Community Rehabilitation Assistant Workforce

Scoping Report

December 2007
## CONTENTS

Executive Summary ............................................................................................................. 3

1. Background and context ............................................................................................... 6

2. Scope of Community Rehabilitation support roles ..................................................... 16

3. Existing national units of competency and qualifications reflecting Community Rehabilitation Support Work roles .............................................................................. 19

4. Requirements for Community Rehabilitation Support Worker competency development ................................................................................................................ 23

References ........................................................................................................................ 26

Appendix 1 Community Rehabilitation competency domains with statements from practitioner .......................................................... 27

Appendix 2 Types of support personnel currently utilised in CR ......................... 33

Appendix 3 Possible Community Rehabilitation Support Functions .................. 37

Appendix 4 Sample job description ............................................................................. 53

Appendix 5 Sample unit of competency including statements about supervision *HLTAH402A Assist with physiotherapy treatments and interventions* .... 54

---

### Community Services and Health Industry Skills Council Vision

Australia will have a community and health workforce with sufficient competence such that, if deployed and managed well, it will always respond appropriately to the needs of the Australian population so that their health and well being is promoted, maintained and where necessary restored.
Executive Summary

The Community Services and Health Industry Skills Council (ISC) is the recognised national peak body leading the development of an integrated approach to skills development for the CS&H Industries. The Skills Council places skills recognition and development of the Community Services and Health workforce at the centre of its strategic plan for the next three years. The VET system presents opportunities for far-reaching solutions to the challenges faced by the industry. The development, maintenance and promotion of VET products, particularly Training Packages, are integral to achieving its vision of a competent workforce.

The ISC is conducting a project to identify Community Rehabilitation roles within the HLT07 Health and CHC02 Community Services Training Packages. The outcomes of the project will include identification, amendment and development of new units of competency reflecting Community Rehabilitation work roles.

The project has been funded by Queensland Health and this Scoping Report refers to several pieces of research commissioned by Queensland Health as part of an expansion of Community Rehabilitation and development of new assistant roles in that State. The report draws on activity in other states and outcomes of the recent review of HLT07.

Revisions and additions to the Training Packages will be based on additional national research and validation and the Scoping Report is the first stage of the project. Further stages of the project will be guided by a national industry reference group and link with other key projects including the current CHC02 Community Services Training Package Review.

The aims of the Scoping Report are to:

- provide direction for the consideration for the inclusion of competencies required by support workers in Community Rehabilitation in the HLT07 Health Training Package, particularly Certificate IV Allied Health Assistance; and
- identify linkages between the HLT07 Health Training Package and CHC02 Community Services Training Package, and inform competencies and qualifications developed during CHC02 review.

The Scoping Report has four main sections:

1. The context and background, including a discussion about Community Rehabilitation and the issues facing the workforce;
2. Scope of Community Rehabilitation support roles;
3. Existing national units of competency and qualifications reflecting Community Rehabilitation Support Work roles;
4. Recommendations for Community Rehabilitation competency development.

The key outcome of the report is the concluding recommendation for development of draft 1 units of competency for industry validation.
Each of the four sections is summarised below:

1. **Context and background**

The context and background of this section provides:
- an outline for the need for the job function of Community Rehabilitation; and
- relevant findings of two major reviews that provide an investigative framework for current and future development of Community Rehabilitation.

The section reviews the findings of the investigative framework and considers the existing application of Community Rehabilitation support in Australia to arrive at a working description of the function of Community Rehabilitation support.

The working description of the Community Rehabilitation support function is:

The function of Community Rehabilitation support is to contribute to reducing hospital stay, minimising hospitalisation and easing the transition back to the community by supporting quality of life and community engagement of clients through:

- supporting allied health and nursing professionals;
- providing direct and where relevant, indirect support to clients;
- working within a community service and health framework; and
- under supervision and task delegation service models, operating in a multi-disciplinary framework; to
- maintain, optimise and enhance client functioning in the community.
2. **Scope of Community Rehabilitation support roles**

The purpose of this section of the Scoping Report is to further consider Community Rehabilitation support through a more in depth analysis of the functional components of the role. One of the key mechanisms for this analysis is the functional description of Community Rehabilitation Practitioner role against the Ten Competency Domains identified in the *Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland*. This analysis provides a valuable guide to identifying support functions that could possibly be included in a Training Package.

3. **Existing national units of competency and qualifications reflecting Community Rehabilitation Support Work roles**

This section presents an analysis of the HLT07 Health Training Package and CHC02 Community Services Training Package to determine existing units of competency that address the Community Rehabilitation support functions. Gaps in existing units of competency are also identified.

4. **Recommendations for Community Rehabilitation competency development**

This section provides a set of recommendations that will facilitate Community rehabilitation competency development in the HLT07 Health Training Package and CHC02 Community Services Training Package.

**Structure of the Scoping Report**

```
Factors contributing to the need for Community Rehabilitation support

Investigative framework

Working description of the Community rehabilitation support function

Analysis of scope of Community Rehabilitation support roles

Identification of current capacity and gaps in training packages

Recommendations for competency development
```

---

1. Context and background

Community Rehabilitation

The profile of health care in Australia is evolving in response to the changing population demographics, preferences and needs. Some of the trends having an impact on health care include:

- an ageing population, with increased longevity;
- older people staying in their homes longer (as opposed to residential care);
- increased demand on acute hospital services;
- changing roles of professional health workers; and
- shortages of professional health workers.

These trends underpin the emerging role of Community Rehabilitation in the health care spectrum and the range of skilled workers required to fulfill the functions of Community Rehabilitation. It has been identified that workers who provide support to allied health professionals and other health professionals are an essential part of the Community Rehabilitation workforce.

Two key documents have been used to develop an investigative framework of the functions that constitute Community Rehabilitation:

- the *Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland*; and
- the *Final report on the Systematic Review of the Literature on Utilisation of Support Workers in Community Based Rehabilitation*.

The *Final report on the Systematic Review of the Literature on Utilisation of Support Workers in Community Based Rehabilitation* prepared for Queensland Health identifies that there is little evidence which specifically focuses on the support functions of Community Rehabilitation. Much of the literature is devoted to support workers within traditional hospital based settings and service provision models. There is now a relatively recent push towards community based care.

In order to identify new and/or existing national competencies and qualifications this section of the report will assess existing research and information to determine a working description for Community Rehabilitation support. The working description will contribute to the content of draft units of competency for validation and review by industry stakeholders nationally. Research and information contributing to the description will draw on:


• the 10 competency domains identified as critical to Community Based Healthcare identified by Queensland Health in the *Audit of Training and Education Needs of Staff Working in Community Rehabilitation in Queensland*\(^5\)

• the support functions identified by the Centre of Allied Health Evidence *Final Report on the Systematic Review of the Literature on Utilisation of Support Workers in Community Based Rehabilitation*\(^6\)

• other interpretations of Community Rehabilitation including through via implementation of the Australian Government’s Pathways Home program (a component of the Australian Health Care Agreement 2003-2008) in various states and territories

• Statements defining supervision included in the Certificate IV in Allied Health Assistance recently added to the HLT07 Health Training Package.

**Competency domains of community rehabilitation**

The *Audit of Training and Education Needs of Staff Working in Community Rehabilitation in Queensland*\(^7\) focused on the functions of a range of professional practitioners and support staff currently providing Community Rehabilitation (CR). The audit provided an analysis of the workforce at a point in time.

The study highlighted the fact that the practice of CR in Queensland tends to focus on reducing hospital stay, minimising hospitalisations and easing the transition back to community. Although practitioners endorsed competencies such as consumer engagement, community engagement and holistic practice, their descriptions of their practice presented a model that was driven by demands for throughput and short intensive treatments. Consumer-focused goals and the importance of the home as a basis for rehabilitation featured strongly in their discussions and in their ratings of their own competencies.\(^8\)

The *Audit of Training and Education Needs of Staff Working in Community Rehabilitation in Queensland* notes that CR can be conceptualised according to two primary dimensions:

• the location of the service base e.g. hospital, outpatient, home-visits, community-placed or community-based; and

• the extent to which the service is driven by therapists i.e. therapists as experts, educators, collaborators or resources.

It was noted that most practitioners appeared to be operating from a model that was driven by the hospital context, focusing on the transition back to the community and engaging in home visits. Some services were “placed” in the community, but the


practitioners remained experts. At best, they were educators who were committed to passing on information and knowledge to the Consumer.⁹

Ten key competency domains for Community Rehabilitation were identified:

- Frameworks for understanding;
- Consumer engagement;
- Holistic focus;
- Service continuity;
- Networks;
- Cultural awareness;
- Community engagement;
- Boundaries and safety;
- Reflective practice; and
- Systems advocacy.

A description of the ten competency domains is contained in Table 1 and Appendix 1 contains a more detailed breakdown of the ten competency domains.

It is identified that there are differences in the relevance of the ten competency domains, based on local demands, including:

- Rural practitioners focused more on the importance of local knowledge and rural understanding;
- Demand management was a common issue, but was not distinct for rural practitioners;
- Professional boundaries were likely to be less clear for rural practitioners and not always possible to maintain in small towns;
- Consumer engagement was not a distinct area for rural practitioners; and
- The issue of professional boundaries was magnified for Indigenous practitioners as a result of the pressures they experienced both in their practice as health workers and as active members of their communities, many of which contained their extended families.¹⁰

---


Table 1  Description of the ten competency domains

<table>
<thead>
<tr>
<th>Frameworks for understanding</th>
<th>Understanding and implementing recognised models and frameworks that underpin Community Rehabilitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer engagement</td>
<td>Interacting in a way that promotes Consumer understanding, choice, control and engagement in their own health and wellbeing</td>
</tr>
<tr>
<td>Holistic focus</td>
<td>Recognition that the needs of individuals extend beyond immediate physical health issues and that incorporate social and emotional health</td>
</tr>
<tr>
<td>Service continuity</td>
<td>Coordination of transition points, particularly when movement is from metropolitan treatment back to rural community and ability to identify risks that could be prevented</td>
</tr>
<tr>
<td>Networks</td>
<td>Ability to engage and work in a team, share information, and collaborate with other services to ensure that gaps in the service system are addressed</td>
</tr>
<tr>
<td>Cultural awareness</td>
<td>Demonstrating an awareness of cultural differences and practicing in ways that accommodate culture</td>
</tr>
<tr>
<td>Community engagement</td>
<td>Understand and invest in the local community to become a trusted partner</td>
</tr>
<tr>
<td>Boundaries and safety</td>
<td>Ability to care for one’s own well-being in complex environments and maintain professional boundaries at the same time as engaging with consumers and community ensuring worker safety</td>
</tr>
<tr>
<td>Reflective practice</td>
<td>Think creatively to solve problems, prioritise, and plan through difficult and diverse tasks by using local solutions, a creative use of resources and a flexible approach to problems</td>
</tr>
<tr>
<td>Systems advocacy</td>
<td>Advocating to make changes that improve services for Consumer</td>
</tr>
</tbody>
</table>

Emerging roles of support worker utilisation in community rehabilitation

In the Final Report on the Systematic Review of the Literature on Utilisation of Support Workers in Community Based Rehabilitation\(^1\) thirteen current and emerging direct support roles and thirteen current and emerging indirect support roles were identified across identified literature. It is important to note that the vast majority of literature originated outside Australia. More than half of literature has origins in the United Kingdom, followed by the United States of America, Australia and a smaller amount of information from Canada, Asia and Africa. It is noted that not all these roles will be considered relevant to the Australian Community Rehabilitation function, and that there may be variations across work places.

Direct support reported in the literature included:

- Communication;
- Cultural brokerage;
- Physical/social support;
- Transfer/porter;
- Assist with mobility/gait;
- Supervise assist exercise;
- Supervise/conduct exercise classes;
- Administer clinical services/modalities;
- Preparing patients for treatment;
- Patient education;
- Provision of equipment;
- Assess and prescribe; and
- Interpret/plan/modify treatment.

Indirect support reported in the literature included:

- OHS;
- Communication with other staff etc;
- Administration/clerical;
- Answer phone;
- Schedule appointments;
- Stock ordering/requisition;
- Prepare/maintain environment;
- Recording statistics;
- Equipment maintenance;
- Bed making;
- Taking/preparing samples (incl bed pans);
- Admission/discharge; and
- Last office/mortuary.

\(^1\) Queensland Government (2006) Final report on the Systematic Review of the Literature on Utilisation of Support Workers in Community Based rehabilitation. Centre of Allied health Evidence, University of South Australia
A total of forty two articles were analysed across the thirteen direct support roles. Of significance:

- Twenty three articles identified physical/social support and administer clinical services/modalities as current and emerging support roles;
- Seventeen articles identified communication as an current and emerging support role;
- Fifteen articles recognised transfer/portering as an current and emerging support role;
- Fourteen identified assist with mobility/gait as a current and emerging support role.

A number of readings also made specific reference to three current and emerging support roles that should not be considered:

- Interpret/plan/modify treatment;
- Assess/prescribe; and
- Administer clinical services/modalities.

It is noted that administering clinical services and modalities in a community rehabilitation context, and within a rehabilitation plan, may well be an important job role in some jurisdictions in Australia.

A total of thirty three articles were analysed across the thirteen indirect support roles. Of significance:

- Nineteen articles identified administration/clerical support as an emerging role;
- Fifteen identified prepare/maintain environment as an emerging role; and fourteen identified stock ordering/requisition as an emerging role.

The Final Report on the Systematic Review of the Literature on Utilisation of Support Workers in Community Based Rehabilitation12 also analysed the literature to determine the models of service delivery for support workers. Seven service models were identified:

- Independent – services provided where the support worker practice independently;
- Supervised – services provided where the support worker practices are supervised;
- Multi-disciplinary teams – services provided where the support worker is part of a large multi-disciplinary team;
- Discipline specific – services provided where the support worker is part of a discipline;
- Task delegation – services provided which are based on specific task/duties delegated to the support worker by a health professional;
- Contribution to decision making process - services provided includes support worker contributing to health care decision making; and
- Contribution of process of care – services provided is restricted to support worker merely contributing to the process of care.

---

Forty seven articles were reviewed. Of greatest significance:

- Forty one articles identified task delegation as a service model for support workers; and
- Thirty seven articles identified supervision as a service model for support workers.

The report identified the frequency of reference across all seven service models in which support workers operate is as follows:

<table>
<thead>
<tr>
<th>Service models</th>
<th>Number of references in the literature n=47</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent</td>
<td>10</td>
</tr>
<tr>
<td>Supervised</td>
<td>37</td>
</tr>
<tr>
<td>Multidisciplinary working teams</td>
<td>7</td>
</tr>
<tr>
<td>Discipline specific working teams</td>
<td>8</td>
</tr>
<tr>
<td>Task delegation</td>
<td>41</td>
</tr>
<tr>
<td>Contribute to decision making process</td>
<td>2</td>
</tr>
<tr>
<td>Contribute to process of care</td>
<td>6</td>
</tr>
</tbody>
</table>

The report identifies several areas for further research and makes a number of recommendations about support workers in CR. The recommendations are summarised as follows:

1. There is little doubt regarding the value of support workers and it is recommended that health services consider the potential benefits of employing support workers.

2. Utilisation of support workers should be underpinned by clear definition of their roles and allocation of duties.

3. Support workers can be utilised in a mixture of both direct and indirect roles.

4. Service delivery models involving support workers should be underpinned by supervision and specific task delegation.

5. Support workers need to be supervised and different models and there is an opportunity to for local health services to develop geographic specific supervision models for support workers.

6. Health professionals who are required to supervise also require training and supervision and ongoing support.

7. Clarifications on accountability for support worker interventions need to be established and documented prior to service provision.

8. Evaluation of outcomes provided by support workers will be difficult however global measures of outcomes from the perspective of all stakeholders are required via a range of approaches.
9. The historical perception of support workers being “untrained” and “unqualified” is becoming less prevalent and there is an expectation the support workers are represented within skills frameworks including the establishment of competencies reflecting roles and establishment of recognised training.

10. Support workers need to be supported and recognised as integral to teams.

**Community rehabilitation across the states and territories**

Identification of CR competencies will be subjected to national consultation and influenced by different service provision structures around Australia. The Australian Government’s Pathways Home program is a component of the Australian Health Care Agreement 2003-2008 which aims to assist the move nationally to a greater focus on the care and services provided to support the transition from hospital to home. Community Rehabilitation (CR) is identified as one of the means to support the transition between hospital and home. The application of CR in some jurisdictions is briefly summarised below.

**Australian Capital Territory**

“The Community Rehabilitation Team provides comprehensive assessments and treatment for people who require ongoing rehabilitation while living at home, for example after discharge from hospital. Therapy is based on working towards the achievement of specific, mutually agreed goals within an appropriate time frame.

People who would benefit from this service include those who have an acute neurological illness or injury e.g stroke, spinal cord injury, acquired brain injury; an exacerbation of a chronic neurological disorder such as multiple sclerosis, motor neurone disease; upper and lower limb amputation; multiple traumatic injuries e.g multiple fractures; or de-conditioning after prolonged illness.”

**Victoria**

“Victoria’s 57 community rehabilitation sites (usually attached to major hospitals) include centre-based and home-based rehabilitation, specialist assessment and investigation services for cognitive dementia and memory as well as clinics for continence, pain, falls and mobility and general sub-acute outpatient services.

Community rehabilitation helps people recover more quickly from illness and injuries such as strokes or hip replacements. It also provides support services for people with conditions such as incontinence or dementia. Older Victorians are major users of these services.

The Victorian plan for the expenditure of the Pathways Home package has identified the need for further development of the sub-acute ambulatory care component of the service.

---


system. As such, Victoria’s Pathway Home Program focuses on ambulatory care development; specifically home-based and centre-based rehabilitation services.”\(^\text{15}\)

Psychiatric Disability Rehabilitation and Support (PDRSS) create opportunities for recovery and empowerment for people with a psychiatric disability. They are a core component of a comprehensive and integrated network of mental health services in Victoria.

**Queensland**

Funding has been allocated for community rehabilitation training for health care workers across the workforce continuum from support personnel to experienced clinicians.\(^\text{16}\)

The common context for the use of Community Rehabilitation practice is as part of the Pathways Home program. Accordingly, Community Rehabilitation practice contributes to the transition of people from hospital to home.

Currently, Community Rehabilitation is provided in centres or client homes\(^\text{17}\). It has been identified that many professional Community Rehabilitation services are delivered in centres, due to a range of issues, including: traditional practice expectations; practice supports; time constraints; and professional perception of community work.\(^\text{18}\)

**Statements defining supervision included in the Certificate IV in Allied Health Assistance**

The Certificate IV in Allied Health Assistance recently endorsed in the HLT07 Health Training Package includes statements within units of competency describing a framework for supervision. The HLT07 competency standards were developed in consultation with key stakeholders nationally and provide a model for defining supervisory structures for CR support workers.

The unit of competency *HLTAH402A Assist with physiotherapy treatments and interventions* for example describes the context of supervision through the unit and includes a specific statement clarifying the factors influencing supervision (see Appendix 5 for a copy of HLTHA402A).

\(^{17}\) Queensland Government (2006), Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland. Workforce Preparation and Development, Workforce Reform Branch, Queensland Health
**Community Rehabilitation support function – a description**

For the purposes of the Community Rehabilitation Project a broad description of the support role in Community Rehabilitation has been adopted.

The function of Community Rehabilitation support is to contribute to reducing hospital stay, minimising hospitalisation and easing the transition back to the community by supporting quality of life and community engagement of clients through:

- supporting allied health and nursing professionals;
- providing direct and where relevant, indirect support to clients;
- working within a community service and health framework;
- under supervision and task delegation service models, operating in a multi-disciplinary framework; to
- maintain, optimise and enhance client functioning in the community.
2. Scope of Community Rehabilitation Support Roles

The previous section provided a brief description of key research findings to arrive at a broad description of a Community Rehabilitation support function. The purpose of this section of the report is to take the broad description of the Community Rehabilitation support role and consider more specific functional components that outline the scope of support roles.

Whilst the literature review findings identified specific roles for CR support workers, CR practitioners identified narrow views of support roles that tend to be linked to their professional background in the Queensland audit i.e. physiotherapist, occupational therapist. Although the support roles are expressed differently, there is little variance in the essence of the support functions identified in the literature review, and that expressed by the CR practitioners. Six types of support have been identified by CR practitioners in the audit that reflected roles in a particular point in time:

- Technical support for practitioners;
- Administrative and practical help for practitioners;
- Lifestyle support for consumers (physical, practical and social);
- Aboriginal and Torres Strait Islander Health Worker;
- Natural supports in the Consumer environment; and
- Community advocates and support groups/organisations.

Details of these roles are listed in Appendix 2.

The relevance of these support roles will be influenced by:

- Scope of work roles and responsibilities;
- Context of the work, e.g. rural or urban;
- Environment;
- Organisation policy, procedure and practices; and
- Professional boundaries.

Details of these roles are listed in Appendix 2.

In the Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland CR Practitioner’s provided a breakdown of functions against the ten competency domains. In order to develop a picture of job functions for possible inclusion in the training packages the CR Practitioner functions were considered as a base. To a large extent the analysis identified a scope of practice for possible inclusion in the training packages, relative to the functions of the CR Practitioner. The analysis of the ten competency domains identified:

- Similarities and differences of knowledge and skills required by CR Practitioners and knowledge and skills for possible inclusion in the training packages; and
- Task delegation and supervisory requirements for inclusion in the training packages.

For example in respecting and using local knowledge a CR Practitioner would seek out and acquire local knowledge through local networks and stories, whereas the CR Support Worker would identify the need to seek out and acquire local knowledge through local networks and stories, and refer to the CR Practitioner. The CR Practitioner would take time to listen to the client’s needs, whereas the worker function in the training packages would include taking time to listen to the client’s needs and identifying variations in order to refer to the CR Practitioner.

In other areas such as the Framework For Understanding competency domain both the CR Practitioner and the worker functions in the training package would be include understanding the principles of human rights, adopting a clear definition of CR, and recognise the practice implications of working in communities. It would also be necessary for knowledge in the training packages to include the International Classification of Functioning, Disability and Health (World Health Organisation).

The analysis of the role possible functions indicates specific job functions as well as an occupational framework for the scope of these functions sufficient to identify competencies for inclusion in the HLT07 or CHC02. An example of this analysis against the flexible and responsive service domain appears below.

<table>
<thead>
<tr>
<th>Flexible and responsive service</th>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation strategies to ensure that the service is responsive and flexible</td>
<td></td>
<td>Implementation strategies to ensure that the service is responsive and flexible, according to the rehabilitation plan</td>
</tr>
<tr>
<td>Recognise Consumer preferences for location of services</td>
<td></td>
<td>Recognise Consumer preferences for location of services, and report to Community Rehabilitation practitioner</td>
</tr>
<tr>
<td>Identify and accommodate Consumer preferences regarding the nature of service delivery</td>
<td></td>
<td>Identify and accommodate Consumer preferences regarding the nature of service delivery in liaison with the relevant professional</td>
</tr>
<tr>
<td>Identify technology that can support home-based service delivery</td>
<td></td>
<td>Support the use of technology that can support home-based service delivery</td>
</tr>
<tr>
<td>Acknowledge travel restrictions by Consumers</td>
<td></td>
<td>Acknowledge travel restrictions by Consumers</td>
</tr>
<tr>
<td>Recognise and manage challenges to maintaining confidentiality</td>
<td></td>
<td>Recognise and manage challenges to maintaining confidentiality and report to Community Rehabilitation practitioner</td>
</tr>
<tr>
<td>Implement strategies to maintain relationships with Consumers when direct contact is limited</td>
<td></td>
<td>Implement strategies to maintain relationships with Consumers when direct contact is limited</td>
</tr>
</tbody>
</table>
The details of the analysis of the CR Support Worker role against the ten competency domains are included in Appendix 3.

Further information influencing the structure of the CR Support Worker role is provided by the position requirements of a current job description for a CR Support Worker in the Queensland public health sector (see Appendix 4).
3. **Existing national units of competency and qualifications reflecting Community Rehabilitation Support Work roles**

The purpose of this section is to apply the identified scope of Community Rehabilitation roles to the existing qualifications and units of competency in the HLT07 Health Training Package and CHC02 Community Services Training Package. This process will identify how the existing Package currently includes Community Rehabilitation roles/functions and where there are gaps. Identification of the gaps will then inform where new competencies and qualifications need to be developed and/or amended. The identified competencies might not specifically map to the CR Support Worker role/functions, but may provide an indication of the limitations of the existing resource.

Access to the full units of competency from the existing CHC02 and HLT07 Training Packages is as follows:

- **CHC02 Community Services Training Package Review – DRAFT 2**

  NB. the CHC02 Review is underway and will conclude at the same time as the Community Rehabilitation Workforce Project. Please nominate any relevant draft units of competency from CHC02 Draft 2 Validation documents.

- **HLT07 Health Training Package**

  Community Rehabilitation support functions include:
  
  - Providing technical support to CR Practitioners;
  - Supporting community access;
  - Involvement in community based group activities and education programs to meet individual client needs, this may be discipline specific (e.g. physiotherapy, occupational therapy) or general health education;
  - Advocacy;
  - Administration; and
  - Liaising and networking

  These functions need to be conducted within the Community Rehabilitation context.

**Working effectively in a Community Rehabilitation context**

This need of CR Support Workers is currently not addressed in either the HLT07 Health Training Package or the CHC02 Community Services Training Package.

**Providing technical support to CR Practitioners**

The existing HLT42507 Certificate IV in Allied Health Assistance addresses technical support needs of CR Practitioners in the areas of:
• Physiotherapy;
• Podiatry;
• Occupational Therapy;
• Speech Pathology; and
• Nutrition and Dietetics.

The specific units of competency within these areas are as follows:

**Physiotherapy**
- HLTAH401A Deliver and monitor a client-specific exercise program
- HLTAH402A Assist with physiotherapy treatments and interventions
- HLTAH403A Deliver and monitor exercise program for mobility

**Podiatry**
- HLTAH404A Assist with basic foot hygiene
- HLTAH405A Assist with podiatric procedures
- HLTAH406A Assist with podiatry assessment and exercise
- HLTIN302A Process reusable instruments and equipment in health work

**Occupational therapy**
- HLTAH407A Assist with the rehabilitation of clients
- HLTAH408A Assist with the development and maintenance of client functional status
- HLTAH409A Conduct group sessions for individual client outcomes
- HLTAH414A Support the fitting of assistive devices

**Speech pathology**
- HLTAH410A Support the development of speech and communication skills
- HLTAH411A Provide support in dysphagia management
- HLTAH412A Assist and support the use of augmentative and alternative communication systems

**Nutrition and Dietetics**
- HLTAH415A Assist with the screening of dietary requirements and special diets
- HLTAH409A Conduct group sessions for individual client outcomes
- HLTAH420A Support the provision of basic nutrition advice/education

**Other Nutrition and Dietetics elective:**
- HLTAH416A Support special diet requirements

**Additional allied health functions**
- HLTAH413A Deliver and monitor a hydrotherapy program
- HLTAH414A Support the fitting of assistive devices
- HLTIN302A Process reusable instruments and equipment in health work
- HLTAH302B Assist with the application and removal of a plaster cast

**Supporting nursing functions**
It is noted that three proposed units of competency have been developed for the review of the Community Services Training Package (CHC02) that may support nursing functions in the community. These units of competency are:

- CHCCS305A Assist clients with medication
- CHCCS424A Administer and monitor medications
- CHCCS425A Support health professional*

There are a further range of units at the Certificate III and IV level from the CHC02 Review Draft 2 qualifications for Individual Client Support that may serve to support nursing function in a community rehabilitation context.

* Support health professional may also apply to community rehabilitation assistant work roles that support a range of different health professionals.

The Advanced Diploma of Nursing (Enrolled/Division 2) includes a group of electives called “Rehabilitation Nursing”. Analysis of these units of competency indicates that they are more focused on rehabilitation in an acute, rather than community setting. Further information is required at validation to about the possible application of the following units of competency:

- HLTEN601A Practice in the orthopaedic nursing environment
- HLTEN602A Practice in the rehabilitation nursing environment
- HLTEN604A Practice in the neurological rehabilitation environment

**Supporting community access**

One unit of competency in the CHC02 Community Services Training Package currently partially addresses support for community access:

- CHCDIS6C Plan and implement community integration

This unit of competency appears initially at a Certificate III level across a number of qualifications.

This unit of competency may require review to include “fostering client independence” as part of a CR Support Worker role.

**Involvement in community based group activities and education programs to meet individual client needs**

The following unit of competency is from the HLT07 - Certificate IV in Allied Health Assistance:

- HLTAH409A Conduct group sessions for individual client outcomes

This unit of competency should meet the requirements of CR Support Worker roles.

**Advocacy**
A number of units of competency in CHC02 currently address advocacy:

CHCAD1C  Advocate for clients
CHCAD2C  Support the interests, rights and needs of clients within duty of care requirements
CHCAD3A  Undertake systems advocacy
CHCAD4A  Provide advocacy and representation

The first two listed units of competency initially appear at the Certificate II level, and the other three units of competency initially appear at the Certificate IV level.

**Administration**

The majority of units of competency already identified have a component on the administrative requirements associated with the particular job function. Additional administrative functions *may* need to be addressed.

**Liaising and networking**

A number of units of competency in CHC02 currently address these requirements:

CHCNET1C  Participate in networks
CHCNET2B  Maintain effective networks
CHCNET3B  Develop new networks

The first listed unit of competency initially appears at the Certificate II level, and the other two units of competency initially appear at the Certificate IV level.

**SUMMARY**

Units of competency identified as covering CR support roles and functions come from both HLT07 and CHC02. The role of the CR Support Worker appears to exist in both sectors.

In terms of existing qualifications the HLT07 addresses most of the technical support needs in HLT42507 Certificate IV in Allied Health Assistance.
4. Recommendations for Community Rehabilitation support competency development

The previous section provides an indication of scope of CR Support Worker roles and how these apply to the Training Packages by:

1. Identifying existing units of competency in the HLT07 Health Training Package and CHC02 Community Services Training Package that currently address needs of the CR Support Worker role;

2. Identifying existing units of competency in the HLT07 Health Training Package and CHC02 Community Services Training Package that may require review in order to address needs of the CR Support Worker role; and

3. Identifying the requirements of the CR Support Worker roles currently not addressed in Identifying current units of competency in the HLT07 Health Training Package and CHC02 Community Services Training Package.

Recommendations

1. Using existing units of competency

It is recommended that following units of competency be identified as addressing the requirements of CR support function:

- HLTAH401A Deliver and monitor a client-specific exercise program
- HLTAH402A Assist with physiotherapy treatments and interventions
- HLTAH403A Deliver and monitor exercise program for mobility
- HLTAH404A Assist with basic foot hygiene
- HLTAH405A Assist with podiatric procedures
- HLTAH406A Assist with podiatry assessment and exercise
- HLTIN302A Process reusable instruments and equipment in health work
- HLTAH407A Assist with the rehabilitation of clients
- HLTAH408A Assist with the development and maintenance of client functional status
- HLTAH409A Conduct group sessions for individual client outcomes
- HLTAH414A Support the fitting of assistive devices
- HLTAH410A Support the development of speech and communication skills
- HLTAH411A Provide support in dysphagia management
- HLTAH412A Assist and support the use of augmentative and alternative communication systems
- HLTAH415A Assist with the screening of dietary requirements and special diets
- HLTAH409A Conduct group sessions for individual client outcomes
- HLTAH420A Support the provision of basic nutrition advice/education
- HLTAH416A Support special diet requirements
- HLTAH413A Deliver and monitor a hydrotherapy program
- HLTAH414A Support the fitting of assistive devices
- HLTAH302B Assist with the application and removal of a plaster cast
• CHCAD1C Advocate for clients
• CHCAD2C Support the interests, rights and needs of clients within duty of care requirements
• CHCAD3A Undertake systems advocacy
• CHCAD4A Provide advocacy and representation
• CHCNET1C Participate in networks
• CHCNET2B Maintain effective networks
• CHCNET3B Develop new networks

2. Reviewing existing units of competency

It is recommended that the following unit of competency be reviewed in order to address the requirements of the CR support function:

CHCDIS6C Plan and implement community integration.

3. Development of new units of competency

It is recommended that units of competency be developed to specifically address the following requirements of the CR support function:

• Working effectively in the CR context;
• Working with the client to carry out daily living activities in a CR context; and
• Supporting health professionals;
• Supporting community access.

Qualification, skill set and pathway needs

Based on the intersection between the health and community sectors a number of possible qualifications, skill sets and pathways have been identified for consideration.

One possibility would involve the development of a skills set in HLT42507 Certificate IV in Allied Health Assistance to include:

• Working effectively in the CR context;
• Working with the client to carry out functional activities
• Supporting community access.

A second possibility would be for the above skill set to appear in other qualifications in the Health Training Package (HLTO7) and the Community Services Training Package (CHC02), e.g. HLT43407 Certificate IV in Nursing (Enrolled/Division 2 nursing).

A third possibility would be for the above skill set to appear as a stand alone professional development skills set. This skill set could be included in Advanced Diploma of Nursing (Enrolled/Division 2) to provide an appropriate link to the application of enrolled nursing functions in to the community.
The fourth possibility involves potential development of a Certificate IV level qualification in Community Rehabilitation for inclusion in the CHC02 Community Services Training Package. The qualifications may include competencies covering the following:

- Providing technical support to CR Practitioners;
- Working effectively in a CR context;
- Working with clients to carry out functional activities;
- Supporting community access;
- Involvement in community based group activities and education programs to meet individual client needs;
- Advocacy;
- Administration; and
- Liaising and networking.
References


Queensland Government (2006), Audit of the Training and Education Needs of Staff Working in Community Rehabilitation in Queensland. Workforce Preparation and Development, Workforce Reform Branch, Queensland Health


World Health Organisation (2003) International Consultation to Review Community-Based Rehabilitation (CBR), Helsinki

Appendix 1 - Final Competency Domains and Statements derived from Practitioners

Frameworks for Understanding
Understanding and implementing recognised models and frameworks that underpin Community Rehabilitation

Endorsing and applying recognised frameworks

- understand the principles of human rights (e.g. ethical practice, social justice, participation, equity)
- adopt a clear definition of CR
- Recognise the practice implications of working in communities (rather than in institutions, private sector or other discipline based service delivery)
- Understand models of service delivery that may be used in CR and how to implement them
- Maintain a Consumer-focus regardless of the context in which practice occurs
- Understand and monitor the expected outcomes of CR
- Know the capacity of the service to respond according to the philosophy of CR
- Understand the principles that underpin CR and how they are implemented in practice
- Understand the limitations of different frameworks, approaches or models
- Draw on multiple frameworks to develop an appropriate response

Understanding Disability

- Recognise that disability is understood from different theoretical and philosophical models
- Recognise the presence of disability and chronic illness in the community
- Understand how disability is experienced in the community
- Understand how cultural issues influence the experience of disability in general
- Understand the challenges associated with rural and/or indigenous practice
- Understand the concept of ‘rurality’ and how it influences behaviour, beliefs and interactions
- Understand how culture impacts on the individual experience of disability and illness
- Understand the practice of Consumer choice and dignity of risk
- Understand the benefits and limitations of medical frameworks

Respecting and Using Local Knowledge

- Be willing to seek out and acquire local knowledge through local networks and stories
- Acknowledge the existence of local networks and knowledge bases
- Use language that is locally relevant and understood
- Modify practices according to local knowledge
- Respect the values, beliefs and ideas of the local people
- Seek out unwritten ‘ground rules’ and use them in planning and service delivery
Consumer Engagement

Interacting in a way that promotes Consumer understanding, choice, control and engagement in their own health and wellbeing:

- Use a communication style that is understood by Consumers
- Take time to listen to Consumer needs
- Assess Consumers’ existing knowledge base, and address gaps in knowledge
- Describe medical and rehabilitation procedures clearly and avoid jargon
- Respect different ways of Consumer learning and absorbing information
- Check Consumer level of understanding when information or education has been delivered
- Align the expectations of Consumers, practitioners and services
- Encourage Consumers to direct their rehabilitation process
- Tailor services to meet the individual needs of Consumers
- Understand the nature of power in professional relationships
- Facilitate Consumers to identify and achieve their own goals
- Respect different lifestyles, opinions, decisions and preferences non-judgmentally
- Understand Consumer expectations of the service and its outcomes
- Encourage Consumer to engage in the rehabilitation process
- Understand the impact of positive and respectful language
- Provide Consumers with the options and ensure equal understanding of all options

Holistic focus

Recognition that the needs of individuals extend beyond immediate physical health issues and that incorporate social and emotional health

Social and Emotional Focus

- Support and respect Consumer rights to self-determined decision-making
- Support and respect family decision making styles
- Develop and apply basic social and emotional helping skills
- Build relationships with Consumers that ensure a thorough understanding of their holistic needs
- Understand the mental health system and how it interacts with other systems
- Recognise mental health issues and illness and make appropriate referrals

Context Focus

- Understand the impact of contextual factors on the person (e.g. environment, economic and vocational status, community, family, personal and cultural history)
- Understand the implications of disability and rehabilitation on all family members and the household
- Foster naturally occurring supports such as neighbours and community members
- Address contextual factors in all assessment and planning using an individualized approach
- Respect kinship and relationship structures
Use of strategies designed to strengthen families and communities
Recognise the functional implications of the disability for particular context
Be aware of additional challenges to confidentiality that arise from holistic practice
Be sensitive to issues relating to age and gender in service delivery
Understand the role of family and significant others in the Consumer’s life
Acknowledge the distinction between family and caring roles
Provide support to family members, and voluntary Carers so that they can facilitate Consumer outcomes
Assist family members and voluntary Carers to adjust to their roles and responsibilities

Flexible and Responsive Service

Implementation strategies to ensure that the service is responsive and flexible
Recognise Consumer preferences for location of services
Identify and accommodate Consumer preferences regarding the nature of service delivery
Identify technology that can support home-based service delivery
Acknowledge travel restrictions by Consumers
Recognise and manage challenges to maintaining confidentiality
Implement strategies to maintain relationships with Consumers when direct contact is limited

Service continuity

Coordination of transition points, particularly when movement is from metropolitan treatment back to rural community and ability to identify risks that could be prevented:

Secondary prevention and risk management
Assist people to learn how they are going to manage their lifestyle
Encourage Consumers in planning for a healthy future
Understand the difference between screening for risk and thorough assessment
Recognising and responding appropriately to potential risks to health, both acute and chronic
Support Consumers to monitor their own condition to take necessary action

Continuity across settings

Understand Consumer dis-engagement and create opportunities for engagement over time
Provide options and consider alternatives to allow Consumers choice relative to life phase
Facilitate networks of service to support Consumers
Monitor and assess outcomes relevant to the individual’s context and goals
Reassess Consumer needs and engage in progressive goal setting
Follow up with Consumers regarding service access to ensure satisfaction of outcomes
Find a balance between service continuity and Consumer self-determination
• Educate relevant professionals about the continuum of service delivery and the role of CR
• Foster a team approach that is inclusive of the Consumer, family and community services

**Networks**

Ability to engage and work in a team, share information, and collaborate with other services to ensure that gaps in the service system are addressed

**Networking**

• Identify key people from other relevant services with whom to liaise
• Understand the inclusion and exclusion criteria of major services
• Network with service providers from other disciplines or organizations
• Facilitate networks and linkages within the community
• Understand how services operate and potential influence on each service
• Acknowledge and accept the input of other professionals and community organizations
• Keep up to date regarding available services
• Utilise case management and coordination skills

**Leadership and teamwork**

• Encourage support among colleagues with the organization
• Identify an appropriate team to meet Consumer needs
• Recognise the limitations of skill sets within teams and rectify or accommodate these gaps
• Engage in information sharing among team members
• Respect privacy and confidentiality of Consumers within team discussion
• Conduct ongoing review of team functioning
• Negotiate roles within a team responsive to Consumer focused goals
• Communicate with non-Allied health practitioners and facilitate their understanding of CR
• Accept leadership roles and take action when leadership is required
• Recognise and respect the competencies of other professionals in relation to one’s own

**Cultural Awareness**

Demonstrating an awareness of cultural differences and practicing in ways that accommodate culture:

• Respect different cultural ways of doing, thinking and being
• Understand the impact of historical events on particular cultural groups
• Facilitate the use of language that is culturally sensitive
• Use listening and observational skill to identify cultural protocols
• Understand and respect the role of culturally respected experts (i.e. Indigenous Elders)
• Determine how cultural knowledge translates into practice and behaviour
• Seek advice and guidance from people about their own culture
• Acknowledge your lack of cultural knowledge
• Recognise individual and group variation within cultural norms
• Avoid assumptions based on cultural stereotypes
• Understand the implications of culturally diverse communities and the implications of this composition

Community Engagement

Understand and invest in the local community to become a trusted partner:

• Understand the ‘community sector’
• Understand and appreciate how different types of communities operate
• Understand the process of gaining acceptance and trust in the community
• Recognise locally accepted norms for behaviour
• Find the ‘common ground’ before acting
• Build relationships with community based shared visions and goals
• Understand the role of health practitioners in communities
• Profile the community from multiple angles (i.e. business, social networks, processes and geography)
• Be aware of the implications of personal and professional relationships, especially in small communities
• Maintain engagement with communities between visits (for visiting practitioners)
• Participate in local community activities
• Develop services that are relevant to the community and its needs
• Promote community capacity
• Support other professionals, community groups, services and individuals in the community

Boundaries and Safety

Ability to care for one’s own well-being in complex environments and maintain professional boundaries at the same time as engaging with consumers and community

Personal well being

• Be aware of professional boundaries
• Develop and sustain professional networks for advice and support on CR
• Adopt strategies for personal well-being
• Respect the boundaries of health worker support personnel, including Indigenous health Workers
• Acknowledge power imbalances and be confident about one’s role
• Use negotiation and conflict resolution skills to resolve difficult situations
• Understand the legal responsibilities that impact on practice
• Adhere to professional codes of conduct
• Be prepared to travel, and operate effectively in many different locations
• Understand medico-legal and duty of care issues when delegating tasks
Demand management

- Develop strategies to manage competing demands
- Conduct structured and regular review of workload, case load and outcomes
- Develop skills of Consumer disengagement and case closure, particularly in small communities
- Utilise time management and planning skills
- Balance community needs with personal and service demands
- Acknowledge service, professional and personal capacity limitations and refer as appropriate

Injury prevention

- Recognise workplace health and safety challenges that arise in the community context
- Engage in risk identification and risk assessment
- Develop a system of workplace safety within the organization/service
- Observe personal safety during CR work in the community

Reflective Practice

Think creatively to solve problems, prioritise, and plan through difficult and diverse tasks by using local solutions, a creative use of resources and a flexible approach to problems:

- Acquaint yourself with the roles and responsibilities of your position
- Seek guidance from within or outside your team as needed
- Locate new information, sift through information and use it appropriately
- Engage in self-directed learning and problem solving to address complex situation
- Monitor the cultural appropriateness of your practice
- Participate in professional development activities to maintain professional competence
- Be able to work in unstructured environments
- Utilise reasoning skills and critical analysis to solve complex problems
- Recognise the limitations of local solutions
- Engage in innovative use of existing resources
- Update knowledge of health/disability issues regularly
- Collect and collate meaningful information regarding outcomes of the CR service
- Evaluate your own practice in an ongoing way
- Build activities that support reflective practice in workloads
- Critically analyse existing evidence about CR
- Be familiar with issues of outcome measurement
- Monitor the well-being of Therapy Assistants who work under your direction
- Take responsibility to monitor, educate and train new practitioners in CR
- Understand adult learning principles

Systems Advocacy

Advocating to make changes that improve services for Consumer:
• Identify areas where Consumer needs are not being met in the community
• Participate in the development of local opportunities for Consumers
• Contribute to strategies to address gaps, barriers and inadequacies in the community
• Allocate time to non-clinical activities, such as education of other professionals, reposting and development of services
• Engage Consumers and community in service planning, development and evaluation
• Contribute to policy making activities whenever possible
• Advocate and articulate the issues associated with Consumer and community rights
Appendix 2 - Types of support personnel currently utilised in CR


<table>
<thead>
<tr>
<th>Technical Support for Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Therapy Assistants or Allied Health Assistants (TA/AHA)</td>
</tr>
<tr>
<td>• Physio Aides (PA)</td>
</tr>
<tr>
<td>• Enrolled Nurses (RN)</td>
</tr>
<tr>
<td>Therapy Assistants/Allied health Assistants and Physio Aides provided technical support for practitioners. These roles were the most commonly mentioned sources of support for Physiotherapists, Occupational Therapists and Speech pathologists. Enrolled Nurses were the most commonly mentioned source of technical support for Nurses and were often responsible for medication management, injections, wound care, etc. While EN often worked autonomously in the community, TA/AHA and PA tended to be centre-based and work under the direct supervision of a practitioner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administration and Practical Support for the Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administration</td>
</tr>
<tr>
<td>• Equipment management</td>
</tr>
<tr>
<td>Administration and practical support for practitioners was a commonly mentioned source of support that was currently accessed by some, and highly regarded and sought after by other on their CR work. Practitioners identified administration support as “crucial” as they required assistance with arranging appointments, filing, photocopying, booking travel, etc. In the absence of formal administration support, TA/AHA often took on these tasks, as well as that of equipment management. Managing equipment was an extremely time consuming task for practitioners, and was considered a distraction from their clinical work. Support to manage equipment (e.g. ordering, following-up, labeling, storing, delivering, cleaning) was highly valued.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aboriginal and Torres Strait Islander Health Workers (ATSIHW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSIHWs play a vital role in CR. Most ATSIHW did not see themselves as support personnel, as there were many examples of how practitioners worked under their direction when accessing Indigenous communities. ATSIHW were expert cultural brokers/educators. Practitioners who worked with Indigenous communities, particularly in rural and remote areas, relied heavily on ATSIHW as a source of support. Engaging ATSIHW as support personnel in CR took different forms to suit the needs and resources of each community. In Queensland, South Sea Islanders also fill ATSIHW positions.</td>
</tr>
</tbody>
</table>
Lifestyle Support (physical and social) for Consumers

Specific roles mentioned in the data:
- Personal Care Attendants (PCA)
- Home and Community Care workers
- Disability Support Workers
- Aged care Workers
- Community Access Workers
- Respite workers
- Diversional Therapists
- Masseurs
- Assistant in Nursing (AIN)

Lifestyle support for Consumers encompassed a range of personnel roles, some with very different foci. These roles tended to be based outside the health system, often in the disability system. Provision of this type of support usually occurred in the Consumer’s home environment and often had a physical and practical focus, such as the provision of hygiene care, domestic chores, exercise programs, and assistance with activities of daily living. Lifestyle support such as that offered by PCA was driven by Consumer’s individual needs and preferences. Consumer choice prevailed and the main role of the PCA was to provide physical and practical assistance as requested, within clear scope of practice. The issue of boundaries was raised, particularly as the nature of the work was often intense – working with someone in their personal space who might require support with very personal tasks required sensitivity and decorum. Support to assist Consumers to participate more fully in their community was described as a “major gap”, despite the fact that many “haven’t truly integrated into the community and they are living in isolation”. However, some non-profit CR providers employed innovative approaches to support personnel in CR. These organisations tended to define the role of support personnel more broadly than just therapy, practical tasks or administration, and focused more on social support, community participation and meaningful activities that could be linked back to rehabilitation goals. Lifestyle support was likely to be long-term and did not necessarily have an end point, in contrast to the more therapy focused support personnel roles that had the main aim of eventually disengaging from Consumer service provision.

Community Advocacy and Supports

Including, but not limited to:
- Disease specific associations
- Advocacy organizations
- Health promotion officers
- Cultural translators
- Support groups and organisations

Community advocacy and supports were under-utilised sources of support for most CR practitioners. Some practitioners recognised these resources were important as they actually prepare the community to be more open to CR activities though awareness raising, engagement, education, advocacy, etc. Thus, these roles supported CR in a more global sense.
<table>
<thead>
<tr>
<th>Natural Supports</th>
<th>Laypersons/community members were seen as ideally placed, particularly in rural/remote areas, to provide physical or emotional support to help the Consumer, Carer and family during their rehabilitation process. Provided with training to do basic activities and implement specific management strategies, laypersons were seen as playing potentially critical roles in assisting Consumers to transfer what they learned in a therapy session into their daily life. Training family members or local community members to carry out with programs between practitioner visits was vital for visiting teams in rural and remote areas, and was seen as having merit in any context. However practitioners recognised that Carers and family members were overloaded already, and some were hesitant to utilise them as support personnel in CR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers</td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
</tr>
<tr>
<td>Neighbours</td>
<td></td>
</tr>
<tr>
<td>Interested community members</td>
<td></td>
</tr>
<tr>
<td>Church congregations</td>
<td></td>
</tr>
<tr>
<td>Social groups</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 3 - Possible Community Rehabilitation Support Functions

#### Frameworks for Understanding

Understanding and implementing recognised models and frameworks that underpin Community Rehabilitation

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Understand the principles of human rights (e.g. ethical practice, social justice, participation, equity)</td>
<td>- Understand the principles of human rights (e.g. ethical practice, social justice, participation, equity)</td>
</tr>
<tr>
<td>- Adopt a clear definition of CR</td>
<td>- Adopt a clear definition of CR</td>
</tr>
<tr>
<td>- Recognise the practice implications of working in communities (rather than in institutions, private sector or other discipline based service delivery)</td>
<td>- Recognise the practice implications of working in communities (rather than in institutions, private sector or other discipline based service delivery)</td>
</tr>
<tr>
<td>- Understand models of service delivery that may be used in CR and how to implement them</td>
<td>- Understand models of service delivery that may be used in CR and how to implement them</td>
</tr>
<tr>
<td>- Maintain a Consumer-focus regardless of the context in which practice occurs</td>
<td>- Maintain a Consumer-focus regardless of the context in which practice occurs</td>
</tr>
<tr>
<td>- Understand and monitor the expected outcomes of CR</td>
<td>- Understand and monitor the expected outcomes of CR</td>
</tr>
<tr>
<td>- Know the capacity of the service to respond according to the philosophy of CR</td>
<td>- Work within the capacity of the service to respond according to the philosophy of CR</td>
</tr>
<tr>
<td>- Understand the principles that underpin CR and how they are implemented in practice</td>
<td>- Understand the principles that underpin CR and how they are implemented in practice</td>
</tr>
<tr>
<td>- Understand the limitations of different frameworks, approaches or models</td>
<td>- Understand the limitations of different frameworks, approaches or models</td>
</tr>
<tr>
<td>- Draw on multiple frameworks to develop an appropriate response</td>
<td>- Be aware of multiple frameworks used to develop an appropriate response</td>
</tr>
<tr>
<td></td>
<td>- Be aware of the International Classification of Functioning, Disability and Health.</td>
</tr>
</tbody>
</table>
### Understanding disability

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Recognise that disability is understood from different theoretical and philosophical models</td>
<td>- <strong>Have an understanding of different theoretical and philosophical models of disability</strong></td>
</tr>
<tr>
<td>- Recognise the presence of disability and chronic illness in the community</td>
<td>- <strong>Recognise</strong> the presence of disability and chronic illness in the community</td>
</tr>
<tr>
<td>- Understand how disability is experienced in the community</td>
<td>- <strong>Be aware of</strong> how disability is experienced in the community</td>
</tr>
<tr>
<td>- Understand how cultural issues influence the experience of disability in general</td>
<td>- <strong>Be aware of</strong> how cultural issues influence the experience of disability in general</td>
</tr>
<tr>
<td>- Understand the challenges associated with rural and/or indigenous practice</td>
<td>- <strong>Be aware of</strong> the challenges associated with rural and/or indigenous practice</td>
</tr>
<tr>
<td>- Understand the concept of ‘rurality’ and how it influences behaviour, beliefs and interactions</td>
<td>- <strong>Be aware of</strong> the concept of ‘rurality’ and how it influences behaviour, beliefs and interactions</td>
</tr>
<tr>
<td>- Understand how culture impacts on the individual experience of disability and illness</td>
<td>- <strong>Be aware of</strong> how culture impacts on the individual experience of disability and illness</td>
</tr>
<tr>
<td>- Understand the practice of Consumer choice and dignity of risk</td>
<td>- Understand the practice of Consumer choice and dignity of risk</td>
</tr>
<tr>
<td>- Understand the benefits and limitations of medical frameworks</td>
<td>- <strong>Be aware of</strong> the benefits and limitations of medical frameworks</td>
</tr>
</tbody>
</table>
### Respecting and using local knowledge

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible Support Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Be willing to seek out and acquire local knowledge through local networks and stories</td>
<td>- Seek out and acquire local knowledge through local networks and stories, <em>in liaison with the Community Rehabilitation professional</em></td>
</tr>
<tr>
<td>- Acknowledge the existence of local networks and knowledge bases</td>
<td>- Provide support within the context of the existence of local networks and knowledge bases</td>
</tr>
<tr>
<td>- Use language that is locally relevant and understood</td>
<td>- Use language that is locally relevant and understood</td>
</tr>
<tr>
<td>- Modify practices according to local knowledge</td>
<td>- <strong>Implement practices modified</strong> according to local knowledge</td>
</tr>
<tr>
<td>- Respect the values, beliefs and ideas of the local people</td>
<td>- Respect the values, beliefs and ideas of the local people</td>
</tr>
<tr>
<td>- Seek out unwritten ‘ground rules’ and use them in planning and service delivery</td>
<td>- <strong>Develop an understanding of unwritten ‘ground rules’ and how they have been used</strong> in planning and service delivery</td>
</tr>
</tbody>
</table>

## Consumer Engagement
Interacting in a way that promotes Consumer understanding, choice, control and engagement in their own health and wellbeing

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use a communication style that is understood by Consumers</td>
<td>• Use a communication style that is understood by Consumers</td>
</tr>
<tr>
<td>• Take time to listen to Consumer needs</td>
<td>• Take time to listen to Consumer needs, <strong>identify variations and refer to Community Rehabilitation professional</strong></td>
</tr>
<tr>
<td>• Assess Consumers’ existing knowledge base, and address gaps in knowledge</td>
<td>• Be aware of Consumers’ existing knowledge base, and <strong>refer gaps in knowledge to Community Rehabilitation professional</strong></td>
</tr>
<tr>
<td>• Describe medical and rehabilitation procedures clearly and avoid jargon</td>
<td>• <strong>Support/confirm Community Rehabilitation practitioner’s description of medical and rehabilitation procedures clearly and avoid jargon</strong> and <strong>report possible misunderstanding to the Community Rehabilitation practitioner</strong></td>
</tr>
<tr>
<td>• Respect different ways of Consumer learning and absorbing information</td>
<td>• Respect different ways of Consumer learning and absorbing information</td>
</tr>
<tr>
<td>• Check Consumer level of understanding when information or education has been delivered</td>
<td>• <strong>Monitor</strong> Consumer level of understanding and respond appropriately when information or education has been delivered by the Community Rehabilitation professional</td>
</tr>
<tr>
<td>• Align the expectations of Consumers, practitioners and services</td>
<td>• <strong>Monitor the alignment of the expectations</strong> of Consumers, practitioners and services and <strong>report variations to the Community Rehabilitation professional</strong></td>
</tr>
<tr>
<td>• Encourage Consumers to direct their rehabilitation process</td>
<td>• Encourage Consumers to direct their rehabilitation process</td>
</tr>
<tr>
<td>• Tailor services to meet the individual needs of Consumers</td>
<td>• <strong>Implement services tailored</strong> to meet the individual needs of Consumers</td>
</tr>
<tr>
<td>• Understand the nature of power in professional relationships</td>
<td>• Understand the nature of power in <strong>support relationships</strong></td>
</tr>
<tr>
<td>• Facilitate Consumers to identify and achieve their own goals</td>
<td>• <strong>Support</strong> Consumers to identify and achieve their own goals</td>
</tr>
<tr>
<td>• Respect different lifestyles, opinions, decisions and preferences non-judgmentally</td>
<td>• Respect different lifestyles, opinions, decisions and preferences non-judgmentally</td>
</tr>
<tr>
<td>• Understand Consumer expectations of the service and its outcomes</td>
<td>• <strong>Be aware of</strong> Consumer expectations of the service and its outcomes</td>
</tr>
<tr>
<td>• Encourage Consumer to engage in the rehabilitation process</td>
<td>• <strong>Encourage</strong> Consumer to engage in the rehabilitation process</td>
</tr>
<tr>
<td>• Understand the impact of positive and</td>
<td></td>
</tr>
</tbody>
</table>

Community Services and Health Industry Skills Council: www.cshisc.com.au
Community Rehabilitation Assistant Workforce Project - Draft Scoping Report December 2007 40
**Holistic focus**
Recognition that the needs of individuals extend beyond immediate physical health issues and that incorporate social and emotional health

<table>
<thead>
<tr>
<th>Social and emotional focus</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner Response</td>
<td>Possible application for inclusion in training packages</td>
</tr>
<tr>
<td></td>
<td>Support and respect Consumer rights to self-determined decision-making</td>
</tr>
<tr>
<td></td>
<td>Support and respect family decision making styles</td>
</tr>
<tr>
<td></td>
<td>Develop and apply basic social and emotional helping skills</td>
</tr>
<tr>
<td></td>
<td>Build relationships with Consumers that ensure a thorough understanding of their holistic needs</td>
</tr>
<tr>
<td></td>
<td>Understand the mental health system and how it interacts with other systems</td>
</tr>
<tr>
<td></td>
<td>Recognise mental health issues and illness and make appropriate referrals</td>
</tr>
<tr>
<td></td>
<td>Support and respect Consumer rights to self-determined decision-making</td>
</tr>
<tr>
<td></td>
<td>Support and respect family decision making styles, according to the rehabilitation plan</td>
</tr>
<tr>
<td></td>
<td>Apply basic social and emotional helping skills, according to the rehabilitation plan</td>
</tr>
<tr>
<td></td>
<td>Build relationships with Consumers that ensure a thorough understanding of their holistic needs</td>
</tr>
<tr>
<td></td>
<td>Be aware of the mental health system and how it interacts with other systems</td>
</tr>
<tr>
<td></td>
<td>Recognise possible variations in mental health issues and illness and report to Community Rehabilitation practitioner</td>
</tr>
</tbody>
</table>
Context focus

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understand the impact of contextual factors on the person (e.g. environment,</td>
<td>• Be aware of the impact of contextual factors on the</td>
</tr>
<tr>
<td>economic and vocational status, community, family, personal and cultural history</td>
<td>person (e.g. environment, economic and vocational</td>
</tr>
<tr>
<td>• Understand the implications of disability and rehabilitation on all family members</td>
<td>status, community, family, personal and cultural</td>
</tr>
<tr>
<td>and the household</td>
<td>history</td>
</tr>
<tr>
<td>• Foster naturally occurring supports such as neighbours and community members</td>
<td>• Be aware of the implications of disability and</td>
</tr>
<tr>
<td>• Address contextual factors in all assessments and planning using an individualised</td>
<td>rehabilitation on all family members and the household</td>
</tr>
<tr>
<td>approach</td>
<td>• Foster naturally occurring supports such as</td>
</tr>
<tr>
<td>• Respect kinship and relationship structures</td>
<td>neighbours and community members</td>
</tr>
<tr>
<td>• Use of strategies designed to strengthen families and communities</td>
<td>• Provide input about contextual factors in all</td>
</tr>
<tr>
<td>• Recognise the functional implications of the disability for particular context</td>
<td>assessments and planning using an individualised</td>
</tr>
<tr>
<td>• Be aware of additional challenges to confidentiality that arise from holistic</td>
<td>approach</td>
</tr>
<tr>
<td>practice</td>
<td>• Be aware of the functional implications of the</td>
</tr>
<tr>
<td>• Be sensitive to issues relating to age and gender in service delivery</td>
<td>disability for particular context</td>
</tr>
<tr>
<td>• Understand the role of family and significant others in the Consumer’s life</td>
<td>• Be aware of additional challenges to confidentiality</td>
</tr>
<tr>
<td>• Acknowledge the distinction between family and caring roles</td>
<td>that arise from holistic practice, and report to</td>
</tr>
<tr>
<td>• Provide support to family members, and voluntary Carers so that they can facilitate</td>
<td>Community Rehabilitation professional</td>
</tr>
<tr>
<td>Consumer outcomes</td>
<td>• Be sensitive to issues relating to age and gender</td>
</tr>
<tr>
<td>• Assist family members and voluntary Carers to adjust to their roles and responsibilities</td>
<td>in service delivery</td>
</tr>
<tr>
<td></td>
<td>• Understand the role of family and significant others</td>
</tr>
<tr>
<td></td>
<td>in the Consumer’s life</td>
</tr>
<tr>
<td></td>
<td>• Acknowledge the distinction between family and caring</td>
</tr>
<tr>
<td></td>
<td>roles</td>
</tr>
<tr>
<td></td>
<td>• Provide support to family members, and voluntary</td>
</tr>
<tr>
<td></td>
<td>Carers so that they can facilitate Consumer outcomes</td>
</tr>
<tr>
<td></td>
<td>• Identify indicators that family members and</td>
</tr>
<tr>
<td></td>
<td>voluntary Carers to adjust to their roles and</td>
</tr>
<tr>
<td></td>
<td>responsibilities and report to Community Rehabilitation professional</td>
</tr>
</tbody>
</table>

Flexible and responsive service
<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Implementation strategies to ensure that the service is responsive and flexible</td>
<td>• Implementation strategies to ensure that the service is responsive and flexible, according to the rehabilitation plan</td>
</tr>
<tr>
<td>• Recognise Consumer preferences for location of services</td>
<td>• Recognise Consumer preferences for location of services, and report to Community Rehabilitation practitioner</td>
</tr>
<tr>
<td>• Identify and accommodate Consumer preferences regarding the nature of service delivery</td>
<td>• Identify and accommodate Consumer preferences regarding the nature of service delivery in liaison with the relevant professional</td>
</tr>
<tr>
<td>• Identify technology that can support home-based service delivery</td>
<td>• Support the use of technology that can support home-based service delivery</td>
</tr>
<tr>
<td>• Acknowledge travel restrictions by Consumers</td>
<td>• Acknowledge travel restrictions by Consumers</td>
</tr>
<tr>
<td>• Recognise and manage challenges to maintaining confidentiality</td>
<td>• Recognise and manage challenges to maintaining confidentiality and report to Community Rehabilitation practitioner</td>
</tr>
<tr>
<td>• Implement strategies to maintain relationships with Consumers when direct contact is limited</td>
<td>• Implement strategies to maintain relationships with Consumers when direct contact is limited</td>
</tr>
</tbody>
</table>
Service continuity
Coordination of transition points, particularly when movement is from metropolitan treatment back to rural community and ability to identify risks that could be prevented

<table>
<thead>
<tr>
<th>Secondary prevention and risk management</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practitioner Response</strong></td>
<td><strong>Possible application for inclusion in training packages</strong></td>
</tr>
<tr>
<td>• Assist people to learn how they are going to manage their lifestyle</td>
<td>• Assist people to learn how they are going to manage their lifestyle, according to the rehabilitation plan</td>
</tr>
<tr>
<td>• Encourage Consumers in planning for a healthy future</td>
<td>• Support Consumers in implementing a plan for a healthy future</td>
</tr>
<tr>
<td>• Understand the difference between screening for risk and thorough assessment</td>
<td>• Understand the difference between screening for risk and thorough assessment</td>
</tr>
<tr>
<td>• Recognising and responding appropriately to potential risks to health, both acute and chronic</td>
<td>• Monitor potential risks to health, both acute and chronic and report variations to Community Rehabilitation professional</td>
</tr>
<tr>
<td>• Support Consumers to monitor their own condition to take necessary action</td>
<td>• Support Consumers to monitor their own condition to take necessary action</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuity across settings</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practitioner Response</strong></td>
<td><strong>Possible application for inclusion in training packages</strong></td>
</tr>
<tr>
<td>• Understand Consumer dis-engagement and create opportunities for engagement over time</td>
<td>• Be aware of Consumer dis-engagement and support opportunities for engagement identified in the rehabilitation plan, over time</td>
</tr>
<tr>
<td>• Provide options and consider alternatives to allow Consumers choice relative to life phase</td>
<td>• Provide options identified in the rehabilitation plan to allow Consumers choice relative to life phase</td>
</tr>
<tr>
<td>• Facilitate networks of service to support Consumers</td>
<td>• Identify and support the use of networks of service to support Consumers, identified in the rehabilitation plan</td>
</tr>
<tr>
<td>• Monitor and assess outcomes relevant to the individual’s context and goals</td>
<td>• Monitor progress toward desired outcomes relevant to the individual’s context and goals</td>
</tr>
<tr>
<td>• Reassess Consumer needs and engage in progressive goal setting</td>
<td>• Report to Community Rehabilitation practitioner about the need to reassess Consumer needs and engage in progressive goal setting</td>
</tr>
<tr>
<td>• Follow up with Consumers regarding service access to ensure satisfaction of outcomes</td>
<td>• Follow up with Consumers regarding service access to ensure satisfaction of outcomes and report any difficulties to the Community Rehabilitation</td>
</tr>
<tr>
<td>• Find a balance between service continuity</td>
<td></td>
</tr>
</tbody>
</table>
and Consumer self-determination
- Educate relevant professionals about the continuum of service delivery and the role of CR
- Foster a team approach that is inclusive of the Consumer, family and community services

| Professional | Support the balance between service continuity and Consumer self-determination |

**Networks**

Ability to engage and work in a team, share information, and collaborate with other services to ensure that gaps in the service system are addressed

<table>
<thead>
<tr>
<th>Networking</th>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Identify key people from other relevant services with whom to liaise</td>
<td><em>Liaise with</em> key people from other relevant services according to rehabilitation plan</td>
</tr>
<tr>
<td></td>
<td>- Understand the inclusion and exclusion criteria of major services</td>
<td><em>Be aware of</em> the inclusion and exclusion criteria of major services</td>
</tr>
<tr>
<td></td>
<td>- Network with service providers from other disciplines or organizations</td>
<td><em>Be aware of</em> how services operate</td>
</tr>
<tr>
<td></td>
<td>- Facilitate networks and linkages within the community</td>
<td><em>Be aware of</em> how services operate</td>
</tr>
<tr>
<td></td>
<td>- Understand how services operate and potential influence on each service</td>
<td>Keep up to date regarding available services</td>
</tr>
<tr>
<td></td>
<td>- Acknowledge and accept the input of other professionals and community organizations</td>
<td>Keep up to date regarding available services</td>
</tr>
<tr>
<td></td>
<td>- Keep up to date regarding available services</td>
<td>Keep up to date regarding available services</td>
</tr>
<tr>
<td></td>
<td>- Utilise case management and coordination skills</td>
<td>Keep up to date regarding available services</td>
</tr>
</tbody>
</table>
### Leadership and teamwork

**Practitioner Response**
- Encourage support among colleagues with the organisation
- Identify an appropriate team to meet Consumer needs
- Recognise the limitations of skill sets within teams and rectify or accommodate these gaps
- Engage in information sharing among team members
- Respect privacy and confidentiality of Consumers within team discussion
- Conduct ongoing review of team functioning
- Negotiate roles within a team responsive to Consumer focused goals
- Communicate with non-Allied health practitioners and facilitate their understanding of CR
- Accept leadership roles and take action when leadership is required
- Recognise and respect the competencies of other professionals in relation to one’s own

**Possible application for inclusion in training packages**
- Engage in information sharing among team members
- Respect privacy and confidentiality of consumers within team discussion
- **Participate in ongoing review of own functioning as part of team**
- **Negotiate own role** within a team responsive to Consumer focused goals

### Cultural Awareness

**Demonstrating an awareness of cultural differences and practicing in ways that accommodate culture**

**Practitioner Response**
- Respect different cultural ways of doing, thinking and being
- Understand the impact of historical events on particular cultural groups
- Facilitate the use of language that is culturally sensitive
- Use listening and observational skill to identify cultural protocols
- Understand and respect the role of culturally respected experts (i.e. Indigenous Elders)
- Determine how cultural knowledge

**Possible application for inclusion in training packages**
- Respect different cultural ways of doing, thinking and being
- Understand the impact of historical events on particular cultural groups
- Facilitate the use of language that is culturally sensitive
- Use listening and observational skill to identify cultural protocols
- Understand and respect the role of culturally respected experts (i.e. Indigenous Elders)
- Determine how cultural knowledge
**Community Engagement**

Understand and invest in the local community to become a trusted partner

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Understand the ‘community sector’</td>
<td>• Understand the ‘community sector’</td>
</tr>
<tr>
<td>• Understand and appreciate how different types of communities operate</td>
<td>• Understand and appreciate how different types of communities operate</td>
</tr>
<tr>
<td>• Understand the process of gaining acceptance and trust in the community</td>
<td>• Understand the process of gaining acceptance and trust in the community</td>
</tr>
<tr>
<td>• Recognise locally accepted norms for behaviour</td>
<td>• Recognise locally accepted norms for behaviour</td>
</tr>
<tr>
<td>• Find the ‘common ground’ before acting</td>
<td>• Find the ‘common ground’ before acting</td>
</tr>
<tr>
<td>• Build relationships with community based shared visions and goals</td>
<td>• Build relationships with community based shared visions and goals</td>
</tr>
<tr>
<td>• Understand the role of health practitioners in communities</td>
<td>• Understand the role of health practitioners in communities</td>
</tr>
<tr>
<td>• Profile the community from multiple angles (i.e. business, social networks, processes and geography)</td>
<td>• Be aware of the implications of personal and professional relationships, especially in small communities</td>
</tr>
<tr>
<td>• Be aware of the implications of personal and professional relationships, especially in small communities</td>
<td>• Participate in local community <em>activities with the Consumer</em></td>
</tr>
<tr>
<td>• Maintain engagement with communities between visits (for visiting practitioners)</td>
<td>• Interact in honest, transparent and open ways with the community</td>
</tr>
<tr>
<td>• Participate in local community activities</td>
<td></td>
</tr>
<tr>
<td>• Interact in honest, transparent and open ways with the community</td>
<td></td>
</tr>
<tr>
<td>• Develop services that are relevant to the community and its needs</td>
<td></td>
</tr>
<tr>
<td>• Promote community capacity</td>
<td></td>
</tr>
<tr>
<td>• Support other professionals, community</td>
<td></td>
</tr>
</tbody>
</table>

**Translates into practice and behaviour**

- Seek advice and guidance from people about their own culture
- Acknowledge your lack of cultural knowledge
- Recognise individual and group variation within cultural norms
- Avoid assumptions based on cultural stereotypes
- Understand the implications of culturally diverse communities and the implications of this composition
### Boundaries and Safety

**Ability to care for one’s own well-being in complex environments and maintain professional boundaries at the same time as engaging with consumers and community**

#### Personal wellbeing

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Be aware of professional boundaries</td>
<td>• Be aware of role boundaries</td>
</tr>
<tr>
<td>• Develop and sustain professional networks for advice and support on CR</td>
<td>• Adopt strategies for personal well-being</td>
</tr>
<tr>
<td>• Adopt strategies for personal well-being</td>
<td>• Acknowledge power imbalances and be confident about one’s role</td>
</tr>
<tr>
<td>• Respect the boundaries of health worker support personnel, including Indigenous health workers</td>
<td>• Use negotiation and conflict resolution skills to resolve difficult situations</td>
</tr>
<tr>
<td>• Acknowledge power imbalances and be confident about one’s role</td>
<td>• Understand the legal responsibilities that impact on practice</td>
</tr>
<tr>
<td>• Use negotiation and conflict resolution skills to resolve difficult situations</td>
<td>• Adhere to relevant codes of conduct</td>
</tr>
<tr>
<td>• Understand the legal responsibilities that impact on practice</td>
<td>• Be prepared to travel and operate effectively in many different locations</td>
</tr>
<tr>
<td>• Adhere to professional codes of conduct</td>
<td>• Be prepared to travel and operate effectively in many different locations</td>
</tr>
<tr>
<td>• Be prepared to travel, and operate effectively in many different locations</td>
<td>• Be prepared to travel and operate effectively in many different locations</td>
</tr>
<tr>
<td>• Understand medico-legal and duty of care issues when delegating tasks</td>
<td>• Be prepared to travel and operate effectively in many different locations</td>
</tr>
</tbody>
</table>

#### Demand management

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop strategies to manage competing demands</td>
<td>• Develop strategies to manage competing demands</td>
</tr>
<tr>
<td>• Conduct structured and regular review of workload, case load and outcomes</td>
<td>• Participate in structured and regular review of workload, case load and outcomes</td>
</tr>
<tr>
<td>• Develop skills of Consumer disengagement and case closure, particularly in small communities</td>
<td>• Develop skills of Consumer disengagement and case closure, particularly in small communities</td>
</tr>
<tr>
<td>• Utilise time management and planning skills</td>
<td>• Utilise time management and planning skills</td>
</tr>
<tr>
<td>• Balance community needs with personal and service demands</td>
<td>• Balance community needs with personal and service demands</td>
</tr>
<tr>
<td>• Acknowledge service, professional and personal capacity limitations and refer as needed</td>
<td>• Acknowledge service, professional and personal capacity limitations and refer as needed</td>
</tr>
<tr>
<td>Practitioner Response</td>
<td>Possible application for inclusion in training packages</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>• Recognise workplace health and safety challenges that arise in the community context</td>
<td>• Recognise support within the context of identified workplace health and safety challenges that arise in the community context</td>
</tr>
<tr>
<td>• Engage in risk identification and risk assessment</td>
<td>• Identify and report variation in risk and risk management requirements</td>
</tr>
<tr>
<td>• Develop a system of workplace safety within the organisation/service</td>
<td>• Observe personal safety during CR work in the community</td>
</tr>
<tr>
<td>• Observe personal safety during CR work in the community</td>
<td>• Observe personal safety during CR work in the community</td>
</tr>
</tbody>
</table>
**Reflective Practice**

Think creatively to solve problems, prioritise, and plan through difficult and diverse tasks by using local solutions, a creative use of resources and a flexible approach to problems

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Acquaint yourself with the roles and responsibilities of your position</td>
<td>• Acquaint yourself with the roles and responsibilities of your position</td>
</tr>
<tr>
<td>• Seek guidance from within or outside your team as needed</td>
<td>• Seek guidance from <em>supervising Community Rehabilitation professional</em> as needed</td>
</tr>
<tr>
<td>• Locate new information, sift through information and use it appropriately</td>
<td>• Participate in problem solving to address complex situation</td>
</tr>
<tr>
<td>• Engage in self-directed learning and problem solving to address complex situation</td>
<td>• Monitor the cultural appropriateness of your practice</td>
</tr>
<tr>
<td>• Monitor the cultural appropriateness of your practice</td>
<td>• Participate in professional development activities to maintain professional competence</td>
</tr>
<tr>
<td>• Participate in professional development activities to maintain professional competence</td>
<td>• Be able to work in unstructured environments</td>
</tr>
<tr>
<td>• Be able to work in unstructured environments</td>
<td>• Utilise reasoning skills and critical analysis to solve complex problems</td>
</tr>
<tr>
<td>• Utilise reasoning skills and critical analysis to solve complex problems</td>
<td>• Recognise the limitations of local solutions</td>
</tr>
<tr>
<td>• Recognise the limitations of local solutions</td>
<td>• Engage in innovative use of existing resources</td>
</tr>
<tr>
<td>• Engage in innovative use of existing resources</td>
<td>• Update knowledge of health/disability issues regularly</td>
</tr>
<tr>
<td>• Update knowledge of health/disability issues regularly</td>
<td>• Participate in the collection and collation of meaningful information regarding outcomes of the CR service</td>
</tr>
<tr>
<td>• Collect and collate meaningful information regarding outcomes of the CR service</td>
<td>• Evaluate your own practice in an ongoing way</td>
</tr>
<tr>
<td>• Evaluate your own practice in an ongoing way</td>
<td>• Build activities that support reflective practice in workloads</td>
</tr>
<tr>
<td>• Build activities that support reflective practice in workloads</td>
<td>• Provide support to Consumer and family members to acquire knowledge and skills required to self manage and self direct</td>
</tr>
<tr>
<td>• Critically analyse existing evidence about CR</td>
<td>• Be familiar with issues of outcome measurement</td>
</tr>
<tr>
<td>• Be familiar with issues of outcome measurement</td>
<td>• Monitor the well-being of Therapy Assistants who work under your direction</td>
</tr>
<tr>
<td>• Monitor the well-being of Therapy Assistants who work under your direction</td>
<td>• Take responsibility to monitor, educate</td>
</tr>
<tr>
<td>• Take responsibility to monitor, educate</td>
<td></td>
</tr>
</tbody>
</table>

---

Community Services and Health Industry Skills Council: www.cshisc.com.au
Community Rehabilitation Assistant Workforce Project - Draft Scoping Report December 2007  50
understand adult learning principles

<table>
<thead>
<tr>
<th>Practitioner Response</th>
<th>Possible application for inclusion in training packages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify areas where Consumer needs are not being met in the community</td>
<td>• Identify areas where Consumer needs are not being met in the community and report to Community Rehabilitation professional</td>
</tr>
<tr>
<td>• Participate in the development of local opportunities for Consumers</td>
<td>• Participate in the development of local opportunities for Consumers, according to rehabilitation plan</td>
</tr>
<tr>
<td>• Contribute to strategies to address gaps, barriers and inadequacies in the community</td>
<td>• Support Consumers and community in service planning, development and evaluation</td>
</tr>
<tr>
<td>• Allocate time to non-clinical activities, such as education of other professionals, reposting and development of services</td>
<td>• Advocate and articulate the issues associated with Consumer and community rights to the supervising Community Rehabilitation professional</td>
</tr>
</tbody>
</table>

Systems Advocacy
Advocating to make changes that improve services for Consumer
Appendix 4 - Job functions identified in job description

Queensland Government 2007

- Participate in information gathering for assessment under the guidance of a treating health professional, including independent administration of 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
- Work with clients, their families and carers to support community access, including access to community resources (eg. Shopping, public transport, clubs)
- Evaluate the ongoing effectiveness of rehabilitation plans and provide appropriate feedback to the treating health professional
- 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
- Liaise, network and collaborate with other service providers
- Advocate for clients, their families and carers, including assist clients to navigate the health care system (eg. Completing forms)
- Participate in the development of community rehabilitation services, including resource development
- Work as a member of a multi-disciplinary team, including contributing to case conferences
- Record client activity including documentation and statistics as per organizational guidelines
- Undertake continuing education activities
- Participate in quality assurance and quality management practices
- Knowledge and compliance with organizational and service specific policies and procedures, including home visiting policy

Duties do not include:

- Diagnosis
- Independent administration and interpretation of assessment
- 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
- Discharge
Attachment 5 – Sample unit of competency from HLT07

**HLTAH402A** Assist with physiotherapy treatments and interventions

**Descriptor**
This unit of competency describes the skills and knowledge required to support a range of physiotherapy treatments, including respiratory support

**Employability Skills**
The required outcomes described in this unit of competency contain applicable facets of Employability Skills

The Employability Skills Summary of the qualification in which this unit of competency is packaged will assist in identifying Employability Skill requirements

**Pre-requisite units**
Pre-requisite competency units are:
- HLTAP301A Recognise healthy body systems in a health care setting
- HLTCSD305B Assist with client movement
- HLTAH301A Assist with an allied health program

**Application**
The application of knowledge and skills described in this competency unit may relate to functions that assist with treatment and interventions developed by a physiotherapist. This could take place in a range of health settings

Work performed requires a range of well developed skills where some discretion and judgment is required and individuals will take responsibility for their own outputs

Allied Health Assistants operate within the scope of their defined roles and responsibilities and under supervision of a physiotherapist

Application of electrotherapeutic treatment with electrotherapy appliances is restricted to physiotherapists

For training and assessment pathways, experience in workplace application of the skills and knowledge identified in this competency unit should be provided as required to support allied health professions
<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements define the essential outcomes of a unit of competency.</td>
<td>The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.</td>
</tr>
<tr>
<td>1. Prepare for the delivery of a treatment program</td>
<td>1.1 Obtain information about the treatment or intervention from the physiotherapist</td>
</tr>
<tr>
<td></td>
<td>1.2 Determine client availability according to organisation protocols</td>
</tr>
<tr>
<td></td>
<td>1.3 Determine availability of treatment space, if required</td>
</tr>
<tr>
<td></td>
<td>1.4 Gather the equipment to deliver the treatment program, in line with client needs and specifications of the physiotherapist, ensuring safe handling of electrical modalities</td>
</tr>
</tbody>
</table>
ELEMENT

Elements define the essential outcomes of a unit of competency.

PERFORMANCE CRITERIA

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in italics are elaborated in the Range Statement.

2. Conduct physiotherapy treatment and interventions

2.1 Confirm client’s understanding of the program based on treatment plan prepared by the physiotherapist

2.2 Obtain informed consent from the client before commencing the exercise program

2.3 Where electrotherapeutic appliances are used, assist in positioning of client and equipment for physiotherapist to verify

2.4 Report any client misunderstanding or confusion to the physiotherapist in a timely manner

2.5 Guide the client to complete the participate in the treatment program as determined by physiotherapist

2.6 Identify and note any difficulties the client experiences completing the physiotherapy treatment and interventions and report to physiotherapist in a timely manner

2.7 Identify and manage client compliance issues, including subjective and objective reporting of client response to the program, and report to the physiotherapist in a timely manner

2.8 Provide feedback to the client to reinforce client understanding of treatment program and progress

2.9 Seek assistance when client presents with needs or signs outside limits of own authority, skills and/or knowledge

2.10 Report client difficulties to the supervising physiotherapist for advice before continuing the prescribed exercise program
<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
</table>
| 3. Clean and store equipment | 3.1 Clean equipment according to manufacturer’s recommendations, infection control requirements and organisation protocols under direct supervision of physiotherapist  
3.2 Store equipment according to manufacturer’s recommendations and the organisation’s protocols  
3.3 Check and maintain equipment according to organisation protocols and physiotherapist’s guidelines  
3.4 Report equipment faults to the appropriate person(s)  
3.5 Label or tag equipment faults, where possible remove from use if unsafe or not working and inform staff in line with organisation procedures  
3.6 Ensure physiotherapist is present when cleaning or testing electrotherapy equipment |
| 4. Report and document information | 4.1 Provide client progress feedback to the treating physiotherapist  
4.2 Report client difficulties and concerns to the treating physiotherapist in a timely manner  
4.3 Implement variations to the treatment program according to the instructions of the physiotherapist  
4.4 Document information about the treatment program according to the organisation’s protocols  
4.5 Use appropriate terminology to document client response, outcomes and identified problems related to the treatment program |
<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Comply with supervisory requirements</td>
<td>5.1 Assist with exercise program according to the instruction of treating physiotherapist</td>
</tr>
<tr>
<td></td>
<td>5.2 Provide client progress feedback to the treating physiotherapist</td>
</tr>
<tr>
<td></td>
<td>5.3 Report client difficulties and concerns to the treating physiotherapist in a timely manner</td>
</tr>
<tr>
<td></td>
<td>5.4 Implement variations to the exercise program according to the advice of the treating physiotherapist</td>
</tr>
<tr>
<td></td>
<td>5.5 Assist with client and machine positioning and treatment under direct supervision of the treating physiotherapist</td>
</tr>
</tbody>
</table>
REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

- A working knowledge of the rationale and processes for different programs and treatments
- A working understanding of the basic anatomy and physiology of the lungs
- A working knowledge of the basic reaction to pain within the body
- A working knowledge of the signs of adverse reactions to different programs and treatments
- A working understanding of the psychological effects of disability due to injury or disease and strategies used to cope with this
- A working understanding of the signs of adverse reactions to different programs and treatment
- A working understanding of the dangers of electrotherapeutical modalities and the risks involved to client and staff in the vicinity of such apparatus
- Relevant National and State/Territory legislation and guidelines, including Australian Physiotherapy Association (APA) Guidelines
- Roles, responsibilities and limitations of own role and other allied health team members and nursing, medical and other personnel
- A working knowledge of factors that facilitate an effective and collaborative working relationship
- A working knowledge of the equipment and materials used in different programs and treatments
- A working knowledge of the monitoring requirements for different programs and treatments
- A working knowledge of record keeping practices and procedures in relation to diagnostic and therapeutic programs/treatments
- OHS policies and procedures that relate to the allied health assistant’s role in implementing physiotherapy mobility and movement programs
- Infection control policies and procedures that relate to the allied health assistant’s role in implementing physiotherapy mobility and movement programs
- Supervisory and reporting protocols of the organisation
REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

*Essential skills:*

Ability to:

- Complete electrotherapy support and respiratory support
- Apply understanding of the danger of adverse events occurring with electrotherapy treatments
- Use procedures to move and position clients in a safe manner
- Work under direct and indirect supervision
- Work independently and as part of a (multidisciplinary) team
- Report back changes in client performance
- Communicate effectively with clients in a therapeutic/treatment relationship
- Communicate effectively with supervisors and co-workers
- Work effectively with non-compliant clients
- Use skills in time management, personal organisation and establishing priorities
RANGE STATEMENT

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

Supervision refers to:

- Instructing, advising, and monitoring another person in order to ensure safe and effective performance in carrying out the duties of their position
- The nature of supervision is flexible and may be conducted by various means including:
  - in person and
  - through use of electronic communications media such as telephone or video conferencing, where necessary
- Frequency of supervision will be determined by factors such as:
  - the task maturity of the person in that position or clinical placement
  - the need to review and assess client conditions and progress in order to establish or alter treatment plans in case of students and assistants
  - the need to correct and develop non clinical aspects such as time management, organisation requirements, communication skills, and other factors supporting the provision of clinical care and working within a team
- A person under supervision does not require direct (immediate) and continuous personal interaction, but the method and frequency will be determined by factors outlined above

Clients may include:

- Adults
- Children and young people
- Older people
- People with communication difficulties

Settings may include:

- Hospitals
- Community health services
- Private practice
- Client homes
- Aged care residential settings
RANGE STATEMENT

Information may include:
- Client care plan
- Exercise plan
- Client treatment plan
- Physiotherapist instructions
- Client record
- Checklists
- Case notes
- Other forms according to procedures of the organisation

Treatments may include:
- Pain and comfort management
- Respiratory care
- Control of oedema

Clinical standards, guidelines, policies and procedures may include:
- Clinical standards (state and national)
- Industry professional bodies
- Industry standards (state and national) and associated legislative requirements
- Organisation policy directives
- Privacy Act
- Relevant Australian Standards
- Physiotherapy Registration Acts (State based)

Client compliance refers to:
- Ability to follow instructions or suggestions
- Willingness to follow instructions or suggestions
- Cognitive decline
**EVIDENCE GUIDE**

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

**Critical aspects for assessment and evidence required to demonstrate this competency unit:**

- The assessee must provide evidence of specified essential knowledge as well as skills
- Observation of workplace performance is essential for assessment of this unit
- Consistency of performance should be demonstrated over the required range of situations relevant to the workplace
- Where, for reasons of safety, space, or access to equipment and resources, assessment takes place away from the workplace, the assessment environment should represent workplace conditions as closely as possible

**Access and equity considerations:**

- All workers in the health industry should be aware of access and equity issues in relation to their own area of work
- All workers should develop their ability to work in a culturally diverse environment
- In recognition of particular health issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on health of Aboriginal and Torres Strait Islander people
- Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on health of Aboriginal and/or Torres Strait Islander clients and communities

**Context of and specific resources for assessment:**

- Assessment must include demonstrated workplace application
- Relevant guidelines, standards and procedures
- Resources essential for assessment include:
  - Clients with therapeutic needs
  - Equipment
  - Documentation
  - Supervisory physiotherapist
EVIDENCE GUIDE

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Method of assessment:

- Observation of some applications in the work place (as is appropriate/possible)
- Written assignments/projects or questioning should be used to assess knowledge
- Case study and scenario as a basis for discussion of issues and strategies to contribute to best practice
- Skills involving direct client care are to be assessed initially in a simulated setting (e.g. laboratory). If successful, a second assessment is to be conducted during workplace application under direct supervision