# Therapeutic Recreation Ontario (TRO) SWOT Analysis

## TRO-Specific

### Strengths
- Focus on psychosocial trends
- TR mandate aligned with current and emerging health care priorities
- Solid and growing TRO membership – critical mass
- TR Provincial Educators Steering Committee (TRPESC)
- Essential competency framework
- Established R/TRO and R/TRO Dip designations (registration)
- Beginning to standardize educational requirements to ensure consistency among professionals and programs
- Strong commitment to TR profession by members
- Strong TR volunteer support

### Weaknesses
- Not a regulated health profession
- Lack of international/global consistency in credentialing, practice, etc. (US and elsewhere)
- Diversity in education/credentialing
- Diversity in education programs
- No clear standards of practice (provincial, national, international)
- Lack of valid and reliable TR outcome measures
- Lack of evidence-based practice
- Not measuring and demonstrating impact
- Lack of consistency in terminology (RT vs. TR)
- Credibility issues
- Lack of evidence to demonstrate the effectiveness of TR programs in minimizing medical and social support costs

### Opportunities
- International TR movement (NCTRC, CTRS)
- Learn from NCTRC and ATRA in the US
- Time of opportunity – time to think creatively and differently – identify new, emerging opportunities for TR
- Need creative programs for individuals with developmental disabilities (living longer, no longer qualify for funded programs, parents can’t cope)
- Corner the lifestyle, meaningful engagement, social participation market
- Develop ‘signature areas’ with ‘proof points’
- Conduct cost-benefit analyses for TR
- Develop working groups – ‘thought leaders’ and ‘innovators’ for signature areas
- Work with academic institutions (with and without TR programs) to conduct targeted research in signature area
- Develop strong collaborations with strategic stakeholders (government: Ministry for Seniors, Ontario Council for Seniors, CARP, etc. professional organizations and providers: LHINs, Alzheimer Society, etc. academic (research) partnerships: universities, colleges)
- Opportunities for innovative inter-professional practice

### Threats
- Other professions and private entrepreneurs moving in to fill TR niche (must move forward or profession will be left behind)
- Current funding models
- Changing health care environment
- Priority focus on community
- TR profession no strong linkages across provinces and outside Canada – need unity, critical mass and standardized approach (standards of practice)
- Voluntary designation (registration)
- Diverse membership
### Therapeutic Recreation Ontario (TRO) PESTLE Analysis

#### General Environment Within Which TRO Works

<table>
<thead>
<tr>
<th>Political</th>
<th>Economic</th>
<th>Social</th>
<th>Technological</th>
<th>Legal</th>
<th>Environmental</th>
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</table>
| + health care trends  
+ a time of change in health care  
+ priority focus on community  
+ priority focus on aging at home/chronic disease/dementia/mental health  
+ focus on innovation/health system transformation  
+ Ontario's Seniors’ Strategy | + escalating health care costs - TR cheaper than other health professions  
+ health care cost drivers – aging, chronic disease, dementia, etc.  
+ entrepreneurial opportunities  
+ private practice opportunities  
+ economies of scale | + aging population trends  
+ longevity, life expectancy  
+ non-traditional roles/careers emerging – health and lifestyle coaches, etc.  
+ importance of social frailty, social participation in later years – Sinha Ontario Seniors’ Strategy 2014 (recommendation 2)  
+ focus on health inequity – vulnerable populations | + automation, innovation, research and development a priority  
+ personalized health care (use of technology to personalize services  
+ other services (task-focused) can (and are) being automated  
+ emerging technologies | - Regulated Health Professions Act - TR not regulated health profession  
- heavy focus on evidence-based practices, outcome measurement, health economic analysis, accountability  
- standards of practice, clearly defined skills and competencies the norm in health care | + ‘aging at home’ strategy  
+ community focus (- currently very limited funding for TR in the community)  
+ increased need for LTC  
+ new models emerging – ‘integrated communities’ with medical, clinical and other wellness amenities, community hubs, etc.  
+ age-friendly city movement |
| - funding  
- other professions moving into potential TR niche  
- need for international professional consistency | | | | - hospital not the best fit for TR |