

Midwest and Murchison Health Regions Therapy Assistant Project
***Initial Focus Groups – Therapy Assistants, Therapists, Health Service
Managers and Consumers***

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Introduction and Methodology

Six separate focus groups were undertaken in order to gain an appreciation of the current perspective and understanding of the use of therapy assistants from four stakeholder groups from the Midwest region. Sessions were conducted on the 17th July, 22nd and 25th August at Geraldton Health Service, Health Service Development, Dongara Health service and by videoconference from CUCRH to four sites in the Midwest. Information from these sessions is intended to guide aspects of this project and to give baseline information, which will be re-examined after the project's completion next year.

Group participants from the Midwest included:

- Five therapy assistants (TA)
- Five therapists
- Three health service managers (HSM's)
- 12 consumers

Three questions were used to elicit information from participants. These were:

1. The Integrated Therapy Assistant (ITA) model has been used in the Midwest for the last 4 years. What are the strengths from your perception?
2. What do you believe are the key issues that prevent the Midwest ITA program being the best it could be?
3. What do we need to do to achieve a stronger and more successful program?

Therapy assistants were regarded very positively by all participants of the focus groups for the role they performed within their communities. Other key topics emerging from discussion included the training of therapy assistants, supervision and an increasing demand for therapy services.

Results

Strengths

- Most groups agree that employing therapy assistants from the local community is an advantage because it gives a link to the community and school. Having a local person as a therapy assistant also gives greater stability to therapy services to an area when therapist staff change and can provide continued therapy programs in times of gap periods in staffing. Local TA's can also act as a vessel for consumers to communicate to the therapists.
- Most groups feel that having local therapy assistants has increased access to therapy services for people in that community. From the therapist's perspective an increase in the numbers of clients undergoing therapy programs with the therapy assistants frees up the therapist time to see urgent cases, see more clients, and offer more services. This is reflected in an increased demand for therapy services since the introduction of TA's and

also means less travel requirements for some consumers in order to access therapy services.

- Other strengths reported include the selection of the existing TA's, their skills, ability to work as part of a team, and positive manner in which they relate to the local community.

Strengths:

- There are a number of advantages having a therapy assistant from the local community
- Therapy assistants are regarded positively by therapists, consumers and health service managers

Key Issues

- Therapists and therapy assistants are aware that supervision of TA's by therapists can be inadequate due to a large therapist workload. Supervision is often not a priority for therapists and TA's feel more face-to-face supervision is needed.
- Therapists feel TA's with an existing base level of knowledge, e.g. enrolled nurse, respond better to the initial training, the existing training manual is less relevant given that TA's now are at a variety of levels, and therapists acknowledge the difficulty in training adequately to encompass the broad range of cases a TA will encounter.
- One new TA found training to be inadequate and was not confident in aspects of client programs.
- Some consumers identified the importance of training and ongoing skill improvement on the part of the TA noting that "they are not as qualified as therapists".
- HSM's and some consumers identify consistency of therapist staff as a key issue to the use of TA's. Some consumers outlined their experience of therapy programs stopping during times of therapist staff vacancy.
- HSM's and some consumers identify increased demand for therapy services that is dependent on funding in order to be met. HSM's identify the need to expand the role of TA's into other areas such as dietetics and aged care.
- Other issues identified include effective communication between therapist and TA and between therapists (therapists), and education of the community so they are aware of services available and so demands are not too great on the TA (HSM's).

Issues:

- Therapy assistant supervision
- Initial and ongoing training
- Shortages and changes in therapist staff
- Increased demand for therapy assistant services

Stronger and More Successful

- Most groups identified training of therapy assistants as an area to develop. This included; more comprehensive training for new TA's, training not conducted by inexperienced therapists, a greater number of combined training days (bringing all TA's together), TA's sitting in with therapists, training in making and appropriate use of resources, a mentor system for TA's, and further self-learning resources for TA's to promote ongoing development of knowledge.
- Therapy assistants indicated greater amounts of therapist supervision was important particularly with new clients and clients with unfamiliar disabilities. TA's also suggest allowing new therapist staff adequate time to orientate to a region before undertaking supervision, especially if they are a recent graduate.
Other suggestions by TA's include; greater preparation time, greater access and variety of resources, a reduced turnover of therapist staff and full complement of senior staff as being other means to promote a stronger and more successful program.
- Therapists identified improved communication between therapist and between therapists and TA's as an important point. This includes equal access by all TA's to resources such as email to enable communication to occur.
Other areas suggested by therapists include clarification of the boundaries of the TA role, the TA acting to involve the parents of clients with the therapist, and establishing clear policies and procedures relating to client contact – for example if a client misses appointments.
- HSM's identify expansion across other allied health disciplines and evaluating the outcomes of therapy assistant programs from a clinical outcome perspective and client perception as areas to improve.
- Consumers felt greater access to therapy services offered by TA's was important to achieve a stronger program. Other key areas include more visits by therapists, more communication with the TA particularly with respect to setting home programs to continue with, and an information resource, such as newsletter, outlining what services were available through therapy assistants.

Suggestions for improvement:

- Supervision
- Training
- Improved communication
- Expansion of therapy assistant role
- Increased access to therapy assistant services