LA TROBE UNIVERSITY

Living with Disability RESEARCH CENTRE

Supporting inclusion of people with cognitive disability

# Is there such a thing as a good group home?

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# Aims - Outline

Share recent Australian research about group homes in a way that is relevant to the work of disability support providers, families, advocates and others involved in the disability service system.

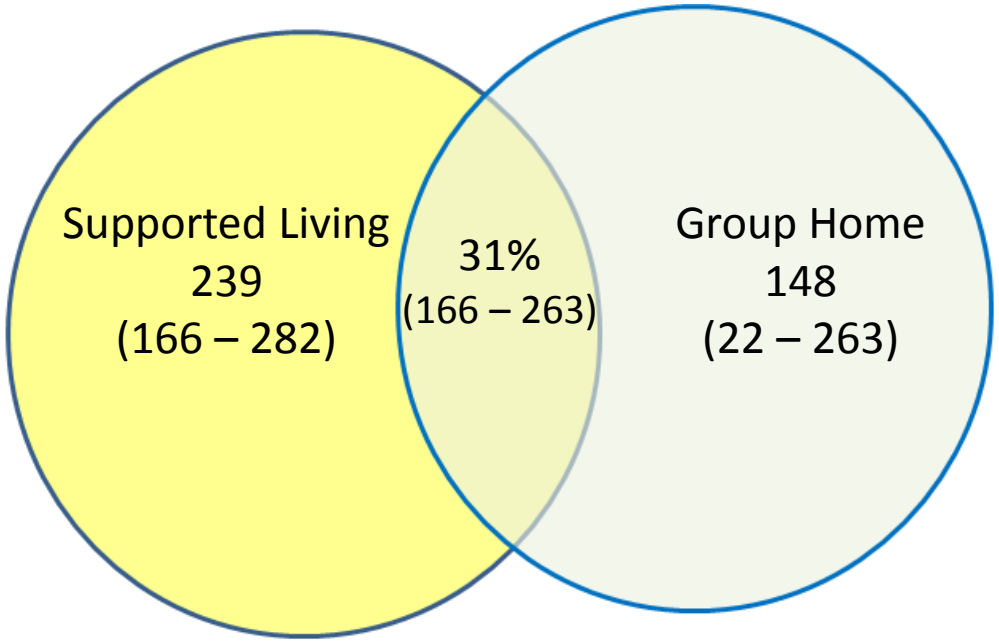
- Group homes in the Australian context
- What does ’good’ look like? For whom - Key indicators of quality and outcomes
- Evidence about group home outcomes vis other models of accommodation
- Variability a big issue
- What makes a different to outcomes
- Unpacking the components
- Ways of measuring/monitoring support quality and outcomes
- Scaling the hurdles

# Continuing importance of group homes

- Approx. 17,000 people live in group homes - most have intellectual disability
- Shared accommodation – staffed 24 hours- 2-6 people - dispersed ordinary housing
- Despite calls for innovative models – still being built
- Will remain dominant form of supported accommodation in short to medium term
- Reform emphases choice - type of support and provider
- Making judgements about quality will become more important for consumers and perhaps funders
- Demonstrating quality more important for providers

# Who lives in group homes ?

- Has been the only option for many years
- Wide range of people in terms of severity of disability – much wider than supported living
- Significant overlap between the two groups between 30 - 35 %



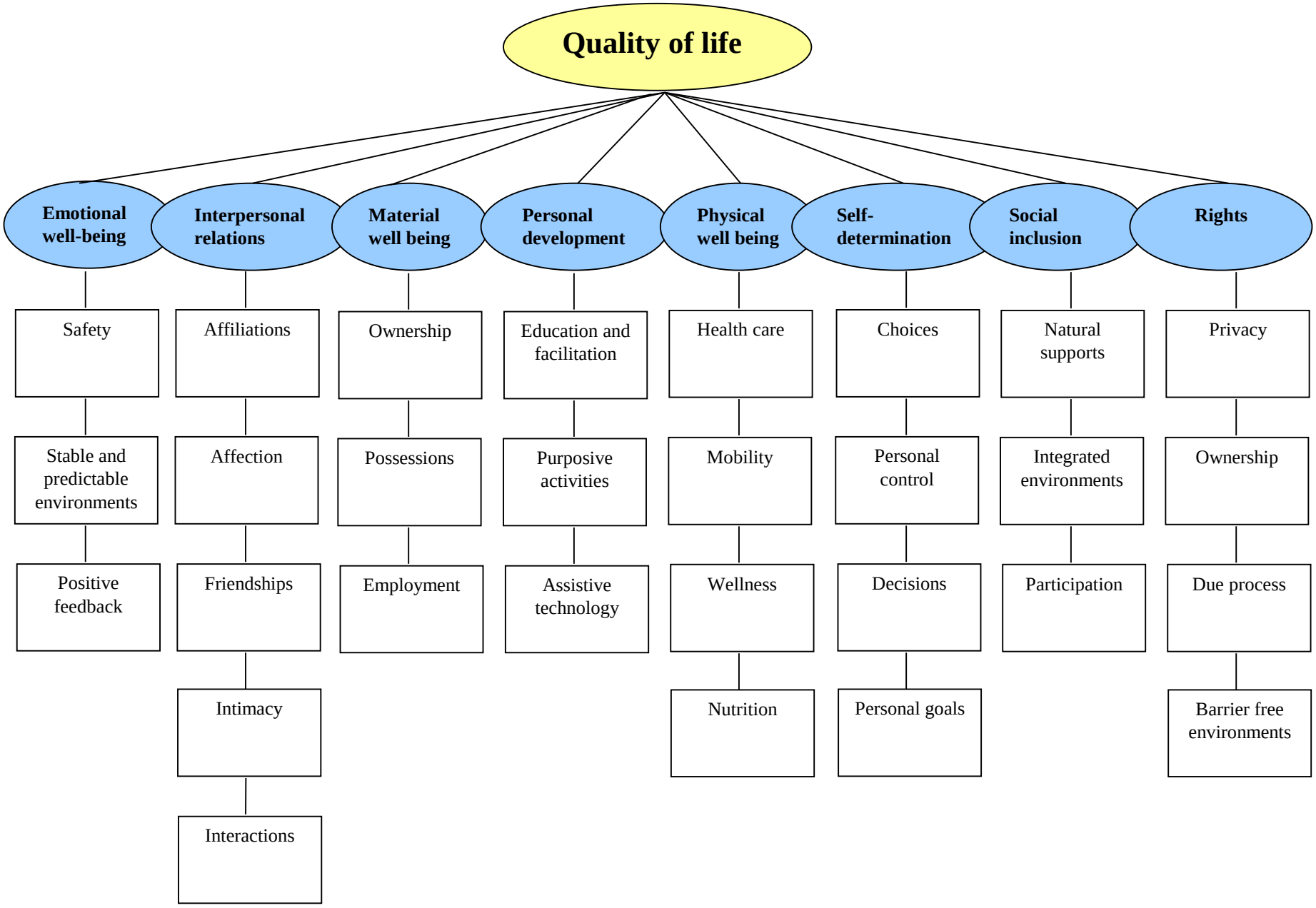

- As funding changes maybe characteristics of service users will change

# What do good group homes look like?

- Service user outcomes – quality of support
- Often at high level of abstraction and not tailored to people with more serve intellectual disability

  “inadvertent trick where least impaired people are used in the imagery to stand in for all others” (Burton & Kagan, 2006)

- All examples of good homes had service users with mild intellectual disability


Quality of life
Emotional well-being
Interpersonal relations
Material well being
Personal development
Physical well being
Self-determination
Social inclusion
Rights
Safety
Stable and predictable environments
Positive feedback
Affiliations
Affection
Friendships
Intimacy
Interactions
Ownership
Possessions
Employment
Education and facilitation
Purposive activities
Assistive technology
Health care
Mobility
Wellness
Nutrition
Choices
Personal control
Decisions
Personal goals
Natural supports
Integrated environments
Participation
Privacy
Ownership
Due process
Barrier free environments

# What do you see if someone is experiencing a good quality of life?

Think of a person with mild intellectual disability you know or person in clip

Think of a person with more severe intellectual disability you know or James who cannot use words to talk about his life

Describe in concrete observable terms 2 things you would see for person with severe intellectual disability for each of the 8 domains - as if you were explaining to a staff member what a good outcome looks like for someone they support.

Write it on a sticky note and put it on the sheet

| | |
|---|---|
| **Emotional well-being**<br><br>Demeanour at ease<br><br>Absence of challenging and self-stimulatory behaviour | People **appear content** with their environment, their activities and their support, they smile and/or take part relatively willingly in a range of activities (including interactions) when given the right support to do so<br><br>People appear **at ease with staff presence and support**<br><br>People appear **comfortable in their environment** including with the level of arousal.<br><br>People appear pleased when they **succeed in activities, do something new or experience interaction** with new people in their environment<br><br>People **do not show challenging behaviour** or spend long periods in self-stimulatory behaviour |

Judgement of well-being – satisfaction - interpretations of frequency and tone of residents' behaviour, body language, facial expressions, and vocalisations – and social interactions between residents and staff or family including social touch or joshing, or enjoyment of activities initiated by staff

- Bruno arrives a few minutes late for his shift and comes over to see Seth. He talks to him and rubs his rib-cage affectionately. Seth seems pleased to see him and vocalizes loudly.
- Delta comments that Jake is in a lovely mood. Whilst we have been sitting in the café he has smiled a number of times. Jake moves his hand towards her. …….She takes his hands and he touches his lips to her cheek. 'I'm glad you're so happy' she says.

| | |
|---|---|
| **Interpersonal relations**<br><br>Positive family relationships<br><br>Positively regarded by staff<br><br>Breadth of social relationships | □ Staff **are proactive and people are supported to have positive contact** with their family on a regular basis. Family can visit whenever they want to.<br>□ **People experience positive and respectful interactions** with staff and others in their social network including co residents<br>□ **People are positively regarded** by staff, they are seen as essentially human 'like us' and differences related to impairment or health are attended to from a value neutral perspective.<br>□ People have **members in their social network other than paid staff and immediate family** – and are supported to meet new people with similar interests both with and without disabilities, and to make and maintain friendships with people outside of their home as well as those within their home<br>□ From most of these contacts, **people experience affection and warmth**. |

- There's an elderly couple down the road, we help with their garden and just go down and say hello.
- They're great, they always come up and say hello to Hank and talk to him and you see the response in Hank.
- Ivan's sister is having a baby, due any time soon. Zadie [staff] wants to be notified when the baby is born, so that she can come in and take Ivan down to see his new niece or nephew.

**Staff played significant part in people's life –quality of their interaction important – upbeat – fun**

- "We try and bring a sense of joy into the house, music, happiness"
- The journey to the mall is about 25km. He gives a running commentary for Seth about what he is doing. 'I'm having to pull in to the inside lane. I've got some speedster on my tail.' A van goes by advertising a Segway on the side….. He tells Seth what a Segway is. He tells Seth that he seems excited and after a '1-2-3' they both holler.

| | |
|---|---|
| **Personal development**<br><br>Engaged<br><br>Participation in meaningful activities and interactions | □ People **are supported to engage** in a range of meaningful activities and social interactions that span a range of areas of life (meaning full occupation or employment, household, gardening, leisure, education, social)<br><br>□ People **are supported to try new things**, have new experiences with just enough help and support to experience success and thus to develop their skills.<br><br>□ People are supported to demonstrate what they can do (their competence) and **experience self-esteem**. |

## Right amount of support to be engaged – expanding opportunities so can experience choice – in home, in community, in planning for activities

- Jake and Effie stay in the water for 45 minutes. For that time they stay close to one another. Effie is very proactive in interacting with Jake, talking to him, pulling him about the pool, pointing to another part of the pool where they should go to, getting him to hold on to the metal rail.
- Tess might say no to really everything, but with coaxing, she'll say 'no, no, no' but then she will do things. It's like with the shopping. 'No, no. no. no', but now just loves it. With her we just need to push her a little bit further to try things and then if she goes 'No, no, no' well then okay that's fine.

## Setting people up

- She wheeled Pete into his bedroom. A while later I go into see him. He is listening to 'The could have been champions' and appears to be laughing at a song about the Richmond Tigers always finishing 9th.

| | |
|---|---|
| **Physical wellbeing**<br><br>General health<br><br>Access to acute and preventative health care<br><br>Healthy lifestyle | People are supported **to be safe** and well in their own home and in the community (without staff being risk averse)<br>**Personalised and respectful support with personal care is provided well and promptly –**all aspects of personal care reflect individual preferences as well as specific needs in respect of things such as swallowing and provided **The environment is safe and healthy** (e.g. environment not too warm or cold, no uneven or dangerous floors), people can move around their environment safely,<br>People are **supported to live healthy lifestyles** at least most of the time – good diet, some exercise etc.<br>**Pain or illness** are recognised and responded to quickly<br>People are supported to **access healthcare promptly** when ill and preventative care such as regular health checks appropriate to age and severity of disability – are not over or under weight – specific health issues are managed. |
| **Self-determination**<br><br>Day to day decision making<br><br>Autonomy<br><br>Support with decision making<br><br>Personalisation | People **are offered and supported to express preferences and make choices** about day to day aspects of their lives which means people's own agendas and preferences guide what staff do rather those of staff<br>Staff use **appropriate communication to support choice and respect people's decisions**<br>People are **supported to understand and predict** what their day will be like, based on their own preferences and agendas<br>People are supported to be **part of person-centred planning and other decision making processes** as much as possible and to have someone who knows them well and who can help others to understand their desires and wishes, such as an advocate or members of circle of support<br>People lead **individualized lives** rather than being regarded as part of a group of residents |
| **Social Inclusion**<br><br>Community presence<br><br>Community participation | People **live in an ordinary house in an ordinary street** in which other people without disabilities live<br>People are supported to have a **presence in the local community** – access community facilities (shops, swimming pool, pub, café) and **are recognised, acknowledged or known** by their name to some community members<br>People are supported to **take part in** activities in the community not just with other people with disabilities. They actually **do part of** the shopping, for example.<br>People are supported to have a **valued role, to be known or accepted in the community** – membership of clubs, taking collection in church, are viewed respectfully by people in the community (e.g. shopkeeper/bus driver/neighbours makes eye contact with them and call them by name), people are helped to be well presented in public, staff speak about people respectfully and introduce people by their name |

| | |
|---|---|
| **Rights** | **People are treated with dignity and respect in all their interactions and have privacy.**<br>People have **access to all communal areas** in their own home and garden, and are supported to come and go from their home as and when they appear to want to.<br>People have **someone external to the service system** who can advocate for their interests<br>People can physically access transport and community facilities that they would like to or need to access.<br>People are **supported to take part in activities of civic responsibility** – e.g. voting, representing people with disabilities on forums, telling their story as part of lobbying for change etc.<br>People and staff are **aware of and respect the arrangements in place for substitute decision making** about finances or other life area (guardianship, administration) |
| **Material wellbeing** | People have a home to live in that is **adapted to their needs** in terms of location, design, size and décor within the constraints of what is culturally and economically appropriate<br>People have **their own possessions** which can be seen around their home.<br>People have enough money to **afford the essentials and at least some non-essentials** (e.g. holiday, participation in preferred activities in the community)<br>People are supported to manage their financial situation so they **can access their funds**, use them in accordance with their preferences, (preferences are sought and included in decisions about holidays, furniture or the household budget)<br>People have access to some form of **transport in order to access the community** |

# Reflections on indicators

- Differences between people ?
- What you see and hear – Observation?
- Role of support in enabling outcomes ?
- Staff report ?
- Paperwork?

# Evidence about outcomes – Group homes vis other models

Terminology – not funding models

- Institutions – most evidence
  - Large scale, segregated, congregated
- Clustered housing
  - 'number of living units forming a separate community from the surrounding population'
    - residential campus's often inst sites some shared services
    - cluster housing – housing same site, or cul de sac
    - Intentional villages – separate site, shared facilities – unpaid life sharing – strong ideology (Camphill)
- Supported living
  - 1-3 people, separation housing & support , drop in support or 24 hour (Kinsella, 1993)
- Personalised residential supports' Australia (Cocks & Boaden, 2011)
- Group homes – shared support usually 24 hour 4-6 people

# Necessary but not sufficient for good outcome
## Research findings - large v small supported settings

"There can be no doubt, in general, that people with an intellectual disability benefited from deinstitutionalisation" (Mansell & Ericsson, 1996).

- More choice making opportunities
- Larger social networks and more friends
- Access to mainstream community facilities
- Participation in community life
- Chances to develop and maintain skills
- More contact from staff and more engagement in ongoing activities
- A better material standard of living
- Increased acceptance from the community.

Less clear advantages - challenging behavior, psychotropic medication, health

(Emerson & Hatton, 1996 & Kozma, Mansell & Beadle Brown, 2009)

Victorian studies similar (Bigby, 2006, Bigby & Clement, 2011, Clement & Bigby, 2010, 2011)

# Research findings – clustered housing v dispersed group homes

- Review 19 papers 10 studies, UK, Oz, Netherlands, Ireland – most large robust studies (Mansell & Beadle Brown, 2009)
- 'Dispersed housing is superior to cluster housing on the majority of quality indicators'
- Cluster housing has poorer outcomes - Social Inclusion - Material Well-Being, Self-Determination - Personal Development - Rights
- Only exception Physical Well-Being villages or clustered settings primarily villages not cluster
- No studies report benefits of clustered settings.
- No evidence cheaper
- **Young's (2006)** Australian study worse outcomes: choice, domestic skills, frequency and variety of community activities wellbeing - no difference on interpersonal relationships or material well being
- No evidence for contention that residents in cluster setting are more connected to community of people with intellectual disability
- No evidence that residents are safer in cluster settings

# Research findings – supported living v group homes

- Little evidence re outcomes, support arrangements or communities
- Better outcomes
  - choice, frequency and range of community activities,
  - more cost effective (Stancliffe, 1997, Stancliiffe & Keene, 2000; Howe et al., 1998, Emerson et al, 2001, Perry et al., 2012)
- Poorer outcomes
  - exploitation, scheduled activities, health, money management (Felce et al., 2008; Perry et al., 2012; Emerson et al., 2001)
- Few differences – except choice and control (Stainton et al., 2011)
- Recent Australian Study (Bigby et al., 20016)
  - Few differences
  - Both groups had mediocre Quality of Life
  - No one Good on all domains or Good-Mixed (at least 5 of 8 domains good, some mixed, no poor)

# Comparison of QoL in supported living and group homes

| | | Supported Living | Group Home | *p* |
|---|---|---|---|---|
| | *N/n* | 29 | 29 | |
| Score on the Index of Participation in Daily Life | *M* | 74.27% | 65.5% | $p = 0.285$ |
| | Range | 11.5 – 100 | 19.2 – 100 | |
| Score on the Index of Community involvement | *M* | 53.68 | 56.60 | $p = 0.662$ |
| | Range | 18.8 – 93.8 | 31.3 – 100.0 | |
| Score on the Choice Making Scale | *M* | 76.22 | 69.17 | $p = 0.981$ |
| | Range | 44 – 100 | 2.78 – 100 | |
| Regular family contact | | 79% | 83% | $p = 0.664$ |
| Contact with friends | | 76% | 83% | $p = 0.504$ |
| Have an advocate | | 65% | 68% | $p = 0.653$ |
| Advocate – Family Member | | 70% | 82% | $p = 0.201$ |
| Family are closely involved in the individual's life, support and decisions | | 57% | 68% | $p = 0.359$ |
| Any type of work (paid or unpaid) | | 48.3% | 52.6% | $p = 0.768$ |
| Attended some form of day programme | | 41.4% | 47.4% | $p = 0.683$ |
| Accesses a social club | | 44.8% | 5.4% | $\chi^2$ 8.7 $p = 0.003$ |

# Experiences of supported living

- Choice and control over day to day life

I've enjoyed it more than anything..... even living with my mum 'cause my mum was always telling me to do this, do that, you can't do this, you can't wear that, telling me what I can do and what I can't do and things like that, she was always bossing me about [FG2, person previously at home with parents].

I live on my own now and I like it, its better. Freedom, there's no people dictating to me and telling me what to do…I don't want anyone dictating to me. That's what I like about life. I can come and go as I please...you can live and do what you like [FG3, person previously in a group home].

- Lacking control over support

They help us with the menus, cleaning, cooking, shopping, any appointments and we just lost a really good support worker…there's a bit up and down at the moment, we don't know who is coming and who is not …so it's been really unsettling…Really they need to ring the day before [tell us] who is going to be on and who's not

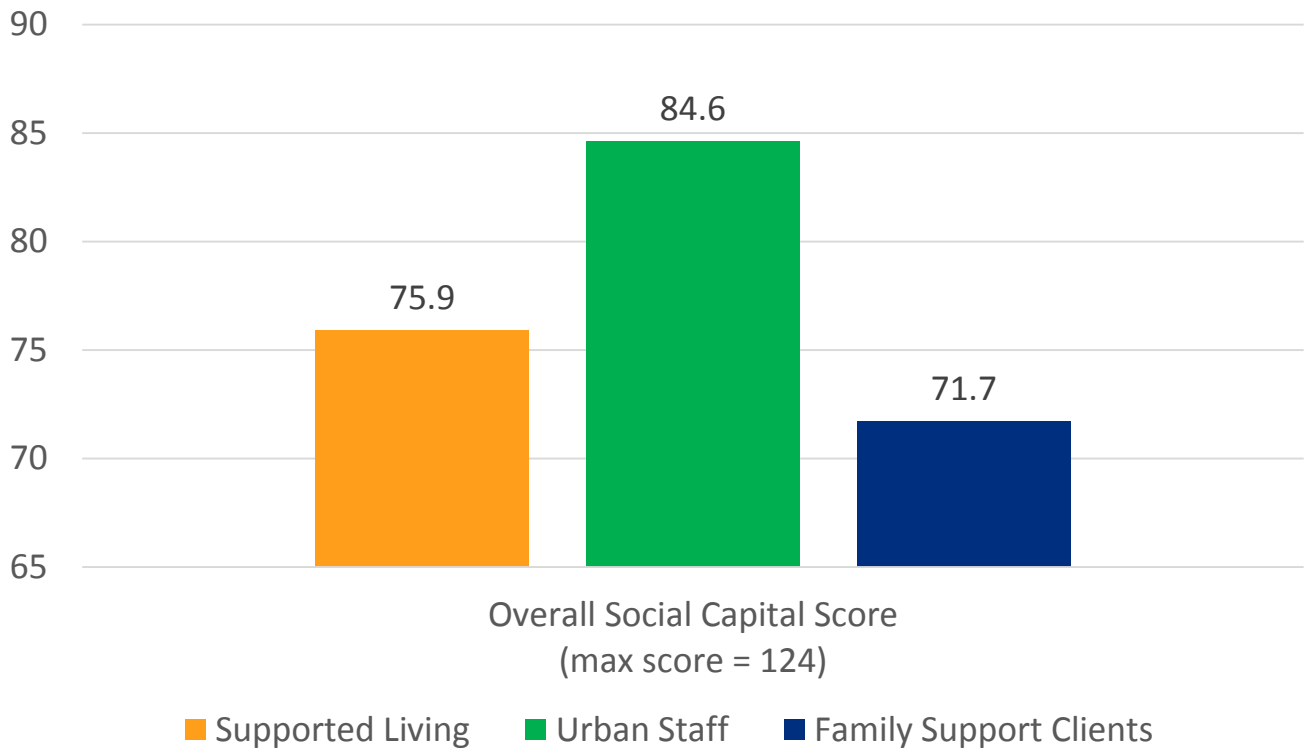
- Lonely

I try to get out but I can't go into the Hotel on my own all the time because it's too lonely…Be nice if I could have one or two friends. …Just company. Someone to talk to… It'd be nice if I could talk to someone really nice but ones that are not going to abuse you or be controlling.

I might talk to a couple of people throughout the day, on the phone, but I know a lot of people but they're not necessarily friends but acquaintances [FG4].

| Domains highest number of people rated good | Domains highest number of participants rated poor |
|---|---|
| ▪ emotional well-being (42%) | ▪ Physical well-being (32%) |
| ▪ self determination (39%) | ▪ Personal development (22%) |

# Comparison on social capital score with urban staff and family support clients (Onyx and Bullen, 2001).



# Cost of support – supported living v group homes

- Comparison of estimated mean weekly cost of disability support

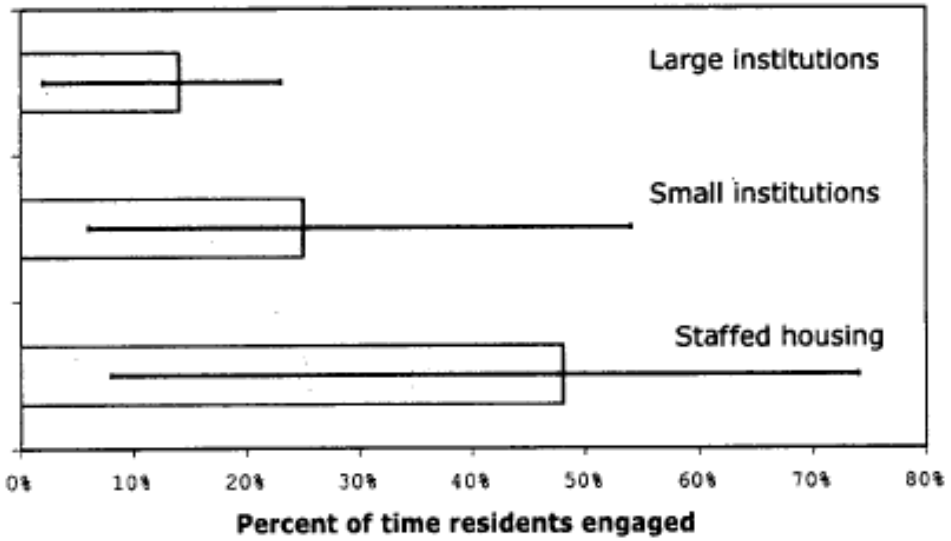
| | Weekly | | | Annual | | |
|---|---|---|---|---|---|---|
| | mean | lowest | highest | mean | lowest | highest |
| **Supported Living** | $585 | $213 | $1,877 | $30, 435 | $11,068 | $97,595 |
| **Group Home** | $1,538 (+ day program $19,000) | | | $80,000 (+ day program $19,000) | | |

- If the person with an exceptional level of support is omitted from the calculations

| | Weekly | | | Annual | | |
|---|---|---|---|---|---|---|
| | mean | lowest | highest | mean | lowest | highest |
| **Supported Living outlier omitted** | $542 | $213 | $750 | $28,196 | $11,068 | $38,985 |
| **Group Home** | $1,538 (+ day program $19,000) | | | $80,000 (+ day program $19,000) | | |

# Good outcomes are possible But Variability

## Residential settings in England and Wales service user engagement in meaningful activity




Mean = 13.7% Range = 2 - 23%

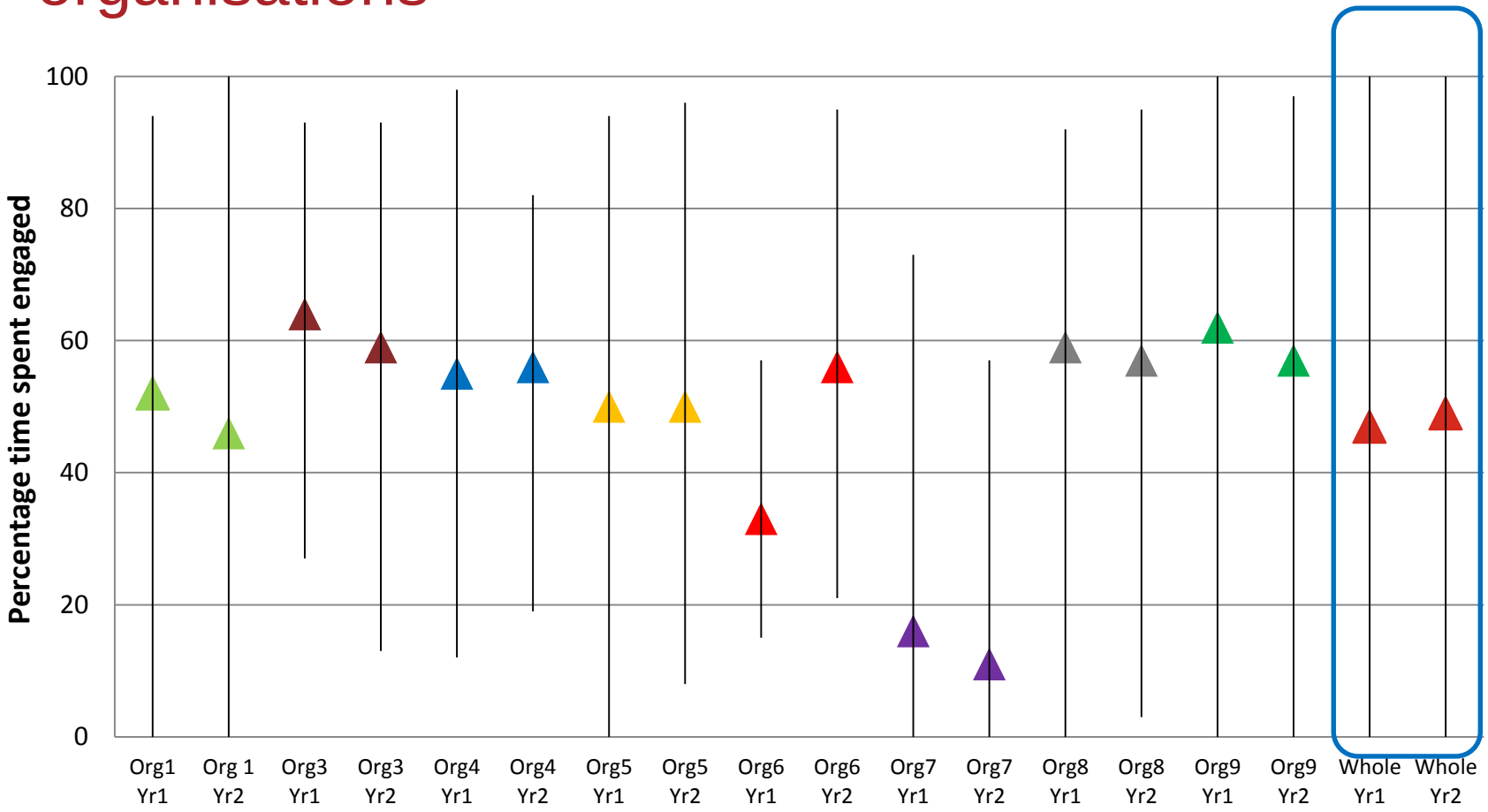
Mean = 24.7% Range = 6 - 54%

Mean = 47.7% Range = 8 - 74%

The poorest group homes are not as good as the best institutions

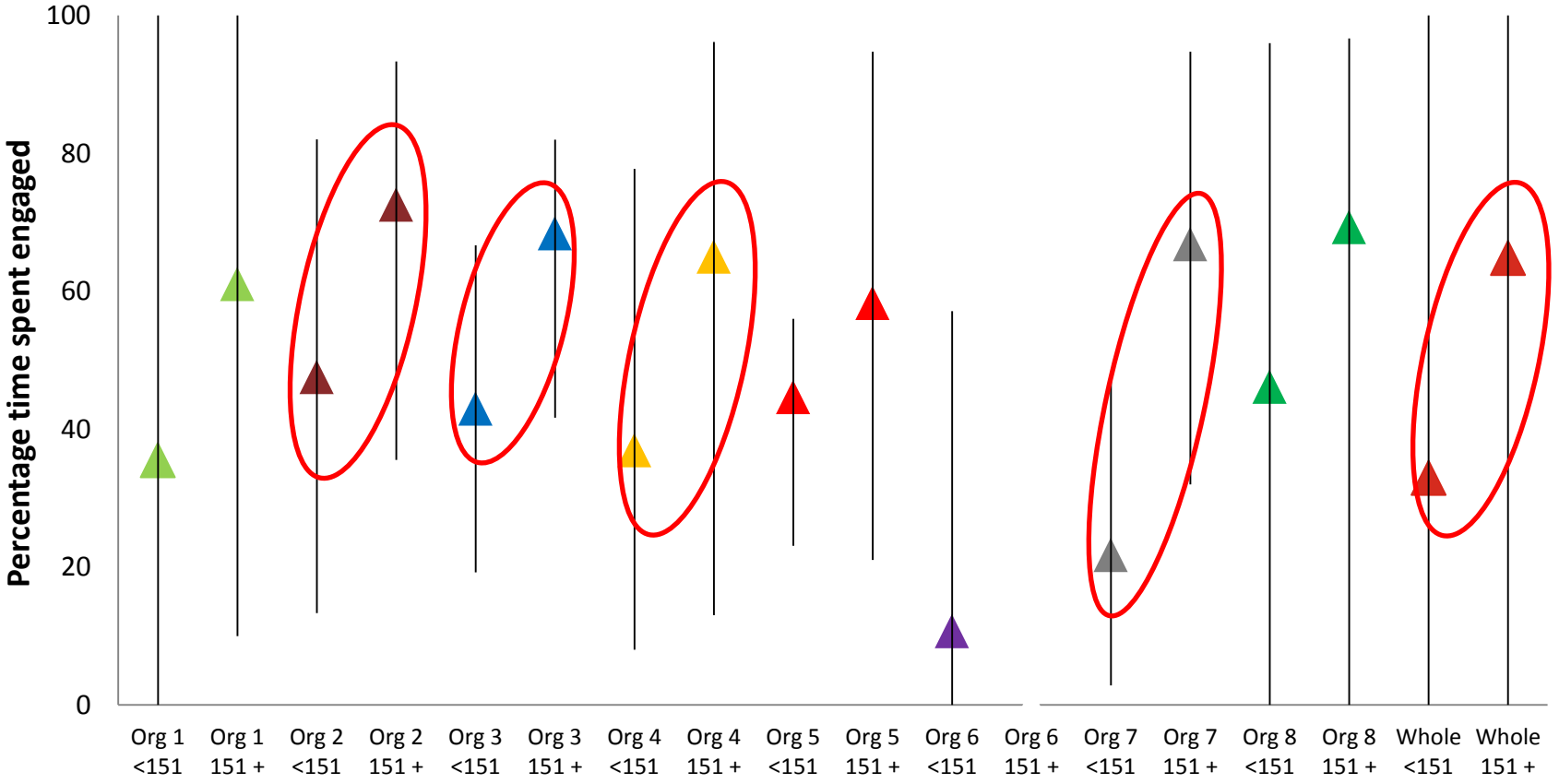
Mansell (2006)

# More recent Australian data – variability of outcomes over time, within and between organisations




minutes per hour
Year 1 = 28
Year 2 = 29

# Consistently poorer for service users with more severe disability




Sig difference

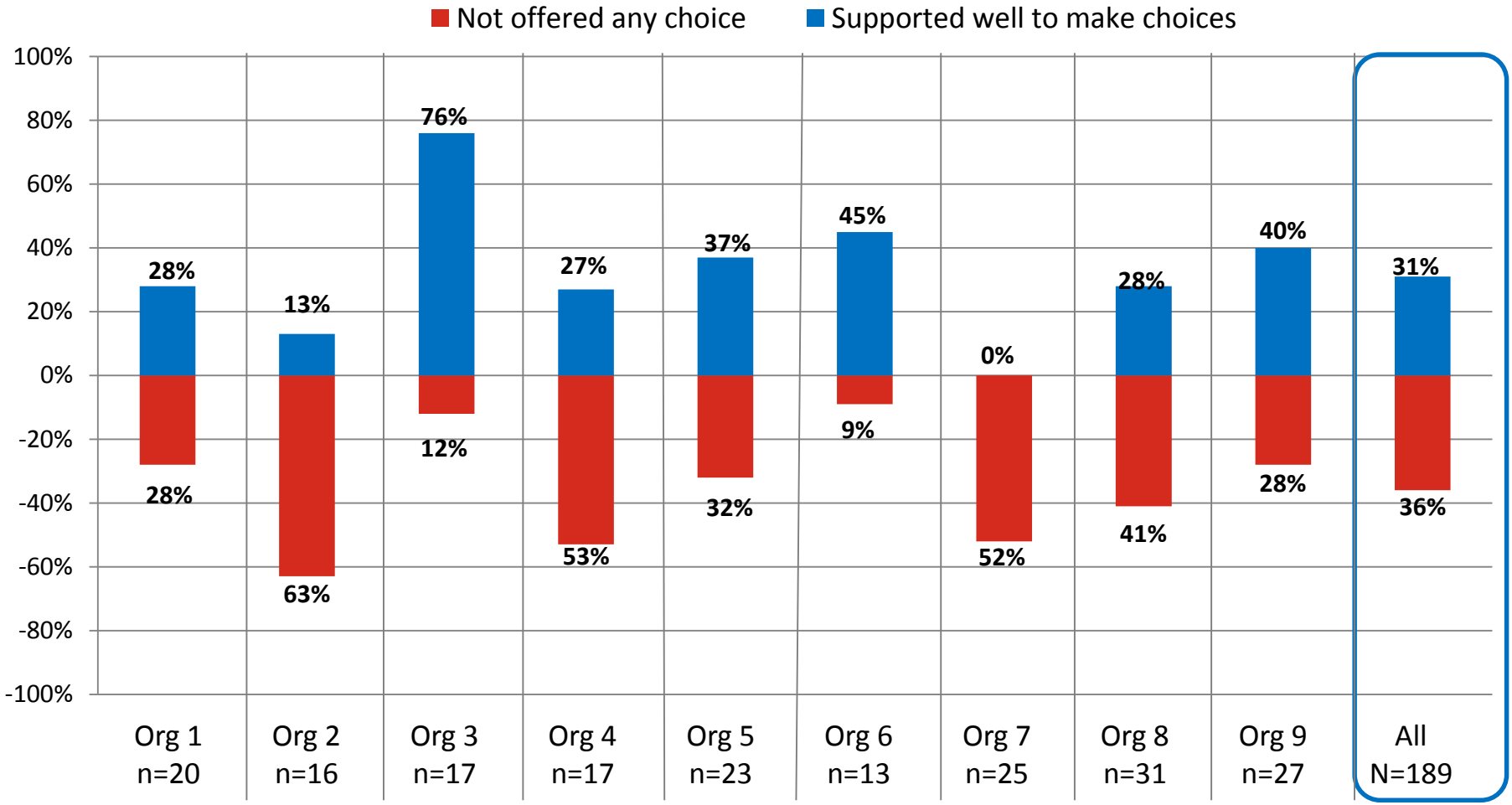
# Outcomes and staff practice high and lower performing organisations

## Sample average and people with higher support needs – variability across and between groups

| | Whole Sample | Org 1 | Org 2 | UK study<br>Good active support<br>(Ashman, Beadle-brown, 2006) |
|---|---|---|---|---|
| **Engagement in meaningful activity and relationships** | **47% (31%)** | **64% (54%)** | **25% (16%)** | **60% (54%)** |
| **Quality of Support (Person Centred Active Support)** | **49% (38%)** | **67% (64%)** | **28% (12%)** | **79% (79%)** |
| **Time spent receiving assistance and contact from staff** | **12 mins (11)** | **18 mins (15.5)** | **7.5 mins (6)** | **23 mins (25)** |

Work in progress Bigby et al.,

# Observed opportunities and support for choice




- Only 1/3 residents observed as supported well to make choices

# Support for communication

| | All | O1 | O2 | O3 | O4 | O5 | O6 | O7 | O8 | 09 |
|---|---|---|---|---|---|---|---|---|---|---|
| ***N/n*** | ***63*** | *2* | *12* | *3* | *0* | *8* | *6* | *23* | *3* | *6* |
| **Number receiving good adapted communication** | ***4*** | *1* | *0* | *2* | *N/A* | *0* | *0* | *0* | *1* | *0* |

- Only 6% of service users who don't speak received any adaptive communication that appeared to be effective.

# Could the homes be differentiated? Yes

# Were the houses claimed as good actually good?

4 homes claimed as good were better than underperforming but could have been better

- Three highest scoring scored relatively poorly on interpersonal relationships and personal development (Bigby et al., 2015)

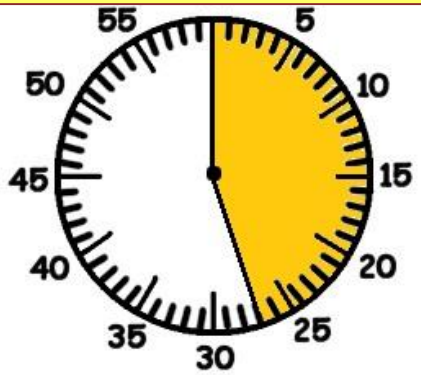
| | Max | *Ordinary life homes* | | | | *Making life good homes* | | |
|---|---|---|---|---|---|---|---|---|
| | | Hestia Ave | Tiger St | Bee Lane | Apollo Drive | Market St | Oakland Ave | Ashwood Grove |
| **Total score** | 24 | **22** | **22** | **18** | **14** | **8** | **7** | **6** |
| Emotional wellbeing | 3 | 3 | 3 | 3 | 1 | 1 | 1 | 0 |
| Interpersonal relations | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| Material wellbeing | 3 | 3 | 3 | 2 | 3 | 1 | 2 | 2 |
| Personal development | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 1 |
| Physical wellbeing | 3 | 3 | 3 | 3 | 3 | 2 | 1 | 2 |
| Self-determination | 3 | 3 | 3 | 2 | 1 | 1 | 1 | 0 |
| Social inclusion | 3 | 3 | 3 | 1 | 1 | 0 | 0 | 0 |
| Rights | 3 | 3 | 3 | 3 | 2 | 0 | 0 | 0 |

# Summary

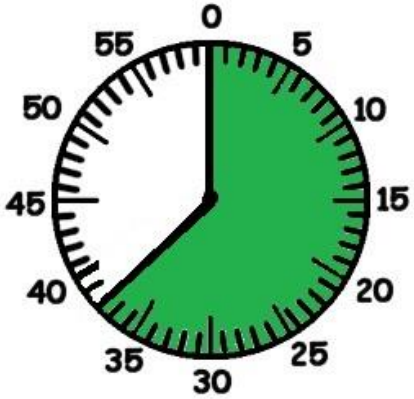
- Good quality of life outcomes are possible in group homes and supported living (Kozma et al., 2009)
- But high level of variability in outcomes – consistently worse for people with more severe intellectual disability
- Potential for 1/3 people to move out of group homes
  - Depends on availability of social housing
  - Would free up specialist housing
  - Reduce costs and over support of people
- Importance of quality of support to good outcomes both models
  - Planning and costing of support needs to go beyond the practical
  - Attention to engagement
  - Attention to health – connecting and coordinating
  - Replacing role of families those without – ex institutional residents
  - Building social networks beyond staff, family and peers
  - Support to find and keep regular activity

- 2 factors reliably predict good quality of life outcomes
  - Adaptive behaviour
  - Staff practice

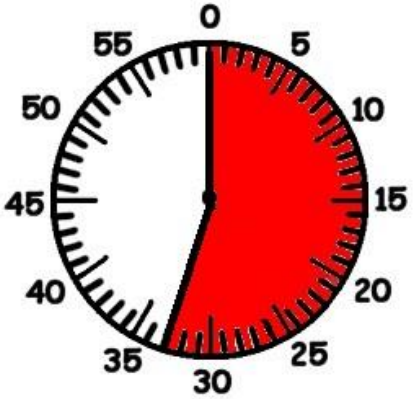
# Adaptive behaviour impacts on outomes - consistently poorer for people with more severe disability –spend a lot of time doing nothing



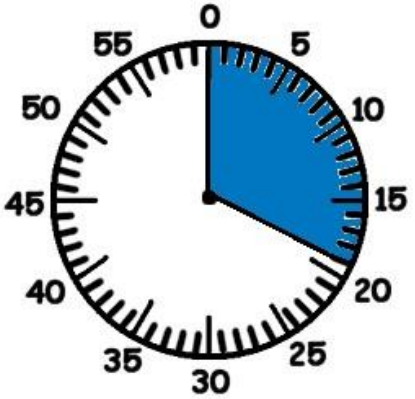

**Overall**
**46% (27 minutes)**




ABS <=80
63% (38 minutes)

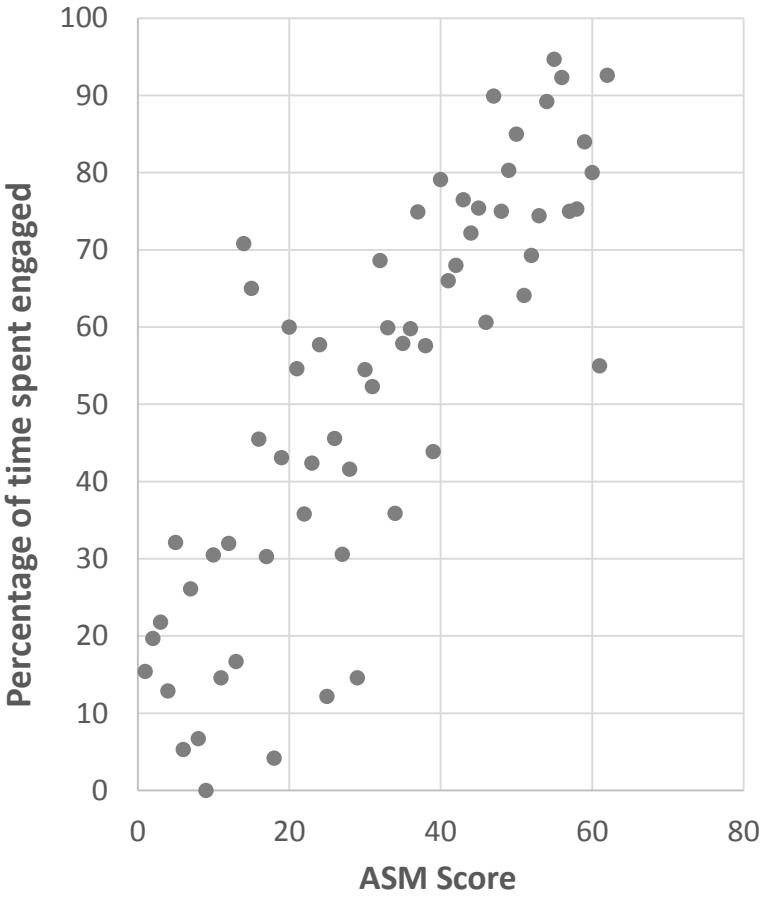



ABS 81-150
54% (33 minutes)

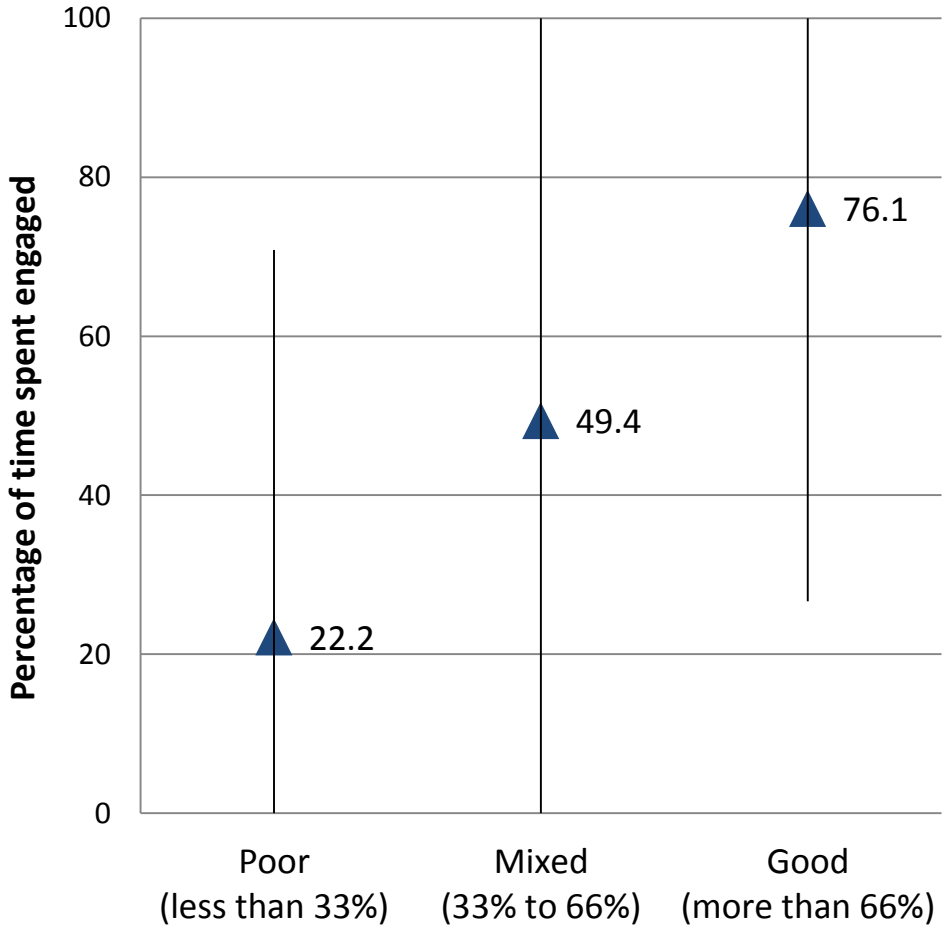



ABS 151+
32% (19 minutes)

# Quality of support impacts on levels of Engagement




r = 0.568, n =227, p =0.0001



But what does good quality practice look like ?

What predicts good staff practice?

# What makes a difference
# Good quality of life outcomes when.....

Complex interactions 5 main elements (Bigby & Beadle Brown 2016)

**Necessary but not sufficient conditions**

- Adequate resources
- Design - Size & Type

**Staff and managerial working practices that**

- Reflect active support
- Front line practice leadership
- Compensates for difference

**Organisational characteristics, policies and processes**

- Strong HR
- Processes assist staff to focus on practice
- Staff training in active support including hands on

**Culture that is**

- Coherent
- Enabling
- Motivating
- Respectful

**An external environment that is congruent and reinforces the mission and values of the organisation** - Social reforms – regulatory frameworks ?

# Necessary but Not sufficient conditions – design

- **Size** 1-6 stepped rather than gradual (Tossebro, 1995)
- **Type** ordinary and dispersed rather than clustered

(Emerson et al.; Janssen et al., 1999; Mansell & Beadle Brown, 2009)

- Either group homes or supported living?

# Resources – Does skilled support cost more? (Beadle –Brown et al., 2016)

| Over 3 months | | Skilled support (n=18 of 50) | Less skilled support (n=32 of 50) |
|---|---|---|---|
| **Accommodation and support cost adjusted for reported per person staff hours** | Mean<br>Range | £21,640<br>£7,430 – £67,020 | £16,580<br>£7,430 – £29,950 |
| **Total care package cost per person, including external services** | Mean<br>Range | £22,420<br>£7,430 – £67,640 | £17,060<br>£7,430 – £30,990 |

Staff and managerial working practices that

- **Reflect active support**
- Front line practice leadership
- Compensates for difference

# Evidence - Active Support

- If staff use active support consistently people with intellectual disability show increases in engagement, growth in skills, more choice and control and less challenging behavior (Mansell & Beadle-Brown 2012)

Findings also suggest

- active support proxy for other person-centred approaches – PCP, Spell, PSB, Effective communication
- people who receive consistent good active support have better outcomes in other QoL domains – personal development, interpersonal relations, social inclusion, self-determination and rights
- does not require more staff or cost significantly more – available resources are used much more efficiently in services where the support was skilled (Beadle-Brown et al, 2016)

# What is Active Support ?

What do you see ?

# Person-Centred Active Support is…

- a way of **providing just the right amount of assistance**, to enable a person with intellectual disability to **successfully take part in meaningful activities and social relationships**.
- a way of working that you can apply at all times, with all people.
- ….not something that you schedule for set times, or with particular people, or when extra staff are working.

- One of a family of person centred approaches But research evidence for the impact of the other approaches on quality of life is currently very weak

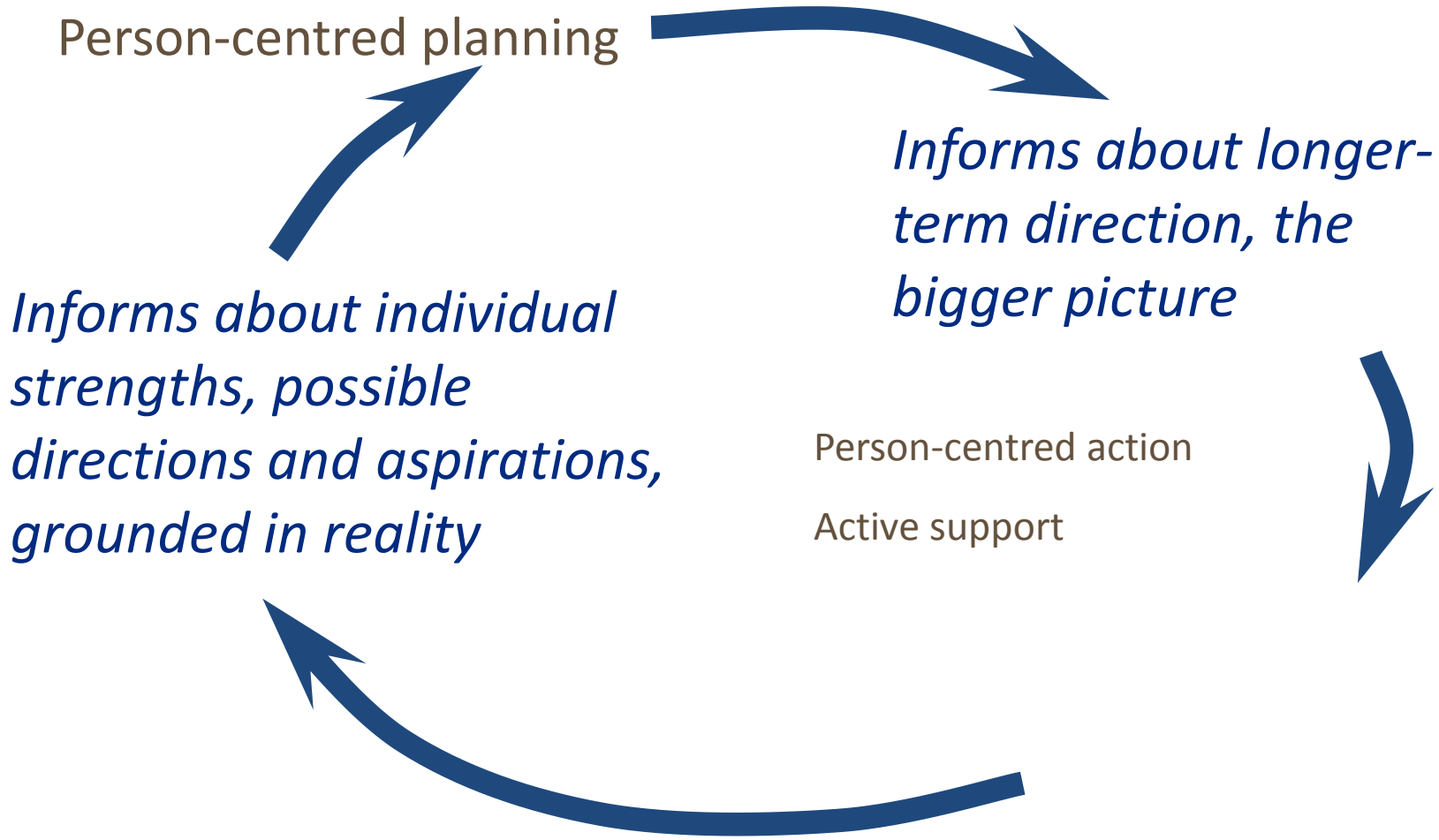
•Snapshots of Active Support [EMHP composite]

# Components of Active Support

- The score on the Active Support Measure is based on the observer's overall judgement of 15 items relating to quality of support, with each item scored from 0 (lowest score) to 3 (maximum score):

1. Age appropriateness
2. Real activities
3. Choice
4. Demands presented carefully
5. Tasks analysed appropriately
6. Sufficient staff contact
7. Graded assistance
8. Speech matches developmental level
9. Interpersonal warmth
10. Differential reinforcement
11. Staff notice and respond to client communication
12. Staff respond to challenging behaviour
13. Staff work as a team
14. Incidental teaching
15. Written programmes in routine use

# Person-Centred Planning and Person-Centred Action



# Active Support - early adoption of a person centred approach

**Origins** (from Mansell & Beadle-Brown 2012)

Isolation and inactivity – defined as major problem (Kushlick, 1966)

**Fundamental importance of Engagement -** If people are doing nothing cannot exercise control

Engagement in meaningful activity changes - competence – independence – attitudes of staff

> Day to-day experiences are central to quality of life - ***personal development*** is only possible if a person **participates in activities** which broaden their experience and allow them to develop new skills and interests; ***interpersonal relations*** and *social inclusion* depend on **interacting with other people**; and ***physical health*** depends on **lifestyle and activity** (Robertson *et al.*, 2000).

Aim increase engagement by manipulating environment, staff and materials done with relative ease (Mansell et al., 1982)

Challenged – division of life – waiting for and engagement in constructed activities

Major rethink - goal of services

> ‘ instead of doing all the housework as effectively as possible, and then attempting to occupy clients for long periods of each day with toys, staff could perhaps be organized to spend most of the day doing housework with clients, arranging each activity to maximize the opportunities for clients with different levels of activity to participate’ (Mansell, Felce, & de Kock, 1982).

If the Problem is engagement – the Goal is facilitating engagement in everyday activities and relationships.

# Elements of Person Centred Active Support

## For People you support

## Engagement in meaningful activities and relationships

- **doing something constructive with materials**; vacuum cleaning a floor, laying a table, cutting a hedge, loading a washing machine, listening to a radio.
- **interacting with people**; talking or listening to them or paying attention to what they do - holding a conversation, watching someone show how to do something.
- **taking part in a group activity**; watching the ball and running after it in football.

## For Staff

- Providing enough help to enable people to participate successfully in meaningful activities and relationships
- So that people gain more control over their lives, gain more independence and become more included as a valued member of their community
- Irrespective of degree of intellectual disability or presence of extra problems

# Active Support –four essentials - what should you see staff doing?

Every moment has potential

- Not “which activities can she be involved in?” but “how can I help involve the person in this right now?”
- Find parts of activities person can do
- Fill in the gaps with your help to ensure they succeed

Little and often

- New experiences are easiest in small doses
- What’s the rush

## Graded assistance to ensure success

- Make the situation speak for itself
- Provide just enough help to ensure success
- Don’t overwhelm the person with noise and interference; or repeat failed support

## Maximising choice and control

- Not “just wait a minute”
- Respect decisions and support action
- Broaden experience by encouraging participation ‘little and often’

# Good quality active support

- Staff *prepare* the situation
- Staff *present* the opportunity well
- Staff *provide* graded assistance
- Staff enable the person to *experience success*
- Staff use appropriate communication strategies and provide support with a positive warm, helpful *style*

- Staff spend most of their time in contact with the people they support
- When staff assistance is at the right level and just enough to ensure success then actually people need less help to be engagement and therefore can grow in independence.
- For some people over time this can mean that staffing can be reduced.

# What active support is not – common misconceptions

- Making people do chores ***but*** household tasks give opportunities which are easily available and free, and who knows whether people might find them interesting or rewarding
- Teaching or making people independent ***but*** people will learn and develop skills if given the right support to participate on a regular basis
- Therapy ***but*** people will benefit from being active and involved
- Make-work just for the sake of keeping people busy – needs to be real activities
- Filling in paperwork or developing plans ***although*** some tools can support consistency and predictability for the individuals supported
- About finding special activities or having a specific session for involvement
- Only for those who are more able
- Just being present, eavesdropping or observing, ***although*** exposure is of course the first step to engagement

# From does it work to does it work every day why not?

**Inconsistent and variable outcomes**

Flawed or poor implementation?

- Competing demands on staff and managers – not a priority
- Attention diverted from practice by paper work
- Staff preferences and misinterpretations – only chores, only specific times
- Problems lie in
  - Staff skills?  Staff motivation?  Managerial commitment?
- Challenged to look beyond training and broader organisational issues
- Rethink to Tizard model of Person Centred Active Support – less focus on paperwork – four key essentials
- Research on implementation and practice leadership

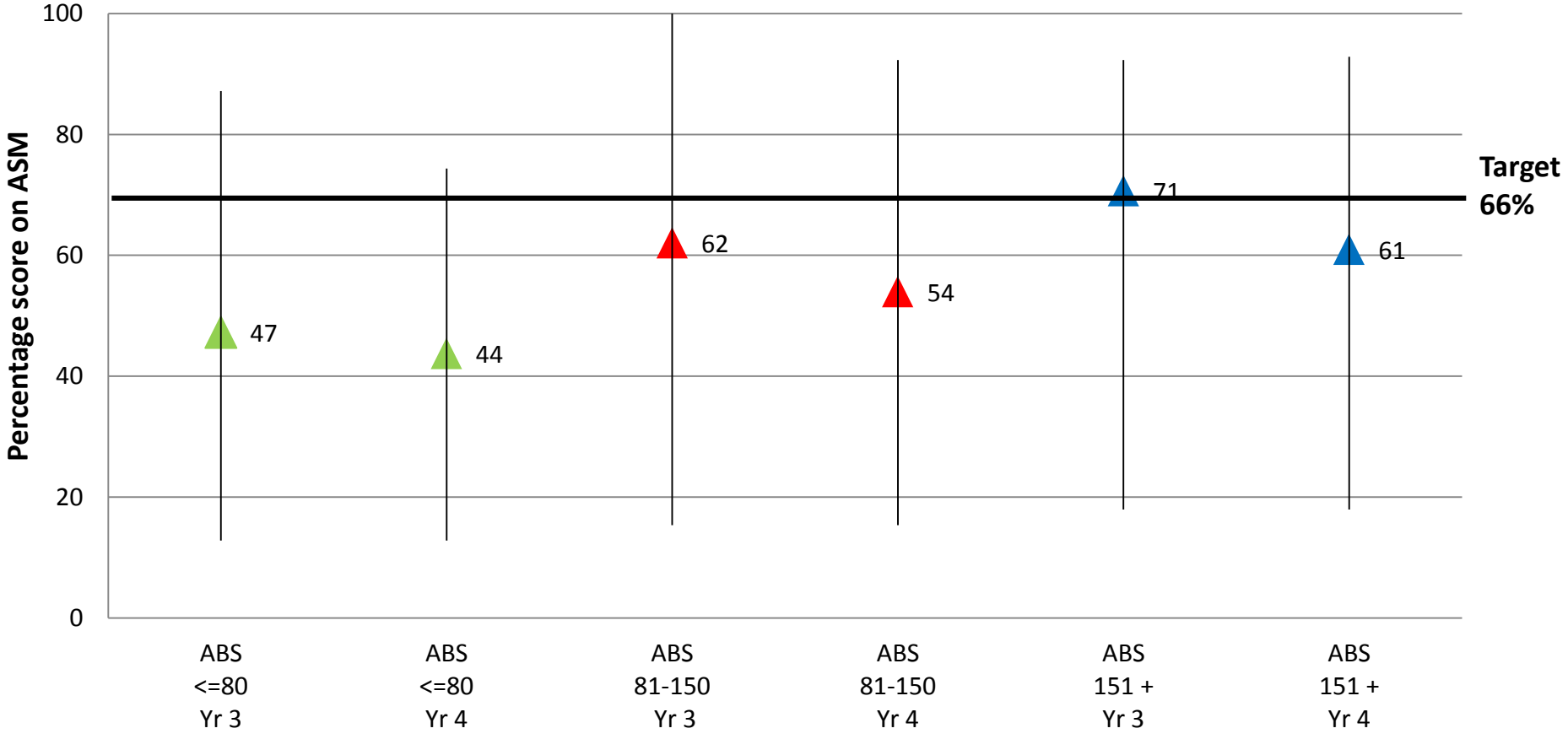
# Implementing active support - Australia

- For over 10 years – organisations in Australia have been adopting active support - led by Victoria in 2003/04
- Active support figures as method of staff practice in Qld and Vic state policy
- But has proved difficult to embed in organisations
- Largest study to date in Australia 6 (now 15) organisations – implementing A/S for 1-8 years (Mansell, Beadle Brown, Bigby, 2013)
  - Less than 1/3 people received consistently good support
  - Only consistent high levels of active support in one organisation
  - Substantial variation within and between homes

**Research Question**

- What organisational factors are associated with high levels of active support and improvements over time?

# Quality of Active Support: People with More Severe Disabilities do much worse than People with Less Severe Disabilities –recent data year 4




- Increase in mixed quality of AS – 9 % poor - 27% good
- More able people continue to experience better Active Support, however, with the exception of those with ABS <=80 (which has remained relatively stable, 47% vs. 44% in Year 4), there have been declines across the other ABS groups.

Staff and managerial working practices that

- Reflect active support
- **Front line practice leadership**
- Compensates for difference

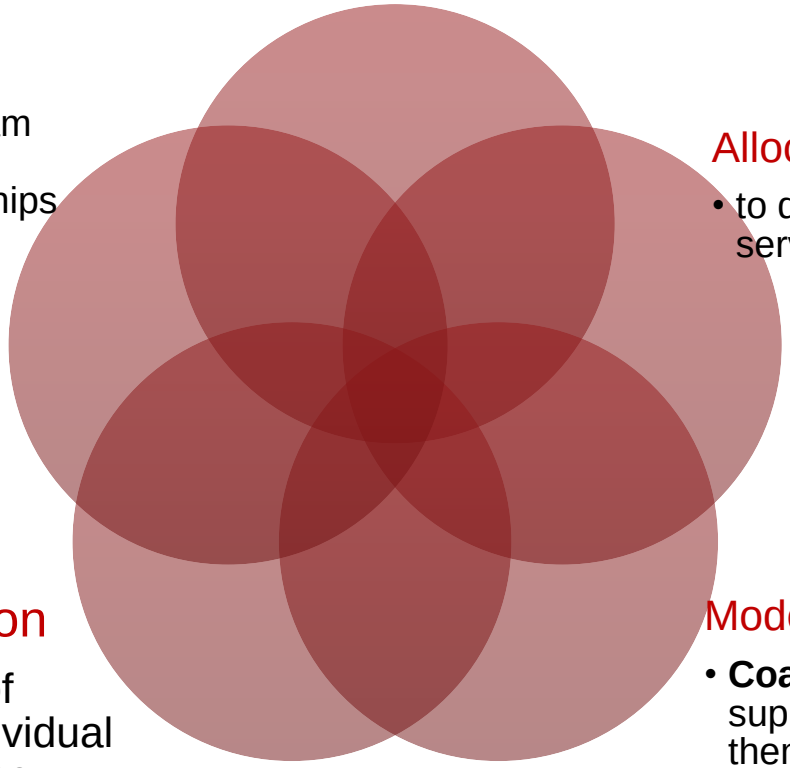
# Practice Leadership

## Quality of life outcomes

- Focusing on **all aspects of work** as the front- line manger on quality of life of services users and how staff support this

## Team meetings

- **Reviewing** how well the staff team is enabling people to engage in meaningful activity and relationships in **regular team meetings** and finding ways to improve it



## Allocating and organising staff

- to deliver support when and how service users need and want it

## One-to-one Supervision

- **Reviewing** the quality of support provided by individual staff in regular one to one **supervision** and finding ways to help staff improve it

## Modelling and coaching

- **Coaching** staff to deliver better support by spending time with them providing feedback and modelling good practice [observing giving feedback - modelling]

# Practice leadership associated with quality of staff support

- First evidence of relationship between Practice leadership and Active support (Beadle- Brown, Bigby, Bould, 2015)
  - Significant correlations between active support and practice leadership – overall and each domain
  - At service and service user levels
  - Strongest correlation active support and coaching domain
  - Correlations also engagement, other staff contact
  - Scores on practice leadership too low for very strong relationships
  - Different models of practice leadership – as yet no evidence re these

# Practice leadership associated with quality of support service level

| | Any engagement | Active Support measure | Assistance from staff | Other Contact from staff |
|---|---|---|---|---|
| **At service level (n=43)** | | | | |
| Allocating Staff | 0.192 | 0.36* | 0.176 | 0.355* |
| Coaching | 0.127 | 0.504** | 0.215 | 0.375* |
| Supervision | 0.117 | 0.332* | 0.139 | 0.317* |
| Team meetings | 0.255 | 0.411** | 0.192 | 0.175 |
| Focus on QOL | 0.178 | 0.474** | 0.242 | 0.243 |
| Mean PL score | 0.201 | 0.484** | 0.224 | 0.345* |

* = p< 0.05 ** = p< 0.01

# Same picture at service user level

| | Any engagement | Active Support measure | Assistance from staff | Other Contact from staff |
|---|---|---|---|---|
| **At service user level (n=166)** | | | | |
| Allocating Staff | 0.208** | 0.222** | 0.01 | 0.229** |
| Coaching | 0.100 | 0.363** | 0.055 | 0.203** |
| Supervision | 0.157* | 0.214** | 0.017 | 0.175* |
| Team meetings | 0.245** | 0.315** | 0.046 | 0.115 |
| Focus on QOL | 0.197** | 0.336** | 0.044 | 0.131 |
| Mean PL score | 0.212** | 0.338** | 0.039 | 0.201** |

# Comparing weak and strong practice leadership

| | Mean scores when PL weak (below 3) n=143 | Mean scores PL higher (3 and above) n = 46 | Significance |
|---|---|---|---|
| Active Support % score | 46% | 63% | t(171) =3.88 *** |
| % time receiving Assistance | 3% | 4% | Not. Sig. |
| % time receiving other contact from staff | 16% | 20% | Not. Sig. |
| % time Social activity | 13% | 20% | z = -2.159 * |
| % time Non- social activity | 33% | 44% | z = -2.001 * |
| Any engagement | 44% | 59% | t(169) =2.63 ** |

* = p< 0.05 ** = p< 0.01 *** = p< 0.001

- Active support significantly better in services where practice leadership overall was better and service users more engaged (Mann-Whitney U Tests)

# What do practice leaders do?
# Organising support

Video clip edited from Promoting Person-Centred Support and Positive Outcomes DVD, United Response and Tizard Centre, University of Kent, 2014

# Who else is responsible for leading practice?

- Practice leadership is primarily the front line manager - all levels of management within an organisation have a role to play in leading practice:

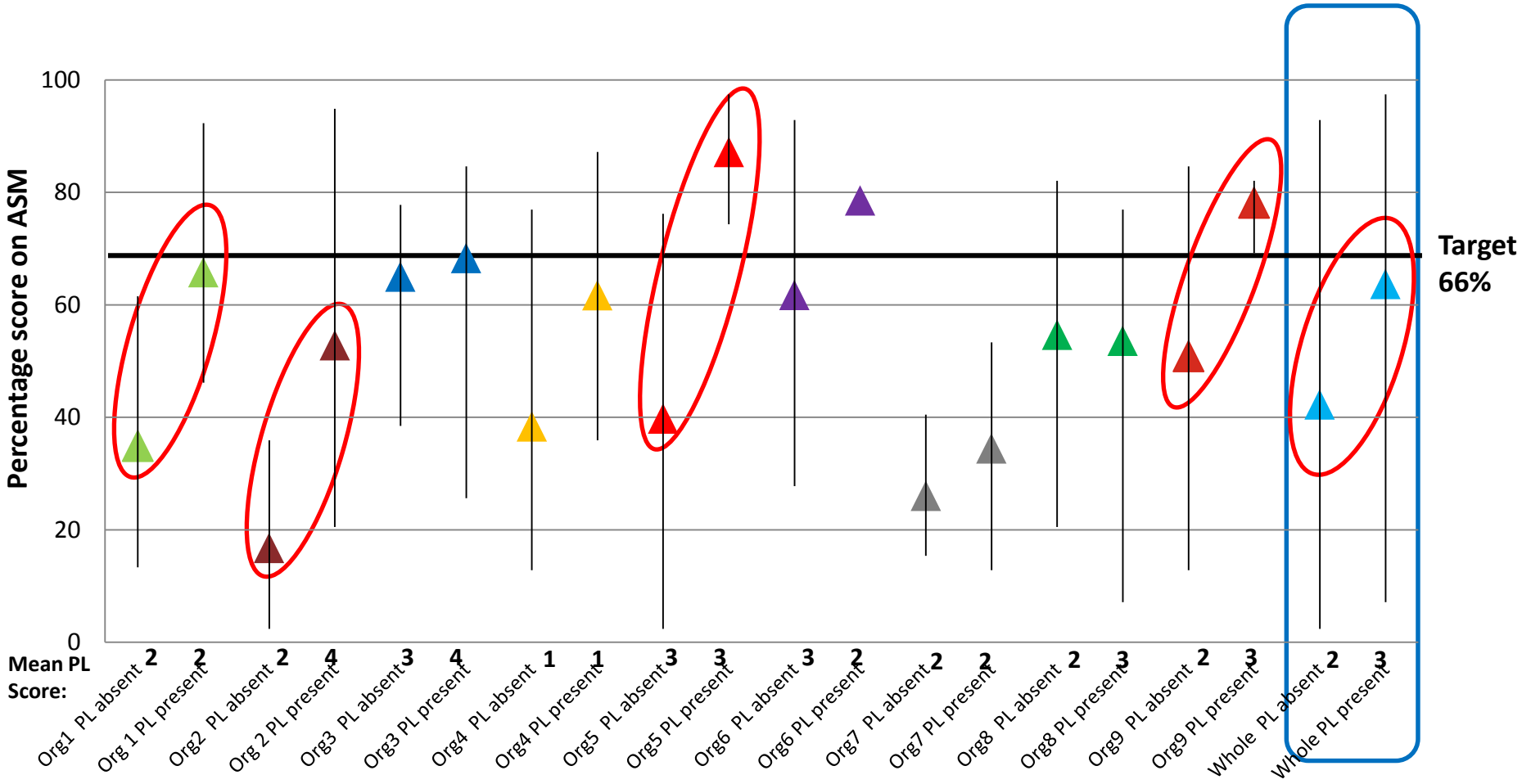
**Area and senior managers lead practice by:**

- problem-solving with service managers and teams
- objective evaluation and assessment of services and support
- modelling good practice in their interactions with the people we support and staff
- planning services and resources
- recruitment of staff with appropriate values, knowledge and experience
- recognising and praising good practice
- demonstrating, through words and actions that engaging with people and person-centred support is the most important part of the job.

**GM's, executive directors and boards lead by:**

- recognising and praising good practice
- demonstrating, through words and actions that engaging with the people we support and person-centred support is the most important part of the job.

# Quality of staff support: active support - people observed with PL absent vs. people observed with PL present




- Staff support better when the PL present in the house during the observation (Bould et al., 2016)

Sig difference

"Managers stop spending almost all of their time in the office doing paperwork, problem-solving on the telephone or in meetings. Now they become 'practice-leaders' teaching, guiding and leading their staff in providing person-centred active support to the people they serve. This means they spend most of their time with their staff, coaching them to provide good support". *~ Mansell et.al., 2004, p.123*

Thinking about that quote and your own organisation, discuss

- The strength areas within your organisation that support practice leadership
- The opportunities for improvements to enable your organisation to better support practice leadership

Staff and managerial working practices that

- Reflect active support
- Front line practice leadership
- **Compensates for difference**

# Staff and managerial working practice that Compensates for difference

Adapting support and the environment to the unique needs if the individual

Based on knowledge about the individual – knowing the person

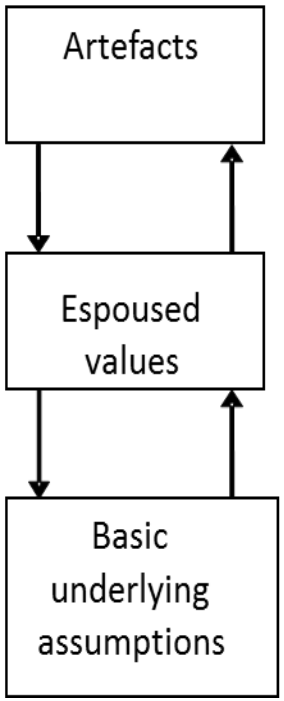
Based on knowledge about the various sub groups to which they might belong based on

- Age
- Syndrome
- Autism
- Complex communication needs
- Culture – ethnicity
- Sexuality
- Gender
- Challenging behaviour
- Health conditions

# Culture

# Culture

‘A pattern of shared basic assumptions that the group learned as it solved its problems of external adaption and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems”
(Schein, 1992, p.12)




## ‘The way we do things around here’

Aspects of organisation that can be seen, heard or felt, physical environment, layout, technology, behavioural norms, observed rituals, clothes worn by staff, the myths and stories about the organisation (easy to see hard to interpret)

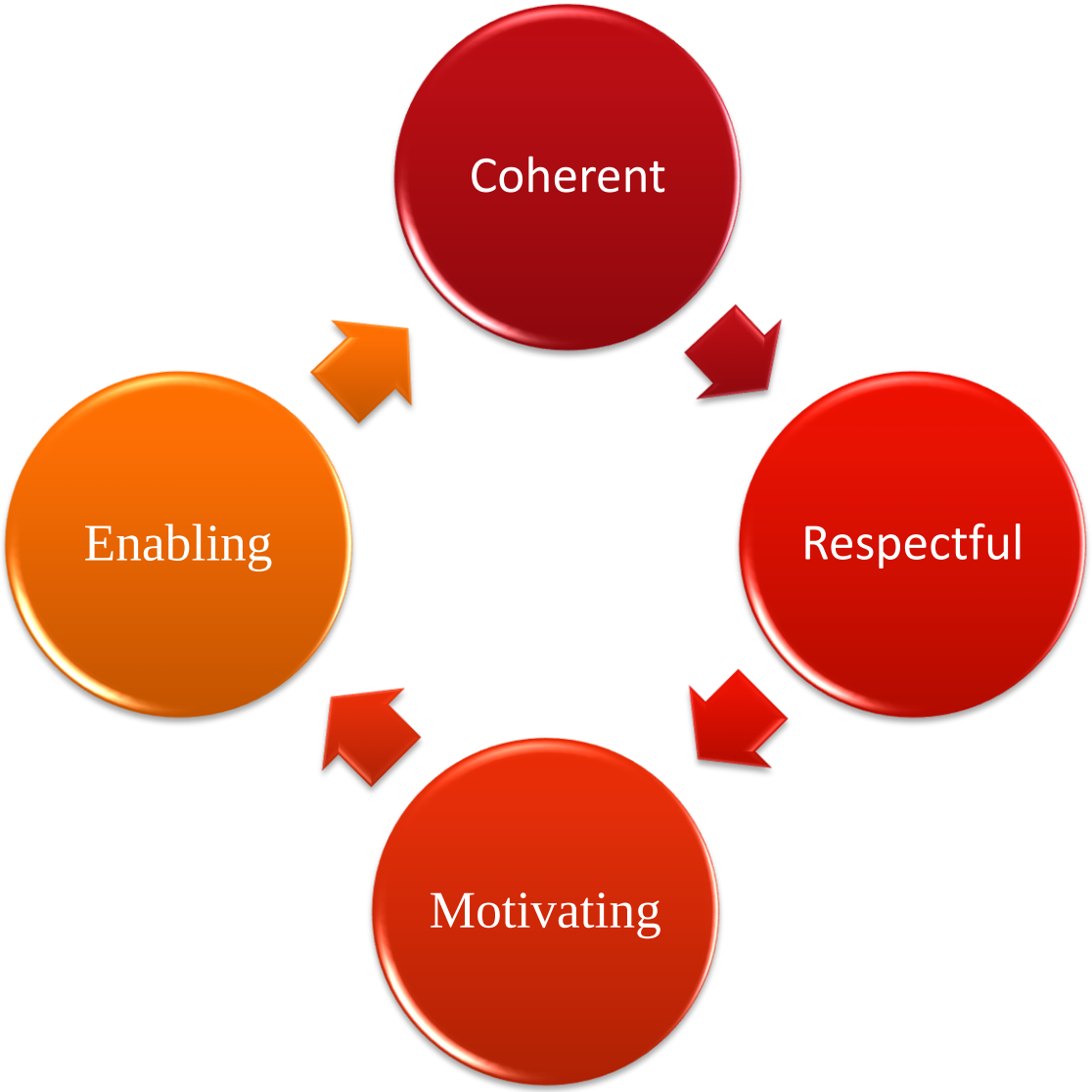
Ideas, goals, values and aspirations that are explicitly articulated (consciously known, accessed through observation and interviews)

Unconscious or taken for granted beliefs and values that determine behaviour - staff consistently act in accordance with basic assumptions and to behave otherwise is practically inconceivable (hard to identify long term observation and interviews)

# Describe the culture in one of the group homes you are familiar with

# Culture looks different in underperforming and better group homes

## Overarching culture in better group homes



# 5 Dimensions

## 1. Alignment of power-holders vales

- Strong leadership
- Shared responsibility and teamwork

**Misalignment of power holder values with organisation's espoused values**


Alignment of power holder and staff values.

"We're not going to do it that way"

"The organisation's vision and mission is exactly what we live to, ordinary people living ordinary lives . . . that's what we aim for"

- Power not aligned with formal positions
- Values of those who exercise power does not reflect those of the organisation.

- Undisputed leader whose values and practice reflect espoused values of the organisation
- Leadership in line with formal structure - no cliques
- Staff share values of leader and the organisation
- Power and responsibility dispersed among staff for putting values into practice

Practice doesn't change when the leader isn't there – staff monitor each others practice

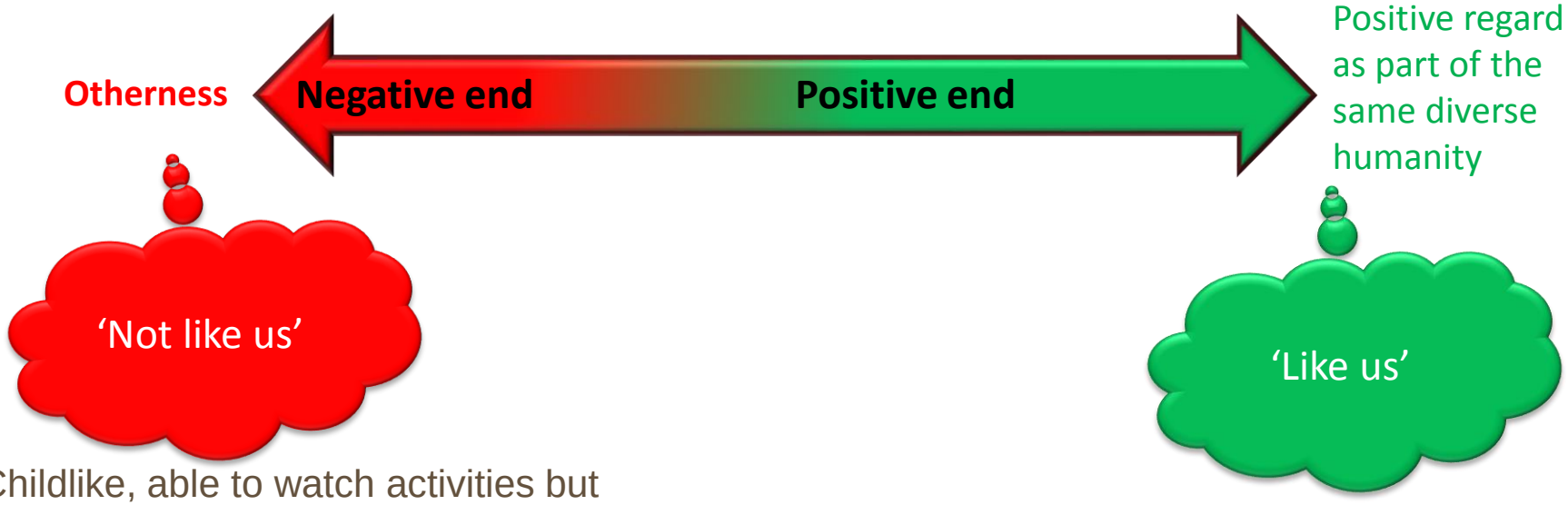
> *Managers are not always around and you have to step up to the occasion and lead the way for new people coming in.*
>
> *Madge mentioned there have been a few incidents where choice has been compromised for the residents…by the casual staff and she says this means the permanent staff have not been doing their job of shaping their practice*

# Strategic practice leadership

- **Organisation of work – few times when staff work alone**
  - Roster planning –new staff rostered along side more experienced ones
- **Walking the talk**
  - good practice modelled and new staff exposed to knowledge about service users
- **Fostering Team work**
  - *And I like to empower the team, I like to empower individuals, give them responsibilities to skill them up. I know that I can leave Tiger Street any single one of those staff can manage for a short period of time…They know what's required to make sure the house can function, at a certain level.*
- Focus on practice rather than administration

## 2. Regard for residents

- Humanness
- Acknowledging and attending to difference



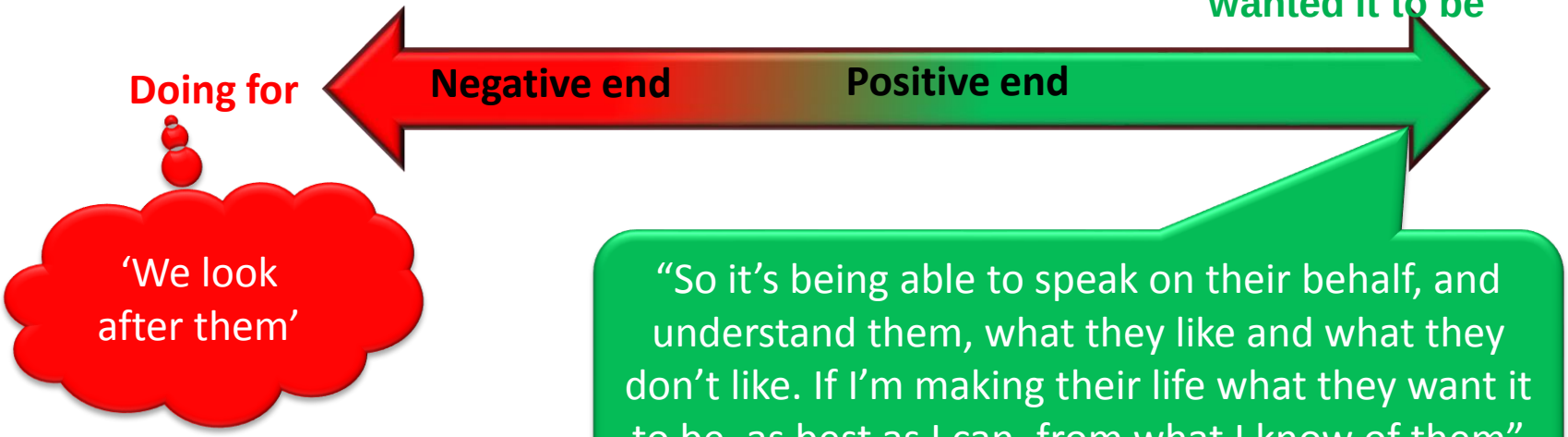

- Childlike, able to watch activities but too disabled to participate, having no skills, or worries.
- Referred to in derogatory terms, e.g. 'grabbers or shitters'.

- People who can feel – think – understand – benefit from new experiences – are company – have conversations with

## 3. Perceived purpose

- Recognising and respecting preferences
- Including and engaging
- Ensuring care, dignity and comfort

**Making the life each person wanted it to be**




- Purpose to look after, attend to personal care and get them out into the community.
- Disconnection of staff work from service user engagement, sequential and hierarchical view of purpose - domestic chores take priority and separate

## 4. Working practices


- Attentive
- Relationships
- Flexible
- Momentary fun interactions

**Staff-centred** — **Negative end** — **Positive end** — **Person-centred**

- Task focussed
- High and low intensity to allow breaks.
- Staff needs, fair work allocation, staff preferences prioritised in rosters and choice of activities.
- Regular routines tend to support residents as a group rather than individuals.

"I know I have staff on shift and they have lots of stuff they have to do and be there for the people we support, but it's not about making it easy for the shift, so that so-and-so needs to go to bed because I've got to leave and then someone else might have to do it. It's not about that. The guys come first no matter what"

## 5. Orientation to change and ideas


- Permeable boundaries, part of bigger organisation, part of community
- Families and outsiders welcome

**Resistance** — **Negative end** — **Positive end** — **Openness to ideas and outsiders**

- Sense of distance from the wider organisation and senior managerial staff
- Strategies to preserve the status quo and resist external influences seeking change to practice.

"I think we all need to be looked at about what we're doing. . . . I want to know that we're doing a good thing, and you will tell us, maybe? . . . It would be nice to hear, where we can improve, because let's face it, everyone can improve"

# Development of Group Home Culture Scale (Humphreys et al work in progress)

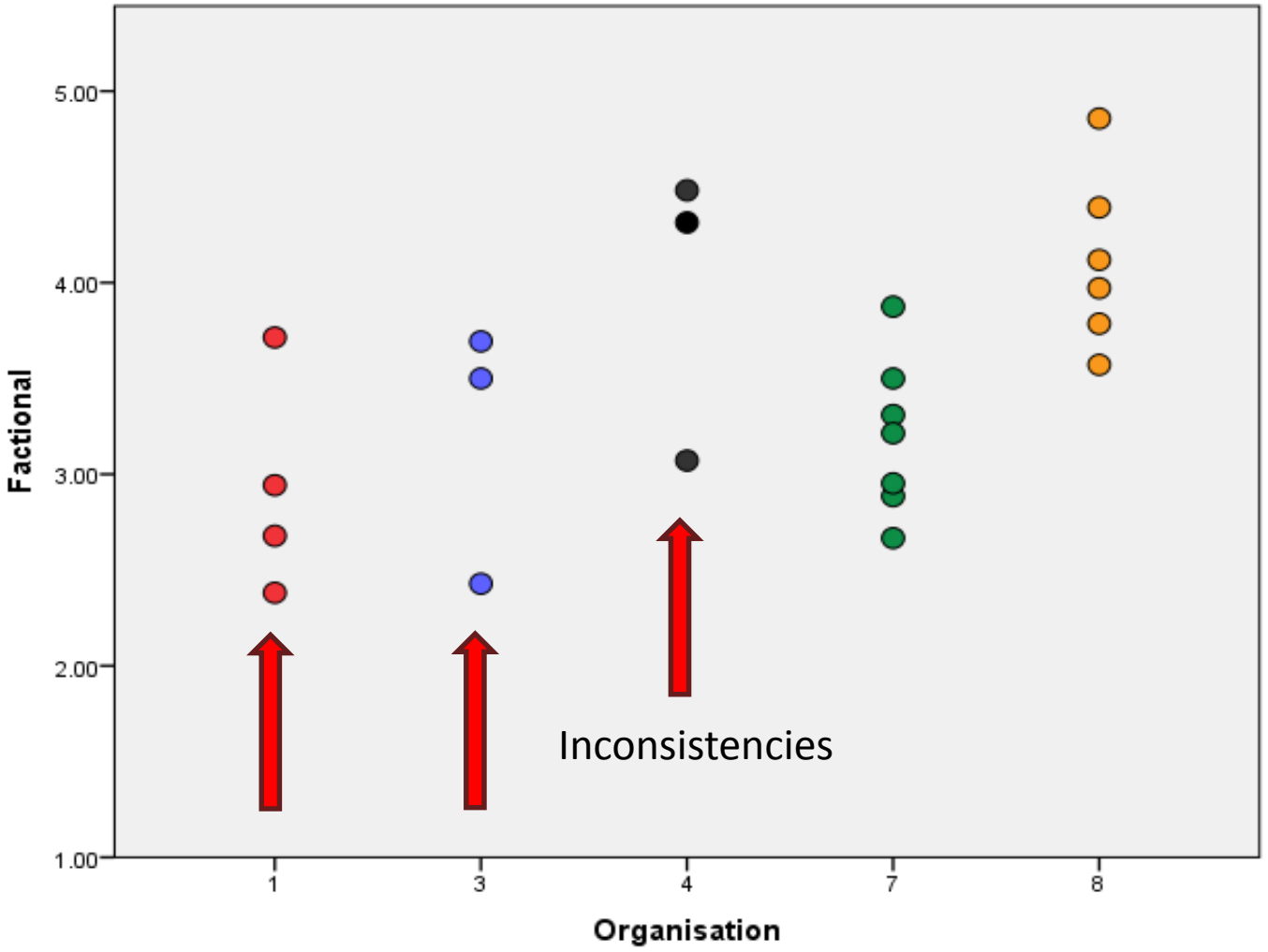
**Factors**

1. Supporting well being
2. Factional
3. *Effective team leadership
4. Collaboration within the organisation
5. Social distance from residents
6. Valuing residents and relationships
7. Alignment of staff with organisational values

Useful diagnostic tool – for services and organisations

Potential measure of factors associated with better outcomes

# Inconsistent culture across services in an organisation - Factional



How does the culture you described match up to that described in good group homes or against the dimensions of the GHCS?

## Organisational characteristics, policies and processes

- Strong HR
- Processes assist staff to focus on practice
- Staff training in active support including hands on

- Less evidence than other elements – indicative of less research not necessarily that the practice wisdom is flawed.

# Organisational characteristics, policies and processes associated with better outcomes

**HR policies** regulating **entry and exit to organisation**

Recruitment – staff values, job descriptions reflect expectations

Close scrutiny of casual and prospective staff

Performance management and support to front line leaders

**Organisation of work**

Regulating entry to specific group homes - groups of service users - buddy shifts

Induction separated from orientation - practice same weight as procedures

**Explicit translation of organisational values – into grounded expectations - no doubt what's expected**

Language and communication policies

First person language plans, communication books

Artefacts – pictures with family – holidays

Roster planning –new staff rostered along side more experienced ones

Skilled staff and supervisors who walk the talk

# Struggle to find evidence about value of paperwork documentation focus measure – Year 1

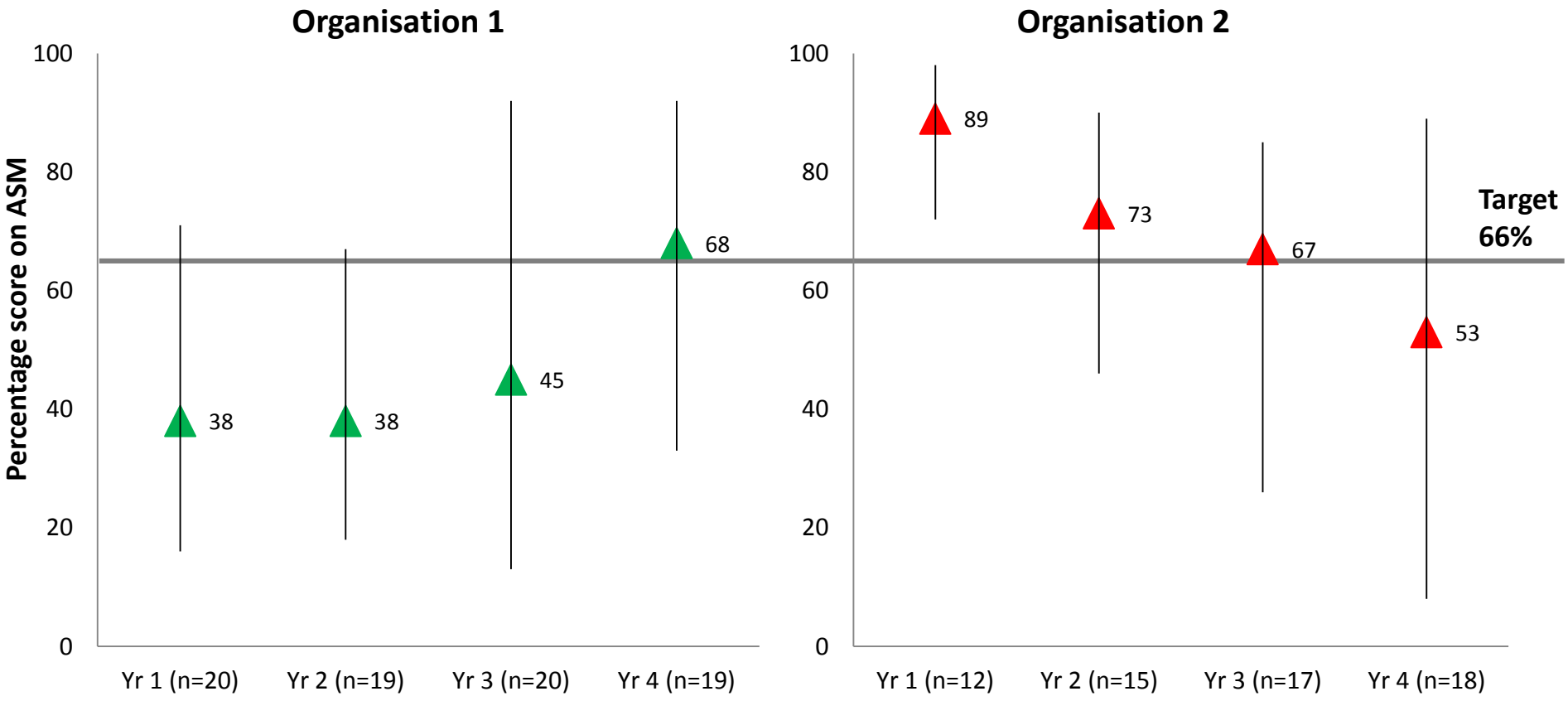
| | Overall percentage score | Section 3 Focus of materials available externally | Section 1 PD focus and practice framework | Section 2 Induction and training |
|---|---|---|---|---|
| ***Whole Sample*** | **31%** | **48%** | **38%** | **22%** |
| **Organisation 3** | 70% | 50% | 69% | 72% |
| **Organisation 5** | 55% | 50% | 58% | 53% |
| **Organisation 10** | 32% | 25% | 39% | 25% |
| **Organisation 11** | 32% | 75% | 28% | 31% |
| **Organisation 14** | 30% | 75% | 36% | 19% |
| **Organisation 6** | 29% | 50% | 31% | 25% |
| **Organisation 7** | 29% | 75% | 44% | 8% |
| **Organisation 8** | 28% | 50% | 39% | 14% |
| **Organisation 9** | 26% | 75% | 36% | 11% |
| **Organisation 4** | 20% | 0% | 28% | 14% |
| **Organisation 1** | 18% | 50% | 33% | 0% |
| **Organisation 12** | 18% | 25% | 28% | 8% |
| **Organisation 13** | 13% | 25% | 25% | 0% |
| **Organisation 15** | *Not scored* | | | |

# Using research evidence to improve quality of support and service user outcomes

- Organisations in our study have used this body of evidence & organisational specific data from an annual report on service users Engagement and Quality of staff support to change the way they do things.
- For example
  - Restructured to create better model of practice leadership
  - Redistributed admin work to free up time for coaching
  - Drawn up new job descriptions
  - Rolled out training across the organisation
  - Process of culture change – confidence to take risks, stories, reflective practice
  - Changed recruitment practices
  - Changes the messages and narratives to families and board members about their services
- Things have changed but not always in the direction expected.

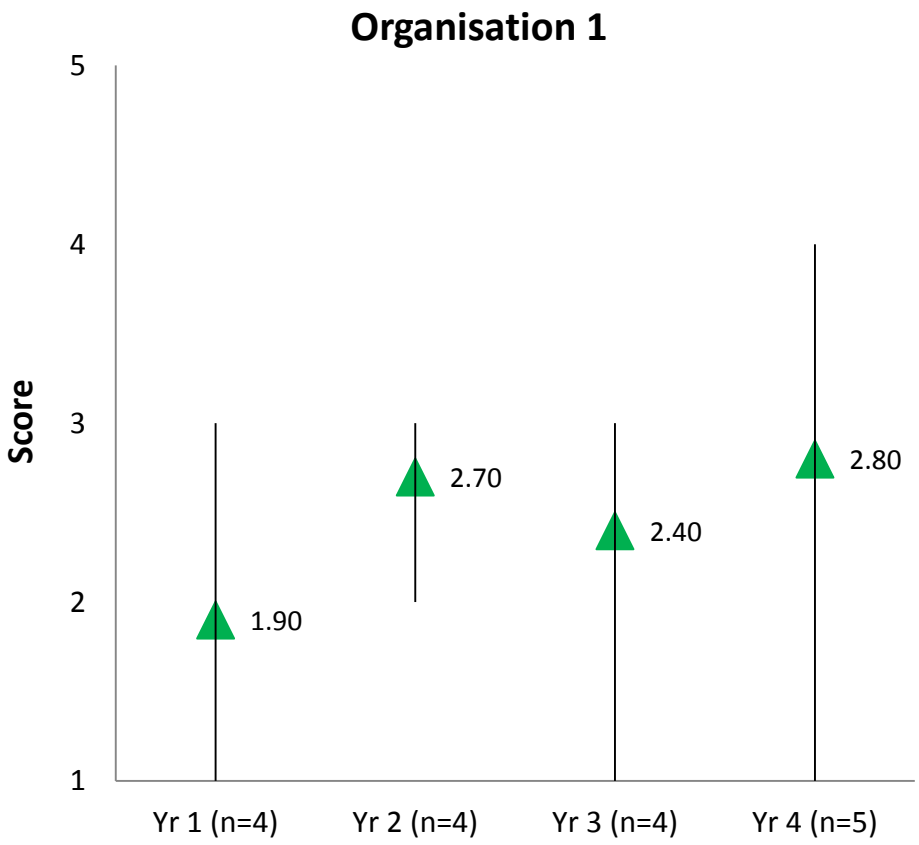
# Explaining trends in 2 organisations – multiple organisational factors at play

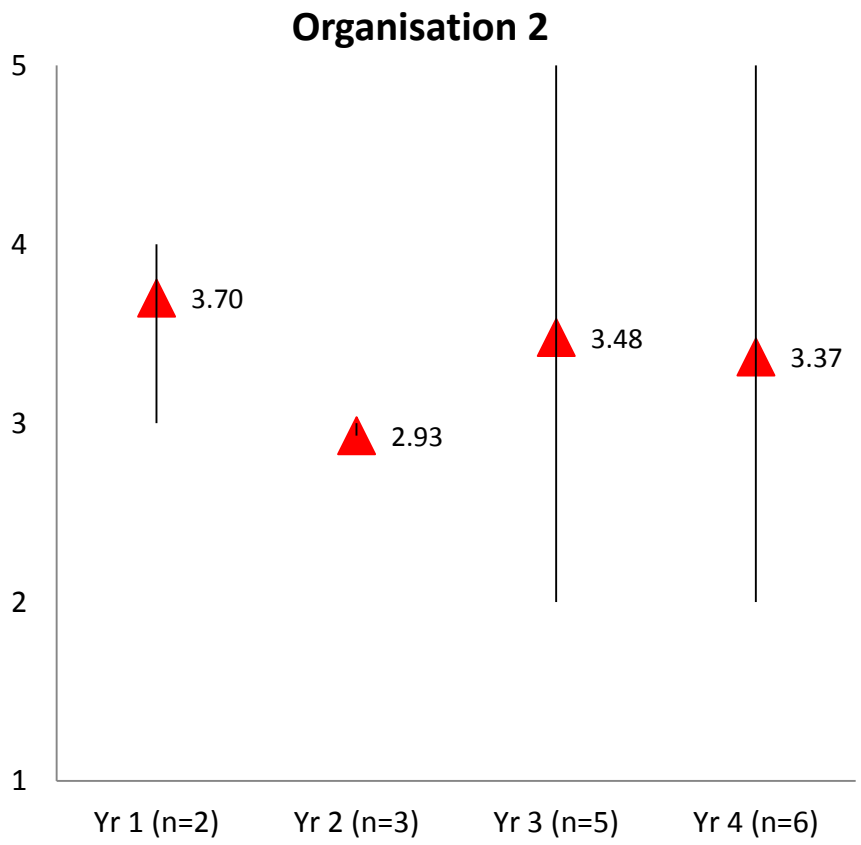
- Org. 1 - significant increase in quality of support from Year 2 to Year 4 (Friedman X2 =13.38, p=0.004, n = 13); and between Year 3 and 4 (Wilcoxon z=3.127, p=0.002, n=16).
- Org. 2 - significance decrease over time (Friedman X2 =11.449, p=0.01).



# Practice Leadership

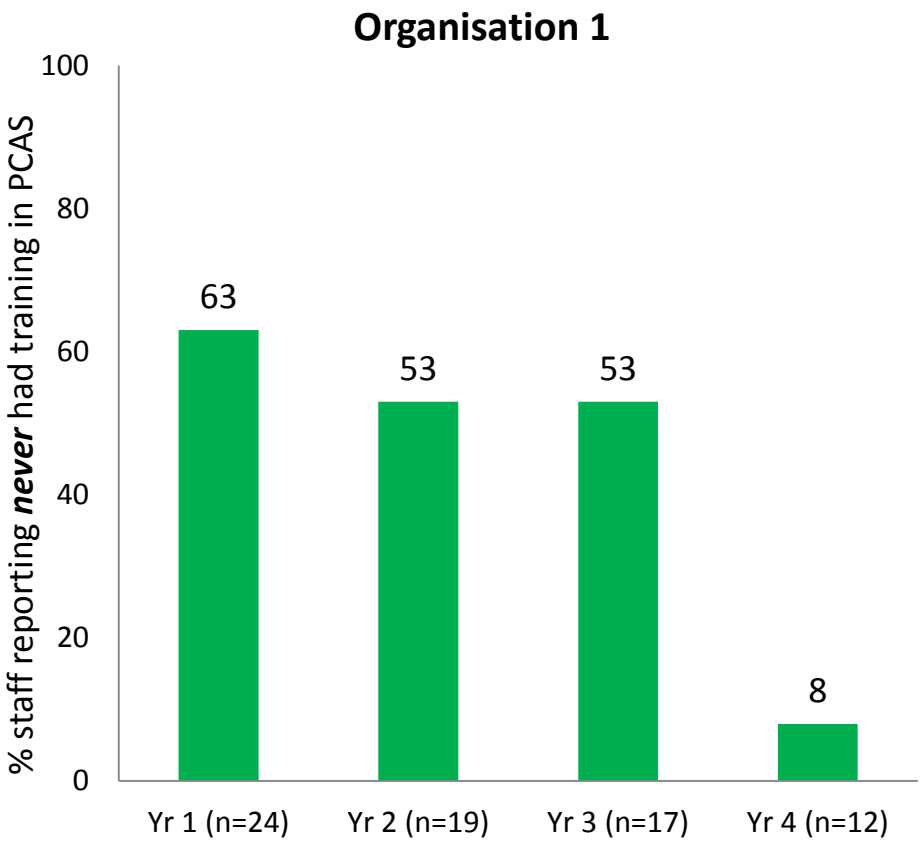
- Org. 1 - significant increase in practice leadership between Years 1 and 4
  (Wilcoxon signed rank test z= 2.455, p=0.014, n=16).
- Org. 2 - slight but non-significant decline over time from Year 1 to Year 4.

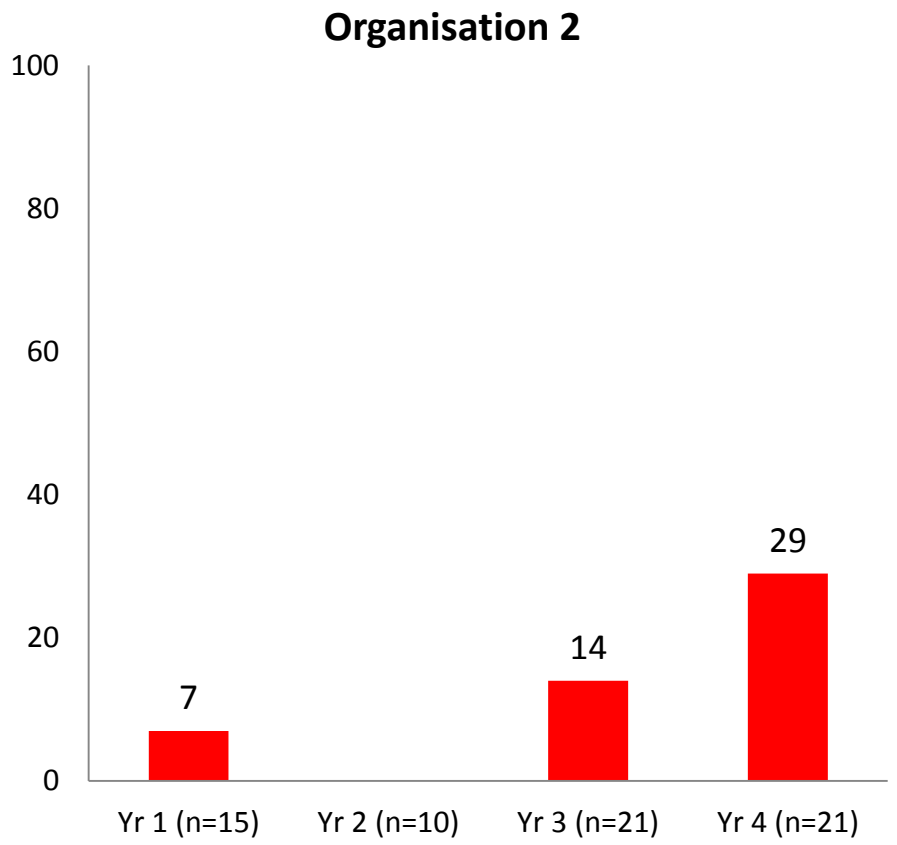


# Never had Active Support Training

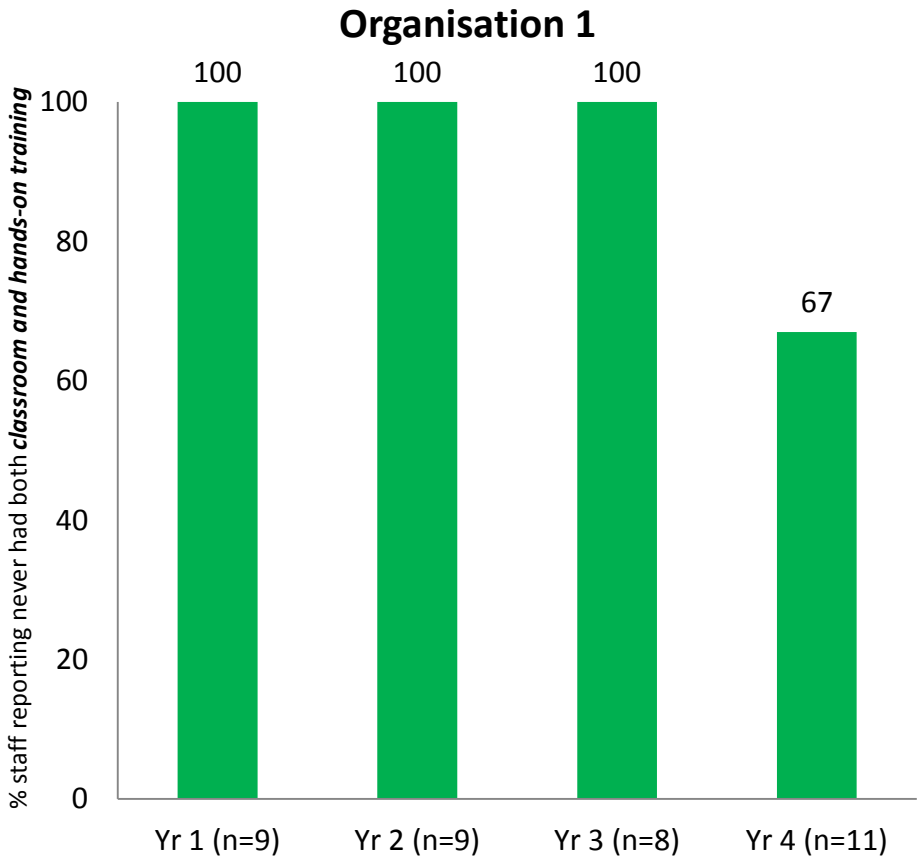
- Decrease for Org. 1: Year 1, 63% vs. 8% in Year 4.
- Increase for Org. 2: Year 1, 7% vs. 29% in Year 4.

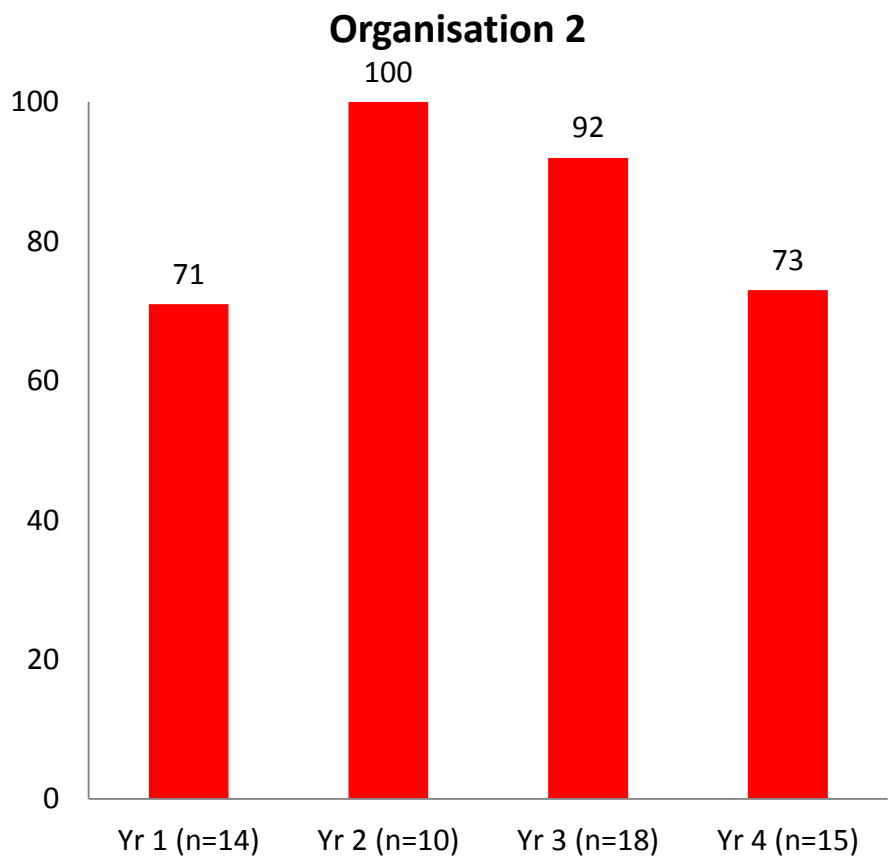


# Never had Both Classroom and Hands-On Training in Active Support

- Org. 1: Slightly lower proportion of staff reported never having both hands-on training and classroom based training in Year 4.
- Org. 2: Uneven trend but increases in Year 2 and Year 3.



# Fragility of good practice and organisational change

- Drop off in Active Support training – Org 2. Assumptions re: internal training ?
- Low and fluctuating levels of classroom and hands-on training.
- Different structures for delivery of practice leadership warrants further enquiry
- 2's organisational story shows disruptions by front-line staff turnover and crisis.
- The CEO provided an example, of a once high performing team that experienced changes in front-line leadership, which he thought contributed to the team's decline.

"One team has just imploded…we put a lot of energy into this team…active support now seems secondary as staff are thrown back onto survival mechanisms. We are trying to move them forward and coach them through, making sure the staff group feel heard (but) we are almost back to the beginning of starting a new team" (minutes, June 2013)

- Org 1's story shows indications of cultural change towards less defensiveness and greater reflexivity. Described by the CEO.

"Our staff were prepared to be engaged in the project, they didn't mind the researchers coming, they were now interested. I would put a lot of that to the process of focusing on the cultural change of telling stories, having conversations, talking about it, moving away from the blame, that seemed to produce a shift right across the organisation over two to three years" (CEO interview, 2013)

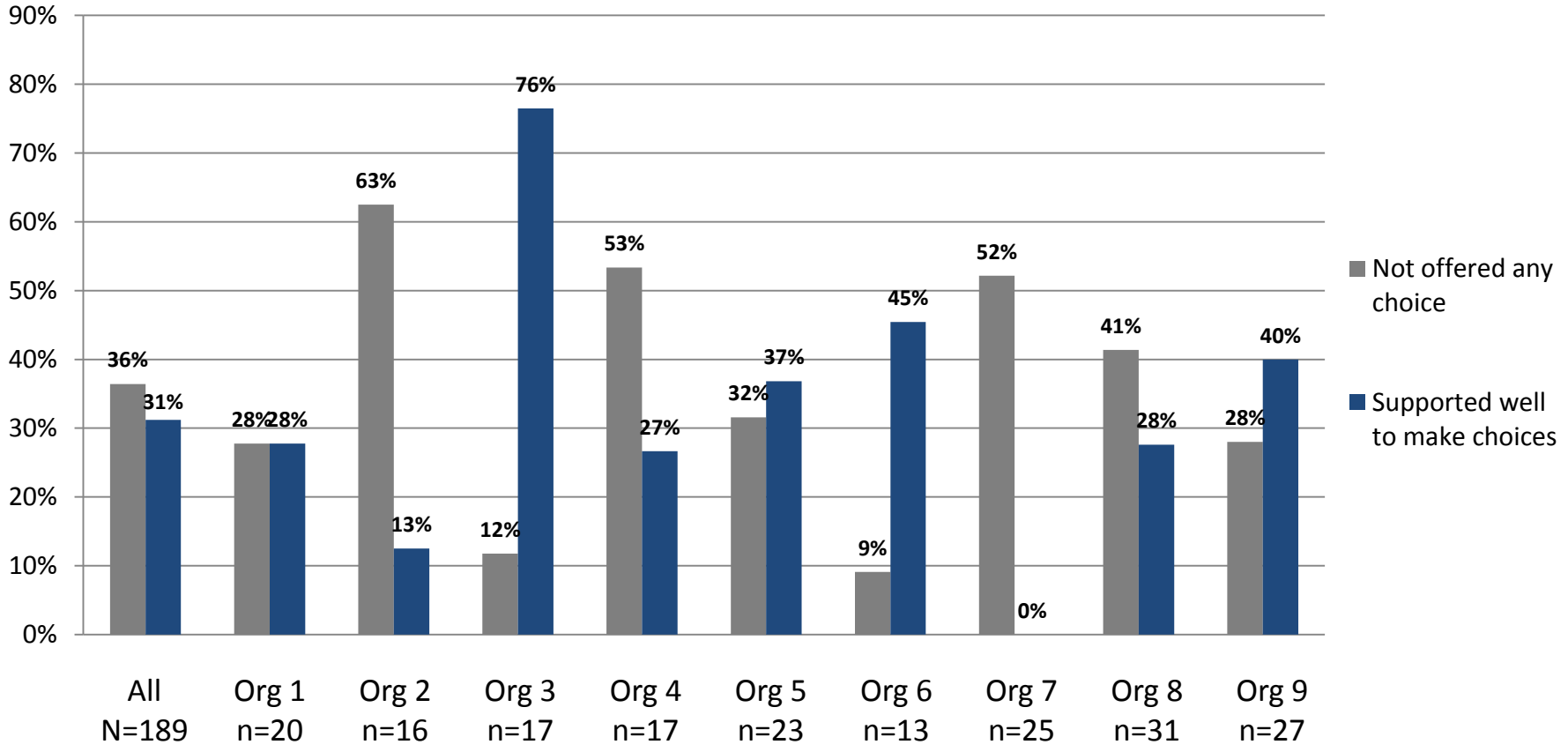
# Creating and supporting conditions necessary for good outcomes and practice in organisations

- **Not done by individual workers in isolation** – not just training
- Lots of propositions – about what makes a difference
- **Most evidence**
  - **Active Support**
  - **Culture** quite different where better outcomes
  - **Practice leadership** - strategic, coaching, modelling, supervision, team work, planned use of staff.
  - **Organisational processes that support good practice**
    - staff recruitment - gaining entry – screening for values
    - explicit translation of values to expectations / action avoids front line interpretation
    - space for reflection on practice avoid imposing own values
    - depth of knowledge of people supported – prolonged engagement or passed on - mechanisms to do this
    - creation and re-creation of cultural norms of regard for people by staff assumptions/values/thinking, seen in talk and action

# How do managers and boards monitor quality, make judgments and reinforce good practice ?

- Quality of staff practice is precarious nature – requires continuous attention
- Staff over estimate outcomes and quality of their own practice
- What's the problem with relying on paperwork?
- What are the alternatives ?

# Observed and self report - supporting choice




- Discrepancy staff rated and observed choice.
- Only 1/3 residents observed as supported well to make choices - much higher staff rated scores (51%).

# Problems with current ways of measuring quality

Primarily audit against standards

Systems derived from production and engineering

Focus on paperwork - compliance with policy, process and procedures

Assume – linear simple relationship procedures equal outcomes

Not sensitive to experience of service users, outcomes, or quality of staff practice

- e.g. analysis of audits against DHS standards (McEwan, Bigby, Douglas, 2014)
  - 387 evidence indicators of 4 standards
  - 81% review of written information – policy, file notes, procedures, training logs
  - 19% observation or interview with staff, service users or families
  - small sample requirements (25% of square root of number of service users0 eg 200 service users require minimum 4 people

Scramble to complete paper work – divorced from day to day practice

Services can pass quality audits despite poor practice and outcomes – scandals and research data

**Alternatives or additions to audits**

Satisfaction **–** often confused with quality of service – reflects individual experience rather than delivery of effective support compounded by personal relationships, low expectations, lack of alternatives or fears of retribution

Measuring individual service users outcomes - range of frameworks

Often derived from research measures - v time consuming difficult to use

Reliance on self or staff report – inflated – unreliable for those with more complex needs

**Outcomes may be very generic or high level** - not tailored to primary focus of service or tailored to service user characteristics

Individual outcomes tell little about overall quality of service or its effectiveness – (especially given variability) unless there is aggregate data – or focus on change over time – control for other variables

# Different approach to thinking about service quality

Mansell suggests think from right to left  What outcomes does this service/ program want to achieve

- What is the primary focus of the service – what change does it seek to bring about  - what difference does it seek to make to a person's life
- Described as outcomes, not output or program types.

- How is change achieved -  what contributes most to service user outcomes  - staff actions -  direct interactions with service users, provision of equipment or technology, indirect work or support to others
- What organisational structures, policies and processes create these actions
- Identify the most influential aspects  - of practice and organisational elements - use as indicators and measure them
- Multiple methods – data  and observation

# Staff Practice - Quality of support

Potential Indicators

Regular observation of staff practice – by supervisors – practice leaders and more senior managers - external review bodies

Regular formal measures of active support and practice leadership

Organisation prioritises good practice over good paper work

- significance of practice understood at all levels of the organisation, senior mangers, board, etc
- staff practices are adapted to take account of the different groups supported by the organisation

# Measures

1. **Short form Adaptive Behavior Scale** **(SABS, Hatton et al., 2001)**
   - Level of Intellectual Disability
2. **EMAC-R** **(Mansell & Beadle Brown, 2005)**
   - Momentary time sampling (1-min intervals, 5 min rotations, over 2 hours) –engagement and staff support
3. **Active Support Measure** **(Mansell & Elliott, 1996; Mansell et al., 2005)**
   - 15 items completed at the end of observation period - Quality of staff support
4. **Staff training - Staff Experiences and Satisfaction Questionnaire (SESQ) (Beadle-Brown, Gifford & Mansell, 2005).**
   - Training section of the staff questionnaire are presented
5. **Observed measure of practice leadership** **(Beadle-Brown et al., 2015)**
   - Interview and a review of the paperwork associated with practice leadership
   - Observation of practice leader on shift

# Guide to visiting: some suggestions



## Personal development

**What to look for:**

- Are staff supporting residents to engage in activities in the home and garden?
- Are staff using appropriate communication, such as speech, handling materials and gestures, to clearly present the task so residents understand what they are being invited to do?
- Are staff doing things for residents rather than with residents? Are you seeing many missed opportunities?
- Are most opportunities to involve residents (e.g. in simple parts of tasks) taken?
- What are residents doing for most of the time you are observing? Are they engaged in meaningful activities, social interaction, or in passive listening, watching or sitting?
- Is the TV on? Is anyone engaged in watching it?

**What to ask staff:**

- How do staff know what residents like and dislike?
- Have any new activities been tried recently?
- How do staff support residents to be engaged when they are out shopping or using community facilities?

## Interpersonal relations

**What to look for:**

- How do staff talk about residents? Do they talk about the residents as people who can think, feel, communicate and understand?
- Are staff interactions with residents warm and respectful?
- Do staff seem to know about residents' family members and the degree of involvement they have in their relatives' lives?
- Do staff communicate appropriately with residents? Do they use any aids or alternative means of communication other than speaking if required?
- Is there separate crockery for staff and visitors?

**What to ask staff:**

- How do staff communicate with residents?
- Do residents have any communication aids and, if so, do all staff use them?
- How do staff support residents to be involved with their family members?
- When did a resident last see a family member and what did they do together?

## Self-determination

**What to look for:**

- Are residents doing things that reflect their individual choices and preferences, or are they all doing something similar?
- How do residents know what their day will look like?
- How do staff offer choices to residents? Do they use communication aids?
- Do staff respect the choices made by residents?

**What to ask staff:**

- Do all the residents go to bed and get up at the same time, or do residents have their own individual routines?
- How do staff offer residents choice in meals, eating times and activities?
- How often do residents all go out together?
- What limits individual choice for residents? How do staff weigh up decisions about respecting residents' choices?

## Social inclusion

**What to look for:**

- Does the house stand out from others in the street as being a group home?
- Is there evidence of residents' activities in the community or neighbourhood, such as photos or invitations?
- Is there evidence that staff are familiar with the local area such as local newspapers, council guides or event fliers?

**What to ask staff:**

- If a resident returns home, do staff ask where they have been, what they have been doing and who they have been with?
- Do people in the neighbourhood recognise residents and say hello to them?
- Do residents have any friends or acquaintances in the neighbourhood who know them by name?
- Do any residents belong to clubs or societies?
- Do any residents take part in regular community activities with people who do not have disabilities?

# Guide to visiting: some suggestions



## Emotional wellbeing

**What to look for:**

- What is the demeanor of residents? Do they seem content? Do you see people smiling or laughing?
- Do staff respond to cues from residents and interpret their needs?
- Do residents seem resentful or resistant to staff support?
- Are residents engaged in self-stimulation, self-harm, repetitive behaviour, pacing or other forms of challenging behaviour?

**What to ask staff:**

- How do staff know what a residents wants or if they are not happy?
- What cues do residents give staff which indicate their needs?
- Are any residents resentful or resistant to staff support?
- Are there particular things that trigger challenging behaviour and how have staff addressed these?

## Material wellbeing

**What to look for:**

- Do residents have easy access to private space as well as shared spaces?
- Is the house adapted for residents' needs, such as benches at an appropriate height, use of communication aids, easy access to the garden?
- Do residents have their own possessions around the house?

**What to ask staff:**

- How are decisions about household expenses made?
- How are residents' preferences taken into account when staff manage their finances?
- Are there problems with house or vehicle maintenance that are causing difficulties?

## Physical wellbeing

**What to look for:**

- Are residents eating healthy, fresh food rather than processed, packaged or fast food?
- Are residents a healthy weight?
- Are the bathrooms and appliances clean?

**What to ask staff:**

- Are residents eating healthy, fresh food rather than processed, packaged or fast food?
- Are residents a healthy weight?

## Rights

**What to look for:**

- Do staff behave and talk in a way that suggests residents have rights and that it is the residents' home?
- Do staff knock on bedroom, bathroom and toilet doors before they enter?
- Who opens the front door?
- Do residents have access to the office and all other parts of their home?

**What to ask staff:**

- Do residents have anyone who acts as their advocate?
- Have staff members ever questioned a decision made by another staff member, their organisation or a family member about something that affects a resident? What would happen if they did?

Office of the Public Advocate

# Guide to Visiting and Good Group Homes

By Professor Christine Bigby and Dr Emma Bould

LA TROBE UNIVERSITY

# Processes for Organising Individual Support

Translation of individual plans into every day support

Coordination of each individual's schedule

Negotiating access to places and opportunities

Support is allocated to different times and shared between different people

The guidance given to staff about how to support each person both individually and in group situations

**Potential Indicators**

**Mechanisms for staff to know what is expected on each different shift for each individual**

- shift plans, plan of the day, essential support summaries
- guidance for staff practice on every shift,  coaching, modelling, informal supervision

# Policies and procedures

Potential indicators of good staff practice

**A coherent practice framework** sets out the evidence informed support practices expected of staff (eg. active support, positive behaviour support, total communication)

**Practice framework is embedded in expectations** and skills of front line staff practice in the organisation.

- Job descriptions, aims and knowledge and skills required
- Orientation - Policies around casual and new staff- shadow shifts for example Probation and review for new staff

**Front line Practice leadership is embedded in the practice in the organisation.**

- five components of practice leadership identified and evident in the job description of the line manager of direct support staff (coaching, modelling, team work, supervision, focus on people's qol outcomes)
- paid team meetings, formal supervision, coaching, modelling of practice

# Policies and procedures

**An understanding of practice framework and practice leadership are embedded in the middle and senior management of the organisation.**

- Job descriptions – do they reflect the aim of the organisation to deliver the practice framework and practice leadership, are all managers required to attend training on these

**Organisational structures reflect a commitment to and support practice leadership.**

- Job description of front line managers, dedicated practice leadership positions in the organisation, support to practice leaders,

**Quality assurance procedures emphasise practice**

- Observation is a key component of management practice and monitoring service quality
- Expectations that middle and senior management will visit services and observe practice as part of quality procedures
- Quality assurance processes capture examples of practice

# Structures, Policies and Procedures

**Coherent and consistent messages about nature and importance of practice found at all levels of the organisation**

- Consistency of language about practice and emphasise across all policy and procedure documents

**Structures in place to manage expectations of others about service quality - families, community visitors, board members**

- Outreach and information and discussion re practice, values, outcomes
- Collaboration with families around each service user

**Access and use of existing and new knowledge about practice, service design, client groups**

- linkage to networks, partnerships with universities, participation in research, opportunities for reflection, knowledge sharing and dissemination

# Mission and public profile

**Coherent consistent emphasis on practice**

- Do board members understand practice approaches, is practice featured in newsletters, on web sites , is a consistent picture presented that illustrates expected outcomes for organisations client group.

# Conclusions – Identifying and measuring service quality

- Right to left thinking
- What outcomes are the focus of the service
- What makes most different to outcomes – staff practices?
- Observe don't rely on second hand report
- What structures, policies and processes reinforce staff practice
- Whole organisation commitment to a practice framework
- Create and support conditions for good staff practices
- Strong practice leadership - Organisational processes staff recruitment - gaining entry – screen for values
- Explicit translation of values to expectations / action avoids front line interpretation
- **Observation not paperwork** a better way to make judgments - reinforce good practice

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United Response – What does good look like

https://www.kent.ac.uk/tizard/resources/What_does_good_look_like.pdf

**On line training resources**

Every Moment Has Potential – An introduction to Active Support

Supporting Inclusion for Disability Support Workers