

*Community Rehabilitation Workforce Project*

# New ways of working...

## Developing advanced assistant roles in Community Rehabilitation

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**Queensland Government**

Queensland Health



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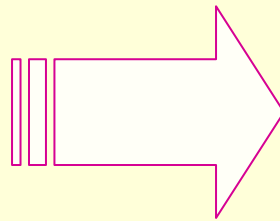
## Presentation outline

- Workforce redesign: Developing support staff roles in community rehabilitation
- Training
- Spiritus Care Services: Making it work in practice
- Evaluation and future directions



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- Workforce shortages
- Advancing technology
- Increasing consumer expectations
- High workloads



New & innovative models of service delivery to meet future rehabilitation needs

including

Workforce redesign to optimise the use of assistant and support staff



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### Aim

- To optimise the capability of the current and future community rehabilitation workforce  
*by...*
- Exploring opportunities to support and train community rehabilitation support staff at an assistant level to participate in CR  
*resulting in...*
- New models of service delivery to meet future rehabilitation needs



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## Informing project scope & roles

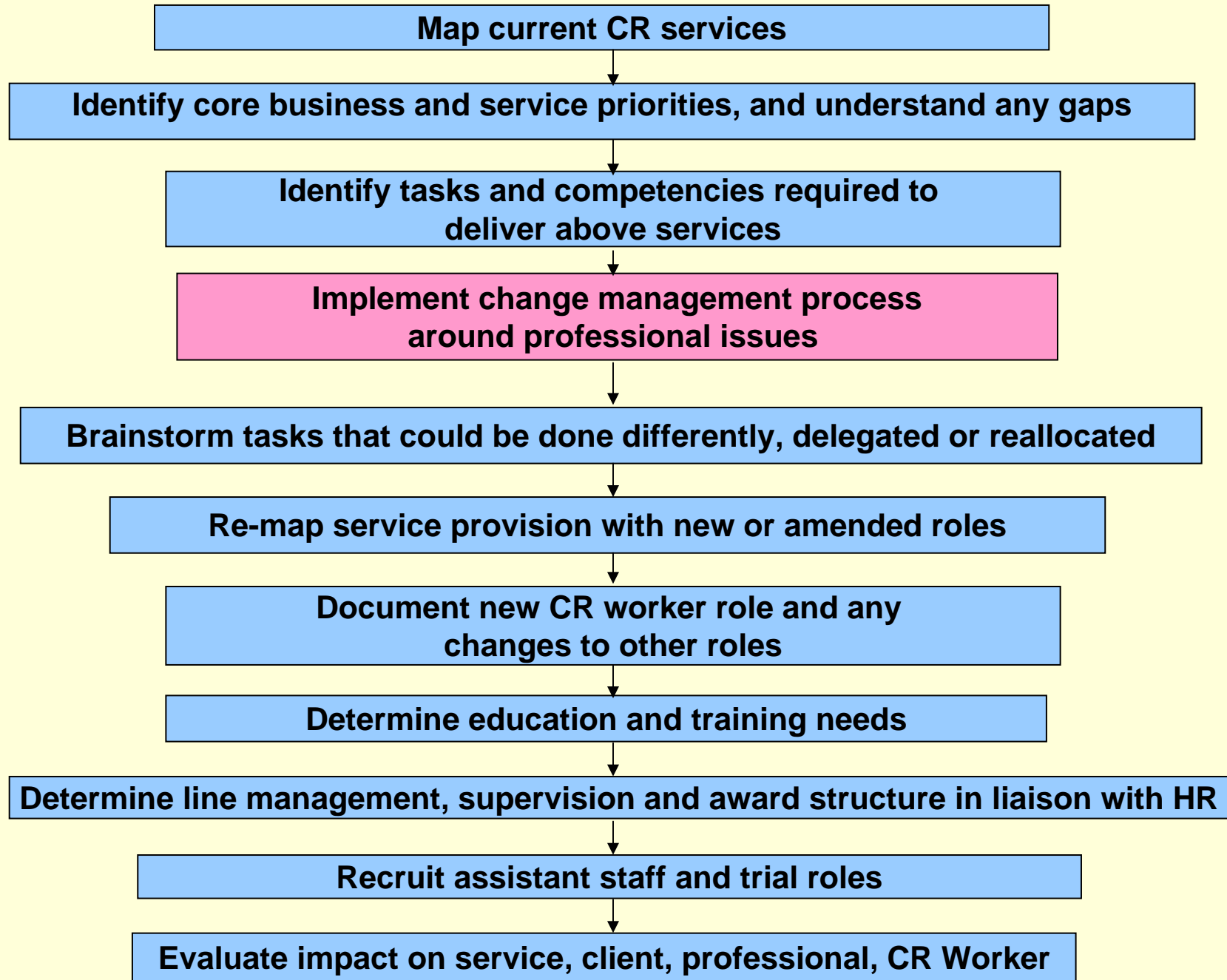
- **Literature Review** of the Utilisation of the Support Workforce in Community Rehabilitation
- **Audit** of the Training and Education Needs of Staff Working in Community Rehabilitation
- **Key Learnings** from other projects
  - NHS Modernisation Strategy
  - Better Skills, Best Care, DHS Victoria



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## Process of developing the roles

- 5 pilot sites representing -
  - metro, provincial, rural & remote areas
  - government & non-government organisations
  - service delivery models with existing OO3 assistants & with no previous exposure to rehabilitation support staff
- Locally driven needs analysis, extensive consultation, focus groups, interviews





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## Managing risk

**CONSULTATION, CONSULTATION, CONSULTATION...  
IT'S A CHANGE PROCESS!**

- Industrial / HR
- Professional staff & Professional bodies
- Governance
- Community & clients
- Assistants





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# Training

1. Certificate IV Allied Health Assistance with Community Rehabilitation competencies
2. Working with the CS&HISC to look at where CR competencies fit into National Training Framework
3. Training for AH & nursing professionals in supervising and mentoring assistants
4. In-house training



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# Spiritus Care Services: Making it work in practice!

A Queensland Health & Non-Government  
Partnership





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## Spiritus Care Services

- Not for profit support organisation
- Includes community, residential and program specific services
- Logan Branch currently supports approx. 350 clients
- Provides nursing, OT, Physiotherapy, domestic and hygiene services
- Therapy services commenced September 2005



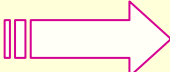
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# Putting Process into Practice

## Mapping Process

- District Level Discussion
- Interviews with Spiritus Management about project, potential benefits of assistant workforce, and current services
- Interviews with branch stakeholders in regards to current services

## Brainstorming and Re-Mapping of Tasks

- Focus group to discuss map of current services; and brainstorm current gaps and potential re-delegation of tasks
- Brainstorm  Draft Job Description and Task List



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## Putting Process into Practice

### Development of Job Description, roles & responsibilities

- Close liaison with branch stakeholders
- Consultation with local HR – consistent with HR policies, pay level, industrial issues
- Ongoing discussion with other pilot sites

### Recruitment and Trial of Role

- Recruitment process currently underway



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## Key Underpinning Features

- **Interdisciplinary...** though not generic, creating a flexible and transferable workforce
- **Advanced...** due to increased autonomy and workforce shortages
- Community context **different** to hospital support staff models
- **Flexible & transferable** workforce
- **Career progression** opportunities



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## Job Description: Advanced Community Rehabilitation Assistant

### Purpose:

- To support and assist clients to participate in rehabilitation, by providing rehabilitation services based in the community
- To assist allied health and nursing professionals in the delivery of rehabilitation programs in community based settings
- To function individually, and as a member of the multi-disciplinary team, with supervision from a qualified professional



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### **Example roles & responsibilities**

- Work as a member of a multi-disciplinary team, including contributing to case conferences
- Participate in information gathering for assessment under the guidance of a treating health professional, including independent administration of selected screening tools
- Conduct independent home and community visits to implement, monitor and ensure the safety of rehabilitation or therapy plans established by the supervising professional
- Work with clients, their families and carers to carry out functional daily activities (eg. activities of daily living, gardening, leisure activities) as identified in the client's rehabilitation plan





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### **Example roles & responsibilities**

- Assist in the supply of, and instruct and monitor clients in the fitting and use of prescribed equipment, including review of minor home modifications
- Lead or co-lead community based group activities and educational programs to meet individual client, family or carer goals, under the guidance of a treating health professional
- Advocate for clients, their families and carers, including assist clients to navigate the health care system (eg. completing forms)
- Record client activity including documentation and statistics as per organisational guidelines



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## **Example roles & responsibilities**

### **Duties Do Not Include:**

- Diagnosis or Discharge
- Independent administration and interpretation of assessments
- Independent referral to a health provider outside the multidisciplinary team
- Provision of interpretive information to staff, clients, their families and carers
- Independent development or modification of a rehabilitation plan



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## Governance and Accountability

- Supervision & reporting
  - Clinical
  - Operational
- Clinical Supervision Training Package
  - Accountability & delegation
- Existing guidelines eg. professional associations
- Review of other roles eg. professional staff



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## Evaluation

- **Client's experience** of having assistant involved in care including outcomes, satisfaction & waiting times
- **Professional's experience** of working with Adv CR Assistant and any resulting changes in practice
- **Assistant's experience** in the role, including perception of interaction with professionals
- **Assistant's knowledge** and understanding of community rehabilitation competencies



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## Future Directions & State-Wide Application of Roles

- Competency standards / guidelines
- Ongoing funding for pilot roles identified via Area Health Services
- Liaison with QH Corporate and Area Health Services re: future service planning and development to identify where roles may best fit for state-wide rollout
- Business cases to funding bodies

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