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# Effectiveness of support workers and assistant practitioners in community rehabilitation

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**ScHARR**

SCHOOL OF HEALTH AND

RELATED RESEARCH





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- Background
- Objective of the research
- Methods and analysis
- Findings
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# Background

- Policy assumptions and service expectations

*‘Support workers and APs are viewed as an economically effective way to deliver ‘safe and skilled’ care whilst at the same time enabling the professional workforce to expand and ‘upskill’ to provide more services’ Andrew Foster (2006)*



# Background

- What does the evidence base tell us?
- Patient outcomes
  - Buchan & Dal Poz (2002) - Conflicting evidence re adverse events in nursing
  - Parry et al (1999) - functional improvements\*
  - Stanmore et al (2005) - patients value time to promote independence



# Background

- What does the evidence base tell us?
- Staff outcomes:
  - Hancock et al (2005) – training improves confidence but doesn't necessarily translate into practice
  - Ryan et al (2003) – satisfaction improves with greater levels of autonomy, maintaining patient relationships
  - Various - Low satisfaction associated with poor division of roles, inadequate training, limited career opportunities



# Background

- What does the evidence base tell us?
- Service outcomes:
  - Jenkins-Clarke & Carr-Hill (2003) – no difference in the types of activity undertaken when more support workers added to the skill mix
  - Saunders (1996) – structured delegation improves practitioner and service efficiency
  - Kennedy et al (1999) – community nutrition assistant improved eating, shopping and cooking habits



# Research objectives & methods

1. To explore how support workers / APs contribute to care
  - What are support worker roles?
  - What influences these roles?
  - How do they differ to qualified practitioners?



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# Research objectives & methods

2. To explore when and how support workers are utilised

- Are there any patterns as to when support workers are involved in care or how much care they deliver?





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# Research objectives & methods

3. To explore the impact support workers have on the outcomes of care
  - Does support worker input impact on patient, staff or service outcomes?



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# Findings



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# How do support workers contribute to care?

- Perceived shift in role => qualified staff now perform 'expert' role, support workers deliver care
- This shift has led to support workers being cornerstone of interdisciplinary care



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# How do support workers contribute to care?

- Roles vary according to:
  - Staffing mix – less qualified staff => more autonomy
  - External agencies – social services => less rehabilitative role
  - Clientele – more acutely unwell => less rehabilitative role



# How do support workers contribute to care?

- Difference in roles:
  - Assessment and diagnosis - qualified remit
  - Care planning - qualified remit
  - Care delivery - support worker remit
  - Care progression - varied
  - Types of treatment delivered - varied
  - Greater transferability of role for qualified staff



# How do support workers contribute to care?

- Delivery of care:
  - Support workers delivered 31% of all client **contacts** : qualified staff 69%
  - Support workers spent 42% of all **face to face time** with clients: qualified staff 56%
  - Support workers spent on average 57 mins per contact with a client
  - Qualified staff spent on average 77 mins per contact



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# How and when are support workers utilised?

- Bigger teams with greater numbers of support workers than qualified staff did not necessarily have greater amounts of care undertaken by support workers
- Level of patient dependency on admission is not a predictor of support worker involvement in care



# How and when are support workers utilised?

Level of care at admission	Proportion of support worker contact	Proportion of support worker time (F2F)	Time/ contact support worker
	Mean (SD)	Mean (SD)	Mean (SD)
0 Client does not need any intervention	0.21 (0.32)	0.51 (0.18)	56.30 (23.91)
1 Client needs prevention/maintenance programme	0.25 (0.30)	0.38 (0.22)	55.39 (18.41)
2 Client need convalescence/respice	0.24 (0.26)	0.38 (0.20)	67.36 (23.87)
3 Client needs slow stream rehabilitation	0.32 (0.31)	0.41 (0.23)	55.68 (22.75)
4 Client needs regular rehabilitation programme	0.38 (0.29)	0.43 (0.23)	55.42 (20.85)
5 Client needs intensive rehabilitation	0.35 (0.28)	0.39 (0.21)	60.18 (36.16)
6 Client needs specific treatment for individual acute disabling condition	0.25 (0.29)	0.36 (0.23)	67.15 (84.58)
7 Client needs medical care and rehabilitation	0.34 (0.33)	0.49 (0.25)	69.95 (53.39)
8 Client needs rehabilitation for complex disabling condition	0.26 (0.31)	0.48 (0.24)	73.54 (60.06)





# What is the impact of support workers on outcomes?

- Patient outcomes
  - Greater proportion of care delivered by support workers => positive influence on functional and psychosocial outcomes
  - *Combination* of support and qualified input
  - Type of input delivered by support workers likely to explain these results



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# What is the impact of support workers on outcomes?

*‘Because it is not the assessment that makes them better it is the rehabilitation process and that, in our case, is done by the rehab assistants’*



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# What is the impact of support workers on outcomes?

- Staff outcomes
  - Similar satisfaction support v qualified (WDQ)
  - Much lower autonomy scores (WDQ)
  - Higher intention to leave profession (WDQ)
  - Poor career progression opportunities
  - Poor access to formal training
  - Qualified staff under pressure to deliver training to support staff



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# What is the impact of support workers on outcomes?

- Service outcomes
  - No impact on length of stay
  - Some evidence to suggest support workers used to enhance service capacity



# What factors may enhance outcomes when support workers are utilised?

- Enhancing patient outcomes
  - Try and match support worker skill to patient need
  - Ensure support workers focus on particular aspects of care
  - Ensure open and adequate channels of communication between staff



# What factors may enhance outcomes when support workers are utilised?

- Enhancing staff outcomes
  - Ensure adequate and appropriate access to training
  - Ensure there are adequate pay and career opportunities
  - Mimimise role ambiguity
  - Ensure qualified staff are supported to train support workers



# What factors may enhance outcomes when support workers are utilised?

- Enhancing service outcomes
  - Identify patient needs and existing resources to determine the role required of support workers
  - Match support worker skill to patient need
  - Try and address any external variables that adversely influence practitioner roles or service requirements
  - Employ efficient delegation practice



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