



Community Rehabilitation Workforce Project

Breaking Down the Walls - Optimising Rehabilitation through the Community Rehabilitation Workforce Project

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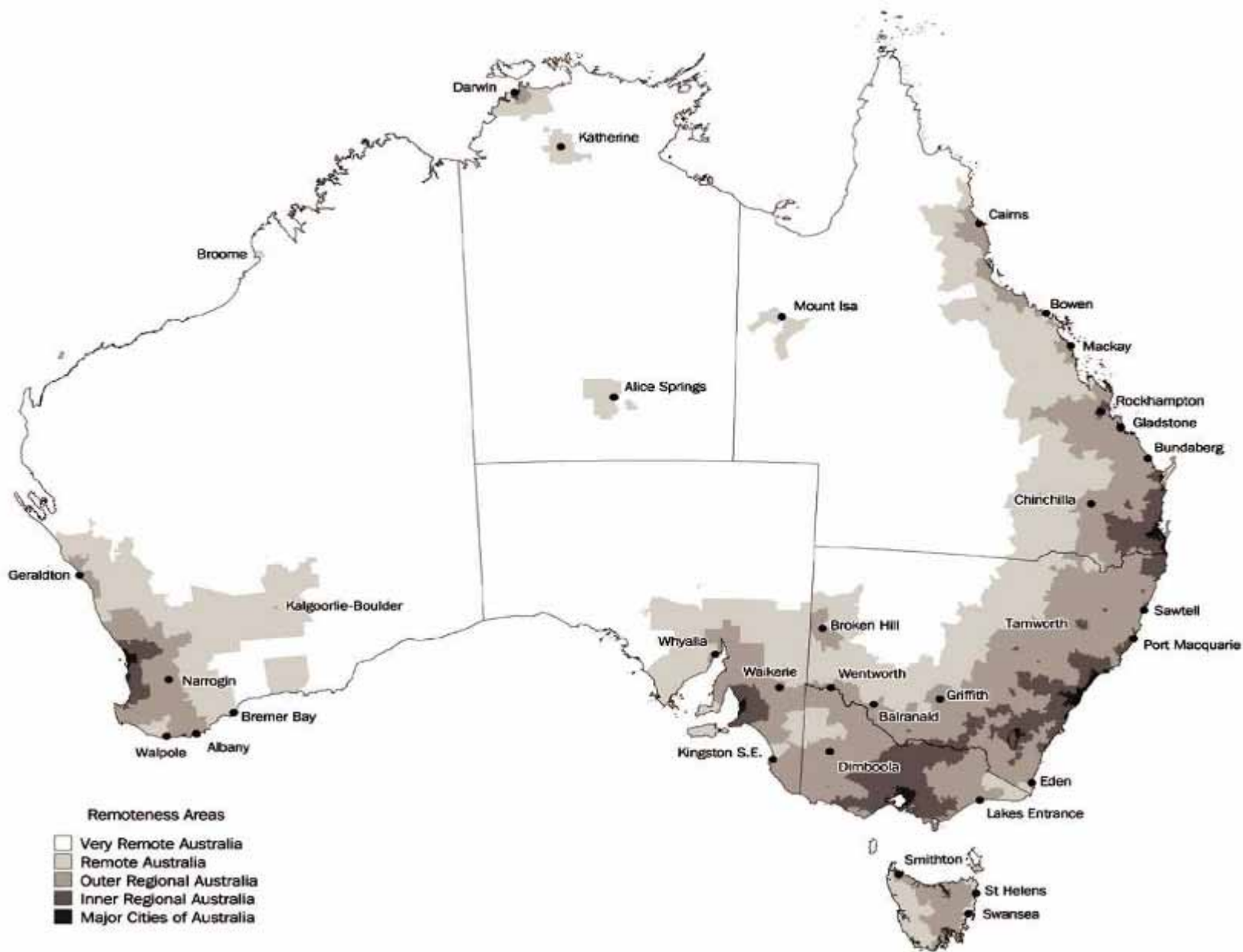


Presentation Outline

- The Community Rehabilitation Workforce Project
- Underpinning evidence -The Audit
- Training and Development Provision
- Training & Development Implementation Grants
- Initiatives for Sustainability
- Evaluation



Community Rehabilitation Workforce Project



Why the Community Rehabilitation Workforce Project (CRWP)?

- Ageing population
 - By 2011 patients aged 60-64 years to increase by 70%, >84 years to increase by 60%
- Increasing demand on inpatient services
 - By 2011 hospital bed days to increase by 31%
 - Rehabilitation bed days predicted to increase by 36%
- Workforce shortages
- Consumer expectations



Project Definition of Community Rehabilitation (CR)

Community rehabilitation 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.

Aim of the CRWP

Focus on workforce



Develop skills and knowledge



Provide community rehabilitation programs that effectively meet the health needs of Queenslanders in their local communities.



Community Rehabilitation Workforce Project

- Funded by Commonwealth Pathways Home Program from June 2005 - June 2008
- Queensland wide – for private and public sector workforce across the continuum
- Formative evaluation – Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland conducted by Griffith University

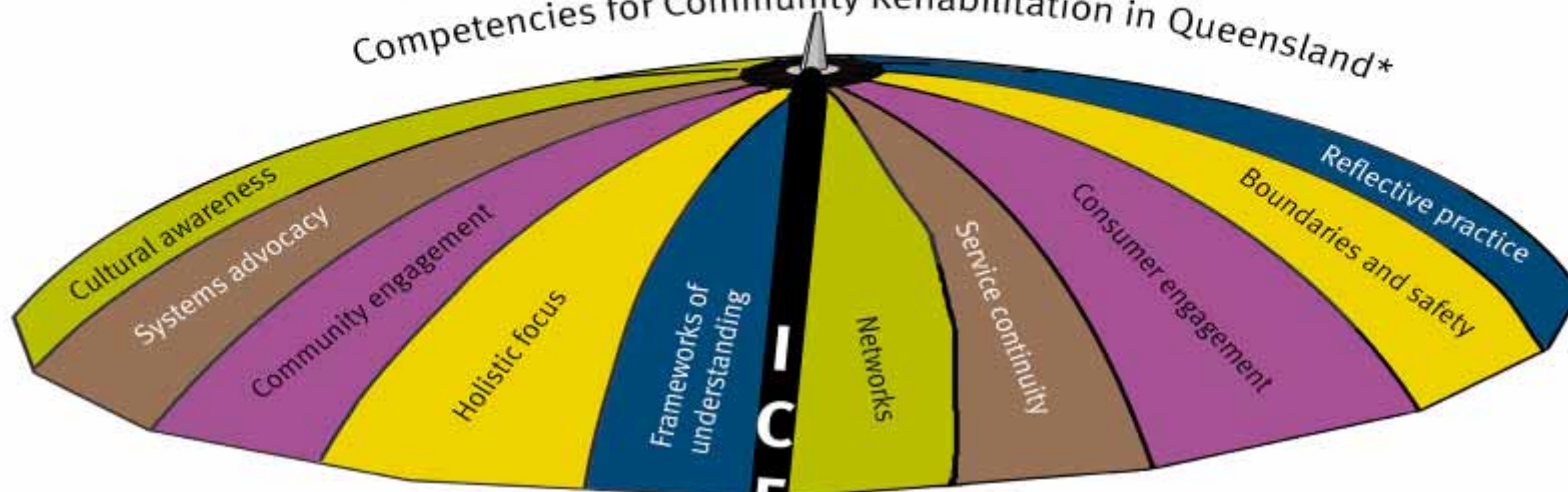
Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland

- Identified the competencies required to deliver CR
- Identified existing competencies
- Assessed training needs including training delivery
- Examined roles of support personnel
- Utilised focus groups and interviews with managers, clinicians, support staff & consumers around the state and internationally



Community Rehabilitation Workforce Project

Competencies for Community Rehabilitation in Queensland*



<ul style="list-style-type: none"> Community Rehab Contacts Community Rehab Special Interest Group James Cook Uni Listserv and Blog DVD Resources Website 	<ul style="list-style-type: none"> National Qualification Certificate IV Allied Health Assistance Scholarships Advanced Community Rehab Assistant Role Pilots 	<p>Includes:</p> <ul style="list-style-type: none"> Rehabilitation Clients Carers Family Members Community Members Community Sector 	<ul style="list-style-type: none"> Learning and Development Workplace Training Implementation Grants Post Grad Scholarships Supervision Training 	<ul style="list-style-type: none"> Undergrad and Post Grad Curriculum Development Interdisciplinary Student Placement Mobility Rehabilitation Project, James Cook Uni
<ul style="list-style-type: none"> EBP and research grants 	<ul style="list-style-type: none"> Clinical measures compendium 	<ul style="list-style-type: none"> MAGPIE process 		

* Griffith University, Disability and Rehabilitation Research Unit, February 2006

Building the Foundations for Community Rehabilitation





10 Areas of Competence

- Frameworks of understanding
- Consumer engagement
- Holistic focus
- Service continuity
- Networks



10 Areas of Competence

- Cultural Awareness
- Community Engagement
- Boundaries and Safety
- Reflective Practice
- Systems Advocacy



What else did the Audit tell us?

- Practitioners have significant and diverse training needs.
- Training needs to be congruent with the principles of recognised CR practice.
- Training opportunities need to be accessible so practitioners can plan their developmental activities.
- That a broad range of training is required (e.g. from sectors other than health).
- That a culture of learning should be fostered within organisations and managers.
- That local capacity to deliver training needs to be strengthened.

What else did the Audit tell us?

Identified topic areas of need within the competencies:

- Frameworks, models, approaches to CR
- Outcome measurement, research, evidence
- Mental Health system
- Impact of culture



What else did the Audit tell us?

Preferred Delivery Methods

- Multiple media – local and flexible
- On the job training with mentoring
- Team-based learning at work
- Networks
- Include consumers as trainers

How did we provide the training?

- 4 FTE Training and Development Officers (TDOs)
 - Townsville, Mackay, Rockhampton, Toowoomba, Brisbane
- Funding for external training providers
- Funding for participant travel and accommodation
- Free training sessions

What did we offer?

Introduction to the International Classification of Functioning, Disability & Health (ICF)	Community Engagement
Introduction to Research Planning	Introduction to Research Methods
Mental Health Act and Suicide	Motivational Interviewing
Mental Health Awareness	Goal Setting and Motivation
Systems Advocacy, Guide to Advocacy	Demand Management
Tools for Effective Peer Group Learning	Professional Boundaries
Case Management	Outcomes Measures

What supported the training delivery?

- Marketing via emails, electronic training calendar, website & team visits
- Using Cunningham Centre Quality systems
- Videoconferences & work based team learning workshops
- Evidence based – bibliography, journal articles
- Practical examples and tools
- Applying principles of adult learning



Most popular topics

Goal Setting and Motivation	249
ICF	221
Introduction to Project and TDO Role	156
Preparing Written Materials for Client Education	146
Maintaining Professional Boundaries with Clients	131
Community Engagement	122

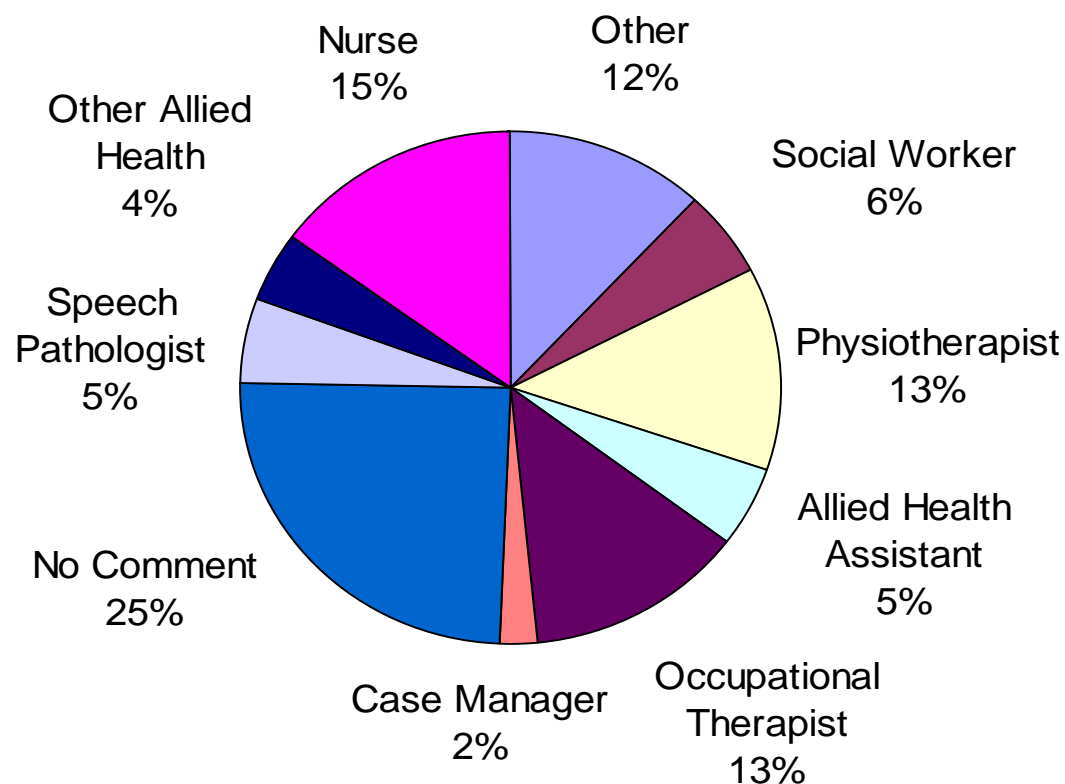


Evaluation

- Over 1,650 participants!
- Written Evaluation of training sessions – 48% response rate
- Three month Follow-up questionnaire – 7% response rate



Break down of Participation – Occupation





Break down of Participation - Geography

- 32% Brisbane
- 52% non-Brisbane cities
- 16% rural & remote areas

Qualitative Feedback -

“The best things were...”

- Case studies
- Practical examples
- Interactive sessions / group discussion
- Evidence provided
- Resources for people to use in future



Qualitative Feedback

“The training session/course could be improved by...”

- More or less depth
- Earlier provision of pre-reading, learning materials
- More time for feedback – group activities
- Contextualisation of information to individual needs
- Facilitation skills of presenters

Qualitative Feedback

Strategies for implementing change

- Apply tools / technique; use forms
 - With clients - initial assessment, goal setting, hand-outs
 - In supervision
 - With team – case conferences
- Enhance documentation
- Increase consultation with colleagues / reflect more
- Refer on
- Up-skill other team members / share information
- Increase consumer & community involvement



Facilitators to Change

- Build on current initiatives
- Staff motivation to improve service for clients
- Increased self-awareness / knowledge / confidence
- Other team members have attended training => support each other



Barriers to Change

- Time – caseload, administrative tasks
- Organisational culture
- Team knowledge & team dynamics
- Organisational restructures
- Current role / scope of service
- Staffing changes

Training & Development Implementation Grants

- To implement improvements in workplace which have been identified as a result of CRWP training & development
- Up to \$15,000
- 25 successful applications (38 received)
- Links with Training Provided

Example: Development of resources for improved service delivery such as culturally appropriate patient education resources for spinal injured clients

Sustainability Strategies

- Community Rehabilitation Special Interest Group
- Community Rehabilitation Contacts
- Community Rehabilitation Special Interest listserv & blog
<https://www.jcu.edu.au/mailman/listinfo/cr> &
<http://crlistserve.blogspot.com/>
- CRWP Resource CD
- Community Rehabilitation Workforce Project Website
www.health.qld.gov.au/qhcrwp



Take Home Messages

Inter-disciplinary training is valued and valuable!

- Apply adult learning principles
 - Based on needs assessment / “Audit”
 - Practical examples and case studies
 - Interactive
 - Resources for participants to use
 - Utilise the expertise from the participants

Take Home Messages

- Equity of Access
 - Workplace sessions
 - Videoconferences
 - “Traveling” Workshops
 - Funding including participant travel
- Maximum uptake
 - Marketing – email and team visits
 - Rolling calendar plus “on demand” - flexible

Take Home Messages

- High Quality
 - Evaluation – quantitative and qualitative
 - Cunningham Centre Quality System
 - Evidence Based - Bibliographies, reference lists, pre-reading
- Cultural Awareness in all topics