tool</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>Workload statistics</td>
<td>Quantitative descriptors of the nature of the emerging ACRA role</td>
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<tr>
<td>CR Competencies Questionnaire</td>
<td>Administered prior to commencing role and at completion of evaluation phase. Determines changes in knowledge and confidence in relation to CR competencies. Determines frequency of application of CR competencies in ACRA role.</td>
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<tr>
<td>Daily diaries</td>
<td>Encouraged the development of reflective practice skills. Focussed the ACRA towards the rewards and challenges of the role on a day to day basis.</td>
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<tr>
<td>Semi-structured interviews with ACRA</td>
<td>Discover the nature, benefits and challenges of the emerging ACRA role (using triangulation with client and health professional data).</td>
</tr>
<tr>
<td>Semi-structured interviews with clients</td>
<td>Discover the nature, benefits and challenges of the emerging ACRA role (using triangulation with ACRA and health professional data).</td>
</tr>
<tr>
<td>Semi-structured interviews with health professionals</td>
<td>Discover the nature, benefits and challenges of the emerging ACRA role (using triangulation with client and ACRA data).</td>
</tr>
<tr>
<td>Reflective practice exercise</td>
<td>Primarily instituted as an ongoing monitoring tool. Determines whether ACRA use advanced competencies within their role. Establishes a basis for reflective discourse between ACRA and supervisor.</td>
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For the full evaluation of the pilot project, refer to the Evaluation of the trial of new Advanced Community Rehabilitation Assistant (ACRA) Roles in Queensland 2008 which is posted on the CRWP internet site.

Overall, evaluation of the pilot projects showed that the ACRA roles were developing according to the direction their services were heading and, as such, there was variety across the sites regarding how and where the ACRAs carried out their roles.

Data obtained from the pilot sites indicate that ACRAs can be a valuable resource in the provision of community rehabilitation services, however some challenges exist. Health professionals have described benefits for themselves, their clients and their services. ACRAs have generally expressed job satisfaction and feel useful and valued in their roles. Clients have expressed satisfaction with the ACRA role and have particularly made mention of how ACRAs have facilitated community participation. Whilst clinicians have reported a significant time investment for the training and support of the ACRAs, particularly in the early stages, it was agreed that this was beneficial in the long term.
Discussion and recommendations

Business cases and options reports were submitted to the Districts to facilitate applications to secure further funding for the positions. Most of the pilot sites have subsequently secured funding to continue the piloted ACRA roles in their District. Recurrent funding has been secured for the positions in Roma, St George and with the Transition Care Program in Cairns. Spiritus Care Services at Logan are funding the position until 31st December 2008, and will then consider further funding.

The ACRAs recruited as part of the pilot come from a variety of support worker backgrounds (ie. Allied Health Assistants, Personal Care Workers, Operational Staff). This enabled them to bring a range of skills to the role. However, it has been identified that the position would function at the advanced level sooner, if the incumbent had an allied health assistance background.

Whilst in the end the ACRA pilot project focused predominantly on the support of allied health professionals, the roles could also prove to be very beneficial in supporting nursing professionals in CR. This direction warrants further investigation and consultation.

It was identified during the project that there are limited in-house training opportunities specifically targeted at the support workforce. The AHA training teleconferences conducted during the project helped address this need and were received well across the state. It is therefore recommended that AHA training continue. A similar framework could be rolled out at District level, with the local health professionals delivering the training sessions.

The teams in which the ACRA roles were trailed, had limited (or no) involvement with paediatric clients. It is recommended that the scope of the ACRA role be reviewed and expanded to enhance the ability of this position to support health professionals working in the paediatric CR area.

Whilst the resources developed during this project had a CR focus, many of them could be applied to assistant and/or advanced assistant positions within the acute setting. It is recommended that the ACRA resource kit continue to be promoted after the CRWP ceases.

Key project recommendations

- Broadening the scope of all aspects of the CRWP to encompass the whole continuum of care and enhance the focus on paediatrics.

- Continuing the interdisciplinary approach to workplace learning and development, clinical education and post-graduate education.

- Expanding partnerships with service providers, including within Queensland Health, other Government agencies, private practitioners and NGOs, and with the VET sector and universities both nationally and internationally in curriculum development, research, and delivery of learning and development programs.

- Continuing a strong focus on innovative workforce solutions across the continuum of care in areas such as advanced support personnel, eHab (Tele-rehabilitation), extended scope of practice, and other alternative models of service delivery.

- Continuing a strong marketing focus which includes strong branding of CR.

References


2. Griffith University Disability and Rehabilitation Research Unit Competencies for Community Rehabilitation in Queensland – Audit of the Training and Education Needs of Staff Working in community Rehabilitation in Queensland, Disability and Rehabilitation Research Unit, Griffith University, Brisbane, 2006

Presenters

Beth Knight has been an Accredited Practising Dietitian (APD) since completion of Bachelor Health Science (Nutrition and Dietetics) in 2003. From then on has spent the majority of that time practising in Rural and Remote areas. During this time she has developed and implemented innovative Dietetic services to the areas where she has servicing. Beth has completed the Graduate Certificate in Rural Health (Remote Health—Allied Health), and has commenced Graduate Certificate in Diabetes Education and Management to become a Diabetes Educator. In February 2007, Beth commenced work for Queensland Health as a Project Officer for the Community Rehabilitation Workforce Project.

Jane Corbett completed Graduate Diploma in Audiology in 1982. In early 1980s she worked in Melbourne, Brisbane and Toowoomba and visited many rural/remote areas in Victoria, and southern/central Queensland. In 1988 working from the Royal Children’s Hospital, Brisbane, she aided development and implementation the Children’s Cochlear Implant Program, and the Neonatal Hearing Screening Program. Jane completed a Graduate Diploma of Public Health (1994) and commenced at the Cunningham Centre. In 1998 she moved to the St George area and has been working part time as an Audiologist southern Queensland. In February 2007, Jane commenced work for Queensland Health as the Project Officer in St George for Community Rehabilitation Workforce Project.