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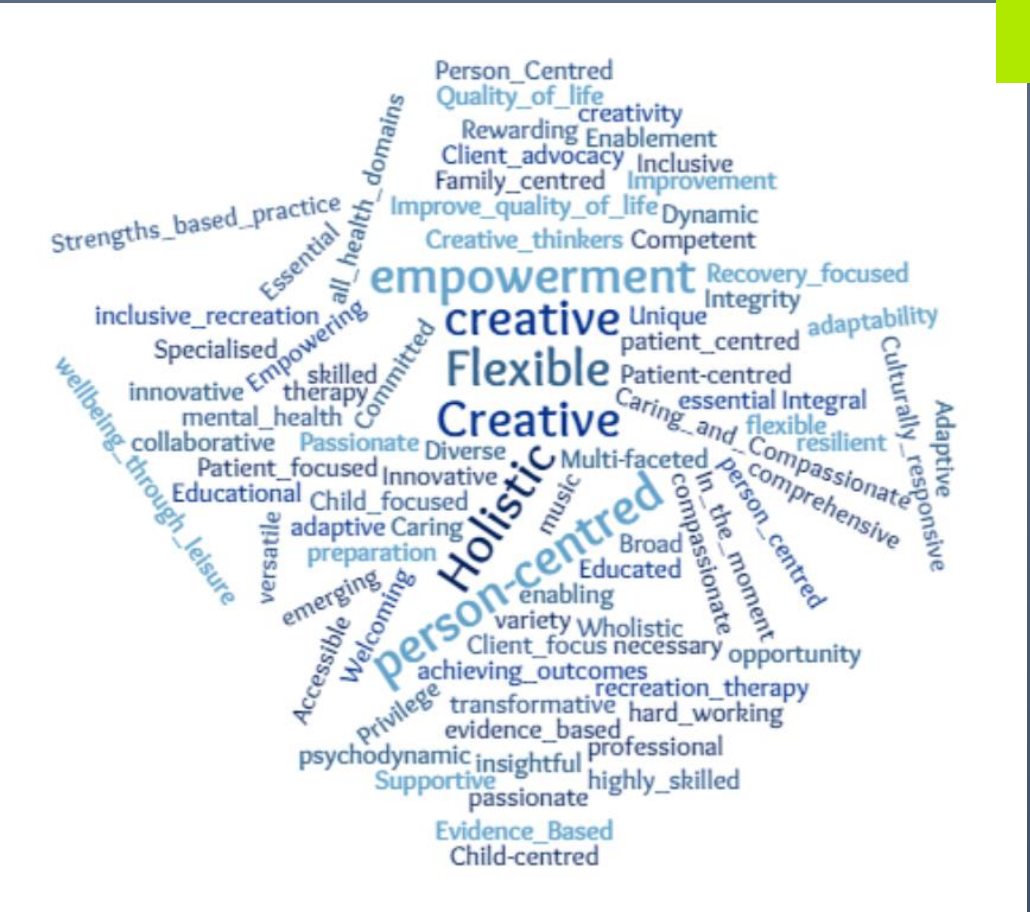


NSW Health Diversional Therapist, Child Life Therapist, Music Therapist and Art Therapist Workforces

HORIZONS SCANNING AND SCENARIO GENERATION PROJECT

HEALTHCONNECT CONSULTING

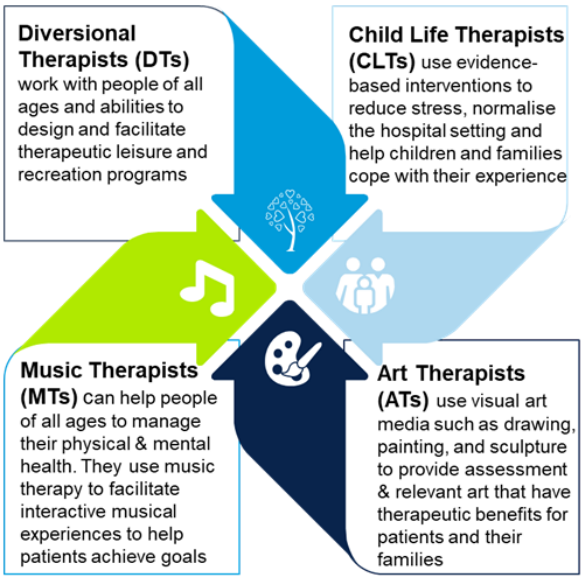
Contents

Disclaimer: The purpose of this document is to outline the methodology, approach and themes raised by the literature and therapist stakeholders to inform the Workforce Modelling phase of the NSW Ministry of Health's Workforce Planning Methodology. It should be noted that the views expressed in the report are not necessarily those of the NSW Ministry of Health.

Executive summary

NSW Therapists Workforce Vision 2030

A strong, valued, professional and integrated workforce providing holistic, person-centred care to patients (and their families) addressing individual needs and goals in a broad range of settings and locations.



NSWH workforce profile

- **80 FTE** working across all four workforces
- **40** FTE DTs**, 24** FTE CLTS; **16** FTE AT/MTs
- **Most common work areas**: mental health, paediatrics, aged care/older persons, palliative care

Workforce demand drivers

- Awareness and recognition of the four therapist professions
- Patient trends and expectations: population growth, age, diversity, specialist needs, CALD and Aboriginal populations
- New policy drivers eg Royal Commission in Aged Care; Arts policy

Workforce supply drivers

- Career opportunities: fulltime positions, appropriate qualifications, graduate positions, career pathways
- Workplace culture and governance
- Workforce planning: numbers, distribution & succession planning
- Education & training
- Course attraction, access and education
- Career awareness

Future opportunities

- **Raise awareness:** promote the therapist workforce and their value
- **Define scope of practice:** define a consistent scope of practice for therapists; develop a therapist specific practice framework
- **Prioritise workforce planning**: develop career pathways; establish communities of practice/networks; review governance structure;, capture data to support workforce planning
- **Grow the workforce:** implement initiatives to attract qualified therapists; grow the number of new grad positions
- **Expand technology:** expand the use of new and emerging technologies to appropriate population groups
- **Strengthen professional practice:** increase and implement evidence-based assessment tools and practices; expand research initiatives

Background and approach

Background

The NSW Health Professionals Workforce Plan 2012-2022 (the Plan) requires the NSW Ministry of Health (Ministry) to develop workforce modelling projections to 2030 for the Allied Health workforces (recommendation 7.8). The Plan identifies a number of small but critical workforces that require attention to meet the needs of a changing health care service in NSW.

A Horizons Scanning and Scenario Generation Project was undertaken by HealthConnect Consulting to identify the risks, issues and opportunities relating to the Diversional Therapist, Child Life Therapist (previously known as Play Therapist), Music Therapist and Art Therapist workforces, including challenges and drivers that are expected to influence the profession over the next ten years.

It is important to note that while this project brought together four small workforces, each individual workforce is important in their own right and this report highlights both similarities and differences across the four workforces. It is intended that each individual workforce uses this report as a foundation to support future workforce planning and the implementation of opportunities to create a future, fit-for-purpose workforce.

Approach

The project consisted of the following five key activities aligned with the NSW Ministry of Health Horizons Scanning and Scenario Generation methodology, to gather and synthesise information and test concepts:

Activity	Description	Date
Rapid literature review	A rapid literature review was conducted to present evidence and support the project activities. A rapid review is a form of evidence synthesis that is less comprehensive than a standard systematic review and conducted within a shorter time frame. Attachment 1 presents the rapid literature review.	September 2020
Stakeholder consultations	One-on-one interviews were conducted with a range of stakeholders with the objective of canvassing a broad and comprehensive range of information relevant to the Diversional Therapist, Child Life Therapist, Music Therapist and Art Therapist workforces.	September 2020
Horizons scanning workshop	The Diversional Therapist, Child Life Therapist, Music Therapist and Art Therapist Horizons Scanning workshop was designed to identify the current and future workforce supply and demand drivers, and the challenges and opportunities for the workforce. The workshop focused on the future vision for the workforces as well as value-based health care in each workforce context.	12 October 2020
Online survey	An online survey, via Survey Monkey was open to all NSW Health Diversional Therapists, Child Life Therapists, Music Therapists and Art Therapists. The purpose of the survey was to broadly assess the perceived impact on each workforce of the key drivers, challenges and opportunities identified through the literature review, consultations and Horizons Scanning Workshop.	October 2020
Scenario generation workshop	The purpose of the Scenario Generation workshop was to build upon the insights obtained from the survey and the outcomes of the Horizons Scanning Workshop. Workshop participants discussed plausible workforce scenarios considering workforce drivers and agreed trends; identified scenario related opportunities, risks and barriers; and determined potential impacts and priorities.	9 November 2020

Current state

What do we know about the NSW Health therapist workforces?

The Diversional Therapy, Child Life Therapy, Art Therapy and Music Therapy workforces comprise a small workforce, both individually and collectively. These four allied health workforces are university-trained health professionals who play an integral role in the well-being, recovery and the provision of therapeutic services for patients and their families across the NSW Health system. With the exception of Child Life Therapists who provide dedicated therapies to children and their families; all four workforces work across a range of care settings, age groups and speciality areas. Therapists are operating in a continually evolving environment. The pace of change across the NSW Health system and the strategic focus on value-based health care has changed dramatically over the last decade. Figure 1 provides a high-level overview of the four different therapist professions.

For the purpose of this report the four workforces will be collectively referred to as the 'therapist workforces'.

Figure 1: Scope of practice - Therapist workforces

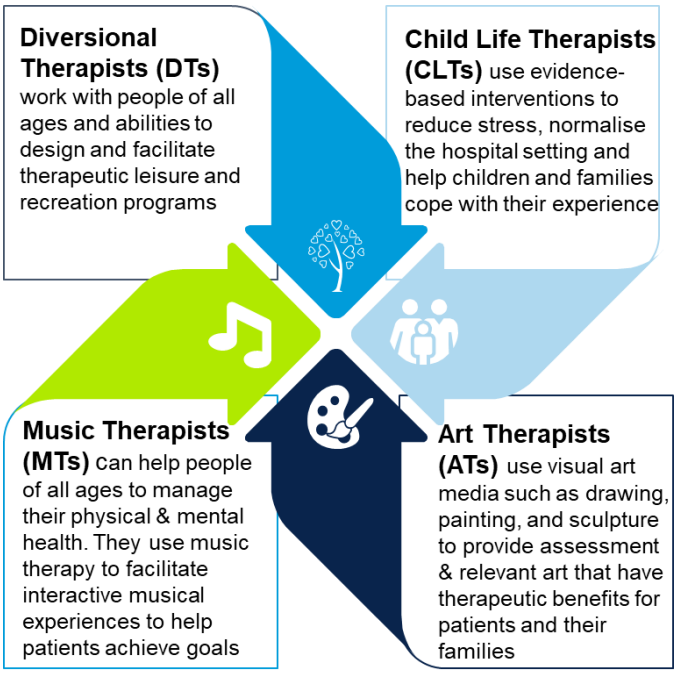
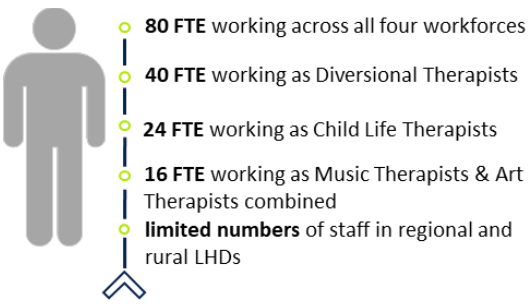


Figure 2: NSWH therapist workforce summary



The NSW Ministry of Health, Workforce Planning and Talent Development branch data showed that there were 80 full-time equivalent (FTE) staff currently employed by NSW Health and working across these four professions. Of this 80 FTE, 40 FTE were working as Diversional Therapists and approximately 24 FTE were working as Child Life Therapists, and 16 FTE working as Music Therapist and Art Therapists combined, as illustrated in Figure 2.

Online survey findings

The online survey conducted as part of this project elicited 110 responses, including 43 Diversional Therapists, 33 Child Life Therapists, 19, Music Therapists and 14 Art Therapists (Figure 3). Ninety-one percent of respondents were female and nine percent were male. Respondents were distributed across age groups with half aged between 30 and 50 (Figure 4). No respondents identified as Aboriginal and/or Torres Strait Islander.

Figure 3: Respondents by workforce

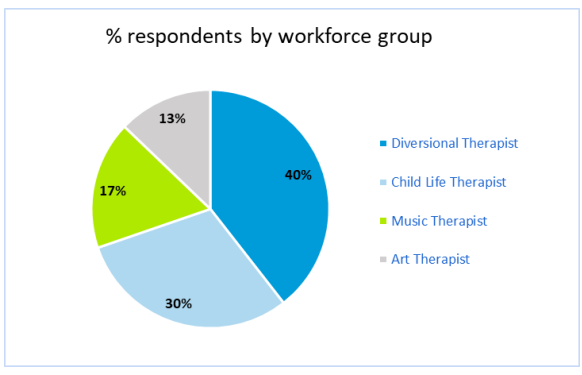
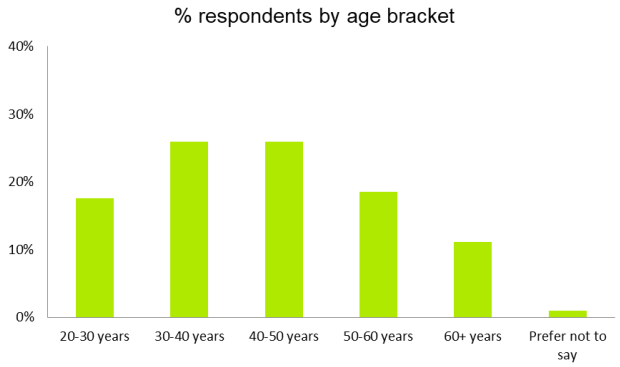


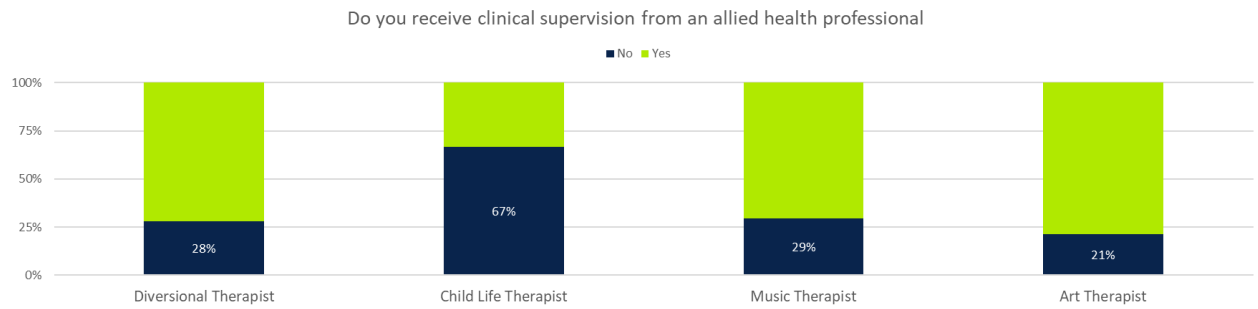
Figure 4: Respondents by age



About nine percent of respondents are intending to leave NSW Health within the next 5 years due to retirement (30%), career change (30%), seeking opportunity in other sectors (20%), and moving overseas (20%).

Over a third (39%) of respondents said they did not receive clinical supervision from an allied health professional, although this rate was much higher for Child Life Therapists (67%). Figure 5 illustrates clinical supervision by profession.

Figure 5: Participation rates in clinical supervision



A couple of respondents noted they did not receive clinical supervision because they were professional leaders or in non-clinical roles. Almost two thirds of respondents ranked workplace culture as the first or second top enabler, although this was lower for Diversional Therapists (56%). Direct reporting lines into an allied health manager, clinical supervision training and local allied health supervision were reported as having similar levels of importance overall.

Therapists in practice

There are opportunities within each of the four therapist workforces in NSW to expand their reach. There is either sufficient evidence or at least growing evidence that patients and services can benefit from these therapies in a wide range of settings and these workforces appear to be under-utilised at present. The online survey highlighted that therapists worked across a range of areas with the most common areas being mental health (42% of respondents), paediatrics (39%), aged care/older persons (26% excludes CLTs) and palliative care (18%). Figure 6 below highlights the areas worked by profession. CLTs did not work in the areas of older persons mental health or aged care/older persons.

Figure 6: Areas where therapists work

Values	Diversional Therapist	Child Life Therapist	Music Therapist	Art Therapist
Mental Health				
Paediatrics				
Aged care/Older persons		N/A		
Palliative care				
Rehabilitation (incl Brain Injury, Stroke etc)				
Oncology				
Older Persons Mental Health		N/A		
Justice/Forensic				
Other				

Patient experience

Patient-centred care is anchored in providing care that is respectful of and responsive to values of individual patients. One widely adopted measure of patient-centred care is patient experience. The NSW Health Strategic Priorities 2019-20 includes Patient Safety and Experience as a key priority (NSW Ministry of Health, 2019). There is an enhanced focus on value-based healthcare and its direct link with patient experience. A systematic review by Doyle, Lennox and Bell (2013) found that patient experience is positively associated with clinical effectiveness and patient safety, and they consider it to be a central pillar of quality in healthcare. These four workforces are well placed, given their commitment to person-centred care, to deliver positive experiences and enhance patient outcomes.

Rural and regional services

There are limited numbers of staff from the four therapist workforces in regional and rural Local Health Districts (LHDs). There was very little in the literature that referenced any of the therapy workforces and delivery of services in regional and rural areas. The provision of healthcare and therapeutic services via real-time video conferencing platforms is an area of current interest to health and government bodies, even more so now due to the impacts of COVID-19. Given the small therapy workforces in regional and rural NSW, there may be opportunity to leverage current telehealth and remote online service delivery.

Setting the scene: the future therapist workforces

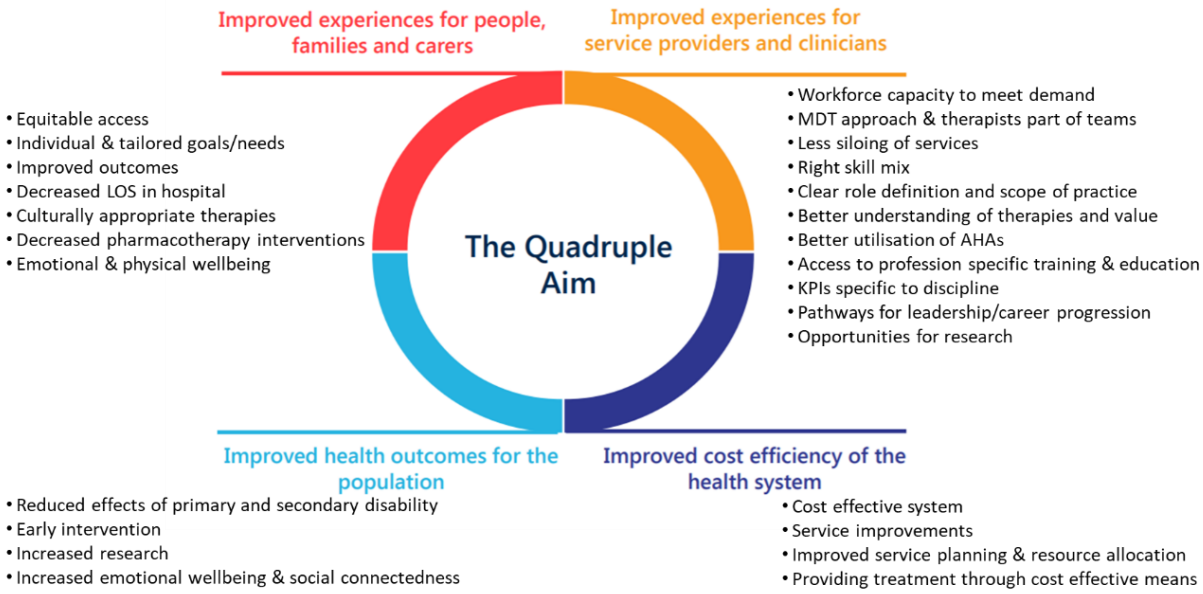
Value-based health care and the workforce

Value-based healthcare will improve health outcomes that matter to patients by evolving how patients receive and how clinicians provide care. Value-based healthcare in NSW means delivering services that improve:

- the health outcomes that matter to patients
- the experience of receiving care
- the experience of providing care
- the effectiveness and efficiency of care.

The Quadruple Aim is the contemporary framework underpinning best practice health service planning, design and implementation. The fundamental premise of the framework is that value is harnessed through simultaneously improving population health, the experience of receiving and providing care, and cost efficiency. Figure 7 illustrates what value-based health care means from the collective therapist workforces' perspective.

Figure 7: Value based health care from the workforce perspective



Vision for the therapist workforces

For this project, a shared vision for the NSW Health Diversional Therapist, Child Life Therapist, Music Therapist and Art Therapist workforces was defined at the first workshop. The vision provided a foundation to discuss the current workforces and to guide future planning relevant to each profession's workforce priorities.

Workforce Vision 2030

A strong, valued, professional and integrated workforce providing holistic, person-centred care to patients (and their families) addressing individual needs and goals in a broad range of settings and locations.

The core elements of the vision are further defined below:

- *Strong* – adequate therapist numbers across the four workforces (including new graduates/early career therapists)
- *Valued* – respected and recognised
- *Professional* – sufficient education and ongoing professional development, appropriate governance and supervision
- *Integrated* – clearly defined roles, integrated in multidisciplinary care and teams, collaboration with other clinicians
- *Holistic person-centred care* – individually and culturally appropriate, accessible, evidence-based, sub-specialisation of therapists where indicated to meet needs e.g. dementia care
- *Settings and locations* – a wider spread of care settings including ED, the community and outreach services; in metro, regional and rural locations

Supply and demand drivers

The provision of a stable effective workforce with the required capability is a cornerstone for successfully meeting service demand across the system.

Supply drivers

Supply drivers encompass the factors likely to influence the supply of Diversional Therapists, Child Life Therapists, Music Therapists and Art Therapists to the workforce. An adequate number and equitable distribution of these workforces is essential to ensure the availability of appropriate therapeutic services across NSW. A number of supply drivers that might be expected to influence the role of the Diversional Therapist, Child Life Therapist, Music Therapist and Art Therapist workforces now and in the future were identified. These have been grouped into six themes:

1. Career opportunities

- All four workforces reported that there were limited full-time and permanent positions available within NSW Health and this was potentially a barrier to recruitment. Contract roles were also utilised to employ therapists particularly when a new (and often time-limited) funding source was available. The employment of therapists in contract roles while challenging, provides an opportunity for the different therapist professions to demonstrate their value and the case for employment of more therapists to the LHD/SHN and to identify an ongoing source of funding. Workforce concerns about job security were highlighted. The ability to backfill and support extended leave was raised as a challenge.
- New graduate positions do not have guarantees of ongoing employment. CLT's reported that a new graduate program has previously been in place in some LHDs/SHNs but has recently been paused largely due to the limited opportunity to extend a new graduate's employment/role beyond the 12-month contract. Stakeholders considered these roles as valuable in growing the workforce and in providing new graduates with support and mentoring during their first year of practice. Expanding these roles was seen as an important low- cost recruitment and retention strategy across all four workforces that could be implemented at the local level.
- Rural therapist roles and recruitment can be a challenge as these roles are often advertised as part time or contract roles. Stakeholders reported that rural roles are typically recruited to as Level 1/2 roles which tend to be filled by less experienced therapists. Retention can be challenging as these roles often have high responsibilities, limited access to team-based support and profession-specific supervision, and limited career progression. Challenges related to both the level of the therapist and the limited supports available in rural areas.
- Career pathways and opportunities for career progression for the therapist workforces in NSW Health was seen as an opportunity for improvement. Therapists were not always included in the list of allied health professionals when management roles or committee roles were advertised, or roles were reportedly offered to other allied health professionals before therapists.
- All four workforces identified that there were challenges in recruiting therapists with the appropriate qualifications and training. Working with the LHDs/SHNs to ensure roles attract appropriately qualified therapists and that the award is applied appropriately was seen as an essential step in growing the workforces and raising the profile of each workforce.
- An opportunity was identified to expand the workforce diversity, including Aboriginal therapists, therapists with disabilities and/or from diverse backgrounds.

2. Workplace culture

- Governance arrangements provide professional support for the therapist workforces. Governance arrangements across LHDs/SHNs were noted to be different, with some therapists reporting to allied health, some to mental health and some to nursing. Due to the small nature of the four therapist workforces, management and reporting lines were often to other allied health professions such as Occupational Therapy.
- Agreed suitable governance structures are required to ensure the therapist workforces are well supported by management and actively included in decision making about the therapy workforces and other areas that will impact the four workforces. Governance structures should be agreed locally. Suitable governance and management arrangements will also support broader workforce planning on an ongoing basis and the implementation of any actions required to progress workforce priorities.

- Therapists identified that they were not always linked with other NSW Health therapists in their profession and this was particularly the case for sole practitioners. It was acknowledged that it is crucial that therapists are connected to others in their own profession and with the broader therapist professions and other allied health professions and management. Linkages with the LHD/SHN Director of Allied Health was important from both an advocacy for the profession perspective and in raising awareness of the therapist workforces.
- Building a positive workplace culture and valuing the expertise and contribution of therapists will support working relationships with other health professionals and highlight the value of therapists. Further education for the broad health workforce on the importance of therapist positions would help support a positive culture.

3. Workforce planning

- Workforce planning is a foundational component in ensuring that NSW Health trains, recruits and retains fit-for-purpose therapist workforces to effectively meet demand and the needs of the community. Given the small nature of the therapist workforces, particularly in music therapy and art therapy, it is important that planning for these workforces takes an inclusive approach and considers the needs of LHDs/SHNs where therapists are not currently employed.
- Establishment of therapy specific groups to provide profession-specific advice and a system view would assist in state-wide collaboration and planning.
- Succession planning to meet workforce vacancies in future years is essential given the small nature of the therapist workforces. It was noted that a proportion of the therapist workforces plan to leave NSW Health within the next five years for a variety of reasons. It is therefore important that a plan exists to train and transition therapists into these roles in a timely manner.
- Improved data and information about the therapist workforces and activity will support workforce planning and the sustainable supply of the workforce.

4. Course attraction, access and education

- Music Therapists and Art Therapists are qualified through a post graduate master's degree. The cost of the master's course was not thought to be overly prohibitive to attracting students, with Music Therapists noting that there are approximately 30 graduates per year. It was however noted that there are currently no Commonwealth supported places in the master's degree and that pursuing Commonwealth support in the future may assist in attracting a more diverse range of students from more diverse backgrounds, for example Aboriginal students.
- Diversional Therapists (must hold health science or applied science bachelor degree in leisure, recreation or diversional therapy recognised by the Diversional Therapy Association of Australian National Council, or other qualification deemed equivalent by the employer[1]) and Child Life Therapists (Bachelor of Early Childhood, Primary Teaching or a related field that includes two years study in child development, or other qualification deemed equivalent by the employer[2]) are qualified through an undergraduate bachelor's degree. Once again, the cost of the course was not thought to be a factor in limiting student numbers for these courses.
- The availability of clinical placements for students is currently a challenge for all four workforces for numerous reasons. Due to the small nature of the workforces and the often-reported heavy clinical loads it was not always practical for therapists to supervise students. Additionally, there is opportunity for education providers to expand alternate placement opportunities including for students in CLT roles and to expand student placements in hospitals.

5. Career awareness

- It was agreed that career awareness and attraction to new students could be further bolstered. It was also reported that significant work had been done in recent years to refresh the Diversional Therapist course (Bachelor of Recreation Therapy) aligning this with international standards and making the course accessible online.
- The awareness and attraction of Child Life Therapy as a career pathway to education graduates was noted as a challenge.

6. Education and training

- Professional roles are continually evolving and need to support new and future models of care and service delivery.

[1] health-professional.pdf (nsw.gov.au)
[2] health-professional.pdf (nsw.gov.au)

- There is an ongoing need for the therapist workforces to actively participate in professional development as contemporary practice continually evolves. Access to relevant professional development opportunities was reported to be limited as specific therapist education and training at the local LHD/SHN level does not exist due to the significant number of sole therapists.
- There is opportunity to investigate the feasibility of developing education modules for all therapists in partnership with education providers and professional bodies. This would include strengthening culturally appropriate and diversity knowledge and skills for therapists.
- The importance of processes for networking and knowledge sharing across the four professions was noted. Communicating successes and lessons learned (related to evidence-based therapy already implemented or as new evidence emerges) was highlighted as a valuable exercise to share knowledge between therapists and further standardise and streamline therapy services.
- Appropriate clinical supervision and mentoring through NSW Health was reported as not available for all therapists. This was especially true where the therapist was the sole practitioner in their LHD/SHN.

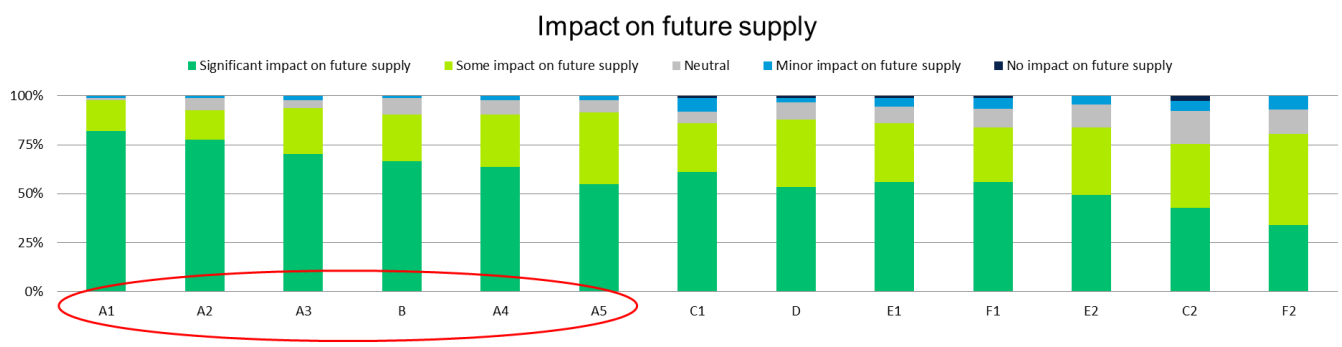
Survey findings

Survey respondents were asked to rate the impact of supply drivers. The survey showed that career opportunities, and workplace culture drivers were rated higher than other drivers. Over 80% of respondents rated all drivers as having significant or some impact, except for career awareness for Child Life Therapies (75%), with the red circle denoting that the top supply drivers relate to career opportunities and workplace culture.

Supply drivers in order of impact (as illustrated in Figure 8) were:

- Availability of permanent positions at NSW Health
- Availability of full-time positions at NSW Health
- Promotion of the scope of practice to identify appropriate appointments with NSW Health
- Governance arrangements provide support for my profession
- Availability of career pathways and career progression in NSW Health (incl. visibility of who can apply for leadership, other AH generic roles)
- Availability of new graduate positions within NSW Health
- Awareness and attraction of courses to new students
- Succession planning to meet workforce vacancies in future years
- Availability of professional development opportunities
- Availability of clinical placements for students
- Availability of clinical supervision and mentoring
- Awareness and attraction of career pathway to potential Child Life Therapists
- Cost of a post graduate course (Music Therapy, Art Therapy) or degree course if already completed Diploma (Diversional Therapy)

Figure 8: Impact of supply drivers



A: Career Opportunities
A1: Availability of permanent positions at NSWH
A2: Availability of full time positions at NSWH
A3: Therapist positions advertised at appropriate degree level
A4: Availability of career pathways and career progression in NSWH
A5: Availability of new graduate positions with NSWH

B: Workplace culture - Governance arrangements provider support for my profession
C: Career awareness
C1: Awareness and attraction of courses to new students
C2: Awareness and attraction of career pathways to potential CLTs
D: Workforce planning - Succession planning to meet workforce vacancies in future years

E: Education and training
E1: Availability of professional development opportunities
E2: Availability of clinical supervision and mentoring
F: Course attraction, access and education
F1: Availability of clinical placement for students
F2: Cost of a post graduate course (MT, AT) or degree course if already completed Diploma (DT)

Table 1 summarises the potential supply driver inputs to future workforce modelling.

Table 1: Inputs to workforce modelling

Inputs to future workforce modelling – supply drivers
• University course graduating numbers, intake numbers and projections, proportion of graduates staying in NSW for work • Workforce data from NSW State-wide Management Reporting Service (SMRS) (sourced directly from the NSW Health HR and Payroll System StaffLink). SMRS provides the ability for users to look at workforce information at an organisational level as well as cost centre level and is used to support workforce operations and planning. • NSW Health clinical placements across the four therapist workforces • Trends in job advertisements for therapists by qualification, sector, location, and part-time/full-time

Demand drivers

Demand drivers encompass those factors likely to influence the demand for therapy services. A number of key demand drivers that might be expected to influence the role of the Diversional Therapist, Child Life Therapist, Music Therapist and Art Therapist workforces now and in the future have been identified. The demand drivers have been grouped into three themes:

1. Awareness and recognition

- Increased awareness, recognition and promotion of the therapist workforces by other health professionals would be beneficial. Awareness and recognition was rated as the most significant demand driver for these workforces with an increase in awareness and recognition associated with the potential to lead to more referrals and the availability of more roles in areas of high demand.
- Promoting the various therapist professions and the value of therapists among other health professionals and the broader patient population may support therapists to work across new areas.
- Opportunity exists for therapists to actively promote their scope of practice, knowledge and important contribution to patient care and experience as distinct from other disciplines.

2. Patient trends and expectations

- The NSW population is projected to grow by 14% over the next 10 years[3]. The growth rate is greatest for the 65+ age group in all areas, followed by the 0-17 and the 18-64 age groups in metropolitan areas.
- Child Life Therapists noted an increase in demand for services due to the longer life expectancy of premature babies and children with chronic and complex care needs. Child Life Therapists also noted an increase in mental health presentations and child protection cases. A recent trend in treating patients closer to home was also increasing demand for Child Life Therapists to provide support in rural and regional areas.
- Diversional Therapists noted changing patient trends and a subsequent increase in demand in clinical areas including post-traumatic stress disorder and trauma related symptoms, pain clinics, special needs, dementia care, dialysis, oncology and drug and alcohol.
- Art Therapists and Music Therapists were noted to be working across multiple clinical areas due to high demand and the limited number of therapists available which makes opportunities for specialisation challenging.
- Patient needs specific to diversity were also noted to be increasing and further training and education for all therapists as well as therapists specialising in these areas was required.

3. New policy drivers

- All therapist workforces noted the increasing use of non-pharmacotherapy interventions and its impact on the increase in demand for services.
- The NSW Health Arts policy was also a driver of demand.
- An increasing emphasis on trauma-informed practice in mental health services was seen as key driver of demand, this included recent initiatives to reduce seclusion and restraint and minimise suicides in care.
- Recent recommendations from the Royal Commission into Aged Care Quality and Safety were also observed as a potential future demand driver.

[3] Population projections based on data from the NSW Department of Planning and Environment (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

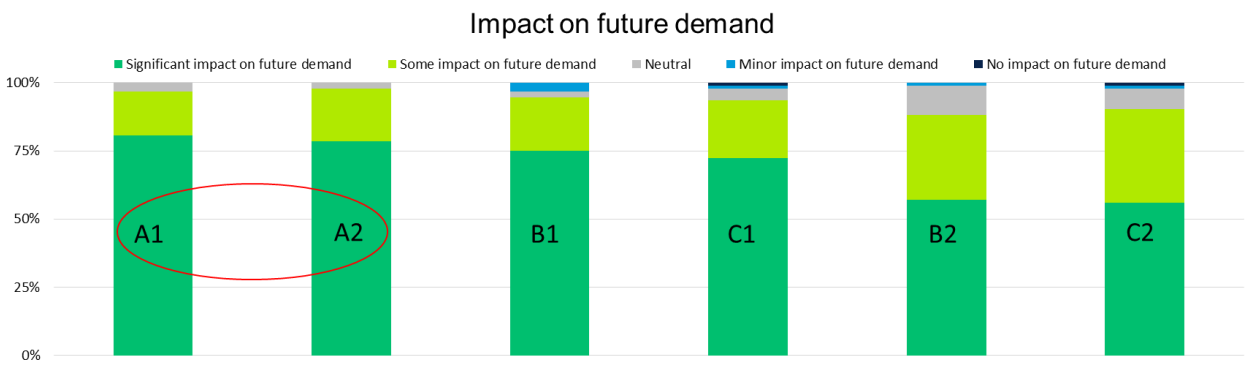
- NSW Health has a strategic goal to transition the health system towards a system driven by value, focussing on Quadruple Aim outcomes. The continual increasing focus on patient-centred care and holistic care, for all patient groups including paediatrics, will be a key driver across all workforce groups.
- The introduction of specialist Intellectual Disability Health teams across many LHD's has increased the referrals to Child Life Therapy. The children and families referred require individualised support for medical procedures and during their inpatient stay.

Survey findings

Survey respondents were asked to rate the impact of demand drivers as presented in Figure 9. Demand drivers were ranked in order of significance of impact on the workforce as follows:

- Awareness and recognition leading to more referrals and increased awareness, recognition and perceived value of the workforce
- Awareness and recognition of therapist roles leading to availability of more roles in areas of high demand
- Changing patient characteristics and trends
- More emphasis being placed on non-pharmacotherapy interventions
- Increasing demand in rural and regional areas and trends in more people being treated closer to home
- New policy drivers increasing demand for therapist services e.g. the Arts policy

Figure 9: Impact of demand drivers



A: Awareness and recognition
A1: Leading to more referrals and increased awareness, recognition and perceived value of the profession
A2: Of therapist roles leading to availability of more roles in areas of high demand

B: Patient trends and expectations
B1: Changing patient characteristics and trends
B2: Increasing demand in rural and regional areas and trends in more people being treated closer to home

C: Health system influencers
C1: More emphasis being placed on non-pharmacotherapy interventions
C2: New policy drivers increasing demand for therapists services, for example, the Arts policy

Table 2 summarises the potential demand driver inputs to future workforce modelling.

Table 2: Demand driver inputs to future workforce modelling

Demand driver inputs to future workforce modelling
• Census and demographic data • Population projections across all age groups and LHDs • Demand projections across specific conditions e.g. mental health, children with chronic and complex conditions, etc • Aboriginality status and diversity statistics where available • Referral numbers and sources • Average waiting time for therapy services

Challenges

A number of challenges were highlighted by the workforce during consultation. Many challenges noted also relate directly to the supply and demand drivers. These challenges are summarised under the following five themes:

1. Professional identity and visibility of the therapist workforces

- The professional identity of the different therapist workforces was noted to be an ongoing challenge. This challenge also relates to the overarching awareness and recognition of the profession which in turn impacts both supply and demand. It was identified that the way local services report on workforce activity could better identify the DT workforce. Additionally, few therapists were employed in management roles which provide a platform for professional voice.
- Therapists thought that there was opportunity to address this challenge through greater education of other health professionals, clear messaging about the value of the therapist workforces and through greater representation of therapists and/or therapist workforce issues and views at system and management levels.
- Improved networking and connection of the therapist workforces across the state (also noted to be a challenge), may assist the workforces to improve visibility and promote the value of therapists.

2. Succession planning and career progression

- A consistent approach and the development of a career pathway to guide and support succession planning and career progression is essential.
- Profession-specific education was reported to be unavailable or limited and opportunities for career progression (i.e. through management roles) were also considered to be limited.
- Achieving a balance between clinical and non-clinical time was challenging. Non-clinical activities including research, quality improvement activities, projects and professional development were of lower priority to stakeholders when clinical demand was high. These activities were however highly valued by participants, seen as levers to promote and develop the professions, and viewed as important to job satisfaction and retention.

3. Research and evidence-based practice

- Innovation and best practice in Diversional, Child Life, Art and Music Therapies is informed by research and the translation of this to clinical practice. Research has been demonstrated to improve outcomes for patients participating in various therapies.
- Therapists reported little or no time to participate in research and strengthen the evidence base for therapy services. Engagement in research was reported to be a particular challenge for Art Therapists and Child Life Therapists. The Diversional Therapists reported limited implementation of existing evidence-based practice tools and approaches to practice.
- Supporting research and evidence-based practice would strengthen both the quality of the workforces and the knowledge base of therapy practices in NSW. Strategies to support interested staff to get involved in research and quality improvement activities should be investigated; these may include protected time and the development of clear career pathways incorporating time for research and implementation of evidence-based practice.

4. Reclassifying therapist roles

- A common theme across all four workforces was the reclassification of therapist roles to other roles such as allied health assistants. This can somewhat be an inconsistent practice and thought to be manager and/or LHD specific. Improved visibility and promotion of the therapist workforces may be one solution to addressing this challenge.

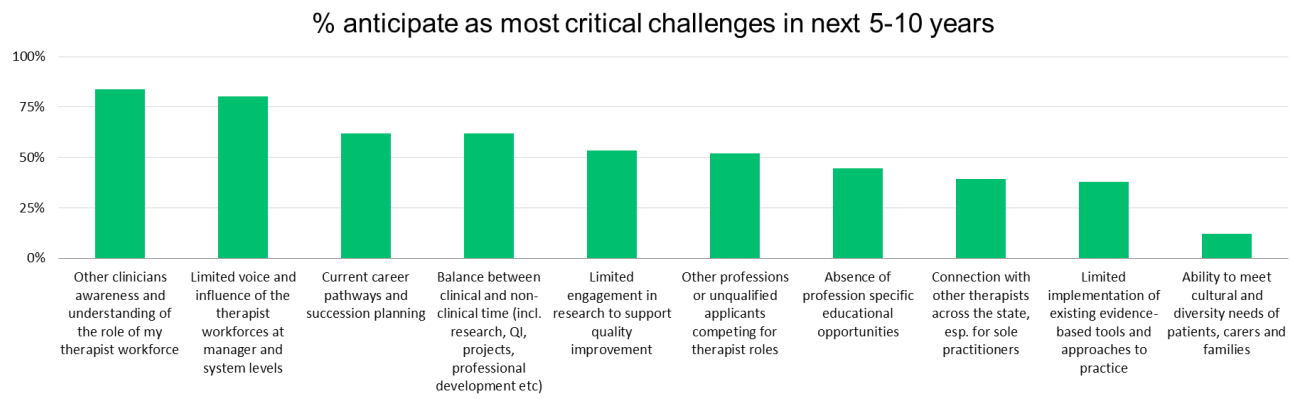
5. Growing the workforce

- Adequate staffing to meet the growing demand and requirements of patients for therapy services was reported. An evidence based/benchmarked number of staff and equitable distribution is essential to ensure access to the four therapist workforces across NSW Health. This was important across geographical regions, for all age groups, and to meet the diversity of needs.
- Opportunities to grow the workforce were considered across the following:
    - Increasing the number of clinical placement positions for students and to provide exposure for students to work in a variety of areas across NSW Health.
    - Development of a plan to increase the number of full-time, part-time and new graduate positions in NSW Health.
    - Proactively advocate that relevant Multidisciplinary teams (MDTs) include therapists, potentially creating the case for new NSW Health positions through the demonstration of the value of therapists.

Survey findings

Survey respondents were asked to rate the critical challenges in the next 5-10 years as presented in Figure 10. Over 80% of respondents agreed that other clinicians' awareness and understanding of the therapist workforce role and limited voice and influence of the therapist workforces at manager and system levels are critical challenges. The next highest critical challenges were career pathways and succession planning, and balance between clinical and non-clinical time (both 62%).

Figure 10: Critical challenges



Opportunities for the future

Overview

A range of opportunities for the therapist workforces were identified throughout the project. This section of the report presents the opportunities through scenarios. The four scenarios presented are not intended to represent the highest priorities for each workforce but rather, provide a framework for discussion about future workforce possibilities and the workforce enablers that are required to achieve a future desired workforce vision. Additionally, it should be noted that while scenarios were developed by one workforce group the scenarios are applicable to all therapist groups.

- Scenarios - opportunities were considered in the context of the future workforce and four plausible scenarios were generated for discussion. It is important to acknowledge that no one scenario or workforce enabler sits in isolation. Rather, elements are mutually dependent to support the future workforce, improve the patient journey and achieve the desired outcomes.
- Current evidence and good practice examples – evidence and examples of good practice were highlighted throughout the project and a number are presented in this section.

Scenario generation

Workshop participants were asked to consider four scenarios:

- Scenario 1: Enhanced use of technology to deliver music therapy services to consumers
- Scenario 2: Wider embedding of Art Therapists in MDTs
- Scenario 3: Consistent and defined scope of practice for Diversional Therapists working across NSW Health
- Scenario 4: Embedding of Child Life Therapists in MDTs and delivery of culturally appropriate therapies

These scenarios were informed by the literature review, outcomes from the consultations and online survey, and the horizons scanning workshop. They are intended to stimulate thinking about the future workforce, considering supply and demand drivers along with challenges and opportunities.

While the scenarios presented here provide an overarching direction for workforce modelling, their components require further discussion and development prior to being operationalised across NSW Health.

Scenario 1: Enhanced use of technology to deliver music therapy services to consumers

- For families living in rural and remote areas and other hard to reach groups, access to music therapy services facilitated by a Registered Music Therapist may be difficult. The delivery of music therapy via technology is an area of growth which seeks to address this need.
- A recently published paper details how telehealth has been used successfully in different scenarios and population groups to overcome current service challenges due to the pandemic (Knott & Block, 2020).
- The traditional face-to-face delivery of music therapy is changing and is likely to change further as synchronous technology, virtual reality and other technologies become more accessible.

Workshop participants were asked to consider Scenario 1 in relation to how the scenario would work in 2030, the potential benefits and perceived challenges or risks. The outputs from the discussion are summarised in Table 3.

Table 3: Scenario 1 summary outputs from workshop

Scenario 1: Enhanced use of technology to deliver music therapy services to consumers
It is 2030, and the way music therapy is delivered has changed dramatically - Music Therapists are leading the way in the use of technology to deliver music therapy services to consumers across NSW. Consumers across metropolitan, regional and rural NSW are benefiting, receiving timely and appropriate music therapy in locations that suit them. This technology comprises synchronous clinical video telehealth, online resources, and video and audio podcasts, just to name a few. In many instances, consumers can engage in music therapy in the comfort of their own home and are discharged from hospital earlier. *This scenario has led to dramatic improvements in the patient journey, quality of care, enhanced patient experience, access to therapeutic services and many other outcomes.*

Describe how this scenario works in 2030.

How will the workforce implement this scenario?

- In this context, the term 'technology' is very general / broad and could include the use of iPads, telehealth, video conferencing, etc
- Investigate model of care options and workforce requirements related to technology, including:
  - implementation in hospitals, community health settings and using virtual reality for rural and remote populations.
  - therapists working at home and being linked into the hospital to provide therapy for suitable patient cohorts
  - the appropriate combination of telehealth and face-to-face therapy
- Review current and emerging technologies and assess the feasibility of implementation, e.g. synchronous video conferencing, virtual reality, artificial intelligence
- Develop training materials for Music Therapists and upskill Music Therapists across technology platforms
- Train music therapy students within their courses
- Identify and communicate roles and responsibilities of the workforce and of patients related to technology

What workforce inputs and systems are required to support this scenario?

- A strong research and evidence base to support therapy delivered via technology (e.g. via student training, student projects, funding for the PhD/Masters students, funded research proposals)
- Training webinars provided by the Australian Music Therapy Association
- A university training plan to support student final placements/internships to rural/regional areas
- Policies, guidelines and protocols to support new models using technology
- New models of funding to support therapy delivered remotely
- Adequate data collection to capture activity, and support funding and continual improvement

What are the workforce implications for your therapist group?

- A greater number of Registered Music Therapists would be required to enable the delivery of music therapy via both traditional modes and technology. Input into the operational management of music therapy delivered via technology would be an important governance consideration for Music Therapists.

What are the potential benefits?

- Improved management of patients including access to services, patient outcomes and experience:
  - Being able to extend the continuum of care including follow up post hospital discharge
  - Addressing ecological health factors
  - For patients with chronic care it may mean an increase in the length of time that they could stay at home
  - For isolated patients – technology could be used to meet their needs (e.g. depression technology can be adapted)
- Cost benefits:
  - May assist to prevent hospital admissions
  - Saved travel time for therapists and/or patients
  - Cost of Allied Health Assistant (AHA) vs Registered Music Therapist, where an AHA can provide remote support for music therapy delivered via technology

What are the challenges/risks?

- Challenging to use with particular consumer cohorts. Therapists identified that there may be a greater risk to vulnerable consumers and individualised assessments could assist to determine where therapy may be appropriately delivered via technology.
- Availability of synchronous technology – there is a delay with the use of technology for telehealth purposes. Some technology platforms are also set up for one person to talk at a time, for example Zoom (i.e. limits joint singing and music playing)
- Education about the referral processes (e.g. the social prescribing)
- Current bandwidth and availability of technology, particularly in rural areas
- Understanding and planning workforce requirements including the number of FTE and skills required
- Limitations of the current funding model to support Music Therapists to implement new models through the funding of technology

Table 4 highlights some examples of the use of technology identified through the literature.

Table 4: Good practice examples related to the use of technology

Connected Music Therapy Teleintervention Approach	Remotely delivered music therapy
Fuller and McLeod (2019) outlined the Connected Music Therapy Teleintervention Approach (CoMTTA) and how it was applied across three different models for children with hearing loss and their families. Benefits highlighted by this initial implementation of CoMTTA include accessibility to services not available to families in their location, reduced isolation experienced by families in rural and remote areas, and an observed high level of parent/carer-child interaction and parental skill development (Fuller & McLeod, 2019). However, challenges included technological issues and some therapeutic relationship issues caused by communication problems.	Remotely delivered music therapy was also outlined in a case study by Lightstone and colleagues (2015) in which they used videoconference technology over a telehealth network. Therapy was co-facilitated by a Music Therapist and a clinical psychologist. It was reported to have made a significant contribution towards the patient's recovery from complex symptoms of PTSD related to military service and severe childhood trauma, therapeutic progress that had not occurred during the patient's previous eight years of independent treatments (Lightstone, Bailey, & Voros, 2015).

Scenario 2: Wider embedding of Art Therapists in MDTs

- Art Therapists work with a diverse range of patient groups including mental health, paediatrics, adults and older persons involving a range of visual art media.
- It was identified that diversity and culturally responsive practice were growing areas of need and opportunity existed to strengthen and grow art therapy in this area.
- People identifying as LGBTIQ have higher rates of mental illness and are more likely to attempt suicide than the general population[4].
- The Cultural Respect Framework[5], developed for the Australian Health Minister's Advisory Council by the National Aboriginal and Torres Strait Islander Health Standing Committee, assist health services to improve culturally respectful and responsive services to increase safety, access and engagement of Aboriginal people with health care.
- Respecting the Difference: An Aboriginal Cultural Training Framework[6] for NSW Health provides a strong foundation for all NSW Health staff to undertake training and become familiar with issues affecting Aboriginal people throughout NSW.
- Workshop participants chose to focus on this growing area of need in the scenario while considering MDTs as an enabler to strengthen diversity and culturally responsive practice.

Art therapists acknowledge diversity for inclusion of access to service and delivering practice as clinicians: Addressing intersections of identity including effects of colonialism - culturally responsive practice.

Workshop participants were asked to consider Scenario 2 in relation to how the scenario would work in 2030, the potential benefits and the perceived challenges or risks. The outputs from the discussion are summarised in Table 5.

Table 5: Scenario 2 summary outputs from workshop

Scenario 2: Wider embedding of Art Therapists in MDTs
It is 2030, and the system for delivering art therapy services in NSW has changed dramatically. Art Therapists are key members of multidisciplinary & specialist teams including in justice/forensic services, rehabilitation, mental health, and palliative care, just to name a few. Art Therapists are a valuable part of the MDT, are contributing new clinical insights and facilitating the achievement of patient goals and outcomes. *This scenario has led to dramatic improvements in the patient journey, quality of care, enhanced patient experience, greater access to therapeutic services & many other outcomes.*
Describe how this scenario works in 2030. ***How will the workforce implement this scenario?*** • Establish a working party to define and document scope of practice, risk management practices, policy implications • Establish a framework for inclusivity: o Multicultural diversity, Aboriginal and Torres Strait Islander inclusion in delivering AT practice

4 ACON, What we are here for: Mental Health, https://www.acon.org.au/what-we-are-here-for/mental-health/
5 https://www1.health.gov.au/internet/main/publishing.nsf/Content/indigenous-crf
6 https://www.health.nsw.gov.au/workforce/aboriginal/Pages/respecting-the-difference.aspx

- Trauma informed approaches and inclusion in language and diverse experiences
- Culturally appropriate training for practitioners
- Decentralise knowledge from Eurocentric practices and include visual and oral traditions
- Extend practice to more patient-centred approaches

- Engage education providers to prioritise inclusion and Aboriginal perspectives in course content, including strengths-based learning materials which promotes relevance of Aboriginal cultural values for all
- Embed inclusion of AT positions in NSW health
- Develop a communications plan to educate Health on working party findings
- Develop a professional development pathway including dedicated time for non-clinical hours
- Identify management champions to advise and support desired changes - FTE, access to understanding funding allocation
- Universities to implement pathways and scholarships to include Aboriginal knowledge – accessibility (financial) revise entry requirements to education in master's accreditation course.
- Investigate opportunities for clinical redesign, co-design and evaluation of current and future service models
- Investigate provision of services on Country and relevant partnerships
- Implement processes to support stronger data capture including recording of patient notes through Electronic Medical Record (eMR), feedback forms
- Consider strategies for reach and promotion of the profession, for example through school careers forums

What workforce inputs and systems are required to support this scenario?

- An agreed workforce plan to support clinical versus non-clinical workload; patient reach across multiple care settings/wards and cohort types, required resources and distribution of resources
- A communications plan to engage key stakeholders across all levels: connecting AT staffing and students, educating staff in NSW health for support; senior executives for advocacy and accountability; consumer representatives
- A pathway for self-development and education
- Adequate data collection to capture activity, support funding (cost benefit analyses) and build an evidence base through quality improvement projects and research

What are the workforce implications for your therapist group?

- Opportunity to build operational footprint, i.e. through management representation in Art Therapy, build staffing teams and increase student numbers

What are the benefits?

- Greater patient reach and delivery of person-centred care
- More inclusion of diverse population groups in AT practice (including priority populations, multicultural groups, disability, gender and sexual diverse populations)
- Supervision, education, self-development prioritised and built into workload without encroaching on clinical time
- Greater understanding of Health operations and navigating infrastructure particularly for graduates
- Greater staffing capacity including teams of AT, management roles, student capacities
- Greater understanding of the AT role by other disciplines across NSW Health
- Robust engagement of consumer led understandings of need and feedback
- Greater networking of AT acute and community staff within NSW Health
- Greater capacity for research and collaboration

What are the challenges/risks?

- Expectations of the MDT can sometimes be a challenge where the purpose of art therapy is not well understood. Communication to the MDT about the purpose and value of art therapy is that it is more about the therapeutic process rather than the tangible artwork as an output.
- Expectations that art produced may be used outside art therapy and art becoming a commodity
- That trauma images made in art therapy are exposed due to uninformed members of the MDT therapy putting the patient at risk

Table 6 highlights two examples of art therapy in mental health.

Table 6: Art therapy examples

Art therapy in mental health	Evaluating the use of responsive art therapy in an inpatient child and adolescent mental health services unit
Recovery-oriented care is a guiding principle for mental health services in Australia. De Vecchi, Kenny and Kidd (2015) explored the experiences of patients in a rural Australian secure extended care unit of an art therapy project. In this small study, they examined the views of nurse managers and an Art Therapist on an art therapy project included in recovery-oriented rehabilitation programs. Based on their positive findings, De Vecchi et al. suggest that introducing these programs into clinical practice settings can improve the patient experience and support organisational culture change towards a recovery orientation (De Vecchi et al., 2015).	This study looked at the use of responsive art therapy in an inpatient child and adolescent mental health services unit, including its acceptability rated through a satisfaction questionnaire. Adolescents reported that art therapy helped them learn how to express themselves safely (80%) and understand how their thoughts related to their feelings (78%). Responsive art therapy was a useful strategy to support the safe expression of distress and was seen as a positive experience by adolescents in inpatient mental health care (Nielsen, Isobel, Starling 2019).

Scenario 3: Consistent and defined scope of practice for Diversional Therapists working across NSW Health

- Clear role delineation and defining the scope of practice for Diversional Therapists was identified as a significant opportunity for the workforce.
- Diversional Therapists across NSW currently work across a wide variety of areas. Diversional Therapy practitioners work with people of all ages and abilities to design and facilitate therapeutic leisure and recreation programs. Diversional Therapists work in a wide range of healthcare settings (e.g. aged care, mental health, rehabilitation, forensic health, disability). Diversional Therapists provide opportunities where individuals may choose to participate in leisure and recreation activities which promote self-esteem and personal fulfillment. They facilitate individual choice, decision making and participation when developing and managing recreational programs.

Workshop participants were asked to consider Scenario 3 in relation to how the scenario would work in 2030, the potential benefits and the perceived challenges or risks. The outputs from the discussion are summarised in Table 7.

Table 7: Scenario 3 summary outputs from workshop

Scenario 3: Consistent and defined scope of practice for Diversional Therapists working across NSWH
It is 2030, and the system for delivering diversional therapy services in NSW has changed dramatically – Diversional Therapists are working at the top of their practice scope to provide greatest value to the system, patients and other health professionals. The practice of diversional therapy is clearly defined and consistent and enables Diversional Therapists to expand in to new and growing areas of practice. Diversional Therapists are focused on highly skilled therapeutic practices that facilitate individual choice, decision making and participation. *This scenario has led to dramatic improvements in the patient journey, enhanced patient experience, quality of care, access to therapeutic services and many other outcomes.*
Describe how this scenario works in 2030. ***How will the workforce implement this scenario?*** 1. Establish a framework for practice (scope of practice), then develop: • Clinical practice guidelines for each clinical area -standardised assessments, tools, resources • Engage MoH to help a DT working group to progress this 2. Establish a community of practice - working group for projects, raise priorities for research, sharing resources 3. Promotion of DT to other disciplines and application in various areas – communication from NSW Health and the Association • Promotion on NSWH website • In-services to other staff - video of DT - digital storyboard e.g. as walk into hospital • Admission packs for consumers • Influencing the questions that are formally asked at discharge planning to include those that would alert clinicians to the need to refer the patient to a DT prior to discharge

- Service contact forms - highlight the clinical outcomes of the DT intervention which promotes the value of the profession to patients and its benefits to other clinicians

4. Broad based employment of DTs across all clinical areas - representation at all management levels, representation at state level, clinical structures in place, Aboriginal targeted positions, co-funded allied health professor with an interest in DT, including expansion into community-based services

What are the opportunities, what can we start now?

- Framework and working group
- Review of resources
- Develop a business case to advocate for community-based positions to deliver community-based and integrated services. These could sit with community health, aged care teams, Mental Health (assertive outreach or case management teams), Royal Flying Doctor Service (RFDS) in regional areas

What are the benefits?	What are the challenges/risks?
Re: community-based care: • Currently don't have DTs in community to follow up after inpatient care as well as to provide community-based care - leads to increased readmission rates • Assist patient transition to daily leisure routines • Within community programs, there is the opportunity for person-centred care on a one to one basis - since COVID these benefits have been highlighted - if not maintaining group contacts, people miss out	• Sole practitioners - clinical workloads are too high to allow advocacy time, research and quality improvement time

Table 8 highlights some examples of changes in practice during COVID-19 and highlights the ATRA standards of practice.

Table 8: Diversional therapy examples

ATRA Standards of practice	Diversional Therapy students and Covid-19
Developed by the American Therapeutic Recreation Association, the Standards reflect levels of service provision for recreational therapy professionals to implement in a variety of settings. There are 12 Standards that assist the recreational therapy professional in assuring the systematic provision of quality recreational therapy services. ATRA has also developed a code of ethics for professional practice.	Prior to the outbreak of COVID-19 university students would visit clients in their home to prepare care programs. However, during COVID-19, students were required to provide remote support via Zoom meetings - which comes with several challenges. Some of the clients were not initially adept with the technology, however once this barrier was addressed the program worked well. Many people were feeling lonely and isolated - but students were able to help by spending time with them, getting to know their interests and developing activities that would allow them to have fun and enjoy themselves during this difficult time. Having social connections and a sense of purpose is important for anyone's wellbeing.
COVID-19 innovations in a day centre	
COVID innovations included: Welfare checks via phone; teleconference group activities such as trivia and general knowledge activities; individual home visits to the most vulnerable clients to undertake activities; weekly activity packs including trivia, word games, puzzles, catch up stories from other members, recipes, colouring, stories, jokes pictures etc; food drop off (for those people whom are used to getting a meal at the Day Centre). Bus trips for groups of three people including a take-away lunch and activity on the bus have been reinstated. Satisfaction has been very positive.	

Scenario 4: Embedding of Child Life Therapists in MDTs and delivery of culturally appropriate therapies

- The requirement for culturally sensitive and diversity awareness and therapy is growing across all population groups. These include (but are not limited to) Aboriginal people, people from culturally and linguistically diverse backgrounds, people with intellectual disability, people identifying as lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQ+) and people in contact with the criminal justice system.

- Ensuring culturally appropriate services to improve access and engagement is a priority. NSW is the most culturally diverse state in Australia, with 33.6 per cent of people born outside of Australia and 47.4 per cent having at least one parent born overseas[7].

Workshop participants were asked to consider Scenario 4 in relation to how the scenario would work in 2030, the potential benefits and the perceived challenges or risks. The outputs from the discussion are summarised in table 8.

Table 8: Scenario 4 summary outputs from workshop

Scenario 4: Embedding of Child Life Therapists in MDTs and delivery of culturally appropriate therapies	
It is 2030, and the system for delivering child life therapy services in NSW has changed dramatically – Child Life Therapists are key members of multidisciplinary teams across a range of services such as mental health, rehabilitation, cancer care, palliative care and disability, and settings including inpatient, emergency department and community. Child Life Therapists are focused on providing tailored and culturally appropriate therapies to children and their families to enable them to cope with their experience and provide great value to other health professionals. *This scenario has led to dramatic improvements in the patient journey, enhanced patient experience, quality of care, access to therapeutic services and many other outcomes.*	
Describe how this scenario works in 2030. ***How will the workforce implement this scenario?*** • Develop a consistent educational pathway for CLTs at the state and national level • Develop a standardised role description and scope of practice for CLTs including the requirement for consistent qualifications for CLTs • Develop educational modules to improve workforce skills base specifically focusing on diversity, for example a module for working with children with special needs; strategies/skills to provide culturally appropriate care during CL interventions • Implement discipline specific training including for paediatric palliative care, cancer care. • Further develop educational resources to support other professions, to raise awareness and to promote the profession • Work with the university to establish scholarships with the objective of building a more culturally diverse, ability, gender diverse practitioner base. • Representative within the association responsible for training practitioners • Develop a workforce plan identifying 'areas of need' and targeted diversity roles for practitioners • Investigate opportunities related to technology including IT language translation software on ward computers; opportunities to provide virtual care to patients and families **What workforce inputs and systems are required to support this scenario?** • A culturally diverse and multi-levelled workforce • A documented scope of practice and communication strategy to promote CLTs across other workforces • An education and training plan covering: CLT education pathways; modules of care for specialised roles; HETI modules targeted at other health professionals interacting with children • An agreed governance structure to meet practitioner and patient needs **What are the workforce implications for your therapist group?** • Better connection with MoH through the establishment of an advisory group • More targeted positions for specific paediatric care centres	
What are the benefits? • Patient centred care that is culturally sensitive • More inclusive and positive patient experiences • Boarder/larger practitioner skills base • More holistic care	**What are the challenges/risks?** • Risk of not building a strong consistent foundation for the profession • Difficulty to achieve consistency in qualifications in such a small profession/practitioner base • Keeping sole practitioners engaged with the association • Increase use of IT resources allowing practitioners at many more sites to engage • Having appropriate technology at all sites for improved practitioner engagement

[7] 2016 census http://www.abs.gov.au/websitedbs/censushome.nsf/home/2016

Table 8 highlights some examples of CLT innovation during the recent pandemic.

Innovation during COVID-19

The recent COVID-19 pandemic saw a huge and immediate change to the way CLT services could be delivered. Playrooms were closed and waiting areas had all toys and books removed. CLT staff continued to work face to face on their wards and support patients as closely as always – with therapeutic and developmental play sessions, procedural education, distraction and support with coping plans and strategies, and medical play. Some specific examples of innovation in therapy delivery that occurred during this time are highlighted below:

- The creation of 'Child Life Live' – a 15-minute Child Life written and presented slot on Starlight TV on a Monday afternoon. Topics covered so far have included Mindfulness, Relaxation, PPE, My World, Distraction, Medical Play, Connectedness and Breathing Buddies.
- Created 'Breathing Buddies' from a surplus of soft toys in our storeroom and distributing them to patients with child and parent friendly instructions on how to use the toys for assistance with deep breathing and relaxation.
- Palliative Care Child Life Therapist ran a Play Clinic which was a group session that focused on Play, sensory and music. This group was made virtual and appropriately re-named UPlay - PEXIP is the platform used to host this live session with CLT, Physio and Music Therapy. We have had up to 15 patients and their families attend at any one time and lots of families who live in rural and remote areas that would not normally access the face to face Play Clinic
- Telehealth support for Chronic Pain patients. Sessions include supporting these patients on their journey to cope with their pain through distraction strategies, and fidget tools. Sessions were offered earlier than a face to face session as patients did not have to travel to the hospital and has less impact on their school attendance. Strategies where practised with the patient and CLT via PEXIP and occasionally tools would be sent to the patient.
- Telehealth sessions have been conducted by therapists to support the patient in their home after a long admission, to prepare for an upcoming procedure or even just developmental play

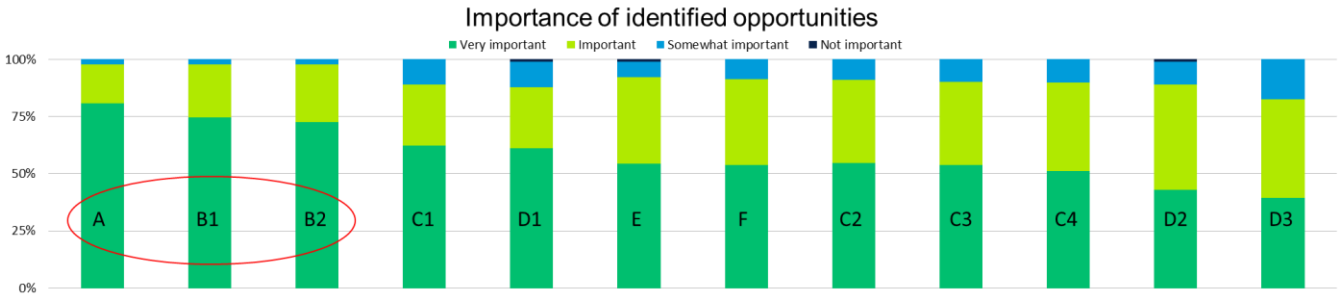
Workforce scenario priorities

Workshop participants indicated that all scenarios would have a degree of difficulty to implement and would potentially have a low to moderate impact on the workforce of the future. It was identified that there were numerous changes within each scenario to be implemented and that these as a collective would have a greater impact of the workforce of the future. These changes and opportunities are discussed below in survey findings.

Survey findings

Survey respondents were asked to rate how important each opportunity was in supporting the future workforce. *Raise awareness* and *scope of practice* opportunities were rated most important. All opportunities were considered important or very important by 82% or more of respondents (refer Figure 11).

Figure 11: Opportunities ranked in order of importance



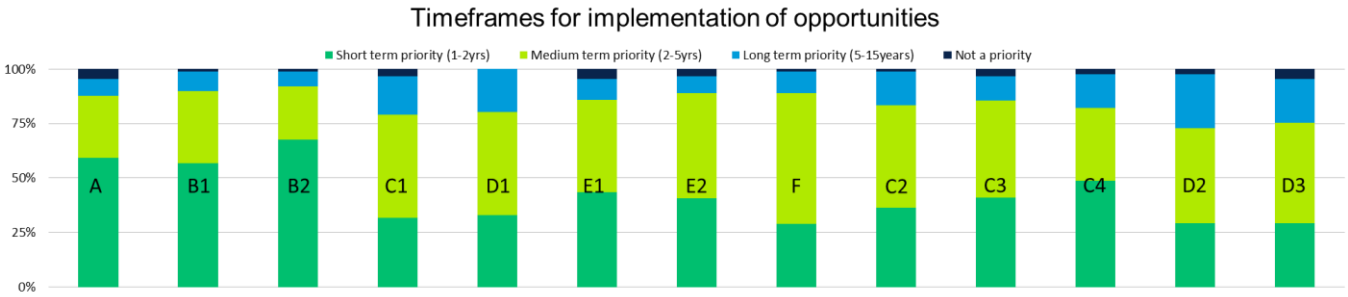
A: Raise awareness – Promote the different therapist workforces and their value
B: Scope of practice
B1: Develop a therapist-specific (i.e. DT, CLT, MT, AT) practice framework
B2: Define and promote the role and scope of practice for NSWH therapist workforces

C: Workforce planning
C1: Develop career pathways for the therapist workforces to promote professional opportunities and facilitate succession planning
C2: Implement mechanisms to understand, capture and share data to support future workforce planning, understand patient experience and outcomes, and illustrate the value of the different therapist workforces
C3: Review current governance structure and establish reporting lines consistent with other allied health professionals
C4: Establish therapist-specific networks across NSW and links with MoH

D: Grow the workforce
D1: Implement initiatives to support and attract qualified therapists to NSWH
D2: Increase the number of new graduate positions
D3: Increase the number of clinical placement positions for students
E: Technology – Expand the use of new and emerging technologies to deliver care to rural and regional populations, and provide mentoring/supervision
F: Professional practice – Increase the focus on implementation of evidence-based assessment tools and practice and expand research opportunities

Respondents were also asked to indicate the timeframe for implementation of each priority. Opportunities were generally considered short-to-medium term priorities. Defining and promoting the role and scope of practice, promoting the different therapist workforces and developing a therapist-specific practice framework could be quick wins. Increasing the focus on the evidence base is mainly considered medium-term (refer Figure 12).

Figure 12: Therapist workforce opportunities ranked from short to long term priority for implementation



A: Raise awareness – Promote the different therapist workforces and their value
B: Scope of practice
B1: Develop a therapist-specific (i.e. DT, CLT, MT, AT) practice framework
B2: Define and promote the role and scope of practice for NSWH therapist workforces
C: Workforce planning
C1: Develop career pathways for the therapist workforces to promote professional opportunities and facilitate succession planning
C2: Implement mechanisms to understand, capture and share data to support future workforce planning, understand patient experience and outcomes, and illustrate the value of the different therapist workforces
C3: Review current governance structure and establish reporting lines consistent with other allied health professionals
C4: Establish therapist-specific networks across NSW and links with MoH

D: Grow the workforce
D1: Implement initiatives to support and attract qualified therapists to NSWH
D2: Increase the number of new graduate positions
D3: Increase the number of clinical placement positions for students
E: Technology
E1: Expand the use of new and emerging technologies to deliver care to rural and regional populations for appropriate therapies
E2: Expand the use of new and emerging technologies to provide mentoring/supervision to rural/regional therapists
F: Professional practice – Increase the focus on implementation of evidence-based assessment tools and practice and expand research opportunities

Key actions for effective workforce change

These suggested key actions focus on translating the findings from this project into practical actions for future workforce planning and modelling of the four individual therapist workforces in NSW Health. The suggested actions provide the practical next steps for which there is good evidence, widespread support, and clearly viable avenues for innovative workforce plans and implementation of initiatives.

1: Establish therapist-specific networks and working groups and develop a plan to raise awareness of the workforce and build stronger relationships with key stakeholders.

Establish therapist specific networks and communities of practice across the state to support workforce planning and initiatives.

There are opportunities to raise awareness and recognition of the therapist workforces and build stronger relationships with key stakeholders including Ministry of Health staff, local Allied Health Directors, Allied Health staff, other disciplines and patients.

Optimising communication channels with relevant stakeholders will assist to promote a shared understanding of the work undertaken by therapists, the value of therapists and future workforce needs.

2: Define and document the scope of practice and a framework for practice for each therapist workforce.

The evidence collected during this project highlights the importance of defining the role of Diversional Therapists, Child Life Therapists, Art Therapists and Music Therapists in NSW Health. This will support a clear and consistent understanding of the workforces and communicate their specific roles and scope of practice.

The development of a framework for practice would promote consistency of practice, support implementation of evidence-based therapies and culturally appropriate and diverse care. A practice framework may include (but not be limited to): best practice guidelines; evidence-based assessment tools for different areas of practice; innovations and resources; governance and supervision for therapists.

A clear articulation of the therapist roles and scope of practice will provide a foundation for future workforce planning by informing skill mix and FTE required to meet demand.

3: Develop a career pathway for individual therapist workforces including professional development, research, quality improvement and opportunities for career progression.

A career pathway for individual therapist groups will contribute to the therapist workforce's ability to grow in number and strength and to realise professional goals. Opportunities identified include:

- Strengthen the availability of professional development opportunities and build capability in contemporary practice for therapists and evidence-based ways of working in partnership with existing professional associations, education and training providers.
- Articulate the need for research and develop a clear pathway and parameters to promote more research time for interested therapists.
- Supported participation in quality improvement activities including program evaluation and change initiatives.
- Through therapist networks advocate for and grow therapist leadership opportunities and support leaders to have a voice for all therapists.

4: Develop a workforce strategy for each of the four therapist workforces articulating future workforce opportunities and priorities and workforce enablers for implementation.

Workforce planning is a foundational component in ensuring that NSW Health trains, recruits and retains a fit for purpose therapist workforce to effectively meet the needs of the community. As individual therapist workforce opportunities exist to:

- Discuss and identify workforce priorities to support more effective demand management, optimal patient experience and outcomes, and therapist satisfaction.
- Develop a plan to grow the workforce and strengthening recruitment and retention of appropriately qualified therapists.
- Develop and implement a mechanism to increase the number of clinical placements and graduate positions.
- Develop and implement a strategy for data collection to support future business cases to grow the workforce. Data collection should consider activity data by care setting, workforce by care setting, and patient demographics (such as age, place of residence, Aboriginality etc). Locally collected information on waiting lists and unmet need could also be used to highlight gaps in care.

Conclusion

Through further investigation and collaboration, NSW Health and the therapist workforces have the opportunity to develop a long-term workforce strategy in partnership with key stakeholders such as teaching and training institutions and professional associations/peak bodies which:

- improves access, inclusive and culturally appropriate patient experience and outcomes
- recognises the value of therapist services in contributing to multidisciplinary care
- influences workforce planning and grows the workforce to meet demand
- realises the collective workforce vision of:

A strong, valued, professional and integrated workforce providing holistic, person-centred care to patients (and their families) addressing individual needs and goals in a broad range of settings and locations.

And to tailor this vision to each relevant workforce group: Diversional Therapists, Child Life Therapists, Art Therapists and Music Therapists.

Appendix 1: Rapid literature review

Rapid literature review

September 2020

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INTRODUCTION

Background

The NSW Health Professionals Workforce Plan 2012-2022 requires the NSW Ministry of Health (Ministry) to develop workforce modelling projections to 2030 for the Allied Health workforces (recommendation 7.8). The Health Professionals Workforce plan identifies a number of small but critical workforces that require attention in order to meet the needs of a changing health care service in NSW. Small but critical workforces are defined as: 'Workforces which contribute critical and essential elements of a comprehensive health service and are currently experiencing threats to meet systems needs now and into the future.'

A Horizon Scanning and Scenario Generation Project will be undertaken by HealthConnect Consulting to identify the risks, issues and opportunities relating to the four therapist workforces - Diversional Therapy, Child Life Therapy, Art Therapy, Music Therapy - including challenges and drivers that are expected to influence these professions in the future.

Aim

The rapid literature review (Review) will help inform the Horizon Scanning and Scenario Generation. The objectives of the Review are to develop a picture of the four therapist workforces and to understand the supply and demand factors that may influence the workforce in the future. In particular, the Review seeks to identify: 1) scope of practice; 2) best practice models; and, 3) emerging models of care to support the wellbeing of patients as well as the requirements of the workforce to support this care.

These four allied health professions have been grouped together for the purposes of this Review. It is acknowledged that while these workforces are small in number and have similar objectives of working with patients[8] to enhance overall wellbeing, they are also diverse fields, unique in their own right and face particular challenges and opportunities.

METHOD

The Review followed the general process as outlined in the Virginia Commonwealth University (VCU) Research Guides Rapid Review Protocol[9] and drew from the Cochrane Handbook for Systematic Reviews of Interventions.[10] Given the nature of the questions and the broad type of information sourced, evidence quality grading was not used however the scope of information, author and source provide a guide to the relevance and quality of reporting.

Search Strategy

Inclusion and exclusion criteria

Peer reviewed literature and grey literature (i.e. reports, guidelines and policies) were searched from 2009-present and included primary documents from Australia, Canada, USA, United Kingdom and New Zealand and secondary documents from Japan and South Africa. Key words, search terms and alternate terms* included:

[8] The term patient is used as an inclusive term for any person accessing health services (it encompasses other terms such as consumer, resident, client, person with lived experience).

[9] https://guides.library.vcu.edu/rapidreview

[10] https://training.cochrane.org/handbook/current

Workforce

- Diversional Therapist/Therapy, Child Life Therapist/Therapy, Music Therapist/Therapy and Art Therapist/Therapy workforces
- Recreational Therapist/therapy workforce
- Recreational officers
- Play therapist/therapy workforce
- Child Life Specialists (US)

Population/locations

- All age groups
- All types of location i.e. rural, regional, metro

Settings

- Inpatient, hospital, outpatient, and community clinics
- Rehab, sub-acute, stroke, brain injury
- Paediatric care/services
- Palliative care/services
- Cancer care/services
- Drug & alcohol services
- Mental health services
- Justice Health care facilities

Intervention/program types

- Art therapy, Play Therapy, Multi-modal Creative Therapy, Music Therapy, Dramatherapy, Diversional Therapy, Recreation Therapy
- Recreation and leisure activities/programs
- Distraction Therapy
- Medical Play
- Social stories
- Intervention
- Treatment
- Best practice
- Emerging models
- Psychosocial

Out of scope

- Non-hospital-based play therapists
- DT, CLT, AT, MT with psychology degrees who are primarily employed to provide psychological services
- Interpretative art and other therapies

Primary document search

A document search was performed on 27 August 2020 and 10 September 2020 by the Ministry Library with the following databases and search terms:

Search Embase, Emcare, Medline, PreMed, Psyc, Cochrane

(Diversional Therapy/ or diversional therapist.mp. or Music Therapy/ or music therapist.mp. or Art Therapy/ or art therapist.mp. or Play Therapy/ or play therapist.mp. or child life therapy.mp. or child life therapist.mp. or Recreation Therapy/ or recreation therapist.mp. or recreational therapy.mp. or recreational therapist.mp. or child life specialist.mp.) AND (Workforce/ or Health Workforce/) AND (Australia or Canada or New Zealand or United Kingdom or USA or Japan or South Africa)

(Diversional Therapy/ or Music Therapy/ or Art Therapy/ or Play Therapy/ or "child life therapy".mp. or "child life therapist".mp. or Recreation Therapy/) AND (Australia or Canada or New Zealand or United Kingdom or USA Japan or South Africa) AND Therapists/

Search Ac S Comp, Health Bus E

(Diversional Therapy or Music Therapy or Art Therapy or Play Therapy or child life therapy or child life therapist or Recreation Therapy) AND (health workforce or health workers or therapist? AND (Australia or Canada or New Zealand or United Kingdom or USA or Japan or South Africa)

Google

(art therapist or music therapist or diversional therapist or play therapist) AND (professional practice)

The search revealed 63 citations whose abstracts were reviewed manually. 38 citations were excluded as they were not relevant to the review questions and mostly focussed on theoretical aspects of a particular therapy, or small case or small-scale intervention studies. 25 were selected for full length manuscript review, of which 13 were used in the Review.

Additional documents search

An additional search for documents was conducted on key sites identified by the Ministry (and others) and referenced in documents, including for example: Asian Australia and New Zealand Creative Arts Association, Australian Music Therapy Association, Child Life Therapy Association and Diversional and Recreation Australia. This search yielded 21 additional documents (including relevant NSW policy documents and plans).

Trends and commentary were searched for on recent social media (e.g. Facebook) and University sites; this yielded further searches on some sites mentioned above and relevant information is reported on where applicable to the review questions.

REVIEW QUESTIONS

a. What are the requirements of each of the Diversional Therapist / Child Life Therapist / Art Therapist /Music Therapist workforces (individually and/or collectively) to effectively meet the population's mental health and wellbeing needs (changing demographics, specific issues)? b. Are there any untapped workforce opportunities?

This section outlines some of the key areas of practice for each workforce. Workforce opportunities may be identified in the section below on 'workforce context and practice' and in the following question on patient experience.

General scope of practice[11]

Diversional Therapist Workforce [12,13]

Diversional Therapy is a person-centred practice that recognises that leisure and recreational experiences are the right of all individuals. Diversional Therapy practitioners work with people of all ages and abilities to design and facilitate therapeutic leisure and recreation programs. Activities are designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical wellbeing of individuals. Diversional Therapists provide opportunities where individuals may choose to participate in leisure and recreation activities which promote self-esteem and personal fulfilment. They facilitate individual choice, decision making and participation when developing and managing recreational programs.

Diversional Therapists work in a range of areas including: Aged Care, Mental Health, Rehabilitation, Community Centres, Youth Services, Ethnic Services, Residential Care, Brain Injury, Palliative Care, Respite Services, Forensic Health, Disability and Private Practice.

Diversional Therapists have specialised skills and knowledge as described in Table 1.

Table 9: Diversional Therapists specialised skills and knowledge

Leisure counselling and education	Assessment of leisure related needs and abilities
Individual personal programs	Facilitating client choice and decision making
Leisure programming for individuals and groups	Lifestyle management
Creative and expressive recreation	Activity analysis and modification
Documentation of professional practice and patient care	Continuous quality improvement and evaluation
Teaching and facilitation	Health promotion
Management	Team and group work

Child Life Therapist Workforce[14,15]

Child Life Therapists[16] are healthcare professionals specialising in child development, with a background in education and/or other fields of healthcare. Child Life Therapy (formerly referred to as Play Therapy) involves evidence-based interventions which aim to reduce stress, normalise the hospital setting and help children cope positively with their

[11] See Appendix 1 for information on qualifications and registration requirements

[12] http://diversionaltherapy.org.au/About-DTA/What-is-DT

[13] https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-professions-in-nsw-health/diversional-therapy

[14] http://childlife.org.au/about-child-life-therapy/what-is-child-life-therapy/

[15] https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-professions-in-nsw-health/child-life-therapy

[16] In the USA, Canada and many other nations such professionals are referred to as Child Life Specialists; In the UK and New Zealand they are called Hospital Play Specialists.

healthcare experience. Child Life Therapists work in multidisciplinary teams to address the emotional, developmental and cultural needs of each child and their family. They have an important role in providing education and support to all staff about the specific needs of children in the health care context.

Child Life Therapists use their educational framework to assess the needs of babies, children and adolescents. Using a family centred focus, they are able to provide an appropriate program according to the child's developmental needs. The therapists use procedure education, medical play which seeks to correct misconceptions and reduce anxiety around medical experiences, and facilitate distraction and coping, as well as using developmentally appropriate play and self-expression activities.

Art Therapist Workforce[17] [18]

Art therapists[i] work with visual art media such as drawing, painting, and sculpture. They provide assessment and relevant art interventions in individual or group settings that have therapeutic benefits for patients and their families. Art therapy interventions may provide an outlet for self-expression of emotions relating to hospitalisation, ongoing treatment or to express emotions which are difficult to verbalise. Art therapy can address rehabilitation of skills in the context of brain injury or as intervention in the form of arts psychotherapy with the aim to improve physical, mental and emotional well-being. In the context of this Review, Art Therapists do not interpret the work in an art therapy session, however asking people to reflect on their own creative work is an important part of the therapy process because it is understood that each individual brings their own cultural influences and personal experiences to their creative process. Patient and therapist work in a collaborative manner aimed at empowering the person to discover their own sense-making and to reach their fullest potential.

Art therapists may be employed in adult and paediatric hospital settings, aged care, rehabilitation units, mental health, drug and alcohol, counselling services, private practice, sexual assault units or palliative care.

Music Therapist Workforce[19,20]

Music therapists acknowledge that illness and hospitalisation cause stress and anxiety for patients and their families. They use music to minimise stress and help patients cope positively with their healthcare experience. Music therapy interventions comprise both individual and group sessions for all age ranges and their families and using family-centred care approaches. Music therapists work in multidisciplinary teams to address the unique emotional, developmental and cultural needs of each patient and their family. The role of Music Therapists is supported by a relatively well-developed body of evidence-based research illustrating clinical efficacy for facilitating and achieving a wide range of outcomes in diverse healthcare contexts from acute care to rehabilitation.

Music therapists use a range of techniques and music-making methods including singing, song writing, musical improvisation, receptive music listening and other speciality techniques within a therapeutic relationship to achieve specific goals. These goals may include psychosocial (e.g. relaxation, pain or stress management, emotional expression or coping, self-expression, self-esteem, motivation, independence), communication, physical (fine and gross motor skills), cognitive and/or social goals. A music therapy session occurs face-to-face either in person or online. Music therapists use a range of music making methods and sessions are tailored to the needs of the person and contexts. Music therapy is used in many settings such as: hospitals; schools; aged care, residential care, palliative care and disability care facilities; community health programs; childcare centres; and, private practice.

Stress is placed on the professional application of music for therapeutic ends; accordingly, its function is explicitly not for education or entertainment (Matthews, 2015).

[17] https://www.anzacata.org

[18] https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-professions-in-nsw-health/art-therapy

[19] https://www.austmta.org.au

[20] https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-professions-in-nsw-health/music-therapy

Workforce context and practice

NSW

Currently, in NSW Health, there are approximately 80 FTE staff working across the allied health professions of Diversional Therapy, Child Life Therapy, Art Therapy and Music Therapy. Of this 80 FTE, 40 FTE are working as Diversional Therapists and approximately 24 FTE are working as Child Life Therapists.

Victorian examples

In 2015, the Victorian Department of Health and Human Services commissioned the Victorian Allied Health Workforce Research Program to provide data on 27 allied health professions in the Victorian public, private and not-for-profit sectors[21]. Nancarrow and colleagues presented a snapshot of the demographic profiles and distribution of these professions in Victoria and discussed the workforce implications (Nancarrow et al., 2017).

There are limited data on the smaller professions. These professionals identified challenges working as sole practitioners within hospitals and that they may be professionally isolated and lack a voice or input into allied health issues within their organisations. Data from respondents in the smaller, expressive therapies (i.e. music therapy, arts therapy and child life therapy - these were among the five smallest workforces) suggested that the shortage of reliable funding sources leads to challenges with security of employment. The professional bodies suggested that there are shortages of these professionals state-wide, however they face challenges in establishing new professional roles in the public sector and lack the resources to capture workforce data to put forward strong arguments for the establishment of new positions. Regardless of size, many of the disciplines perceived that the public and other professions have a general lack of awareness or understanding of their professional roles and their points of differentiation. There is an opportunity for the disciplines to improve understanding of their roles, the value they bring to the public and the ways in which they complement and supplement the roles of other professions. This lack of awareness or recognition of what these therapies do is also borne out in other research (e.g. (Eyre & Lee, 2015; Silverman & Bibb, 2018).

Diversional Therapists

Diversional Therapy Australia made a submission in 2010 to the Productivity Commission inquiry, 'Caring for Older Australians' (Diversional Therapy Australia, 2010). Given ongoing and also renewed attention to aged care in Australia and within NSW, their recommendations are as relevant today as they were 10 years ago, for example, they suggested that now is the time to prepare to deal with the influx into aged care, and make fundamental changes to that care so that engaging, meaningful, enjoyable activities can ameliorate psychological and physical health problems. Diversional Therapy Australia proposed that reinstatement of Diversional Therapy as a funded modality within the aged care sector, a mandatory level of rostered hours per resident and minimum staff qualification levels to plan and implement leisure and lifestyle services would subsequently lift both the status and the rostered hours of Diversional Therapy in aged care facilities that would in turn improve the overall health of the residents living in them.

[21] Diversional therapy was not included in this environmental scan of allied health professions

Diversional & Recreation Therapy Australia offers courses on Cognitive Stimulation therapy which is a structured group therapy for people with mild to moderate dementia. It is designed to engage the participants, improve quality of life and enhance social and cognitive wellbeing. It can successfully be delivered in residential aged care, community settings and even individually with slightly modified techniques.[22] More people are moving into residential aged care with a diagnosis of early to mid-stage dementia and there is some concern that these people fall through the gaps; while they attend and participate in an activity they often hide their cognitive deficits or become passive participants.

While NSWH employs DTs in mental health settings, there was little literature available in this space.

Child Life Therapists

One of the many agreed outcomes of the Strategic Forum of the Association of Child Life Therapists Australia (ACLTA) in June 2014 was the creation of a Scope of Practice document, which outlines what an Australian Child Life Therapist should be expected to do (or not do) in their role. There are different expectations based on the level of experience/training/role of an individual therapist (Association of Child Life Therapists Australia, 2014). This document was based on an analysis of job descriptions from 11 Australian sites where Child Life Therapists were employed – ranging from small sole practitioner services within general hospitals, to large teams based in metropolitan Children's Hospitals. It was recommended that the Framework should be used when creating or reviewing Child Life Therapist position descriptions, or other role-related tasks and audits to support consistency in scope of practice across Australia.

ACLTA also conducted a national benchmarking survey of Child Life Therapy and Play Services in Australian Paediatric health care in 2014[23]. 71 healthcare facilities which included 2622 paediatric beds were surveyed – 68% had Child Life Therapy available at their facility. It was found that 92 Child Life Therapists were represented at 29 facilities with a national total of 70 FTE – the average ratio of FTE per Paediatric bed was 1:33.

According to the American Academy of Pediatrics (American Academy of Pediatrics, 2014 (reaffirmed 2018)), the provision of child life services is a quality benchmark of an integrated patient- and family-centred health care system, a recommended component of medical education and an indicator of excellent paediatric care. The Academy notes that child life programs have adapted to the wide variety of patients and paediatric illnesses. Activities that enable social interaction for those who are isolated include internet connectivity and closed-circuit television programming (American Academy of Pediatrics, 2014 (reaffirmed 2018)).

Child life expertise has applications beyond conventional hospital care. Interventions can help children transition back to their home, school and community. Consulting and working with education (in-hospital and in the community) are also seen as beneficial.

In her literature review of the provision of play in health service delivery, Tonkin reviewed the evidence base for providing play within health service provision (Tonkin, 2014). She identified several key findings including:

- Children see play as a significant feature of their care: young children and young people need and want age appropriate leisure and recreational activities when accessing health services.
- Evidence is beginning to emerge of the money that can be saved as a result of play service provision (e.g. due to the use of less medication, reduced sedation).

Art Therapists

There are 137 therapists in NSW who are listed as professional members of ANZACATA (the peak professional association for Creative Arts Therapies in Australia, New Zealand and Asia), and who provide art therapy; 22 are NDIS registered.

While there is a move toward evidence based practice in art therapy, there is a lack of research on interventions for children, particularly since the demand for child emotional/mental health therapy is high (Cohen-Yatziv & Regev, 2019). Cohen-Yatziv and Regev (2019) conducted a systematic review of the effectiveness and contribution of art therapy work with children. The review did not include qualitative studies, which are very common and accepted in this field. They

[22] http://diversionaltherapy.org.au/CST_Training

[23] http://childlife.org.au/about-aclta-2/aclta-benchmarking/

found only a small number of quantitative studies that relate to the effectiveness of art therapy with children, despite the growing need for this type of therapy. The reviewed studies encompassed: children dealing with traumatic events in their past; children with special educational needs and disabilities; children with no specific diagnosed difficulty but facing a variety of challenges; children dealing with medical conditions; and, juvenile offenders. In general, these studies demonstrated benefits for these populations.

Regev and Cohen-Yatziv also conducted a systematic review to assess whether art therapy is effective for adult patients as measured in quantitative studies published from 2000 to 2017 (Regev & Cohen-Yatziv, 2018). Further to an earlier review in 2000, the body of knowledge in this field has grown and there are now a number of randomised controlled studies (RCT) conducted with larger sample sizes. However, there is still only a small number of studies addressing each population, and these studies differ considerably in terms of the course of the therapeutic process, the type of interventions used and the outcomes that were examined. The reviewed studies encompassed: patients who are coping with a variety of medical conditions; patients with mental health issues; patients coping with trauma; prisoners; elderly patients; and, those facing daily challenges in their lives.

Regev and Cohen-Yatziv (2018) found that the field of geriatric art therapy has been gaining momentum in recent years and that group therapy sessions are particularly suitable for these patients. Their review also suggested that art therapy can be a suitable form of treatment for those facing daily challenges in their lives and that it is a way to mitigate issues such as stress and burnout at work.

As with the studies reviewed in the child population, the studies with adult populations generally showed positive effects. However, some studies did not confirm effectiveness of art therapy, possibly as a result of the limited duration of the intervention, often only one or two sessions. For patients diagnosed with schizophrenia, the reviewed findings were not optimistic. Regev and Cohen-Yatziv (2018) suggest that these data are congruent with the many articles on psychotherapy that have addressed this population and have emphasized the complexity of treating such individuals. An early Cochrane review (Ruddy & Milnes, 2005) concluded that establishing benefits in this population required more research. Despite this gap in evidence, guidelines for the treatment of schizophrenia nevertheless recommend the use of art therapy in clinical settings (De Vecchi, Kenny, & Kidd, 2015).

One high quality RCT evaluated the effectiveness of art therapy for schizophrenia and failed to find any significant effects on mental health symptoms post-intervention and 12 months later. However qualitative findings reported in a separate study indicated that among participants who engaged with the program, art therapy was associated with benefits including improved self-esteem, confidence and sense of control (Crawford et al. 2012, cited in (McMillan, Moo, Arora, & Costa, 2018).

Another recent systematic review of clinical effectiveness and current practice of art therapy for trauma (McMillan et al., 2018) found nine primary studies and six systematic reviews published since 2012 that have evaluated the clinical effectiveness of art therapy. They found moderate evidence from four primary studies and one systematic review that art therapy can significantly reduce depression and anxiety symptoms associated with psychological trauma. There was very limited evidence (one study) that art therapy can significantly reduce depression symptoms for individuals with physical trauma. *Music Therapists*

Based on the Music Association census from April 2016 (Jack et al., 2016), there are 34 Music Therapists in regional NSW and 75 in Sydney metropolitan area. Among the survey findings, respondents provided several reasons for service growth which may offer potential workforce growth opportunities in NSW. Table 2 describes some of these reasons.

Table 10: Reasons for service growth by % respondents

Reason	% of respondents	Reason	% of respondents
Increased need/demand/referrals	27	Increased value of MT seen	7
Success of music therapy work/program/good outcomes	11	Word of mouth	6

Increased funding available/grant success	10	Education/presentations	5
Marketing/promotion/networking/exposure	10	Formal funding structures	4
Increased awareness of music therapy	8	Research	2.5
Growth/restructure of business/organisation	8	Student placement becoming paid position	1.5

According to respondents (n=328), the five most important issues facing Music Therapists today were:

- Understanding/awareness/promotion/advocacy of music therapy- lack of (n=115)
- Recognition/respect/valuing music therapy - lack of (n=95)
- Funding - government - lack of/cuts to/private (n=76)
- Jobs - access to/number of/full time (n=43)
- Rebates from Medicare and private health funds - lack of (n=31)

Bauer and colleagues explored the practices of Canadian and American Music Therapists who work with high-risk youth, providing a preliminary picture of music therapy services for this population (2015). Using an online survey, they found that mental health was most frequently identified as a primary area of need, and typical treatment goals focused on self-expression, self-esteem, coping skills, and identity. Frequently used interventions were song-writing, drumming, lyric analysis, and improvisation. Several new areas of music therapy practice were identified, including using music therapy to address needs related to sexual health, sexual orientation, and gender identity.

In their large-scale survey of music technology usage in music therapy, Hahna and colleagues found that geographical location seemed to be an influential factor in the use of music technology in music therapy. They found Music Therapists practising in Australia and those classified as from "other" countries seem to be more open than others to adopting technology in clinical practice (Hahna, Hadley, Miller, & Bonaventura, 2012).

In a mixed-methods survey into perspectives of Music Therapists working in mental health in the USA, Eyre and Lee (2015) found that the therapists perceived that an increase in evidence-based research in mental health and music therapy advocacy were important factors to stimulate growth in the field (Eyre & Lee, 2015).

What is the link between these workforces and a good patient experience?

General

Patient-centred care is anchored in providing care that is respectful of and responsive to values of individual patients. One widely adopted measure of patient-centred care is patient experience. The NSW Health Strategic Priorities 2019-20

(NSW Ministry of Health, 2019) includes Patient Safety and Experience as a key priority. There is an enhanced focus on value-based healthcare and its direct link with patient experience.

The way people experience healthcare is an important component of the quality of care. In the ACI presentation on using patient, family and staff experience to improve health care (as part of the Surgery Redesign Training Program), Barter outlined what is important to patients (see figure 1)[24].

Figure 13: What is important to patients? (ACI, 2016)

A systematic review by Doyle, Lennox and Bell (2013) found that patient experience is positively associated with clinical effectiveness and patient safety, and they consider it to be a central pillar of quality in healthcare (Doyle et al., 2013).

Although patient experience is a key aspect of quality, little is known about what families most value. To determine what matters most to families, Feng, Toomey, Elliott et al. (2020) assessed which aspects of experience have the strongest relationships with parents' willingness to recommend a hospital. They conducted a cross-sectional study of 17,727 surveys completed from November 2012 to January 2014 by parents of children hospitalised at 69 hospitals in 34 states (USA). Child comfort and nurse-parent communication showed the strongest relationships with willingness to recommend, followed by preparation to leave the hospital, doctor-parent communication, and keeping parents informed. Unlike adult studies, privacy and quietness were not significantly associated with willingness to recommend (Feng et al., 2020).

Building on from this work, Tubbs-Cooley and colleagues suggest that attention to the patient experience is important not just as a competitive business strategy but as an ethical practice. They noted that health care is still fundamentally about people caring for people, and investing in the human side of health care appears to be the patient experience intervention that children and their families would endorse most (Tubbs-Cooley et al., 2020).

A literature review was commissioned by NHS England to explore the impact environments have on children's experiences of care while accessing health service provision (Tonkin, 2014). As reported in that review: "Improving patient experience for children and young people is a subject which is close to many people's hearts and which has not always received the attention and investment that it needs to make serious progress. Ensuring a positive patient experience for all groups is a strategic, commissioning and financial imperative for all. Patient experience is a fundamental component of how we should think about the quality of healthcare" (Patient Experience Network 2013, p.7 cited in (Tonkin, 2014). A key finding was that the views of adults do not necessarily reflect the perceptions or

[24] https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0019/318016/PEACE-SurgerySchool-Jun16-ForGEM.pdf

perspectives that children identify as being of significance to them in terms of their experience linked to the environment. Among other things, the review indicated that:

- Children want to be involved in the design, delivery and evaluation of the healthcare environments they inhabit but need the support and facilitation of adults to make this happen, particularly for young children or those with complex needs.
- The environment will affect a child's behaviour by virtue of the reciprocal influence it has on the child's thoughts and feelings. Awareness of this can enable the environment to be manipulated to reduce the impact of environmental stressors. The role of play and recreation is significant for all children, who want playful activities and facilities reflected throughout the whole environment. The role of art is significant, particularly as a means of distraction and initiating conversation - art covers a whole range of creative activities such as music, dance, sculpture, art projects and photography.

Although not specific to children, Tonkin also reported that environmental variables which directly affect patient satisfaction include: acoustic ceiling tiles (noise); acuity-adaptable rooms (comfort, cleanliness, and privacy); amenities; attractiveness of the physical environment; music; noise; patient room occupancy; and, positive distractions (Tonkin, 2014).

Contributions of the four therapies

Diversional Therapy

The primary goal of Diversional Therapy is to facilitate the process of empowerment and to enable patients to make choices and decisions which maximise participation in leisure experiences that suit individual needs and wants (Diversional Therapy Australia, 2010).

> - *"Diversional Therapists are trained to reignite self-worth - they build trust, encourage communication, provide options for control, and apply strategies to overcome physical and mental barriers to meaningful, purposeful activities and reinforce social frameworks" Diversional Therapy Australia, 2010, p.4).*

Diversional Therapy Australia (2010) cites a research initiative by a high care aged care facility of Anglican Retirement Villages in 2003 that showed a reduction in medication usage with an increase in Diversional Therapy/Recreational Activities Officer hours as well as Music Therapy, Physiotherapy and Occupational Therapy hours. There was a 19% decrease in use of anti-psychotics and anti-depressants, 40% decrease in sedatives and 31.8% decrease in medication for

pain relief. Other results showed decreased challenging behaviours, decreased pain, increased sleep, a 58% decrease in falls, reduced incidents, reduced stress levels and an increased in satisfaction with therapy interventions (Diversional Therapy Australia, 2010).

As noted earlier, Tonkin (2014) identified that Child Life Therapy services can result in the reduced use of medications and sedation required for medical procedures.

Strength-based practice involves collaboration between the patient and the worker and focuses on the respect and dignity of people with the right to govern their lives by employing their strengths, capabilities and resources to overcome adversity (Helmer, Pulla, & Carter, 2014). By advocating and assisting patients, Diversional Therapy can have an impact on building supportive communities, challenging assumptions and negative stereotypes, opposing social structures that oppress vulnerable people, and encouraging social change. Strength-based practice facilitates positive change by encouraging resilience in an ethical, respectful and caring manner to achieve the best possible levels of personal and social well-being for all patients (Helmer et al., 2014).

Child Life Therapy

An experimental evaluation of a child life program model showed that child life interventions resulted in less emotional distress, better overall coping during the hospital stay, a clearer understanding of procedures, and a more positive physical recovery, as well as post-hospital adjustment for children enrolled. Other studies have found that child life interventions play a major role in calming children's fears and result in higher parent satisfaction ratings of the entire care experience (American Academy of Pediatrics, 2014 (reaffirmed 2018)).

- *"Empowering caregivers with coping strategies to assist with the comfort and support of their child is just as important as the work we do with our patients" (Facebook post 25 February 2020, Association of Child Life Therapists Australia)*

Art Therapy

Recovery-oriented care is a guiding principle for mental health services in Australia. De Vecchi, Kenny and Kidd (2015) explored the experiences of patients in a rural Australian secure extended care unit of an art therapy project. In this small study, they examined the views of nurse managers and an Art Therapist on an art therapy project included in recovery-oriented rehabilitation programs. Based on their positive findings, De Vecchi et al. suggest that introducing these programs into clinical practice settings can improve the patient experience and support organisational culture change towards a recovery orientation (De Vecchi et al., 2015).

Nielsen et al. (2019) found that responsive art therapy was a useful strategy to support the safe expression of distress and was seen as a positive experience by adolescents in inpatient mental health care. They reported that while art therapy has been increasingly used in mental health settings, including as an assessment strategy for children and families and for trauma induced symptoms, there is limited literature evaluating art therapy in child and adolescent mental health services units (Nielsen, Isobel, & Starling, 2019). Although their study involved psychodynamic-oriented art therapy, it highlights the potential in mental health settings and positive patient experience. Likewise, George and Kasinathan found that adolescents in an Australian forensic inpatient unit who engaged in a mural art therapy project identified gaining a sense of achievement, empowerment, teamwork, involvement and ownership as a result of their participation (George & Kasinathan, 2015).

Music Therapy

Music therapists contribute to the ecology of health care (Clements-Cortes & Pearson, 2014). Through enhancing health-promoting activities and creating equal relationships between community members, music can encourage and enable a more holistic environment of care (p.97). The ability of group music to normalise patient experiences and foster equal relationships between patients and staff contributes to an effective multidisciplinary approach to health care. There is

potential to extend the use of music therapy in health and medical care settings. Music therapy holds a particularly valuable place in providing holistic health care, and medical settings are well suited to a community music therapy (CoMT) model of practice. As medicine continues to shift its focus to become preventative, health-promoting and patient-centred, the presence of live music in hospital and community environments can contribute to valuable collaborative relationships between members of the community who might not otherwise meet, while impacting and addressing patient wellness as well as patient illness (Clements-Cortes & Pearson, 2014; Ghetti, 2016).

- *"When we share music with others, we both transmit and receive knowledge and emotion. We become connected or related to something bigger than ourselves. We override present contexts of illness and roles of 'professional health care providers', to become humans coexisting in a shared experience. We are building community" (p.108).*

A study of music therapy delivered in an adolescent inpatient unit in Queensland found patients typically reported experiencing sessions as relaxing, comforting, uplifting, and empowering (Patterson et al., 2015). Staff endorsed music therapy as valuable therapeutically, reporting that patients engaged enthusiastically and identified sessions as improving their own moods and ward milieu. Although music therapy is integral to adolescent treatment programs internationally, use in public mental health services in Australia is not routine.

Although not specific to music therapy per se, Hall et al. explored the impact of a music group activity on an acute mental health inpatient unit. They found that the music group activity was beneficial for patients and staff, and enhanced the ward atmosphere. (Hall, Mullen, Plummer, Berry, & Clancy, 2019).

A small but emerging body of research has identified the benefits of music therapy for palliative care patients and music therapy is increasingly used as an adjunct therapy to support symptom management. Porter et al. (2017) examined the processes and experiences involved in the introduction of music therapy as an adjunct therapy to palliative care in a hospice setting in the United Kingdom. They found that music therapy contains multiple mechanisms that can provide physical, psychological, emotional, expressive, existential and social support (Porter et al., 2017).

Some of the literature covers the importance of therapies such as art and music in supporting a sense of personhood and agency, especially for some patient populations. For example, Matthews (2015) suggests that in broad terms music therapy with those with dementia has a restorative effect on social agency. To the extent that music arouses a person through its rhythms and memory-inducing effects, particularly in communal settings, it may give rise to the recovery of one's narrative agency, and in turn allow for both carer and patient to participate in a more meaningful and mutually engaging social connection. Matthews suggests that narrative agency is of value because it provides for a meaningful existence, and consequently it reduces anxiety and stress, and contributes to an atmosphere more conducive to happiness and comfort and a feeling of security (Matthews, 2015).

A small case study explored the clinical characteristics of home-based music therapy for people with dementia by implementing a program with a Japanese woman in her late 80s, who had been diagnosed with (probable) Alzheimer's disease. It was suggested that home-based music therapy provided opportunities for the patient, the Music Therapist, and the patient's family to explore the patient's personhood and strengthen their respective relationships. The researchers suggested that subjective experiences, such as relationship development and the images provoked by meaningful songs, may be the most significant characteristic of home-based music therapy for people with dementia and are also associated with maintaining their personhood (Otera, Saito, Kano, & Ichie, 2020).

- *"When people go into an aged care home, they just sit all day. They don't know what to do. But when you bring music in, they come alive. You see what they were like or who they are as a person because they recognise the music when they don't recognise other things" - Australian RMT Professor Felicity Baker, the Head of Music Therapy at the Melbourne Conservatorium of Music (Facebook post 4 September 2020, Australian Music Therapy Association)*

How do these workforces deliver services in rural/regional NSW and how can they be improved?

Rural NSW healthcare context

Just over a quarter of the people in NSW live outside the three major cities of Sydney, Newcastle and Wollongong. Rural NSW is characterised by its diversity. It is made up of major regional centres and coastal cities, small towns and remote communities.

The healthcare system in rural NSW is complex and multi-layered, with services provided by many organisations. In NSW, there are 15 Local Health Districts (LHDs) responsible for providing health services in a wide range of settings, from primary health care posts in the remote outback to metropolitan tertiary health centres. Seven of these LHDs are classified as comprising rural areas: Far West, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. The private sector plays a major role in the rural health system in NSW. Private medical practitioners provide most primary care services and can also provide hospital services in the public health system. Private hospitals also provide a significant proportion of services to people living in rural areas, ranging from around 10% of hospital treatments in Far West LHD to around 30% in Hunter New England LHD.

Some of the service models currently used to deliver healthcare in regional, rural and remote NSW include:

- the Multipurpose Services Program, a joint NSW and Commonwealth initiative that co-locates acute care, residential aged care, community and allied health, rehabilitation and health education services
- outreach models, which broaden the range of health services available in regional, rural and remote locations, and can include specialist medical, allied health, nursing and maternity services
- telehealth and telemedicine, used in rural NSW to overcome problems of access to healthcare and the shortage of health professionals. In many cases, telemedicine and telehealth are used to augment other service delivery models
- expanding the roles of health professionals, such as paramedics supporting hospitals in smaller rural communities with the provision of emergency care in the hospital setting.

Therapist Workforce Locations

Table 3 indicates where the four Therapist Workforces are located. There are limited numbers of staff in regional and rural LHDs.

Table 3: Location of Therapist workforces

	Metro LHD	Specialty Health Network	Regional /Rural LHDs
Diversional Therapists	√	JHFMH, SCHN, SVHN	Limited numbers
Child Life Therapists	2 LHDs	SCHN (incl. Bear Cottage)	Limited numbers
Art Therapists	√	JHFMH, SCHN (incl. Bear Cottage)	1 LHD
Music Therapists	√	SCHN (incl. Bear Cottage)	1 LHD

NSW Policies

There are several policies that, while not specific to the Therapist Workforces, provide a guide to strategic directions in rural healthcare and workforce in NSW. They are listed below for reference:

NSW Rural Health Plan: Towards 2021

The NSW Rural Health Plan (NSW Ministry of Health, 2014) aims to strengthen the capacity of NSW rural health services to provide connected and seamless care, as close to regional, rural and remote NSW communities as possible.

NSW Health Professionals Workforce Plan 2012–2022

This Plan (aligned with the NSW Rural Health Plan) includes strategies to grow the rural workforce, support rural education and training, improve rural workforce planning capacity and provide support to health professionals working in rural areas.

Building a Sustainable Health Workforce for Rural NSW

The objective of this plan (NSW Ministry of Health, 2015) is to attract and retain health workers in rural NSW with the right mix of skills and type of health professionals to meet the needs of rural communities. The Building a Sustainable Health Workforce for Rural NSW outlines a wide range of rural workforce initiatives and programs, although it is noted that most are not specific to allied health and none are specific to the Therapist Workforces, however there may be opportunity in the future to consider the role of Therapist Workforces in regional and rural service provision.

Service delivery potential

There was very little in the literature that referenced any of the therapy workforces and delivery of services in regional and rural areas. The provision of healthcare and therapeutic services via real-time video conferencing platforms is an

area of current interest to health and government bodies, even more so now due to the impacts of Covid-19. Given the small therapy workforces in regional and rural NSW, there may be opportunity to leverage off current telehealth and remote online service delivery.

In the census survey of Music Therapists, Jack et al. (2016) found that 287 out of the 418 respondents had not used any telehealth services in the 12 months prior to the survey, however it is possible this will have changed due to Covid-19 and associated changes in service provision.

For families living in rural and remote areas, access to music therapy services facilitated by a qualified Music Therapist may be difficult or even impossible to find (Fuller & McLeod, 2019). The use of music therapy via video conferencing is an area of growth which seeks to address this need. Fuller and McLeod (2019) outlined the Connected Music Therapy Teleintervention Approach (CoMTTA) and how it was applied across three different models for children with hearing loss and their families. Benefits highlighted by this initial implementation of CoMTTA include accessibility to services not available to families in their location, reduced isolation experienced by families in rural and remote areas, and an observed high level of parent/carer-child interaction and parental skill development (Fuller & McLeod, 2019). However, challenges included technological issues and some therapeutic relationship issues caused by communication problems.

Remotely delivered music therapy was also outlined in a case study by Lightstone and colleagues (2015) in which they used videoconference technology over a telehealth network. Therapy was co-facilitated by a Music Therapist and a clinical psychologist. It was reported to have made a significant contribution towards the patient's recovery from complex symptoms of PTSD related to military service and severe childhood trauma, therapeutic progress that had not occurred during the patient's previous eight years of independent treatments (Lightstone, Bailey, & Voros, 2015). A recently published paper also details how telehealth has been used successfully in different scenarios and population groups to overcome current service challenges due to the pandemic (Knott & Block, 2020).

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Appendix 1

Qualification and registration requirements (as at December 2020)

Diversional Therapist[25]

One of the following is required to become a Level 1 Member of the Association:

- Bachelor of Applied Science (Diversional Therapy)
- Bachelor of Applied Science (Leisure and Health)
- Bachelor of Health Science (Therapeutic Recreation)
- Bachelor of Health Science (Leisure and Health)
- Associate Degree of Health Science (Leisure and Health)
- Diploma of Diversional Therapy (Does NOT include TAFE Diploma)
- Diploma Arts (Aged Care)/Associate Degree of Social Science

Child Life Therapist

A degree such as the Bachelor of Early Childhood, Primary Teaching or a related field that includes two years study in child development, deemed equivalent by the employer.

In Australia, while Early Childhood is preferred, some hospitals will consider a Primary Teaching degree should the candidate be able to demonstrate significant experience with children under 8.

Art Therapist

- Masters Degree in Art Therapy or
- Other qualifications as deemed appropriate by the employer such as:
    - Bachelors Degree in Art Education;
    - Bachelors Degree in Fine Arts with related qualifications in Psychology, Psychotherapy, Child Development, Mental health or Occupational Therapy.
- Registration with a professional body such as ANZACATA.

Music Therapist

- An Australian Music Therapy Association (AMTA) accredited course:
    - Graduate Diploma of Music Therapy
    - Master of Music Therapy
    - Master of Arts in Music Therapy.
- Registration with the Australian Music Therapy Association.
- Completion of ongoing Compulsory Professional Development requirements.

[25] https://www.heti.nsw.gov.au/education-and-training/our-focus-areas/allied-health/allied-health-professions-in-nsw-health

Notes

[25] Practitioners who use creative modalities other than or as well as visual art, work therapeutically with a variety of creative modalities such as with dance/movement or drama and may use titles such as dance/movement therapist, dramatherapist, arts therapist, multi-modal creative arts therapist. Other creative modalities used by therapists may include music, voice and sound; narrative and storytelling; creative writing and poetry; clay work; and sandplay therapies.

Appendix 2: Participating stakeholders

We would like to acknowledge and thank the many contributors to this project and wish all NSW Health Diversional Therapists, Child Life Therapists, Music Therapists and Art Therapists every success with their future workforce planning efforts.

Shannon Azzopardi	DT	SESLHD
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Wendy Bryan-Clothier	n/a	MoH
Nicola Clemens	n/a	MoH
Kerry Crannis	CLT	NSLHD
Rebecca Day	n/a	MoH
Harjinder Dhilon	DT	WSLHD
Kylie Estreich	CLT	Association of Child Life Therapy Australia (SCHN)
Oleen George-Posa	AT	Justice Health
Kirsty Goymour	CLT	SCHN
Jourdan Hancock	AT	SCHN
Hussen Hijazi	DT	St Vincent's
Claire Hogan	MT	SLHD
Kelsey Hoy	DT	SNSW
Sam Joseph-Doddrell	DT	SLHD
Hurain Khan	DT	NSLHD
Laura McAuliffe	DT	Justice Health
A/Prof Sheridan Linnell	AT	Western Sydney University
Roxanne McLeod	MT	SCHN
Lyndal McKay	DT	NBMLHD
Christine Morson	MT	SESLHD
Nicole Murray	DT	ISLHD
Julie Nicols	AT	HNELHD
Fran Nielsen	AT	SLHD
Sean Nolan	MT	HNELHD
David Oberthur	MT	WSLHD
Dr Nicole Peel	DT	Western Sydney University
Sandra Pengilly	CLT	SCHN
Michelle Perrin	CLT	HNELHD
Suzanne Perry	AT	Australian, New Zealand and Asian Creative Arts Therapies Association
Sarah Scott-Westeamn	CLT	SCHN
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