Making life good in the community

Implementing person-centred active support in a group home for people with profound intellectual disabilities: Issues for house supervisors and their managers

Tim Clement

Christine Bigby

La Trobe University

School of Social Work and Social Policy

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Foreword

Kew Residential Services (KRS) has been redeveloped over seven years, and the KRS institution is closed, the last residents having moved to new community homes in April 2008. The redevelopment enabled over 460 people with an intellectual disability to move to small group homes in the community in suburbs that reflect their preferences and those of their families. It has set the context for them to enjoy a much improved quality of life. The redevelopment of Kew was informed by a body of research demonstrating that people with intellectual disabilities have a better quality of life in small supported settings than in large institutions.

Research is being conducted by La Trobe University on behalf of the Department of Human Services, examining how to support people with intellectual disabilities living in group homes to lead more fulfilling lives. The study is entitled 'Making Life Good in the Community'. It has both qualitative and quantitative elements – a completed action research study, and a quantitative study. The quantitative study is not yet complete but the clear indications so far are that the quality of life for those who have moved is much improved and that people are all getting out and about more often. This report 'Implementing person-centred active support in a group home for people with profound intellectual disabilities: Issues for house supervisors and their managers' is one of the products of the action research study.

An earlier preliminary evaluation of the outcomes for ex-KRS residents living in their new homes conducted by Gary Radler, found that the people themselves, their families and support staff were overwhelmingly positive about their improved quality of life. It recommended that *Active support* training for staff be considered to further enhance each resident's quality of life. Resources were allocated to metropolitan regions to foster activities to support residents to participate in their communities, and be more fully involved in all aspects of their daily lives. An *Active support* training project was implemented, informed by the outcomes of an earlier pilot. The training project involved training 16 service managers to be *Active support* trainers so that they could subsequently train direct support staff. The outcomes of this training project for the residents living in nine metropolitan group homes were reported in a November 2007 evaluation of the training conducted by Roger Stancliffe et al, the findings of which are very encouraging with all the reported changes being in the desired direction. It found that, after the implementation of *Active support*, clients had an increased variety

and more independence in domestic participation, increased adaptive behavior, decreased internalised challenging behaviour and decreased depression. It strongly emphasised the importance of the requirement for on-going support for managers currently trained in active support, and the likely benefits of its systemic application. The one disappointing finding in that study was that there was no significant change in the frequency or variety of community participation.

The present report, by Tim Clement and Christine Bigby, follows the implementation of *Active support* over a longer time frame and provides us with significant insights into the complexities arising in a particular house where five people with very significant disabilities live.

It traces the evolution of *Active support* and highlights difficulties that can arise when the written documentation – the scaffolding- is changed before staff have a really practical understanding of its purpose and before it is really integrated into their practice. It also highlights the impact of some staff having poor written English. Whilst there were particular issues in the studied house with staff from diverse cultural backgrounds having poor written English, the issue of literacy deficiencies for some staff is not confined to people whose native language is not English; it is a wider and very challenging issue for the whole service.

This report highlights again the importance of good supervision and the role of managers, and emphasises the need for a systemic approach. It also provides further evidence of the desirability of more policy and practice clarity around the 'forest of terminology' referred to in earlier reports in this study.

This study as with the other reports of the action research provides a richly nuanced picture. I commend the report for your considered reflection.

Alma Adams.
Manager, Kew Residential Services Redevelopment
(June 2008)

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Acknowledgements

Making Life Good in the Community is funded by the Victorian Department of Human Services. This research was made possible by the willingness of the staff at 16 Temple Court to allow us to work with them for an extended period of time. We also appreciate the support and interest of a Steering Committee of senior Departmental managers, self advocates, and family representatives.

Kelley Johnson's important contribution to the initial stages of this research is gratefully acknowledged.

1. Introduction and context

Making Life Good in the Community is the overarching title of a broad research project that is concerned with discovering ways of supporting people with intellectual disabilities to lead the best possible lives. It has focused on the lives of former residents of Kew Residential Services (KRS) as they have moved from that institution into brand-new, purpose-built group homes. This report considers issues raised by a specific project concerned with implementing *person-centred active support* in a group home for five men with profound intellectual disabilities[1].

Group homes are the dominant form of residential accommodation for people with intellectual disabilities in Australia and many other developed countries (Braddock, Emerson, Felce, and Stancliffe, 2001). Although this model of service provision has been central to the closure of large institutions, the findings from this project have relevance for any group home, regardless of whether the residents originally lived in an institutional setting or a family home.

An aim of using 'ordinary' housing as residential accommodation for people with intellectual disabilities was the establishment of 'ordinary patterns of living' (Felce and Perry, 1995). A number of arguments have been put forward to support 'ordinary living'. More articulate self-advocates, for example, have stated that they wish to take responsibility for the running of their daily lives, such as being involved in typical household activities like cleaning, cooking, and shopping (Attrill, n.d.).

'Ordinary living' is not, however, just for people with mild intellectual disabilities, but for **all** people with intellectual disabilities, regardless of their level of impairment. The extent to which **any** person spends time engaged in social, personal, leisure, and household activities is understood to be a significant feature of his or her *quality of life* (Felce and Perry, 1995).

Originally it was believed that if people with intellectual disabilities lived in small homes, rather than institutions, then this would be sufficient for other outcomes to follow (Felce et al., 1998). This is not the case. Although people with intellectual disabilities can have a good life in small houses, the quality of community-based services varies considerably (Hatton, Emerson, Robertson,

1 In more recent publications the term active support has evolved into person-centred active support. Mansell, Beadle-Brown, Ashman, and Ockenden (2004) argue that this reflects an increased emphasis on person-centredness rather than the earlier weight given to the organisation of a group of staff. For convenience we use the shorter label throughout this report.

Henderson, and Cooper, 1995; Mansell, 2005). People with higher support needs generally experience poorer outcomes than people who are more independent. For some people with intellectual disabilities, moving to community-based residential settings has improved their lives only in some regards. In certain areas people's lives are similar to the ones they led in institutions (Tøssebro, 2005).

This is especially true when we consider 'engagement in meaningful activity'. The opposite of engagement, 'disengagement', is associated with the worst outcomes of institutional care: aimless pacing, boredom, rocking, self-injury, sitting or standing around, wasted lives. Yet this pattern of disengagement can also be found in group homes. Drawing on previous research, Mansell, Beadle-Brown, Whelton, Beckett, and Hutchinson (2008) report that residents in group homes typically receive direct assistance from staff to engage in 'meaningful activities' and relationships less than six minutes in every hour. When the focus is people with profound intellectual disabilities this figure drops to about one minute in each hour. As people with severe and profound intellectual disabilities typically require staff support to be involved in 'meaningful activities', this means that they can be disengaged for the majority of the day. Such pervasive inactivity has been an ongoing source of concern for service-providers.

Although a number of factors influence outcomes for service-users, three variables in particular have been shown to be associated with variations in people's quality of life in community-based residential services:

- characteristics of the service-users
- characteristics of the design of services
- differences in staff performance (Mansell, 2005).

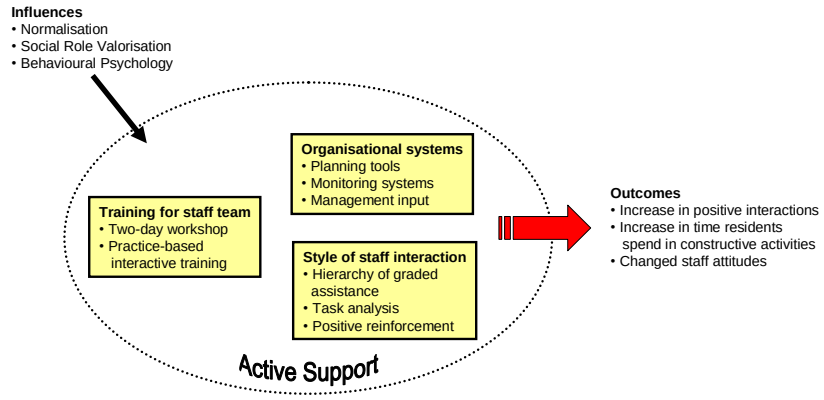
A technology that takes account of these three variables is *active support*. Although *active support* can be used to support any individual with intellectual disabilities, it was specifically developed to support people with high support needs. It has a number of 'organisational systems' that address planning, monitoring, and management systems. It combines a number of training techniques that have been shown to change staff practice and sustain it over time (Jones and Lowe, 2005). There exists a solid body of research evidence which shows that group homes that adopt *active support* procedures produce increased levels of resident engagement in 'meaningful activities' (Bradshaw et al., 2004; Felce et al., 2000; Jones, Felce, Lowe, and Bowley, 2001; Jones, Felce, Lowe, Bowley et al., 2001; Jones et al., 1999; Mansell, Elliott, Beadle-Brown, Ashman,

and Macdonald, 2002; Stancliffe, Harman, Toogood, and McVilly, 2007). These studies tend to rely on short periods of direct observation to quantify any changes in levels of engagement. This study had a different focus, examining the way in which a staff group implemented and made use of the aforementioned 'organisational systems' over a 12-month period.

Active support: A practical guide for action

Active support was originally developed and tested more than 20 years ago. A thorough understanding of *active support* can be gained from reading the training materials developed by Jones et al. (1996) and Mansell et al. (2004). The core components of *active support* are given in Figure 1.

Figure 1. The *active support system*
Adapted from Jones and Lowe (2005)



Active support is essentially a series of procedures and guidance for working with people with intellectual disabilities, especially those with severe and profound intellectual disabilities. Although the aforementioned training materials have a great deal in common, they also have some significant differences. The 'organisational systems' in particular have been refined since they were developed in the early 1980s. The 'version' of *active support* that was implemented at 16 Temple Court, the focal group home in this project, used elements from both sets of training materials, some faithfully, others adjusted, in

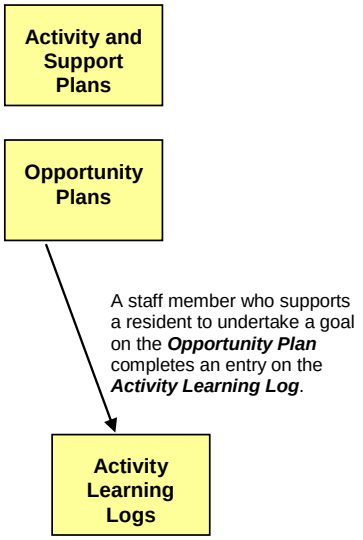
combination with existing 'in-house' procedures[2]. Figures 2 – 5 outline the *active support* system at 16 Temple Court. These diagrams were created for this report.

Figure 2. The *active support* paperwork at 16 Temple Court

Activity and Support Plans	A basic weekly timetable that covers all the regular domestic, self-care, and leisure activities in a particular group home. These were drafted by the staff group at the *active support* training, and are then subject to ongoing revision.
Opportunity Plans	A number of small goals, colloquially known as 'opportunities', that residents are supported to undertake by staff on a regular basis.
Activity Learning Logs	A record of the 'opportunities' that are supported by staff with details of how the activity was supported and the resident's interest in the activity.
Protocols • Personal • Household	Standard ways that a particular activity is carried out in the group home or with a specific individual.

2 Names of places and people have been changed throughout the report to preserve anonymity.

Figure 3. An individual staff member's responsibility in relation to the supporting documentation at 16 Temple Court



These three documents are a reference point for staff that helps them to plan the support to the residents in the group home. They should be referred to at the start of a shift and at other times, as is necessary.

- The ***Activity and Support Plans*** outline each resident's basic daily routine, and gives some 'optional' activities that a resident could be supported to engage in.
- The ***Opportunity Plans*** list specific goals (i.e. opportunities) that have been identified as having a particular focus over a four-week period.
- The ***Activity Learning Logs*** contain recent entries from other support staff about a resident's interest in a goal and any lessons learnt about supporting that individual.

Armed with the information in these three documents support staff should have the information that they need to plan all or part of a shift. This includes the activities they need to support and how they should offer that support.

Figure 4. Keyworker responsibilities at 16 Temple Court in relation to *active support*

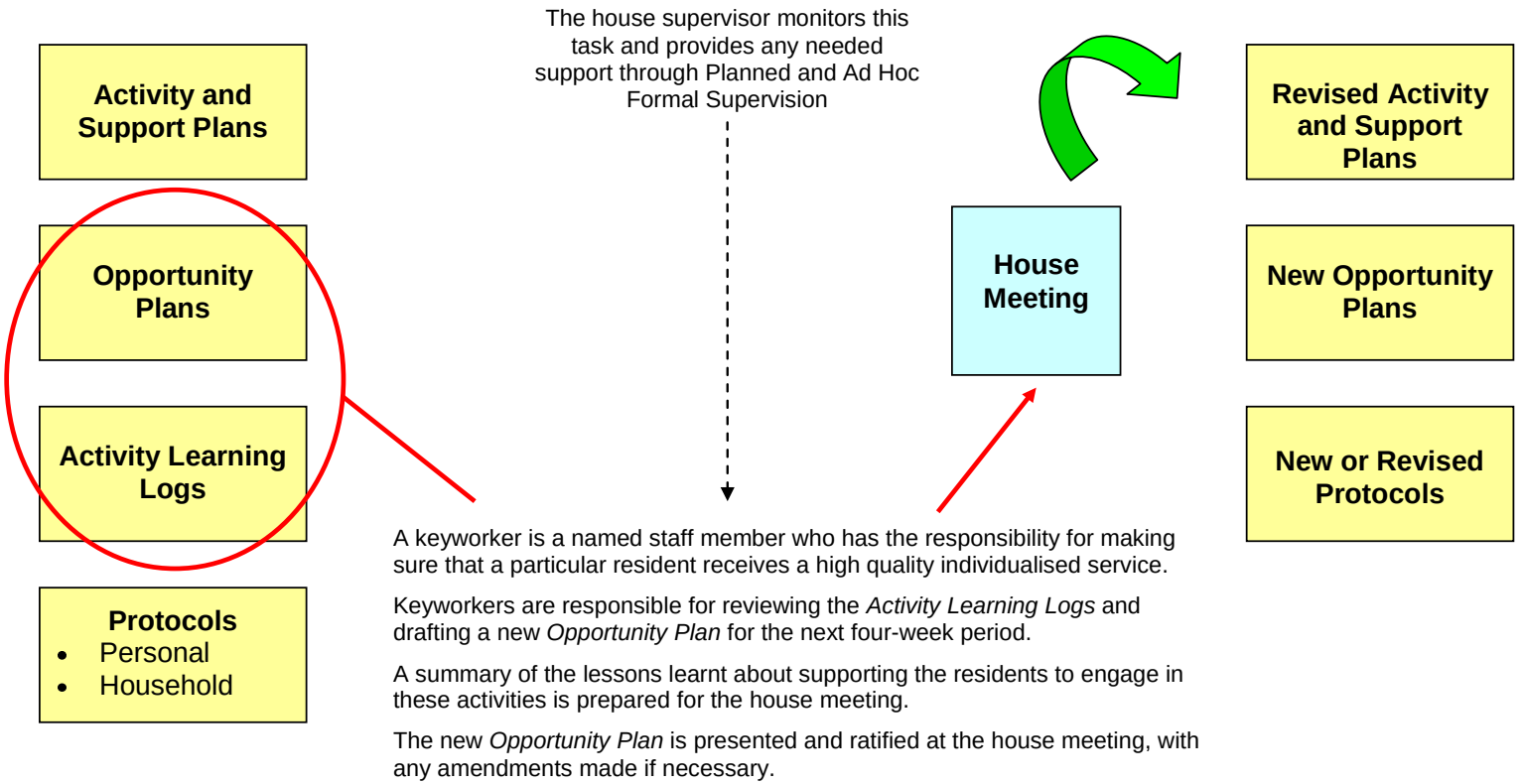
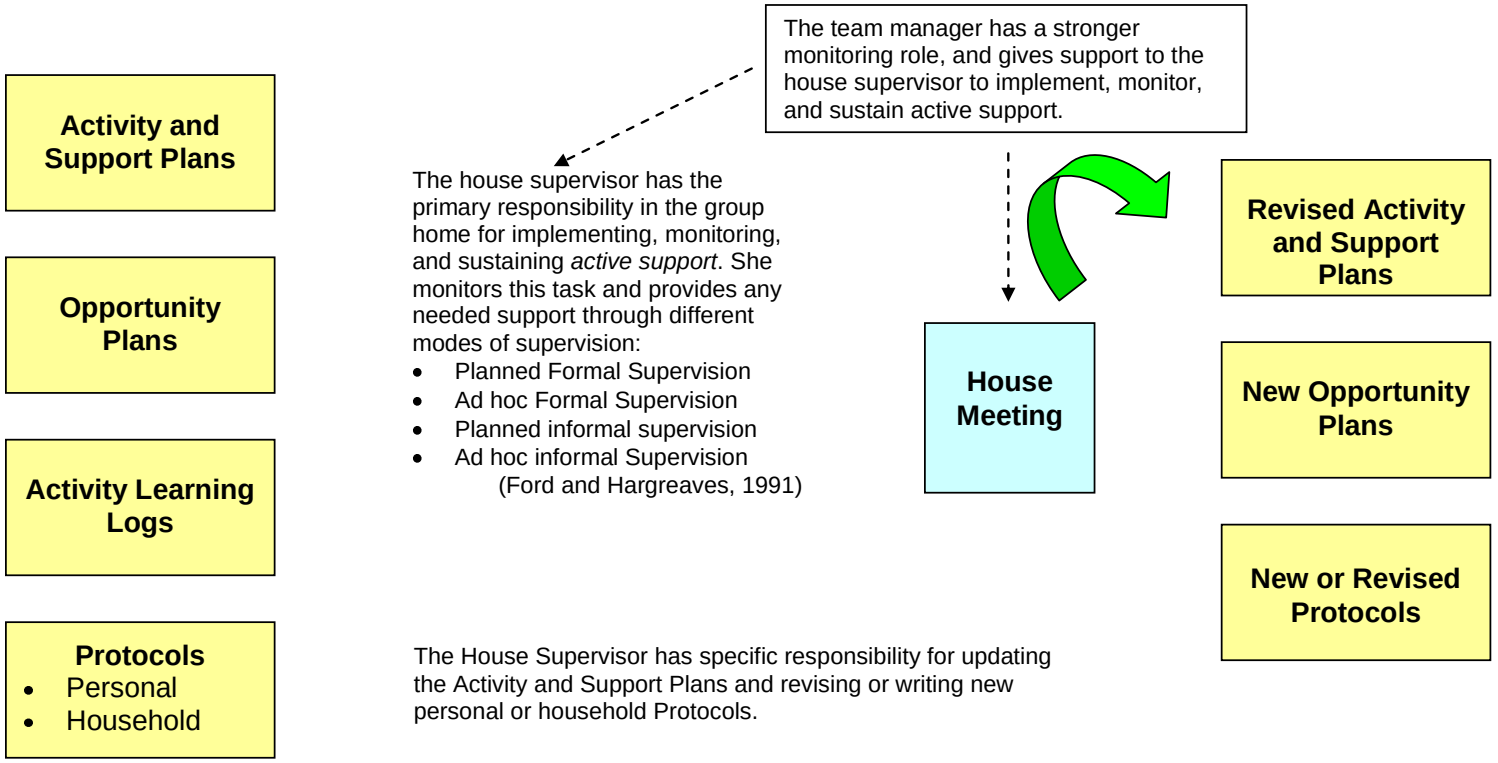


Figure 5. House Supervisor responsibilities at 16 Temple Court in relation to *active support*



Active support: A rational system

The elements of the *active support* system will be described in greater detail throughout the report. At this point we want to frame the development and 'design' of *active support* as a rational response to a specific set of issues that are rooted in a scientific approach to management and organisation (Morgan, 1997).

We have suggested that a key issue for service-providers is resident 'disengagement'. If we were to apply the principles of scientific management to the resolution of this issue we would design and develop a planned system to organise and 'control' the work carried out by direct support staff. The goal would be to get staff to operate in an efficient, reliable, and predictable way. Work responsibilities would be defined in an unambiguous manner, so that employees would know what is expected of them. Direct support staff would be trained to carry out the work efficiently and performance would be monitored to ensure that procedures were followed and the right outcomes were accomplished.

Active support is such a 'planned system', but unlike some of the more extreme approaches to 'scientific management', it does not remove all responsibility from direct care staff to house supervisors and more senior managers. Although house supervisors have overarching responsibility for the management of a group home, direct support staff are involved in setting and monitoring goals. They also make day-to-day decisions about the implementation of *active support*. For example, because people with profound intellectual disabilities may only maintain their involvement in an activity for a short period of time, staff have to make a judgement about whether to continue encouraging a resident to participate, or whether to stop and try again later.

At 16 Temple Court, many of the activities that staff support residents to participate in, are predetermined and written on *Activity and Support Plans* and *Opportunity Plans*. They are not expected to be slavishly followed, but implemented in a manner that pays attention to the needs of people they are supporting. Many interactions with residents are also pre-planned, through *protocols* and the use of 'performance' statements, which detail the level of support that will be given. During the training, participants are taught to write goals using this heuristic, 'Who, will do what, with what help'. For example:

> *'Alan will prepare and cook meat and onions for the household on the BBQ once a week without refusal, with staff verbal prompts'* (D/T/210806)[3].

A distinct advantage of the system is that, if it works effectively, anyone with the relevant knowledge and skills ought to be able to come to a group home and read *Activity and Support Plans*, implement *Opportunity Plans*, and follow *protocols*. The system ought to offer some distinct benefits for casual staff in particular, who move between settings. An example of part of an *Activity and Support Plan* is shown in Figure 6. It is the Monday morning timetable for three residents, which can be used as a planning tool by the direct support staff who work in the group home, referred to in the diagram as support workers (SW). Figure 7 shows an example of an *Opportunity Plan* that was developed as part of the *active support* training for the staff group at 16 Temple Court, which we describe later. It lists three goals for one resident (D/T/041006). This document also shows the *Activity Learning Log*, which the staff member has to complete after he or she has supported a resident to undertake any of the listed activities. After the training, *Opportunity Plans* and *Activity Learning Logs* became separate documents.

[3] Any documents we looked at were given a code. In this case 'D' stands for document, 'T' for training, and the numbers refer to the date on which we received it. A list of the documents referred to in this report is given in Appendix A. The letters 'F' and 'I', which appear later, stand for 'Fieldnote' and 'Interview'.

Figure 6. Activity and Support Plan. Adapted from Jones et al. (1996c)

Activity and Support Plan Monday morning

Support worker shift times

1. _____from _____ to _____ 2. _____ from _____ to

3. _____ from _____ to _____ 4. _____ from _____ to

Time	Olive	SW	Roger	SW	Ann	SW	Household	Options
7.00	Get up, wash, dress		Get up, wash, dress Prepare breakfast		Get up, wash, dress (on own)		Put bins out Set table	
8.00	Breakfast		Breakfast		Breakfast			
8.30 9.00 10.00 11.00 12.00	Shopping Unpack groceries Coffee		Clean bedroom and bathroom Coffee and visit from mother Physiotherapy		Shopping/ post office – collect benefit and pay bills Hang clothes on line Coffee Prepare lunch		Clear breakfast Wash up/ load dishwasher Start washing clothes Unload dishwasher and stack coffee cups	Good walk Water plants Gardening Cut the grass Polish furniture Clean windows
12.30	Lunch		Lunch		Lunch			Lunch in town/pub
1.00			Clear up kitchen				Clear lunch Wash up/load dishwasher	

Figure 7. Department of Human Services Person Centred – Active Support

MONTHLY OPPORTUNITY RECORDING PLAN

Name: Andrew **Roster……**

Activity	When	Initials of Worker			
		Week 1 of Roster/ Month	**Week 2 of Roster/ Month**	**Week 3 of Roster/ Month**	**Week 4 of Roster/ Month**
5.1 Go for a walk locally after program and on the weekend	In the evening and weekend				
6.1 Andrew to place the washing powder into the washing machine	Morning and after dinner				
7.1 Andrew to water the pot plants	3 times a week				

LEARNING LOG

Date	What did the person do? (What, where. When, how long)	Who was present?	What worked well? What did the person like about the activity?	What didn't work well? What didn't the person like about the activity

HINT: What adaptive equipment / resources / modifications / support needs could be required to assist the person?

As well as requiring self- and peer-monitoring, performance is also monitored by managers. At 16 Temple Court these were the house supervisor and the team manager[4].

Rationally designed systems should operate in an efficient manner when:

- there is a straightforward task to perform
- the environment is stable enough to ensure the products produced will be appropriate ones
- one wishes to produce exactly the same product time and time again
- precision is at a premium (Morgan, 1997).

It is reasonable to argue that these conditions are present in a group home. Making a sandwich or vacuuming the lounge are straightforward tasks, which are done regularly and reflect 'ordinary living'. It is generally acknowledged that people with intellectual disabilities benefit from being supported to complete activities in a consistent manner.

The 'human factor': Do employees do what they're supposed to do?

Morgan (1997) points out that the 'human factor' often undermines rational systems. He writes that rational systems work well when, 'The human "machine" parts are compliant and behave as they have been designed to do' (p.27).

Observing whether direct support staff 'do what they are supposed to do' is hard in group homes, because direct support staff have a significant amount of autonomy to interpret and apply rules and procedures. It is possible for individual staff members, or even an entire work group, to develop styles of working that run counter to what is required. In such settings, a rationally designed system may not be implemented as designed.

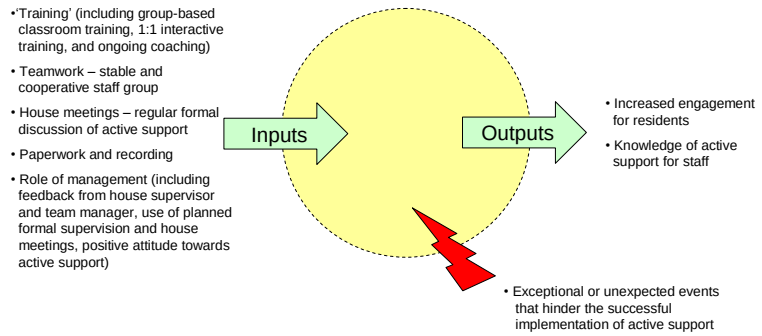
Once *active support* training has been completed, then the primary responsibility for ensuring that the 'organisational systems' are correctly implemented, falls to the house supervisor and team manager. The house supervisor in particular is expected to: develop a team approach; give ongoing coaching and use *planned formal supervision* to develop practice; and to give a lead in planning and monitoring *active support* more formally using the appropriate paperwork and recording systems.

4 In some Department of Human Services' regions team managers are referred to as cluster managers.

The team manager can also be understood as being part of the team that is responsible for service delivery at a particular group home. As the team manager's role is more removed from day-to-day practice, he or she has a greater focus on monitoring the implementation of *active support*. Most obviously this is through attending house meetings and looking at the formal documentation. The team manger is also expected to coach a house supervisor and develop his or her practice through *planned formal supervision*.

These responsibilities are reflected in an implementation framework, which was developed as part of the *active support* pilot project evaluation (McCubbery and Fyffe, 2006). The authors proposed that specific inputs and organisational processes are associated with establishing and maintaining staff practice. This is shown in Figure 8 and contains variables similar to those shown in Figure 1.

Figure 8. Active support implementation framework.
Adapted from McCubbery and Fyffe (2006)



Two of McCubbery and Fyffe's (2006) findings are particularly relevant to the team manager's role. They found that:

- input from 'external management' was rare
- 'external managers' overestimated the degree to which active support was happening5.

At 16 Temple Court the *active support* 'organisational systems' were not put into operation in the same manner as the training resources suggest. These changes could have resulted in positive and/or negative consequences. They may have allowed for local innovation, but they may also have meant weaker implementation and sustainability. We thought it unlikely that any 'in-house' tools or modifications would have been subjected to the same scrutiny as these training resources, which have been refined and tested over a 20-year period.

We propose therefore, that a key idea that relates to the successful implementation and sustainability of *active support* is Morgan's (1997) 'human factor'. Bringing 'what staff actually do' centre-stage raised the following questions, which are addressed in this report.

- To what extent did the staff at 16 Temple Court implement the 'organisational systems' in the way that their training stipulated?
- What role did the house supervisor and team manager have in supporting, enabling and monitoring the implementation of active support?
- What impact did the changes made to the 'original' *active support* 'organisational systems' have for implementation and sustainability?

5 We did not research this finding, but thought that it might be attributable to low levels of direct observation by external managers or direct support staff putting their best foot forward. when managers were about. Rather serendipitously we did find some support for McCubbery and Fyffe's observation.

At one reflection and planning meeting the team manager reported that he had done an 'eyeball analysis' of the Activity Learning Logs and suggested that the March opportunities had happened 50 – 60 per cent of the time (F/TC/200407). When we subsequently worked out the actual percentage, the average for all activities was 42 per cent.

2. The research setting

16 Temple Court

16 Temple Court is a purpose-built house, similar in design to many of the group homes that have been constructed as part of the KRS redevelopment. It is situated in a pleasant winding street, lined with well-established houses, with a small park a short distance from the house. The residents moved into the house in September 2005. In contrast to the institutional setting that they had left behind, their new home immediately provided an improved material environment, as the building, furnishings, and equipment were brand new. The house had its own mini-bus, which allowed access to 'ordinary' community settings and a garden that had been newly landscaped and planted.

Although the house is in an 'ordinary' street, it has some features that make it stand out. From the outside, its size and the presence of the mini-bus in the driveway distinguish the house from its neighbours. On the inside, wide passages, large empty bathrooms, one with an Arjo Parker bath, suggest that this is a slightly different 'home' (Figure 9)[6]. [See 'When is a house a home?' (Robertson et al., 2008) for a discussion of homeliness.]

Figure 9. A house interior. From Robertson et al. (2008)

The doorways, passages and bathrooms had been designed to accommodate people in wheelchairs, but the principles of accessibility had only been minimally applied in the kitchen. Although there is room to manoeuvre a wheelchair in the kitchen, the work surfaces and storage facilities are not at suitable heights. Yet in the main, the house has all the features of a typical house that make involvement in the day-to-day running of a household possible.

6 An Arjo Parker bath is a freestanding bath, which has side entry access and powered raising, lowering and reclining options.

2. The research setting

The residents

Five men, Charles, Christos, David, Mathew, and Shane moved into 16 Temple Court in September 2005. They have profound intellectual disabilities. At the start of the research they were aged between 37 and 74, with three of them in their fifties. Prior to moving to their new home they had spent the greater part of their lives at KRS. As is more likely with profound intellectual disability, the five residents also had secondary disabilities and additional health needs. Three of the men have epilepsy, which was described as severe for two of them whilst the third has frequent milder seizures. One of the other men in the house has Parkinson's disease and also suffers from asthma. Four of the men use wheel-chairs although two of them can walk very short distances.

Two of the five original residents died during the research period. Christos died nine months after he moved to 16 Temple Court and Mathew died 16 months later. A new resident, Andrew, moved in following the death of Christos. He was much younger than the other residents at 19 years old, did not use a wheelchair, but had a similar level of intellectual disability. He moved into the house just before the staff received their training in *active support*. At the end of the project, four men, Andrew, Charles, David, and Shane were living at 16 Temple Court.

The goals in the residents' General Service Plans (GSP) indicated that they had a number of health needs and that the people involved in writing these goals also considered health issues to be paramount. Health related goals accounted for 42 per cent of the total number of goals in the General Service Plans (Table 1).

Table 1
Number of goals in the residents' General Service Plans by domain[7]

	Mathew	David	Shane	Charles	N=65
Living Situation	1	1	1	2	5
Vocation	1	1	2	1	5
Leisure and community access	1	1	3	1	6
Health	13	5	7	2	27
Finance	1	1	3	1	6
Family support	1	1	3	1	6
Advocacy and personal support	1	1	1	1	4
Communication	1	1	1	1	4
Behaviour	0	0	2	0	2

Given the severity of the men's intellectual disabilities the house had been established to provide the residents with a *pervasive* support intensity. Luckasson et al. (2002) describe this level of support as 'characterized by their constancy, high intensity, provision across environments, potentially life-sustaining nature. Pervasive supports typically involve more staff numbers and intrusiveness than do extensive or time-limited supports' (p.152)[8].

All of the residents went to day programs, although the frequency with which they attended varied over the course of the research. At the end of the project, when four residents were living in the house, two residents went to day programs five days a week, and two attended three days each week. The part-time attendees both stayed at home on Tuesdays and Thursdays. The successful implementation of *active support* is especially pertinent on these days, when the staff are responsible for ensuring that these two men are meaningfully engaged for the entire day.

The description that follows is adapted from written information given to the staff group at a 'resident familiarisation session' during the two-week transition training that preceded the 'opening' of the house. It presents a limited view of one man, Christos, but illustrates the high level of support that he needs and

7 Only four GSPs were available to be viewed when we looked at this data.

8 This is the greatest level of support in the American Association on Mental Retardation's (AAMR) classification. There are four supports intensities: Intermittent, Limited, Extensive, and Pervasive.

suggests something about the challenges of engaging him in the activities of daily living.

> *Christos (57) has severe intellectual disability, epilepsy, and spastic quadriplegia. He is a thin man who weighs 31kg. He needs full staff assistance to wash, dress, undress and attend to his personal grooming. Christos is showered and dressed on a shower trolley. A hoist is recommended for all transfers. Christos uses incontinence pads both day and night. He sleeps in an electric bed with cot sides and uses a v-shaped pillow to maintain an upright sleeping position. Christos uses a manual wheel-chair and is unable to manoeuvre himself without staff assistance. He has limited protective behaviour and no stranger danger awareness. He would be vulnerable if exposed to aggression as he would not vocalise if injured. Christos is non-verbal and has limited means of communicating his needs. He reacts to touch, looks at people momentarily, and begins to show anticipation. His meals are vitamised and his drinks are thickened due to having aspiration pneumonia two years ago. He has a history of reflux oesophagitis, dysphagia, gastric ulcer and chronic constipation. Christos is a very slow eater. He enjoys eating all types of food, particularly chocolate, pureed fruit, and custard. Christos likes monthly visits from his mother, bus trips, spas, back rubs, massage and listening to soft music* (D/19/nd).

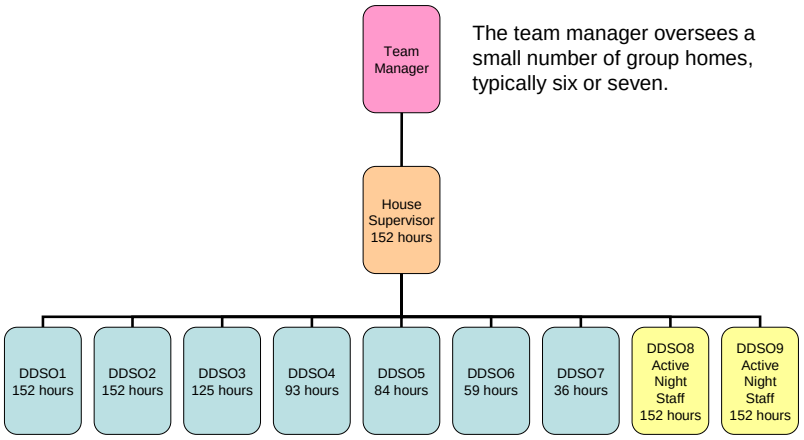
The five men were assessed on the *Triple C* prior to moving into the house, which is an assessment that is divided into six communicative/cognitive stages (Bloomberg and West, 1999). All the residents communicate at Stage 2 or below. Communication at these stages is at an extremely basic level. People react to touch, vocalise comfort and distress, may react to known noises, such as a microwave bell, but in both stages the communicative intent and meaning are assigned by the caregiver. Appendix B gives complete descriptions of Stages 1 and 2.

The staff

Figure 10 shows the staff structure at 16 Temple Court[9].

9 DDSO stands for Disability Development and Support Officer.

Figure 10. Staff structure at 16 Temple Court



When the house opened, four of the ten positions were vacant. In the 27 months that we had contact with the house, there were always at least two vacant posts, DDSO 6 and 7. At the end of the research, four of the ten posts were once again vacant. Five of the original staff group of six (four women and two men) had worked at KRS prior to moving to Temple Court for 31, 23, 16, 6 and 3 years respectively. The house supervisor had qualified as a *Mental Retardation Nurse* (MRN) and two of these original staff members had a Certificate IV qualification in disability. The only member of staff who had not worked at KRS moved to another group home about one month after the house opened.

We were aware of at least five new employees who joined the staff group and subsequently left in the 27 months. Four of the original staff group provided some stability during this period, the house supervisor, the two full-time DDSOs, and one of the active night staff.

Zijlstra, Vlaskamp, and Buntinx (2001) state that good quality of care in a group home requires a stable staff team.

> *From the **resident's perspective**, any staffing change whether for reasons of leaving the organisation, replacement, or leaving the assisted living group after a temporary assignment would affect the stability of the assisted living group's social structure and would have some impact on the residents* (p.41).

Thus, permanently exiting a group home or even going on holiday can impact on the quality of care. At the management level we were aware of at least three different employees acting-up as house supervisor. There were three different team managers in the first year that the house was open. The final team manager remained relatively stable during the 12-month period when we observed *active support* being implemented, although there were three different team managers acting in his place when he was either on holiday or acting-up for two extended periods.

Zijlstra et al. (2001) argue that staff turnover can be more detrimental to people with profound intellectual disabilities. This is because 'the needs and wants of an individual with [profound intellectual disabilities] often become known only after considerable effort and generally only by those who are familiar with the individual concerned (significant others)' (p.39). The authors put forward a useful categorisation of direct support staff, which draws our attention to staff turnover in **meaningful relationships** (Table 2).

Table 2
Categorising direct support staff (Adapted from Zijlstra et al., 2001)

Well-known faces	A staff member who has worked six months or more in a group home and is capable of building a relationship with an individual with profound intellectual disability in that group.	A minimum of six months is required to perceive, interpret and respond adequately to the signals of an individual with profound intellectual disability.
Known faces	A staff member who has worked more than 25 days but less than six months	Someone who can to some extent see, interpret and respond adequately to residents' signals.
New face	A staff member who has worked 25 days or less in a group home is a new face to a person with profound intellectual disability.	Someone who is wholly or mostly blind to the signals given by the resident.

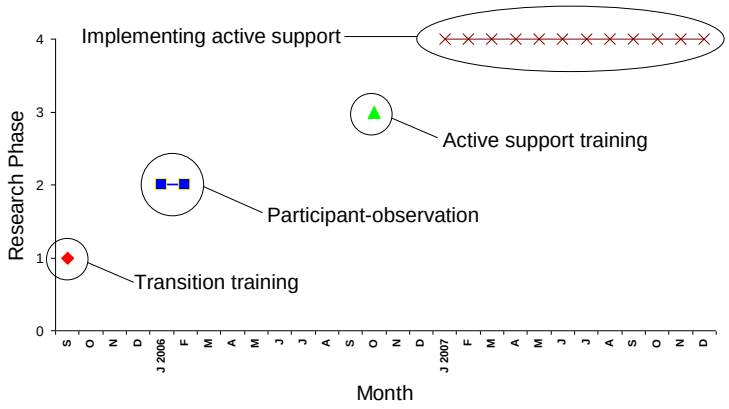
It therefore becomes important to know who leaves, as a staff member who is merely acquainted with the residents, such as the employee who left within the first month, would cause less problems than the staff members who have worked with the same service-users for long periods of time. We can categorise the four staff members who worked continuously at the house since it opened as 'well-known faces'. Certainly this had advantages in providing stability to the staff group, but we shall also show how it resulted in some disadvantages in implementing *active support* at 16 Temple Court.

3. Research Phases

We have divided our involvement at 16 Temple Court into four separate phases:

- transition training
- participant-observation
- active support training
- implementing active support (see Figure 11).

Figure 11. Research phases at 16 Temple Court



Although we discuss each of these phases, the main focus of this report is the final phase, implementing *active support*. Phases 1 and 2 provided some baseline data about the level of resident participation in the house prior to the *active support* training and revealed some of the attitudes expressed by the staff group in relation to this goal. The training is covered because it is an integral part of successfully implementing *active support*.

Phase 1: Transition training

As was stated earlier, when 16 Temple Court opened most of the original staff group relocated from KRS. When this is the case, Mansell et al. (1987) stressed the importance of establishing a 'model of support', because without clear guidance on aims and methods, it was possible for these employees to continue their old practices in the new setting and for new staff with no experience to

develop 'institutional' practices[10]. A new group home, equipped with all the paraphernalia for 'ordinary' living only provides opportunities for engagement, which can be used or ignored. Mansell writes, 'It is the task of the project organisers to show staff how these opportunities can be used to the full' (p.123).

The opening of each house was preceded by a two-week block of training, known as 'transition training'. An explicit aim of the training was to equip staff with basic knowledge and skills to carry out their role in a group home within the constraints of a two-week program. Another aim was to create a space that marked the separation from KRS.

We attended two of the ten training days for the 16 Temple Court staff group. The training content was heavily weighted towards mandatory requirements and, not surprisingly, health care priorities. As well as three sessions on fire training, another on the Client Expenditure Record System, there were sessions on: asthma; diet and nutrition; epilepsy, rectal Valium, enemas and suppositories; physiotherapy needs; and the use of oxygen (D/TC/080905).

Active support was not a topic on the transition training. In *The Story So Far* (Clement, Bigby, and Johnson, 2007) we have argued that during this period staff were unwittingly encouraged to carry out tasks in a way that was incongruent with promoting high levels of resident engagement. This was related to a further aim of the training, which was articulated as 'giving staff ownership of the house'.

'Setting up the house', which appeared five times on the training program, was done without any resident involvement. Staff purchased linen and laundered it; bought new crockery, washed it and decided where it should be stored; and went to the supermarket and cooked meals that were frozen in preparation for when the residents moved in. We suggested that the staff's dominant role that we witnessed in the subsequent day-to-day running of three houses was an unintended outcome that was, in part, established by this aspect of the transition training. The house opened without a critical mass of staff in the house who had the knowledge, skills, abilities or orientations to enable high levels of engagement. As we shall show in the next section, caring for the residents and keeping them 'fit, clean, and comfortable' was probably the 'model of support' that was dominant during this phase.

A key insight from our participation in thirteen days of transition training with six different staff groups was that staff find the abstract ideas that underpin concepts

10 Landesman (1988) refers to institutionalization to the processes by which any residential setting actively or passively adopts depersonalised and regimented practices that were associated with the negative consequences of institutional living.

like 'community inclusion' harder to apply when they are supporting people with more profound intellectual disabilities. Although the training on health care was really grounded in the needs of the five residents, the session on 'community inclusion' that we observed was more generic and seen as less relevant by the staff group (F/TC/140905). Quite often, it would appear that people with profound intellectual disabilities are singled out as being a 'special population' for whom certain abstract ideas do not apply. When 16 Temple Court opened the five residents were seen as people for whom being involved in household activities was neither necessary nor possible.

Phase 2: Participant-observation

The *Hotel Model*

In *The Story So Far* (Clement, Bigby, and Johnson, 2007) we published descriptions of life in three group homes that are part of the *Making Life Good in the Community* project. These descriptions were produced from fieldnotes written from periods of participant-observation that we spent in these three houses and depict the general pattern of observed support to the residents (see Appendix C). One of those houses was 16 Temple Court. If we exclude the transition training, we began the participant-observation four months after the residents had moved in.

We observed events and issues at 16 Temple Court which we thought needed attention from the staff group. One of these issues was the very low levels of resident participation at the house, as the staff had relieved the residents of any responsibility for completing household tasks. Within Disability Accommodation Services this is known as the '*hotel model'*, a term that comes from some of the earliest literature on establishing group homes (see Felce, 1989, for example). The major consequence of this was that the five residents at 16 Temple Court spent substantial periods in their own home disengaged.

In this section our aim is to establish 16 Temple Court as a setting where providing the staff group with *active support* training is a reasonable response to the low levels of resident participation that we witnessed. Readers are encouraged to examine *16 Temple Court: A description* (Johnson, 2007) to get a broader understanding of the general pattern of observed support to the residents. This fieldnote extract gives some examples of how the staff undertook the running of the household themselves, leaving the residents with little to do between mealtimes and the occasions when personal care was necessary. The researcher is in the back garden with a staff member (Ray) and two residents (Christos and Shane).

Ray went and got the washing and folded it while Shane watched. Once Shane got up and went to the back door which Ray had blocked with a chair. Ray brought him back saying that he was after water. He found it scary that Shane would grab anything, including hot kettles that held hot liquid.

While we were outside Penny [staff] was preparing dinner, which was stir-fry beef and vegetables with mashed potato. It smelt very good but she said sadly that it had to be overcooked so that the men could eat it.

Ray took the washing in and I sat with Christos and Shane outside for a few minutes. As soon as Ray went through the back door Shane got up to go too. He went to the door and stood rocking outside. I was aware again of the anxiety about stopping someone from doing something they want to do. I went and stood beside him for a minute and then took the chair away from the door. He reached out for the handle slowly and gently pushed it down, opened the door and went in. I called out to Maria [staff] that he was coming through. I asked Christos if he wanted to go for a walk down the side way. He didn't respond and seemed very sleepy, though if I spoke directly to him he looked intently at me before turning away. We walked down the side path and then went inside.

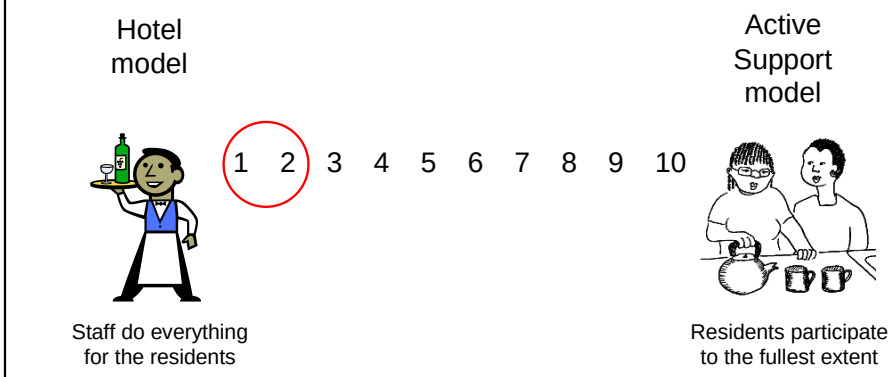
By twenty to six dinner was ready. Penny served it in bowls and the men came to the table. I supported Shane to eat his dinner which he did very quickly (F/TC/300106).

The *hotel model* is a metaphor that is used to evoke an image of what services should **not** be like. It is easy to see why an outsider reading about or observing this afternoon might consider it an illustration of the *hotel model* in operation. A staff member cooks and serves the tea whilst another one is doing the laundry. Although the model has some resonance, we found that it can be used too simplistically, for staff do not always act like hotel staff and residents do not always act like guests. Staff do not always see themselves as 'doing the *hotel model*' because they can usually find some examples of how they have involved people in household activities. The issue is: to what extent are residents involved in the running of their household?

We developed the scale shown in Figure 12 that was subsequently used in training sessions. Individual staff are asked to rate the house they work in on the continuum, which is then shared with the rest of the staff group. The

group can reach some consensus about the degree of participation in a particular house at a specific point in time.

Figure 12. A participation continuum



During our period of participant-observation we would have rated participation at 16 Temple Court as a 1 or 2 on the continuum. This was most extreme during the transition training, where the residents' new home was effectively 'set-up' without their involvement. Our view was the opportunities that existed at the house for the residents to enjoy a good lifestyle were not being fully exploited. The residents spent much of their day 'waiting around' for meals or the next bout of personal care and received little or no *active support* from staff to engage in the running of their home.

Yet we also thought that the staff were committed to the residents and expressed a great deal of care towards them. Given the pervasive support that the residents required at 16 Temple Court, there were times when the residents received significant support from staff. This was centred on tasks associated with 'care', such as getting up in the morning, showering, dressing, eating, and attending to health needs. Other research studies have found that outside of these personal care tasks, much of the staff attention given to residents is in the form of communication rather than enabling people to participate in an activity (Felce and Perry, 1995). We saw the implementation of *active support* as one way of helping the five men to participate more fully in their daily lives.

Half-day meeting

As part of the research process the period of participant-observation was followed by a half-day meeting with the staff team, where the aim was to reflect on the data that had been gathered and identify an issue that would become the focus of a research project.

As we suggested in the previous section, staff practice was more aligned to the *hotel model* than the *active support* model, and so increasing the involvement of residents in household activities was an area that we wanted to discuss with the staff group. In this section we present some data which we think reflects both the staff priorities at the time and some of the varied and complex attitudes that existed in relation to engaging the residents in household activities.

Towards the end of the half-day meeting the house supervisor spoke clearly about her priorities:

> *We do the best we can, one step at a time. First and foremost in the house the priority is client care. Recreation and other things come along. Client care is our priority. If there is spare time you can go for involvement. People should be fit, clean, and comfortable. The other things come after that* (F/TC/270206).

The house supervisor is an important person in shaping the day-to-day work environment in a group home. The house supervisor marks out the job for direct support staff, provides guidance and coaching, and influences the 'culture' (Clement and Bigby, 2007; Hewitt and Larson, 2005).

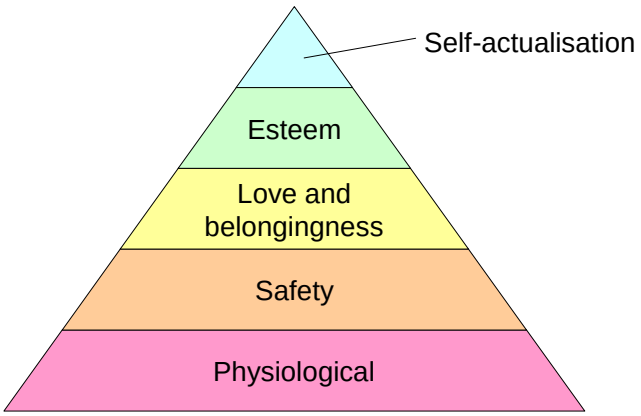
Prior to the move, a very similar view had been expressed by a member of the staff group during an informal visit to the 'unit' at KRS where some of the residents lived. This conversation occurred in the presence of another colleague.

> '*What do you do well here?' I asked.*
>
> *'You can't judge us by people's achievements or how much people have changed. Some people come here and ask, "Why can't he walk?" He was never going to walk. We spent ages with someone trying to teach him to eat. We held the spoon together. Still he didn't learn. No one here will say thank you for lunch'.*
>
> *Eventually they listed the following:*
>
> 1. *Keep people comfortable.*
> 2. *Keep people happy.*

3. *Keep people clean.*
4. *Keep people well-fed* (F/KRS/020905).

Maslow's well-known 'hierarchy of needs' is useful in positioning the staff's stated priorities (Figure 13). They reflect the basic needs on the hierarchy: physiological and safety needs.

Figure 13. Maslow's hierarchy of needs. Adapted from Glassman (1995)



We should not be surprised that physiological and safety needs are privileged. Indeed, given the significant health needs of the five men and the life-sustaining nature of the staff support, we would be concerned if they were not a priority. The previous description of Christos and the links to the *Triple C* assessment in Chapter 2 may strike a chord with readers. They may indicate why most of the interactions we observed were related to tasks associated with 'care', and possibly also account for why the staff had relieved the residents of all responsibility for household tasks.

An important theme that emerged from an analysis of these early fieldnotes was related to the health of the five residents. Staff expressed anxieties about managing seizures and the fragility of two residents in particular, Charles and Christos.

However, when these basic needs are met, there is no certainty that activities designed to meet higher needs will, to use the house supervisor's words, 'come

along'. Indeed, that hadn't been a finding during the period of participant-observation. When we raised the idea of involving the residents in household activities it met with some resistance, as the following extract illustrates.

One of the researchers [Kelley] had visited the residents' day programs and there was a free-flowing discussion about what she had seen.

> *Maria asks if Kelley will tell them about what happened when she went to the day program.*
>
> **Kelley:** *I watched Shane in a cooking program. He was at the stove stirring things. He was in the kitchen for two hours*.
>
> **Maria:** *By himself? Maybe he can cook for you Penny?*
>
> *Ray tells the group how Shane will grab a hot pan. 'When you're cooking at the house you've got a lot going on. You've got a frying pan going, a pot boiling'.*
>
> *Meena explains, 'It may only be [supporting him to cook] for five minutes. The kettle may be going, but you are standing next to him. He only grabs it when he walks in to the kitchen'.*
>
> **Simon:** *If we got Shane in the kitchen and something happened, then who's to blame?*
>
> **Ray:** *You get distracted at the house. The telephone may go and you have to answer it. You can get 18 phone calls in two hours. If we had a gate on the kitchen…*
>
> **Kelley:** *Your issue here is duty of care*?
>
> **Meena:** *It's about giving them the chance. You're not asking them to cook the whole meal. There's no way he can learn the whole skill.*
>
> **Simon:** *It's about involvement.*
>
> **Maria:** *You should give him the recipe Penny.*
>
> **Meena:** *This is about the dignity of life, this is living, you wouldn't be blamed…*
>
> *Kelley reminds people that it is expected that people will involve people in activities like cooking.*
>
> **Ray:** *That's what we're doing. You have to be realistic; Shane will pick up a jug that has hot water in it.*
>
> **Penny:** *When I was on the phone he grabbed my coffee.*

> **Meena:** *He's so clever. He does it when your back is to him. But if you're stirring with him…*
>
> **Ray:** *He'll get bored with that eventually.*
>
> **Kelley:** *In the day program Shane was in the cooking program for two hours.*
>
> **Meena:** *Before [at KRS] they didn't even know what an apple looked like. We're giving them a chance…*
>
> **Kelley:** *You've got different chances here.*
>
> **Meena:** *In KRS the food came from the central kitchen…*
>
> **Ray:** *There's a limit to what you can do* (F/TC/270208).

Not surprisingly staff groups contain a range of attitudes towards the same topic. A function of the house supervisor's role is to move the staff group towards consensus about the 'model of support', which should be aligned with the Department's policy and legal requirements. In this short fieldnote there is some support for the idea of involving the residents in household tasks, particularly from the researcher and the house supervisor (Meena), but also a number of statements that reflect barriers. The residents' behaviours and lack of interest in cooking are seen as problematic; ironic statements serve to undermine the idea of participation; there is a focus on risk and worries about resident safety; concern to protect the staff's own position; and comments that suggest that involving people in this way pushes the realistic limits of what staff can achieve.

During the meeting one staff member in particular expressed views which suggested that involving the residents in household and community activities was neither realistic because of the men's level of impairment, nor practical due to limited resources.

> *It's pretty hard with our ones, they can't talk. The more able bodied can participate…We have to be realistic, realistic about people's levels of abilities and disabilities…You can only do so much with people who are more severely disabled. The people who write the cheques need to have a look…We must be realistic about the amount of time. Perhaps when you've got a long shift?...We have to do things like this on top of the workload that is already there* (F/TC/270208).

As we suggested earlier, the transition training ought to have established a new 'model of support'. In practice, we would suggest that the 'model of support' that

we observed was little different to the 'care' practices that had existed at KRS, albeit in better surroundings and with an improved staff:resident ratio.

Research shows that a significant number of staff make *practicality-based* judgements based on the potential and ability of the people with intellectual disabilities they work with (Allen, Pahl, and Quine, 1990). Attitudes change when the distinction is made between people with mild or profound intellectual disability (Antonak, Mulick, Kobe, and Fielder, 1995), with staff suggesting that a concept like 'ordinary living' is less practical for people with profound intellectual disabilities. If direct support staff believe that it is not practical to involve people in household activities they are likely to focus on meeting people's basic needs and the pattern of support will mirror the *hotel model*. One of the Department's principles, 'self-determination', may therefore be seen as being irrelevant, and the beliefs that underpin *active support* may not be central to the staff members' own belief systems. Everyone probably agrees that it is important to make sure people have enough food to eat, but there is less of a consensus about the extent that residents should be involved in the purchasing and preparation of their food.

Individual Program Plans: Priorities

The goals recorded in the residents' Individual Program Plans (IPPs), both close to the time of their move from KRS, and six months later, show little preoccupation with involving the residents in household activities. Table 3 lists **all** the written goals for three residents at these two points in time[11]. There is an emphasis on health, personal care, and behaviour management. The newer IPPs, which were completed by an acting house supervisor covering recreational leave, have goals related to participation in household activities, use of leisure time and contact with a family member, but they do not pervade all three plans. There is also evidence of the well-known tendency for goals to roll-over from one plan to the next.

11 We looked at the IPPs after one of the residents had died and his records were no longer in the house. We could not find a current IPP for the remaining resident, so decided against putting one set of goals from the earlier IPP in the table.

Table 3
Residents' Individual Program Plan goals at 16 Temple Court

Resident	Date	Goal
David	16.07.05	1. David will go for a walk with the aid of his physio frame around the unit at least once per day. 2. David will have his feet massaged and wear socks for 15 minutes per day
	24.04.06	1. David will be encouraged to walk around with the aid of his physio frame at least once a day to maintain and promote further mobility. 2. He will be given regular opportunities to listen to his CDs on his CD player. 3. David will be assisted to keep in regular contact with his mother.
Mathew	14.09.05	1. Mathew will interact with staff through foot massage to develop his communication. 2. Mathew will maintain his current level of mobility.
	24.04.06	1. Mathew will interact with staff through participating as much as practicable, with household duties. 2. Mathew will be encouraged to maintain his current level of mobility.
Shane	16.09.05	1. Alert: Shane is a known wanderer and has minimal protection and road safety skills. Shane will have increased opportunity to access the community in a safe manner. 2. Shane will reduce the incidence of not ripping his clothing. 3. Shane will eliminate the consumption of foreign particles.
	24.04.06	1. Alert: Shane is a known wanderer with minimum self protective and road safety skills. Shane will have increased opportunities to access the community in a safe manner. 2. Alert: Shane will attempt to drink from any container that he can gain access to in the house. He does not identify a hot water jug as being hazardous. Likewise with poisonous substances e.g. dishwashing liquid, etc.. Staff will provide Shane with appropriate access to drinks as necessary. 3. To reduce the incidence of Shane ripping his clothing. 4. To encourage Shane to eliminate consumption of foreign particles.

Comment [k1]: the dates should be expressed with punctuation, e.g. 16.7.05. Would prefer the text not to be vertical, but I can't change it myself.

Summary: Underlying attitudes, practice norms, and formal goals

We have highlighted the residents' formal goals, staff practice norms and the underlying attitudes of the staff group at 16 Temple Court because they help to establish the context in which *active support* was being promoted. They also reveal some of the beliefs that the trainers would come up against. When taken together, they are indicative of the significant shift in thinking and/or practice that would have to take place at the house in order for high levels of engagement to be realised. At the end of the day, interactions between direct support staff and people with profound intellectual disabilities take place between individual employees and these 'silent' service-users in unobserved settings (Evans and Harris, 2004). The house supervisor is only present at the group home for a proportion of the week. In such circumstances direct support staff have a lot of autonomy to make decisions about what they think is important on any particular shift, not researchers, mid-level managers, or trainers.

Formal training or informal coaching?

It is worth making the distinction between practices which may be a direct result of receiving formal *active support* training and practices that mirror *active support*. As a Disability Development and Support Officer it is possible to support residents with profound intellectual disabilities in a way that promotes high levels of participation without having had formal, classroom-based *active support* training. This may be because people 'instinctively' bring this person-centred approach to their role or they may have been socialised into it by a house supervisor or other influential work colleagues. It would be an error to assume that high levels of participation can only happen in a particular house after *active support* training has occurred, especially given the logistics of providing this training to every single staff team managed by the Department of Human Services.

A discussion that took place with the house supervisor after the half-day meeting was whether to wait until *active support* training could be arranged or for a researcher to work with the house supervisor to coach the individual staff members to engage the residents in household activities. In the end a decision was taken to wait until the training was available, a delay of eight months. Even though the house supervisor had made some positive noises at the half-day meeting, her attitude was less enthusiastic in one-on-one meetings.

> *Meena only wants to go 'so far'. She told me that she sees involvement as wheeling someone to the kitchen worktop and watching Penny cook and*

> *being talked to as about as far as you need to go. She argued that the residents have limitations. They have a low level of understanding* (F/TC/240306).

A month later I was told by the acting house supervisor that:

> *Penny made a wonderful Sunday dinner and Christos was wheeled up to the kitchen counter to watch. She described the residents as 'being there', so that not all the activities were happening behind them* (F/TC/210406).

Although we had loosely agreed with the staff team at the half-day meeting that improving the level of resident participation inside the house should be the focus in the next research phase, we interpreted the general reaction to this suggestion in a way that indicated little enthusiasm or motivation to strive for a goal that they perceived as being unrealistic and unobtainable.

Even though we had worked at 16 Temple Court, we were perceived as 'outsiders', and as such we felt that we had very little influence over what staff did in the house. Whatever expertise we had as former practitioners and current academics was of little importance to the staff group. We reasoned that *active support* training, delivered by 'insiders', managers with legitimate authority within the organisation, together with the added expectation that it would be implemented and monitored by the house supervisor and team manager had a better chance of influencing staff practice.

However, given that the Department of Human Services manages more than 500 group homes, exploring other ways of promoting what we might term '*active support* approaches' seems to be a sensible complementary strategy.

Phase 3: *Active support* training

It is generally recommended that an entire staff team receive the *active support* training together (Jones and Lowe, 2005). The 16 Temple Court staff group attended a two-day classroom-based *active support* workshop on October 3 and 4, 2006, which included eight staff from the house and the team manager. The training was delivered by Department of Human Services' employees who were graduating from a 'training the trainers' program. The basic content was a hybrid of the two British training packs (Jones, Perry, Lowe, Allen, Toogood, Felce et al., 1996; Mansell et al., 2004), which was being tailored to suit the specific requirements of the region.

The originators of *active support* have gone out of their way to avoid what is known as a 'train and hope' strategy. This phrase was coined by Stokes and Baer (1977), and in this context it is used to refer to training that is delivered in a

classroom setting with little consideration as to how it will be applied in the workplace; in other words it is merely hoped that generalisation will occur. Most of the research literature on *active support* refers to a two-day classroom-based workshop that covers the theory and planning. This is followed by 'interactive training'; a practice-based session that takes up to two hours for each staff member. The successful implementation of *active support* is thought to require this practice-based session, which takes place in the relevant group home with the people with intellectual disabilities who live there, and on-going management attention (Jones and Lowe, 2005). In a research study where the interactive training was omitted there was no change in resident engagement levels or increase in staff assistance (Jones, Felce, Lowe, and Bowley, 2001). It is essential that managers are skilled in providing hands-on *active support* and are trained in facilitating interactive sessions so that they can provide feedback to staff. Feedback is not a once-off event related to the interactive training, but it is important that managers provide regular feedback to staff about their performance, based on future observations and the information collected from the monitoring systems.

Interactive training

The interactive training was completed for most of the staff on three separate days, beginning one week after the final classroom session. The trainers conducted these sessions. We have included six examples of staff supporting three different residents in household activities. They are important because they illustrate that these staff could involve these residents in activities that a year earlier had been generally considered impossible and/or impractical.

> *Maria [staff] asked Charles to help her get the washing in. She wheeled him to the laundry, put the plastic basket on his lap and wheeled him out to the back yard. Maria unpegged the laundry from the line, gave Charles the item in his left hand and Charles moved it slowly and dropped it into the laundry basket. He did this until the left hand side of the basket was full. Because of reduced mobility in his arm he could not fill the right-hand side of the basket. Maria spoke to him throughout and wondered whether the basket might be too heavy. When the basket was full Maria piled the rest of the clothes onto Charles and took him back inside. Maria gave Charles an item of clothing and supported him to fold it on his lap. Paul [the trainer] suggested that Charles might find it easier sitting at the dining table. Charles was wheeled to the table and he was given another item. He was involved in folding towels in half and then in half again. He held the item in*

two hands and folded it away from him. The table surface was a bit slippery and Paul reminded Maria about the non-slip mats that they had seen at the training day. Maria used a hand to steady the items. Paul made the point that Charles did not have to fold all the laundry. Maria made piles of towels and clothes on the table. At the end, the items were put on Charles' lap and he was wheeled away by Maria to put the items in cupboards and wardrobes.

Neil [staff] was asked to support Charles to make a drink. Neil wheeled him in the kitchen, opened the cupboard and took out cans of Nesquik and coffee. As in one of the DVD training extracts he asked, 'Do you want Nesquik or Milo?' and shook each item in turn. I could not see a clear indication and Neil suggested that Charles was looking at the oven. Neil opted to give Charles the Nesquik. Charles was given the mug to hold. Neil spooned in the powder and some water and milk and then asked Charles to stir, which he did. 'I never knew he could do that,' he said. 'Usually the drinks are made by staff and brought to the table'. Charles was taken to the sink and prompted to put the spoon in the sink which he did and then wheeled to the dining table to drink the Nesquik.

Shane was seated at the dining table and Maria carried some bread, butter, processed meat, a knife and a chopping board to the table. With hand-over-hand guidance Shane spread the butter. When given a verbal prompt to put the meat on the sandwich, he put it straight into his mouth.

Shane was supported to make a drink. He made no obvious indication that he preferred coffee or Milo when it was offered to him in the same way that Neil had done previously. Maria took the lids off the tins and put them under his nose in turn. Shane made the biggest movement when he smelled the coffee, and this is what Maria gave him to make. He sat down at the table and poured the liquid from the jug into a cup. Wayne suggested that they could purchase a kettle stabilizer, which allows the hot water to be poured more safely.

Neil was asked to support Charles to peel some carrots. He took Charles to the fridge and got out two carrots. Charles was wheeled back to the dining table with the carrots and peeler. Maria prompted Neil to get a chopping board. With hand-over-hand guidance, Charles was able to peel the carrots. Neil went to get a sharp knife from the kitchen and with physical guidance was able to get him to cut the carrots. Maria said 'I cannot look' and walked away. 'It's alright' said Paul, 'Neil's got full control'.

> *Andrew was going to be supported to chop sausages into smaller pieces. This was done at the kitchen worktop standing up. Andrew was supported to wash his hands. Neil gave him some verbal instructions. Andrew squeezed the sausage through his fingers, so Neil supported him to wash his hands again. He squeezed the sausage through his fingers again. [An interesting sensation I wondered and also a task that he had probably never been asked to do before?] Neil swapped the sausages for two potatoes and stood behind Andrew to give him hand-over-hand guidance in peeling them. Andrew wanted to put them in his mouth but Neil stopped him from doing so and re-directed him to the task* (F/TC/121006).

Our overall impression was that we witnessed more attempts to engage the residents in household activities in these three hours of observation at 16 Temple Court than had been observed during the entire earlier period of participant-observation. Having demonstrated to the staff that it was possible to involve the residents in household activities and keep them engaged, the task remained to embed this way of working into staff practice so that high levels of engagement were sustained over time.

Implementing *active support* immediately following the training: Paperwork and recording

One aspect of the *active support* training that turned out to be less successful than expected was instilling in participants an understanding of the paperwork requirements and how they linked to supporting processes, systems and structures. One week after the classroom-based training, the house supervisor raised a number of issues to do with the paperwork:

- paperwork takes time and there isn't enough of it
- some staff have literacy issues. You can't expect the literate staff to complete all the paperwork as this is not fair. Completing the forms together is also unfair on the literate staff .
- the forms should be simplified, so that staff could just tick them, not reflect or write about what they had done (F/TC/191006).

A special meeting, convened by the *Lifestyles Coordinator*, was subsequently arranged with the house supervisor and team manager to clarify the paperwork requirements. The outcome of that meeting is given in Appendix D and reflects the processes that are described in Figures 2 – 5.

The 'organisational systems' require people who can operate them in the way they have been designed

We want to begin to address the two substantive issues embedded in the house supervisor's comments. Suggesting a 'tick-box' is a solution to both **time constraints** and issues of **literacy**.

Examining the roster (Appendix E) and observing the rhythm of the day quickly disabuses the notion that there is not enough time to complete *Activity Learning Logs*. There are busy times of the day, especially related to getting-up in the morning, going to bed, and mealtimes, but there are also significant chunks of time when it is possible to find five minutes to write an entry. When the paperwork requirements are considered as a whole, then the *active support* 'organisational systems' certainly take up a significant amount of time (see Figures 2 – 5), but of all the paperwork required in group homes, it might be considered as some of the more useful as it is linked to good resident outcomes.

Of the original staff group, English was not the first language for four of them, including the house supervisor, and the two full-time direct support staff[12]. These two direct support staff have the weakest levels of English literacy within the staff group, but they also have longer periods at work when they are not supporting the residents. Thus, they have generous amounts of time during the weekdays, when there are either no residents at home, or there are one or two residents at home. This has fluctuated since the house opened, either when changes were made to people's attendance at day programs, or through periods of illness. In a sense, these staff actually have more time to write *Activity Learning Logs* and greater opportunities to get support for this task than the part-time employees.

At KRS, with more flexible ways of working and greater numbers of staff close by, it was possible for employees with poor spoken and written English to 'get by' and bypass tasks that required good written and spoken English. For example, we were told how it was possible to negotiate with your colleagues for them to answer the phone and complete the paperwork. In a group home, this is less possible because there are fewer staff. A staff member may find that he is the only employee in a house if a colleague has gone out with one or two of the residents.

The house supervisor's comments also suggests that having all-round competence is more important in a group home, where inequity is seen as more

12 It should be noted that struggling with written English may have no relation to a staff member's literacy in his or her first language.

of an issue and being unable to complete certain tasks cannot be compensated for by taking a greater role in doing others.

It should be clear by now that the *active support* 'organisational systems' require a certain standard of English literacy. The principles of 'scientific management' state that organisations must select the best people to perform the job in the way that it has been designed (Morgan, 1997). Staff members without the necessary level of English literacy are therefore going to struggle to undertake those aspects of the system that depend on it. In relation to the paperwork and recording, the gap between what was required of people and what some staff could do was evident throughout the year.

Establishing a baseline for implementation

After the meeting to clarify the paperwork in October, the staff team, under the leadership of the house supervisor were left to implement *active support* pretty much on their own. Collecting research data and engaging in periods of planning and reflection began in January 2007, three months after the *active support* training.

From January 2007 until the end of that year we:

- attended 11 house meetings as a participant observer
- met with various configurations of the Lifestyles Coordinator[13], Community Inclusion Officer, Team Manager, and House Supervisor on eight occasions to reflect and plan.
- visited the house to look at and analyse the data collected by the staff. These visits also enabled some impromptu observations of how staff were supporting the residents.
- analysed relevant documents
- attended two 'Community of Practice' active support forums.

An analysis of the data that had been collected by the staff during this three-month period revealed that some of the processes, which had been clarified three months previously, were not being adhered to. This is the aforementioned 'human factor', in that the staff at 16 Temple Court were not fulfilling the requirements of the *active support* system. The original *Opportunity Plans* were still in place, but

[13] This employee's actual title was Co-ordinator – Lifestyles Approaches. She had responsibility for overseeing the implementation of active support in the Region, which included some follow-up work in the group home after the training. At 16 Temple Court she attended meetings, delivered training, provided coaching, and completed audits.

with one extra goal added to them. There should have been three *Opportunity Plans* by this point (the original, and plans for December and January). The *Activity and Support Plans* should have been revised twice, at the end of November and the end of December, but this had not happened. The team manager advised that he had not reviewed the written records and the house supervisor advised that staff group 'find the paperwork a chore and complain that they are writing the same things over and over again' (F/TC/110107).

As the team manager was going on holiday a researcher agreed to look at the *Activity Learning Log* data. Although there were some disadvantages in doing this, most specifically in that it relieved the staff group of the responsibility for the task, it also provided the opportunity to give some clear feedback about the purpose of the documentation, the staff role in recording and monitoring, and comment on what they had recorded to date. It also provided the opportunity to model some examples of how the staff group might analyse and present the data. This analysis also allowed us to establish a new baseline for certain aspects of staff performance and to set goals for improvement.

It was made clear to the staff group that they had not followed the process for renewing the *Opportunity Plans* and revising the *Activity and Support Plans*. The written feedback contained statements about the purpose of data collection and examples of the kinds of useful information that could be discovered within the data. These issues were discussed at a house meeting. The following points about the collection of data are summarised from the document given to the staff group.

- The Activity Learning Logs are a record of the number of times that the staff complete the logs with regard to a specific 'opportunity'. An 'opportunity' may be given, but a staff member may not record it, in which case 'opportunities' may be occurring more frequently than the records show. Or an 'opportunity' may be recorded as having happened, when it was in fact not offered, in which case 'opportunities' are happening less frequently than the records show.
- Data needs to be analysed regularly if there is to be any point in collecting it. If this does not happen there are a number of consequences:
  - *The task of analysing data becomes too time-consuming, as there is too much of it. As a consequence, it is less likely to be analysed.*
  - *It is more likely that any lessons that can be learnt from the data will be lost.*

- *People will stop recording data if they do not get any feedback. Without feedback, collecting data has become an end in itself. Direct support staff need to see that their recording efforts are worthwhile and that there are benefits for the residents and themselves.*
- *Team morale will suffer. This is more likely when one or two staff keep recording data when others have given up* (D/TC/260107).

Without any feedback or analysis for three months, many of these consequences were evident at 16 Temple Court. Four of the staff team advised us that they were writing the same comments over and over again, which they stated was 'pointless'. It was particularly hard to find anything useful from the written comments, because much of what people were writing was repetitious. The volume of data had become overwhelming. The data for the original 'opportunities' showed a clear trend. After an initial high in the first month, recording dropped off dramatically.

The feedback that we gave to the staff group, and the house supervisor and team manager in particular, was intended to help them to see the utility of the records. If the *active support* paperwork was to help embed and sustain *active support* practice in the house it had to remain fresh and of use to the staff group.

Completing the *Activity Learning Logs*: Decay over time

As Figure 3 outlines, a direct support staff member who supports a resident to undertake a goal on the *Opportunity Plan* should complete an entry on the *Activity Learning Log*. Although this form is used across the region, it is used flexibly in different settings. On the *Activity Learning Log* it states that the information it collects should, '[allow] support providers to continually fine tune their information and plan differently'. The hope is that the information written on the logs will help staff to plan and take action. But as well as being a place for recording information about an activity, they are also a management tool for monitoring whether goals have been offered to residents.

Tables 4 and 5, and Figure 15, are taken from the feedback document that was given to the staff group at a house meeting (D/TC/260107). Table 4 shows the two original goals that had been identified for one resident at the end of October 2006 and a third opportunity that had been added in December.

Table 4 David's *Opportunity Plan* for October, November and December 2006	
Opportunities	**Frequency**
1. After David's afternoon shower, take dirty laundry from the bathroom to the laundry basket.	Daily pm
2. Places lunchbox into his bag.	Daily am
3. Cuts vegetables for evening meal.	pm

Table 5 shows the number of times that these 'opportunities' were recorded as having happened on the *Activity Learning Logs*. A well-written goal should also state when an activity should occur, so it is possible to work out a frequency measure. Table 5 also shows the number of times that an 'opportunity' was recorded against the number of times that it should have been recorded and shows this as a percentage.

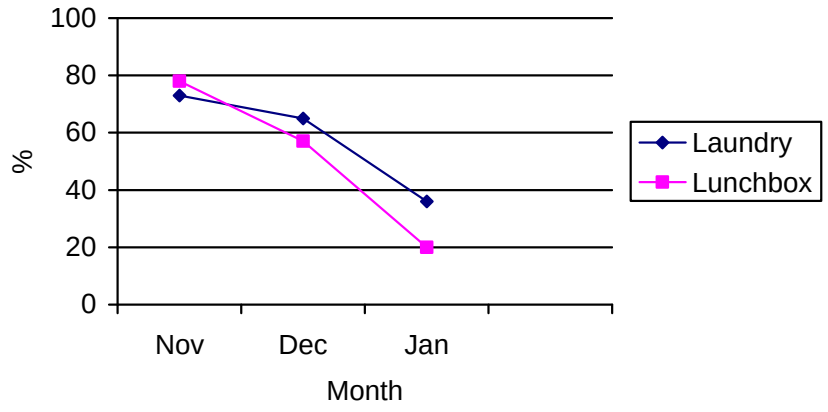
Table 5
Number of times David's 'opportunities' for October, November and December 2006 were recorded as having been offered.

Opportunity	October[14]		November		December		January	
1.	3/3	-	22/30	73%	20/31	65%	8/22	36%
2.	1/2	-	17/22	78%	8/14	57%	1/5	20%
3.					4/?		4/?	

Figure 15 shows these percentages on a graph for the first two goals. As it was not stated how often the third goal was meant to happen it cannot be shown.

14 The Opportunity Plans started on October 29th. As they only ran for three days in October we have not worked out the percentages or included them in Figure 14.

Figure 15. No. of times (%) an opportunity was recorded as being offered to David



The graph neatly illustrates a process of decay, which is a serious issue for sustaining *active support* in the long-term. All we can say for sure, is that over time there is a decrease in staff recording information about each goal. We do not know whether there was a corresponding decline in actually supporting the resident to undertake these activities. This same pattern was evident in the recording of the *Activity Learning Logs* for all the residents.

Writing 'performance statements'

Part of the classroom-based training was to teach participants to identify and write 'performance' statements in contrast to 'fuzzy' ones. The statement 'David will be tidier' is considered a fuzzy statement, whilst 'David will put dirty clothes in the linen bin' is a performance statement (D/T/031006). The staff group were also given the acronym, 'SMART' to remind them that goals should be '**S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound'.

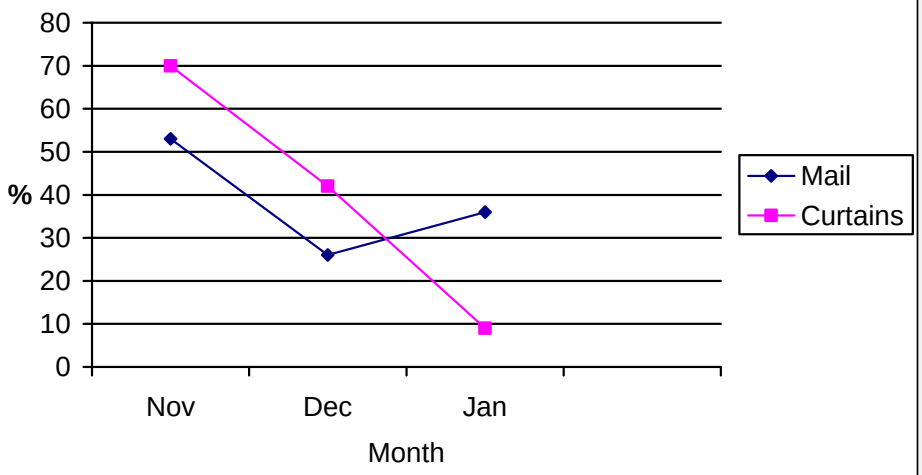
It is perhaps a minor point, but the second goal could not happen 'daily', but only on those days when David attends the day program, five times a week. The importance of reviewing goals is also highlighted in this instance. This goal was not available to the resident from the end of December until the beginning of January as the day program was shut. These points were taken into account when working out the frequencies in Table 5.

Learning from the *Activity Learning Logs*

The comments written about Mathew's goals were a good example of what might be gleaned from taking the time to read and analyse the *Activity Learning Logs*.

Mathew's original goals were: 'Mathew to empty the junk mail from the mailbox' and 'Mathew to walk around the lounge rooms, kitchen, and his bedroom to close the curtains', both of which were to be done every day in the evening. Figure 16 shows the number of times that these goals were recorded as happening.

Figure 16. No. of times (%) an opportunity was recorded as being offered to Mathew



Without any specific details about how to support Mathew to collect the mail, some staff recorded that they were pushing him in his wheelchair, whilst others were supporting him to walk to the mailbox. Recording of the second activity plummeted and the comments on the *Activity Learning Logs* suggested that staff were struggling to support Mathew to do this activity. Mathew was enjoying the 'walk and talk' but not doing the activity. This was evident from reading the first few entries and is a good example of how *active support* needs follow-up problem-solving, coaching, and supervision from the house supervisor and/or the team manager.

Summary: First attempts to embed *active support*

We concluded that there had been minimal effort to proactively embed *active support* at 16 Temple Court using the 'organisational systems' in the three months after the training. The team manager had taken a role that was essentially 'hands-off', whilst the house supervisor's attention to the 'organisational systems' had been negligible. Processes had not been followed; the paperwork was not being actively reviewed; there had been a significant drop-off in its completion; staff expressed negative attitudes towards the 'organisational systems'; and the managers held concerns about the capacity of some of the staff to use it effectively. There were a number of issues that the house supervisor and team manager needed to attend to.

4. Phase 4: Embedding *active support*

This section is the heart of the report, as it contains information about how the team manager and house supervisor tried to embed *active support* at the house. We present some data relating to how successful their efforts were, linked together with some interpretations and reflections that emerged from our analysis. As far as possible we have tried to organise the story of what happened at 16 Temple Court around the headings in McCubbery and Fyffe's (2006) 'implementation framework' (Figure 8).

Instigating 'Management by Walking Around'

Giving feedback in the way described above also reveals a problem with using the *Activity Learning Logs* as a monitoring device. If direct support staff perceive that their performance is being monitored by these written records, then they may feel compelled to complete the records regardless of whether they have supported the activity or not. Anecdotally we were told that this was regarded as a major issue with earlier versions of the *Opportunity Plans* that were simpler tick boxes.

A relatively informal way of getting a team manager to observe staff performance in a group home and give feedback is related to the practice of 'Management by Walking Around' (see Peters and Waterman, 1982). In order that the team manager had another source of information about how staff were implementing *active support* we discussed with him the possibility of making some unannounced visits to the house to observe and ask for evidence about what was happening with *active support*. If staff know that team managers may pop-in at any time to ask about the implementation of *active support* and expect to see it happening, this may help staff to focus on carrying it out.

There was some discussion about whether the staff group would find this type of monitoring 'acceptable'. To suggest that such a practice might be unacceptable implies that the incumbents and the staff they manage do not clearly understand that key functions of human service managers are to:

- maintain the routine work activities of staff when their performance is appropriate and acceptable.
- change the day-to-day work performance of staff when such performance is problematic or less than optimal (Reid, Parsons, and Green, 1989, p.16)

Such a reaction also framed monitoring as an essentially negative activity, which excluded the possibility of 'catching' staff doing *active support* and giving them positive feedback.

The team manager must have both an enabling and monitoring role. The monitoring role must mean asking to see the new *Opportunity Plans*, the revised *Activity and Support Plans*, and to look at either the original *Activity Learning Logs* or a summary of them. The team manager committed himself to calling in at 16 Temple Court for at least 60 minutes once a fortnight and having a monthly supervision meeting with the house supervisor.

Making use of the physical environment

The physical surroundings in which people work affect work culture (Higgins and McAllister, 2002). Although an *active support* folder had been established, which contained the *Opportunity Plans* and the *Activity Learning Logs*, we suggested making use of one of the noticeboards close to the main living-area as a means of promoting *active support* in the house. On any given day, the staff walk by the noticeboard numerous times. The noticeboard was intended to be both a visible reminder that *active support* is practised at 16 Temple Court as well as a practical space where staff could go and remind themselves of each resident's goals, and an accessible place where they could go and note any ideas that came to mind.

The use of the noticeboard was discussed at a house meeting. This extract is from the meeting's agenda, which had been written by an acting house supervisor:

> ***Discussion of the Active Support Board, and its purpose.*** *Remind staff to keep active support in mind when performing and activity and ask themselves the question – 'Can the residents be involved? How?'. Remind staff to keep the board in mind, and encourage its use. It's not just 'more paperwork' but a way of enriching the lives of the residents. It's just an ongoing learning process, and nothing to be afraid of* (D/TC/070307).

At its instigation the noticeboard featured:

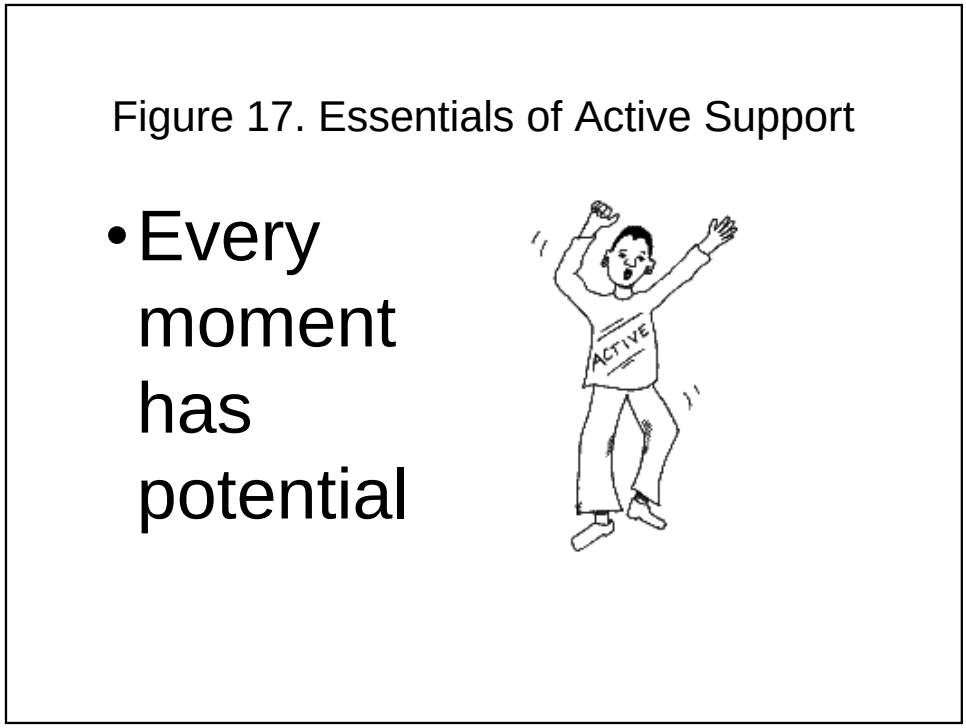
- photographs of the residents engaging in household activities that had been taken at the interactive training
- copies of the *Opportunity Plans*
- five sheets of blank paper, each with a resident's name at the top, where anyone was encouraged to write down suggestions for next month's goals
- four posters, each with a different *active support* slogan.

The four posters were intended to be visible reminders of key principles that underpin *active support*:

- every moment has potential
- little and often
- graded assistance to ensure success
- maximising choice and control (Mansell et al., 2004).

One of the posters is shown below in Figure 17.

Figure 17. Essentials of Active Support



The *Activity and Support Plans* had already been secured to the front of the medicine cabinet, which was mounted in a prominent place in the dining area.

Introduction of external 'opportunities'

A strength of the most recent training resource (Mansell et al., 2004) is that it emphasises that the principles of *active support* are not confined to a house but can be used when supporting the residents to participate in community-based activities. The staff group at 16 Temple Court were also given support from another Departmental employee, an 'external change agent' called the Community Inclusion Officer (CIO). We have written at length about this post in an earlier report *Building inclusive communities: Facilitating community participation for people with severe intellectual disabilities* (Clement, Bigby, and

Warren, 2008). The post was created to enable people with intellectual disabilities relocating from the Kew institution to 'make the most of [community inclusion]….and establish themselves as members of their local community' (Warren, 2005, p.1).

The CIO asked that at least one of the goals set each month be related to an external activity. Initially, one of the two goals was replaced with an external activity, which significantly reduced the total number of 'opportunities', as external goals tended to have a frequency of once a week. This was resolved by agreeing that each resident should have three goals each month, one of which would be related to an external activity.

Regular formal discussion of *active support* at house meetings

In *The Importance of Practice Leadership and the Role of the House Supervisor* we identified coordinating and facilitating effective staff meetings as an important competence (Clement and Bigby, 2007). In the same report we suggested that the house meeting is a key forum for facilitating teamwork, enhancing staff relations, canvassing opinions, communicating information, and a place where house supervisors can exercise practice leadership. Many of the house meetings that we have observed during the course of *Making Life Good in the Community* have been relatively poorly managed. Running effective meetings is a teachable, learnable skill (Video Arts, 1976), but more often than not, without training, the practice of running meetings does not improve with experience, and new staff members in a group home merely pick up and repeat others' bad habits.

The 16 Temple Court roster allows for one house meeting every 28 days. Five of the ten staff are rostered to attend: the house supervisor, one of the night staff, the two full-time DDSOs, and one part-time DDSO. If money is not available to pay for non-rostered staff to attend house meetings, under the current arrangements house supervisors are reliant on the 'good will' of these employees to attend. The team manager advised that he had offered a staff member payment to come to one meeting, but he declined (F/TC/200407).

As only half the staff team are scheduled to attend a house meeting, this immediately creates additional challenges for the house supervisor. Two important ones are ensuring that the absent employees can contribute to the discussions that take place in meetings and that the outcomes of a meeting, particularly the decisions made and actions to be taken, are made known to everybody. The house supervisor advised us that she gives non-attendees a verbal report of the meeting (F/TC/200407).

4. Phase 4: Embedding active support

Figures 4 and 5 clearly show that the house meeting is a key forum for monitoring previously established goals and planning new ones. It therefore has an important role in embedding and sustaining *active support*. The house meeting is also an important forum for the team manager. Amongst other things he is able to keep in touch with the lives of the residents, offer support, advice and feedback to the staff group, and strengthen the position of the house supervisor. In relation to *active support* specifically, he is able to form some judgements about how well it is being implemented.

When we first started observing house meetings there was neither a formal agenda nor a record of formal minutes, although the house supervisor did jot down some notes for her own consumption. According to Sharman (1999) an agenda provides the framework upon which the meeting rests and should be organised to achieve the purpose and outcomes of the meeting. In order to be effective, an agenda should be available to participants well before the meeting. This enables them to have the chance to prepare and be clear about the purpose of agenda items.

Randall and Cornforth (1991) list 47 functions of a chairperson, a role typically fulfilled by the house supervisor. Two of these functions are to keep the meeting moving in the direction of the desired outcome and guide the discussion with reference to the agenda, whilst at the same time taking into account the needs and sensitivities of the participants (Sharman, 1999).

Minutes of meetings can have a constitutional, executive, or progressive function. That is to say, they are an official record of the group's activities, a blueprint for action, and the basis for evolving policy (Perry, 1972). Without any minutes all these functions are lost. The chairperson typically summarises clearly what has been achieved and agreed, so that an accurate minute is written.

These points were initially discussed at a reflective meeting and subsequently highlighted at a house meeting by the team manager.

> *Gabriel underlined the importance of taking minutes and suggested that there should be a separate minute-folder. Elizabeth (casual) thought this was a good idea. Gabriel also suggested that there should be an agenda sheet, so that all staff are able to add to the meeting's agenda. He added, 'I'm not telling you to do this, just suggesting'* (F/TC/020507).

This guidance was partially taken up, but not in a way that resulted in effective practice. At the next house meeting:

> *Meena started the meeting at 12.20 p.m.. She had a typed agenda in front of her, which had three headings on it.*
>
> 1. *Client issues 12.00.*
> 2. *House issues 12.15*
> 3. *Re: Active support 12.30.*
>
> *Meena tried to get Elizabeth to take the minutes, but she asked to be excused, as her head was full [from the morning's fire training]. Simon had taken the minutes at the last meeting, so Meena ended up writing them in the notebook. No minutes from the previous meeting were referred to. Only Meena had the agenda in front of her* (F/TC/300507)[15].

Certainly, best practice was never embedded in the way meetings were run, as these extracts from the months that followed illustrate. The agenda became standardised, usually little more than the three points listed above; writing the minutes was a task to be avoided; and we never saw the previous meeting's minutes referred to.

> *There was no visible written agenda. The minutes file was on the dining table, but it was shut and no reference was made to it. Simon wrote new minutes in an exercise book* (F/TC/270607).
>
> *No minutes of the previous meeting were on display or were referred to. Meena gave a pad of paper to Maria to take the minutes, but she passed it to Simon. Meena explained that Maria had a headache* (F/TC/250707).
>
> *Simon took the minutes again. No reference was made to the previous meeting's minutes* (F/TC/190907).

Preparation for effective house meetings

Another function of a chairperson is to make sure that the meeting gets through the agenda in the allotted time (Randall and Cornforth, 1991). Sharman (1999) asserts that 90 per cent of an effective meeting happens before it takes place.

At some of the earlier meetings the house meeting was used as a place to complete tasks that should have been done prior to the meeting.

> *A meeting that was scheduled to last 90 minutes ran for an extra hour, by which time the agenda had still not been completed. This was because new*

15 The agenda also reflected the staff group's focus on health. The first agenda item, 'Client issues' was predominantly focused around health issues. This obviously reflected both the needs of the residents, but also the ongoing preoccupations of the staff.

> *opportunities were identified, discussed, and written as performance statements for each resident. Although this allowed some coaching to be given it was a lengthy process* (F/TC/070307).

The logic of the *active support* system gives everyone in the staff group a role to play. Keyworkers are responsible for reviewing the *Activity Learning Logs* and producing a summary of the lessons learnt. They should also draft the new *Opportunity Plans* that will be ratified at the meeting. This message was passed on by the house supervisor.

> *Meena explained that they had agreed to complete the active support preparation before the house meeting, which she would discuss with keyworkers, and the meeting would be used to read out and agree the new opportunities* (F/TC/300507).

In addition to having the primary responsibility for overseeing *active support* in a house, a house supervisor may have an individual keyworker responsibility as well. She should provide formal and informal support to the staff in the house so that they meet their responsibilities. Although there was a change in practice, in that preparation was done prior to the house meeting, most of this preparation appeared to have been done by the house supervisor.

> *Meena pulled out four hand-written pieces of paper from the active support folder. The fifth could not be found, for David. The hand-writing was all the same person's* (F/TC/300507).

> *For each resident Meena referred to a scrap of paper, that listed the new 'opportunities', which I assumed she had written. [None of the strategies that we had talked about at the reflective meeting were evident at the meeting.]* (F/TC/270607).

We observed very few examples when a summary of the previous month's activities and a presentation of the new goals was done by anyone other than the house supervisor. An exception was at the final house meeting, more than 12 months after the *active support* training.

> *A piece of paper was in the active support file which stated:*
>
> *David's active support: monthly observation.*
>
> - *I don't think David has had ample opportunity in making his lunch. So I would like to see this continued for another month.*
>
> *Active support ideas*

1. *As this month with turning power on adjusting the volume. Ask David whether he would like to change station to one that he likes.*
2. *Continue with spooning left over dinner into his lunch box.*
3. *David to select, purchase toiletries for residents at local chemist warehouse and to carry/hold bags in from warehouse to bus and the bus into house every second Sunday of fortnight.*

This was written by David's keyworker, who is not rostered to attend the house meeting (F/TC/121207).

There was very little evidence that the information recorded on the *Activity Learning Logs* had been read and summarised by anyone.

> *My general observation would be that as each resident was discussed there was very little discussion about the previous month's opportunities, i.e. the Activity Learning Logs were not being used. Meena would give some brief comment about the opportunities, but these were based on her experience rather than the collective experience of everybody. For example, Meena told us that David wouldn't hold the teapot; that he had trouble pulling his pants down because he was holding on to the walking frame; and that he had posted a letter. The team manager was not in attendance so he was unable to observe and give feedback to the staff group or the house supervisor* (F/TC/250707).

> *Meena presented all the new opportunities, which were handwritten on sheets of paper in the active support file. There was very little reference to the old opportunities* (F/TC/190907).

A space for discussion nonetheless

Regardless of the weaknesses in the way that house meetings were run it was still an important forum for enabling *active support* to reach the level it had attained by the end of the research period. The meeting was a space to talk about *active support*, have discussions about new activities to engage the residents that would not have been considered previously, and got people talking about how they supported the five men.

> *There was a lot of talk about Shane's opportunity of getting on the bus. The previous opportunity had been about holding on to the handles. Now the staff wanted to teach him to put his feet on the separate steps. The team manager questioned whether this should be an opportunity as it is something that they ought to be doing anyway, i.e. supporting him to get*

> *on and off the bus. The staff view seemed to be that Shane had made some progress, and that they could build on the progress that he had achieved* (F/TC/300507).
>
> *The team manager asked whether David could be helped to make a cup of tea from start to finish. This moved the conversation on from discussions about whether he could pour the drink or reach for the cup. [At 16 Temple Court there is a tendency to focus on an element of a task, rather than the entire task. Staff ought to be able to support people through the entire process, rather then doing the one element. As the team manager pointed out, a task like making a cup of tea gives five or six minutes of engagement, rather than 20 seconds.] Someone suggested giving David an empty cup, which would be a cue to start the process of making a drink. I made the point that people should be prepared to overcome what David has learnt already. When they give him a cup now, it is full, and this is a cue for him to drink. I also reminded people about the need to plan the activity for success. Would they put the right amount of milk in a jug? Where would they do it?* (F/TC/300507).

The importance of the house meeting as a place to develop teamwork was underscored by a direct support staff member.

> *When you have the meeting each month and [the house supervisor] and the other staff suggest some other activity, we discuss [active support] as a part of the team, whether the client's able to do this, or whether we change how we can achieve that task. It's a bit of negotiation and [the house supervisor] listens and as a team it really works* (I/TC/121207).

Paperwork and recording: *Activity Learning Logs* and *Opportunity Plans*

There is a strong belief that direct support staff do not like completing written records. This 'prejudice' may be based on a kernel of 'truth'. A common problem identified with implementing *active support* during a pilot project was with the paperwork. McCubbery and Fyffe (2006) reported that one of the most frequently ticked questionnaire items was, 'Staff don't try and fill in forms accurately and get frustrated, confused or annoyed'. They added, 'The problems with the paperwork requirements have been identified throughout the project' (p.9). Diary records kept by direct-care staff, such as the *Activity Learning Logs*, have been shown to have limitations with regard to accuracy (Joyce, Mansell, and Gray, 1989). A preoccupation with the paperwork became a major focus of this study.

Activity Learning Logs: What to record?

As we stated previously, every time a staff member supported a resident to undertake a goal from the *Opportunity Plan* she had to complete a written entry on the *Activity Learning Log*. As well as being a management tool for monitoring whether 'opportunities' had been offered to residents, the primary aim is to record information about a resident's reaction to an activity and how it was supported, so that the entire staff group could share their collective experiences and support a resident in a way that ensured the best outcomes.

At the beginning of the year the staff group made it clear that they thought what they were writing on the *Activity Learning Logs* was pointless, because they were writing the same things over and over again. An ongoing issue became whether the staff group could be persuaded, and taught, to use the *Activity Learning Logs* for their intended purpose.

In general, the first three months' *Activity Learning Logs* recorded few comments that shared any information about either a resident's reaction to an activity or how to successfully support it. In a sense, writing the same or a similar statement on completion of an activity served the same function as a 'tick', indicating that a staff member had supported the task. One phrase in particular, 'Co-actively supported', was repeated over and over again (F/TC/290107). As outsiders reading the *Activity Learning Logs*, we had no real understanding of what 'co-active' actually meant. The Oxford English Dictionary (OED Online, 1989) suggests that it is a rare word that means 'acting in concert; acting or taking place together'. This describes this process of *active support*, where a staff member and resident complete an activity together. Other comments made less sense, such as, 'Independently with some support' and 'proactively with support' (F/TC/210207).

On occasions when people did write comments about a resident's reaction it was typically a subjective judgement that was not supplemented by any descriptive information that is potentially more useful to other staff. An example was, 'Andrew not interested in drying his hair' (F/TC/020507). We thought it would be more helpful if staff supplied details about the level of support they had offered, a concept that had been introduced during the *active support* training (Table 6).

Table 6
Ways of giving support. Adapted from Jones et al. (1996)

Level of support	Definition	Example
Ask	(Or suggest or tell) is a verbal prompt that lets someone know that it is time to do something or that something needs to be done.	'Would you like to start peeling the potatoes for dinner now?'
Instruct	Is a series of verbal prompts that tells the person what to do one step at a time so as to guide them through the tasks.	'Put the bread in the toaster…push down the lever…wait…watch the toaster…[the toast pops up]…take out the toast'.
Prompt	Is a clear gesture or sign to tell the person what to do next. It is like instruction but works when the person does not understand words. Miming an act briefly can provide a lot of information for the person to follow. Prompt can be combined with instruct.	Pointing to the potato peeler and then miming peeling a potato.
Show	Is demonstrating what needs to be done. The person does the same thing immediately afterwards. Show can be combined with prompt and instruct. Show works well when a person does not know what to do but is able to imitate.	Staff puts one of six forks away in a drawer, hands the next fork to the person and points to the right compartment in the drawer.
Guide	Is giving the person direct physical assistance to do something. Guidance may be given at the beginning of a step to get the person going, or it may need to be given throughout the step.	Staff guides a person's hand at the wrist to align the bread over the slot of the toaster saying, 'Put in the bread'.

At a house meeting:

> *There was some useful discussion about what to record. I made the suggestion that they ban the use of the phrase 'co-actively', and there seemed to be some agreement that it was too broad, and they needed to focus in on the levels of support that had been discussed at the training. We also talked about describing what people did, rather than writing judgements such as, 'grudgingly did an activity'. If people 'refused', what did they do? 'David pushed my hand away three times.'* (F/TC/020507).

The minutes recorded:

> ***Active support (suggestions)*** *Staff should avoid writing the word 'co-actively' in the learning log. Try to write about clients' behavioural reaction rather than your judgement or opinion. Staff should explain their active support in an 'incident report' style or writing (just the facts, what was your support)* (D/TC/020507).

4. Phase 4: Embedding active support

Banning 'co-actively' was instantly successful in removing its use from the *Activity Learning Logs*. However, it was merely replaced by another phrase, 'hand-over-hand', which relates to the greatest level of support you can give someone, physical guidance. This is a point that we return to later. Of the 162 entries on the *Activity Learning Logs* completed for three residents over a four-week period 91 (56 per cent) simply said hand-over-hand, little more than the equivalent of a 'tick' (F/TC/040607).

Half-way through the year, one of the researchers agreed to look at the *Activity Learning Logs* and provide some more feedback about how people were completing the forms. There were better examples, and these were used in the written feedback to illustrate to the staff group the entries that were more helpful, with the aim of increasing the number of useful entries.

> *Hassan wrote, 'Charles is able to put his dirty clothes into the machine without any problems from his lap to the machine. No hand over hand'. It indicates to me the level of support that I would be aiming for, if I was a person supporting Charles.*
>
> *For Shane's opportunity, 'Shane to hold bus handle (yellow) before climbing into the bus every time'. Ray wrote,*

What worked well	*What didn't work well*
Shane quite good at this, but needs constant encouragement.	*Watch his feet as he tends to try and step up in one step instead of two.*

> *Again, I think this gives some guidance about what to look out for when you are supporting Shane with the task* (D/TC/270607).

Mansell and Elliott's (2001) research suggests that direct support staff respond to contingencies set by managers, and often administration, rather than effective work with residents, is perceived as being a greater priority. Although we certainly gave the message that the *active support* paperwork was important, we tried to impart the message that it was important in the sense that it should help the staff group to deliver better outcomes for the residents at 16 Temple Court. We noticed a number of patterns in the *Activity Learning Logs* which made us think that the staff were writing entries for managers and researchers, rather than for themselves. In the absence of evidence that can only be gained by actually watching staff practice, it is not unreasonable to assume that direct support staff think that this is how managers decide whether they are doing a good job or not. Efforts were made to overcome this perception.

4. Phase 4: Embedding active support

The following extract is from the written feedback that was tabled at a house meeting and discussed with the staff group.

> *My interpretation of the entries that I have read is that you have not taken on board that the primary audience for these records is the staff team. Some of the things that make me think this are:*
>
> - *The vast number of entries that are not very useful. Most of them are little more that a 'written tick' to show that you've completed the paperwork.*
> - *A few 'joke entries' that suggest that the Activity Learning Logs are not that serious. For Andrew's walking opportunity the entry read, 'One foot after the other'.*
> - *Entries by a number of casual staff that are not about the identified opportunities. This suggests that they are not clear about what to write.*
> - *20 of Shane's 36 entries were written by one of the night staff and related to two opportunities for the previous month.*
> - *There were occasional identical entries for the same day and there was one page that was entirely duplicated.*
> - *Sometimes there are multiple entries in the same handwriting that look like they've been written at the same time* (D/TC/270607).

McCubbery and Fyffe (2006) highlighted the importance of teamwork in the successful implementation of *active support*. We stressed that the primary purpose of completing the *Activity Learning Logs* was for the benefit of the staff team and the residents. What an individual writes is not necessarily helpful to him or herself, but it may be really helpful to the person who is working the following shift, or the next day, or next week.

We also stressed that the staff group needed to take an active part in reviewing all the paperwork in order to make use of the information that they kept. The group were reminded that keyworkers should be looking at the *Activity Learning Logs* in order to provide some feedback at the house meeting. Individual staff should be looking at the *Activity Learning Logs* on a daily basis to see what they can learn from them. The staff were given two posters that summarised these principles, which never appeared on the noticeboard (Figures 18 and 19).

Figure 18. Active Support

- We complete the active support paperwork primarily for the staff team at 16 Temple Court and the residents who live here.
- …not the Team Manager, other managers or researchers.

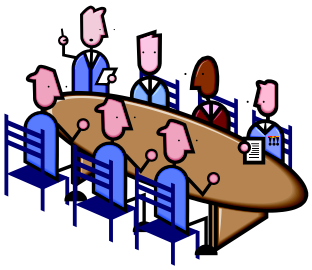


Figure 19. Active Support

- We take an active part in reviewing all the active support paperwork. We make use of the information that we record.
- Keyworkers provide feedback at the house meeting.
- We look at the logs on a daily basis to see what we can learn from them.

Given the findings that were reported in the previous section, this guidance was little more than an exhortation to some of the staff. The keyworker responsibilities were never embedded in the direct support staff's role. The staff with poorer English literacy were less likely to come into work and make the time

to read previous *Activity Learning Log* entries, and we have previously suggested that reviewing and summarising multiple entries was beyond their level of competence. For these staff, the paperwork requirements were almost certainly aspects of their work that they neither valued nor enjoyed; and their repetitive minimal entries were probably more of a response to their managers' contingencies rather than seeing any intrinsic worth for themselves or the rest of the staff team. At the end of the research the direct support staff retained their scepticism about the paperwork and recording, as the following interview extracts reveal. Although the first staff member cautiously acknowledges some benefits, the overarching tone is that practice is more important and there is little acknowledgement of any relationship between the two.

> *I think [the paperwork's] a benefit, you can see what the residents were doing yesterday, and write down what they do yesterday, there is a little bit of benefit.*
>
> *I think there's a danger that the paperwork becomes more important than the activity.*
>
> *Unfortunately that's the way now with staff thinking, if the staff think that [the paperwork] is more important than the activity, no-one can benefit, especially the client, it's just, 'Tick, tick, tick' and it's done. In our role it's more important to involve the clients, not focus on the way we record or write. It confused me, at the beginning when they were talking about the way you're writing, the way you are repeating words, it really confused me. I said: 'Well, it's not important the way we write, just express your opinion, the activity is more important, not the way you are writing'. In the past we already involved the clients in an activity but for some reason the staff didn't write it down, didn't record it or forgot, it doesn't mean that they were not involved. Records are important but we should focus more on practice than on writing* (I/TC/121207).

Levels of support

There was probably another reason why people kept on writing the same comment on the *Activity Learning Logs*, which was directly related to the characteristics of the residents and the staff's experiences of working with them. Table 6 describes the different levels of support, starting with the least amount of help, asking someone to do something, and finishing with the greatest, giving direct physical assistance. In their advice to direct support staff Jones et al.

(1996b) write, 'You will be familiar with the level of support a person may need to so something. Start at where you think is the right place' (p.8).

People wrote 'hand-in-hand' or 'co-actively' because this was the level of support that they had to give to these residents and relates directly to their level of disability. At a house meeting the staff group were asked which level of support they would expect to use when supporting the five residents. For three of the men they all answered that they would have to use physical guidance to support them to participate in any activity. For another resident they would initially demonstrate what needed to be done, but expected to end up giving physical guidance.

By the end of the research project some staff had made a little progress in writing entries that were useful to other staff group members, whilst others had not improved.

'The palest ink is better than the best memory'

One of the discussions at a reflective meeting was that individual staff might remember the goals after they had been supporting them for a couple of weeks, so there might be no need to look at the *Opportunity Plan* every day. Yet a proverb suggests that, 'The palest ink is better than the best memory'. A simple exercise, done quickly at a house meeting, showed the worth of written *Opportunity Plans* and the *Activity and Support Plans*.

> *I asked a different member of staff to name the previous month's opportunities for the resident we were about to discuss. No staff member present was able to recall all three opportunities, which they had been supporting for more than three weeks. It became a bit of a joke, so I don't think the exercise was threatening. My point was that paperwork does at least have one function. It does provide a reminder for what the staff have agreed to do. [This may be a useful suggestion to give to house supervisors, which could be completed in a variety of ways. For instance, I nearly thought of giving everyone a piece of paper and asking them to list all 15 of the current opportunities. If staff believe that house supervisors might quiz them about the current goals perhaps they will learn to look at them every day]* (F/TC/190907).

Rolling-over goals from one *Opportunity Plan* to the next

A discussion that we had with the staff group was whether a goal should roll-over from one month to the next. On occasions this practice was suggested by staff members and endorsed by the staff present at the house meeting.

Our view is that at 16 Temple Court, in general, household 'opportunities' should not roll-over. A different set of criteria come into play for community-based goals, where the frequencies are lower, and the aims may be additionally related to the goal of *building inclusive communities*. We make this recommendation for a number of reasons.

In the *Active Support Handbook* (Jones, Perry et al., 1996a) *Opportunity Plans* were reviewed weekly rather than four-weekly. At 16 Temple Court goals were being kept on a plan for up to four times as long as the original system intended. Rolling goals over has the tendency to make *Opportunity Plans* stale and encourages 'lazy' practice on the part of staff reviewing and writing goals. We noted decay in the recording of the *Activity Learning Logs* when opportunities were held over (see Figures 15 and 16).

Secondly, staff practice should be to remove goals from the *Opportunity Plan* and write them on the *Activity and Support Plan*, so that they either become part of the daily routine or become an optional activity that can be drawn upon to ensure that residents have enough activities to keep them busy. Getting a towel from the cupboard before showering ought to become part of a staff member's daily practice when supporting a resident, whereas watering the vegetable garden is more likely to be an optional activity that is related to the weather conditions, the other activities that are planned, and so on.

The fundamental purpose of *Opportunity Plans* at 16 Temple Court

Opportunity Plans were an integral part of the earlier *active support* handbook (Jones, Perry, Lowe, Allen, Toogood, Felce et al., 1996), but were not included in the later training resource (Mansell et al., 2004), which relied more on creating *timetables* and *support profiles*[16].

One of the discussions held in the reflective meetings was related to why we put specific activities on *Opportunity Plans*. This is related to the notion of **underpinning knowledge**. Staff should not simply be mindlessly completing *Opportunity Plans* but be able to articulate why they have identified an activity in the first place. This issue influenced some coaching that was subsequently delivered to staff, which is discussed later.

Jones et al. (1996a) write, 'The opportunity plan is a statement of several small goals which the staff want to make sure the person has the opportunity to

16 Support profiles are similar to protocols, the term used in the training (see Figure 2). Protocols were not in use at 16 Temple Court by the time the research ended. A protocol template is given in Appendix F.

practise frequently, usually at least daily' (p.2). They list five main reasons for putting goals on *Opportunity Plans*:

1. *A person can almost, but not quite, do the activity now, so it looks feasible to help them learn the activity through regular practice.*
2. *A person can do the activity already but at present has no chance to practise it.*
3. *The goal has been set, or included in the larger goal at an [IPP] meeting.*
4. *The person enjoys the activity or has indicated that he or she would like to learn the skill.*
5. *The person gains more control over their day-to-day living.*

The commonsense understanding of 'independence', *the ability to look after oneself without the help of others*, runs through these statements, which has less applicability at 16 Temple Court. This is a further reason for not rolling goals over from one *Opportunity Plan* to the next. Keeping a goal on an *Opportunity Plan* for another four weeks is unlikely to result in any of the residents becoming independent at the identified task. What was of note was that some staff still held the value of independence quite centrally in their belief system, even through they agreed that the residents would never do most tasks independently.

The communicative stages, which we outlined in an earlier chapter, also suggest that staff will infer preferences from the men's behaviours. At 16 Temple Court, the rationale for identifying opportunities have little relation to the aforementioned reasons identified by Jones et al. (1996a). This does not mean ruling out the concepts of independence or control entirely. *Active support* is not about forcing people to participate in activities, and the residents at 16 Temple Court dictated how long they were prepared to be engaged in an activity. One of the night staff gave an excellent example of how he was trying to apply these concepts to one of the residents.

> *Simon talked about how he is supporting Charles to alter the angle of his bed by getting him to press a button on an electronic switch. Charles is also being supported to turn the lights off* (F/TC/300507).

What this does suggest is that for the men at 16 Temple Court there is perhaps a more fundamental reason for putting activities on *Opportunity Plans*. Table 7 shows an extract from a document developed by the Lifestyles Coordinator that is indebted to the previously cited document, but also contains this fundamental reason.

Table 7
***Active support* paperwork: Monthly Opportunity Plans (D/SW/260207)**

Purpose of the tool	Monitored by	Outcomes
Residents can expect staff to support them to do the activity on a regular basis The activity is related to a larger goal set, identified in the person's IPP/ELP. (Activities from the persons perspective, **enriches their life** [bold added], doing the activity will support the person to develop and maintain friendships, may improve health well being, more engaged in household responsibility) Staff have all agreed and committed as a team to focus on for a set period of time The person can do the activity already but at present has no chance to practise it.	Reviewed daily by staff, to determine which staff will support the activities with each residents Staff team, Monthly basis	Teams can be accountable to each resident. Enable teams, Team managers to review whether opportunities are occurring Each opportunity plan can introduce a new activity or can build on the one before, allowing an individuals progress to be measured Activities become regular and the support levels are defined, the activity is then moved off the Opportunity plan and included in the Activity and support plan. New opportunities to be implemented By doing the activity the person gains more control over their day-to-day life.

Throughout *Making Life Good in the Community* we have stressed the need to make sure that the Department's policies and concepts translate into settings for people with profound intellectual disabilities, so that staff know what practices are required of them. Jones et al. (2001) articulate some of the assumptions that underpin *active support*, which we think are relevant here:

> *Active support tends towards the assumption that people would* ***prefer to be occupied than not*** *[emphasis added] and to undertake the same range of activities as other people, unless they have given a contrary indication* (p.356).

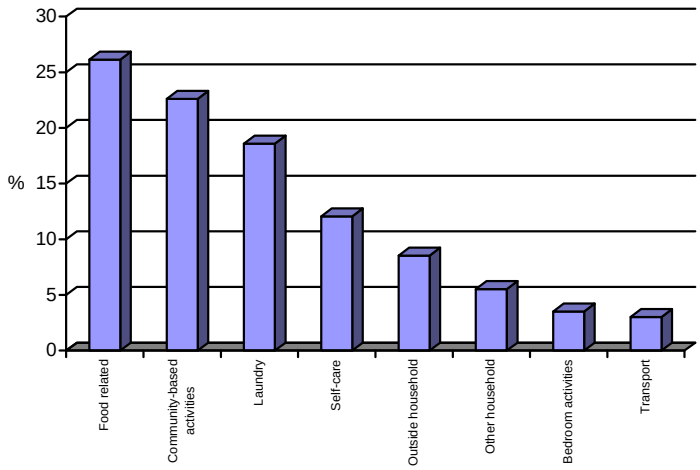
We come back to the crucial distinction between being engaged and being disengaged. Keeping busy and being engaged enriches anyone's life, but is a key principle when supporting people with profound intellectual disabilities.

Setting goals makes higher levels of engagement more likely in some circumstances

Household goals

Although we did not gather observational data that would tell us how engaged the residents were at 16 Temple Court, we would suggest that discussing and completing the paperwork has had a profound impact on enriching the lives of the men who live there. The data we reviewed revealed that the staff identified 199 goals on the *Opportunity Plans* and Activity *Learning Logs*. Appendix G shows these goals clustered into domains (for example, self-care) and sub-domains (for example, showering). Figure 21 shows the percentage of goals in the major domains.

Figure 21. Percentage of identified goals (N=199) by domain



In contrast to the first period of participant-observation (Phase 2), the residents at 16 Temple Court have now been involved in many aspects of 'ordinary living', making drinks, collecting a towel prior to showering, tidying a wardrobe, and watering the vegetable garden. A consequence of having the paperwork and a forum where it was expected to be presented and discussed – the house meeting – was that it focused people's attention on the theory and practice of *active support*. It would seem that the process of writing and discussing individual

household goals is implicated in the changed practice at 16 Temple Court, regardless of how well the staff group completed the associated paperwork. The residents were engaged in household activities, which they had not been during the period of participant-observation. However, identifying individually written community-based goals did not seem to enable similar levels of changed practice outside the house.

Community-based activities

Figure 21 shows that when the goals were clustered into different domains, community-based activities produced the second highest cluster. This was a direct result of the Community Inclusion Officer's guidance to the staff group to ensure that they set one community-based goal each month on the *Opportunity Plan*. The CIO's interventions were geared towards realising the Victorian State Disability Plan's (Victorian Department of Human Services, 2002) goal of *building inclusive communities* and promoting *active support* practices outside the house. This fieldnote extract from a house meeting encourages *community presence* (O'Brien, 1987) and engagement.

> *Eventually a new community opportunity was identified for Charles, which was taking him to a café where tea was served as a teabag, hot water, and milk, so that he could be involved in making himself a cup of tea. The McDonald's café was discussed as the preferred option* (F/TC/270607).

The *Activity Learning Logs* revealed that staff were much less likely to record that they had supported these external activities than household based ones. Table 8 shows the four external goals that were set one month, together with the number of times that they were recorded on the *Activity Learning Logs*. One resident did not have a community-based goal set for him.

Table 8
Community-based activities recorded on the Activity Learning Logs for one month (F/TC/020507)

Goal	f	%
David to go for a coffee at a local shop. Either Saturday or Sunday.	1/5	20%
Mathew to go out for a coffee and to form a rapport with the shop owner, and so on. Once a week.	0/5	0%
Once a week staff to take Shane out and encourage him to purchase a drink, preferably at the same shop. Sunday during the day.	1/5	20%
Buying a magazine from local shop. To hand the money over to shopkeeper and choose the magazine himself. To go to the same shop to form a community bond. Once a week/Tuesday.	1/5	20%

On average, during this particular month, the staff completed the *Activity Learning Logs* for in-house activities 53 per cent of the time, but only 15 per cent for external activities. Discussions with the staff group suggested that supporting these goals once a month, rather than once a week, was an accurate record. The house supervisor's own reflections provide the reason for this.

> *Meena suggesting that a reason that they were less successful at meeting the individual community targets was because they tended to do group activities at the weekend. For example, it had been a nice day at the weekend and they had all gone to the beach* (F/TC/300507).

The practice of group outings at weekends was strongly maintained throughout the research period. Taking residents out together extended to the residents who attended day programs on a part-time basis. The *Opportunity Plans* for Andrew and Charles for October 2007 recorded the following goals:

> *'1:1 to local café for lunch on Tuesday or Thursday' and '1:1 lunch out on Tuesday with Martin [a friend from another group home]'. Although the goals were individualised, the Activity Learning Logs record that the two men were supported to go out together on picnics on three occasions, twice to Williamstown and once to Bundoora* (F/TC/121207).

Although this has implications for *building inclusive communities* it does not impact on the possibilities for *active support*. Even on group outings, such as a trip to the beach, it is possible to plan individually-based support, such as supporting one resident to purchase an ice-cream and another to buy two or three items from a supermarket, and so on. However, it does suggest that setting goals does not always result in behaviours that are required to achieve them.

Paper plans and the quality of support

In the introduction to their training resource Mansell et al. (2004) write 'Our experience was that, too often, staff understood *active support* to be about the production of paper plans rather than the quality of support they provide in practice' (p.1).

Although we tried to stress that the *active support* system, of which documentation is a part, was there to promote quality interactions between the staff group and the residents at 16 Temple Court, it was readily apparent that we never entirely overcame the perception held by some staff members that the paperwork was an administrative burden which had no relation to how they supported the residents.

We think that it is important to state clearly that the *active support* documentation cannot just simply be done away with. The documentation is an integral part of the scaffolding that maintains *active support*. A key debate in the *active support* literature and amongst more senior employees in the region has been which aspects of the paperwork to retain unchanged, which to alter, and which to remove.

Unfortunately, in circumstances when staff have become successful at planning and coordinating their work, and integrating opportunities into the daily running of the home, then they are **less** likely to notice *Opportunity Plans* and *Activity and Support Plans* and **more** likely to see them as unnecessary (Mansell et al., 1987). For a period, the expertise and experience that a staff group have gained in implementing *active support* will probably maintain good practice. Mansell suggests that in these circumstances it is hard to argue that the existing processes and procedures should stay the same. However, over time, as decisions are made to remove or alter the elements of the system that contributed to the staff becoming skilled in the first place, the service is opened up to a greater possibility of reverting to the previous low levels of resident engagement. Skilled staff may leave a house or the system may suddenly become stressed and there is no guarantee that the previously helpful systems will be reinstated. At 16 Temple Court there were a number of critical incidents that impacted on the ability of the staff group to retain a focus on high levels of engagement, such as periods of resident illness, the death of two residents, the arrival of a new resident, prolonged absences by 'well-known faces' (for example month-long recreational leave), and staff conflict.

We would argue that the staff at 16 Temple Court had not become experts at using the documentation; nor had they ensured that the residents consistently

had enough activities in the house to keep them busy. Their issues with the paperwork were attributable to other reasons. One of these was related to individual difficulties in filling it out, and a second was a more collective failure to perceive any group benefits from analysing the records.

A major reason why there was a focus on the 'production of paper plans' is the unavoidable tension between the planning and coordinating function that they serve for the direct support staff, and the additional monitoring function that documentation has for the house supervisor and team manager. It is all too easy to accentuate their monitoring function so that staff feel they are responding to a manager's expectations rather than seeing that their primary function is to have an impact on the residents' quality of life. Unfortunately, data presented in a statistical way, such as that shown in Table 5 and Figure 14 can contribute to the practice of staff manufacturing records in order to produce high numbers of recorded goals offered, which may bear little relation to what staff are actually achieving with the residents.

The rationally designed *active support* system tries to emphasise self-monitoring by staff in the group home. Direct support staff should be reading and completing the *Activity Learning Logs* on a daily basis, keyworkers should be analysing and summarising the records in preparation for the house meeting, and taking the lead in presenting this information and the new *Opportunity Plans* at that forum. The house supervisor should be doing all of this and ensuring that the direct support staff fulfil their responsibilities.

This end state was never achieved and so the stronger monitoring role fell to outsiders, in particular the researchers and the Lifestyles Coordinator. In addition, the style of intervention that we tried to employ at 16 Temple Court was to get the team manager to reinforce the messages outlined in our written and verbal feedback. This reinforced the team manager's role as a scrutineer of the paperwork, even though he did not achieve this much in practice. Both these factors had the undesirable effect of accentuating the paperwork's monitoring function.

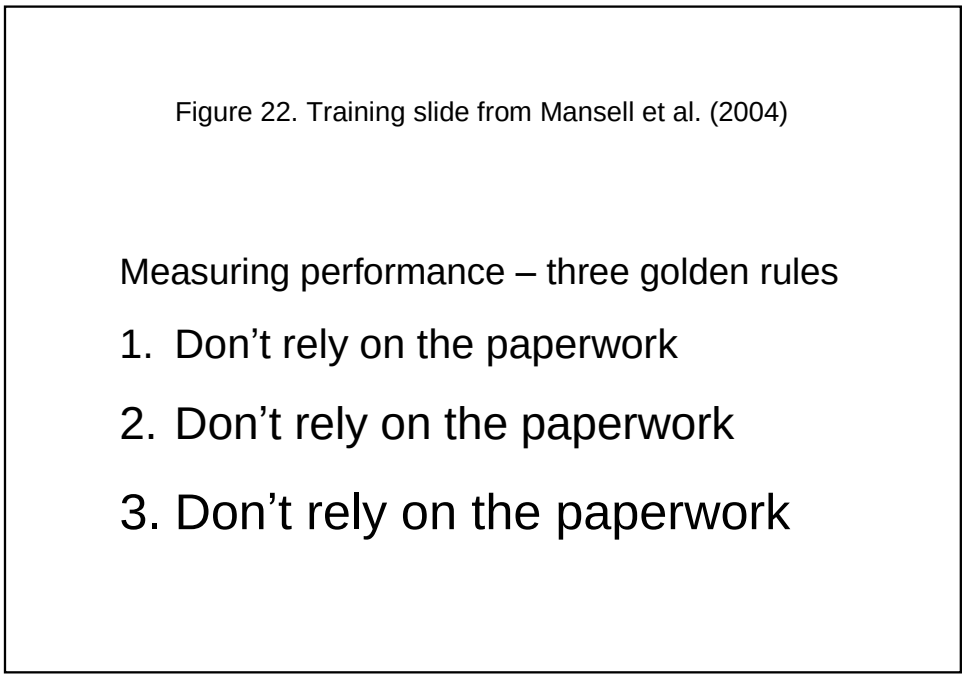
It should be apparent from reading this report that it was usually possible to read the *Opportunity Plans* and *Activity Learning Logs* and find insights that were potentially useful to the staff group. Some specific examples that we have highlighted thus far are: identifying a coaching need with a specific staff member to write performance statements; a problem-solving need when staff were finding supporting an activity hard; and simply providing positive feedback for work well done.

4. Phase 4: Embedding active support

A key characteristic of feedback is that it needs to be timely. A distinct advantage of weekly *Opportunity Plans* is that relatively little time passes before the goals are reviewed. At 16 Temple Court four weeks might pass before there was any formal discussion about implementing a goal. Our analysis of the *Activity Learning Logs* revealed that if there was an issue with either supporting a goal or recording it, then this would reveal itself in the first week. For instance, any member of staff, but especially the house supervisor, should have noticed that the night staff was recording information about the previous month's opportunities and not the new goals, or that some staff were supporting Mathew to collect the mail in his wheelchair rather than supporting him to walk. The house supervisor needs to intervene early in order to demonstrate that the records are being read and have a positive function.

One of the slides in the Mansell et al. (2004) training resource is shown in Figure 22. We were told that the audience cheered spontaneously when this slide was shown to a gathering of house supervisors during a presentation on *Practice Leadership: Person centred active support* (D/GR/nd).

Figure 22. Training slide from Mansell et al. (2004)



We suggest that the house supervisors' reaction may be a response to their general administrative burden, but it may also reflect the previously discussed belief that the paperwork has little purpose and can be done away with. It is likely that people focus on the message that is repeated three times, 'Don't rely on the paperwork' but neglect the important contextual statement that precedes it.

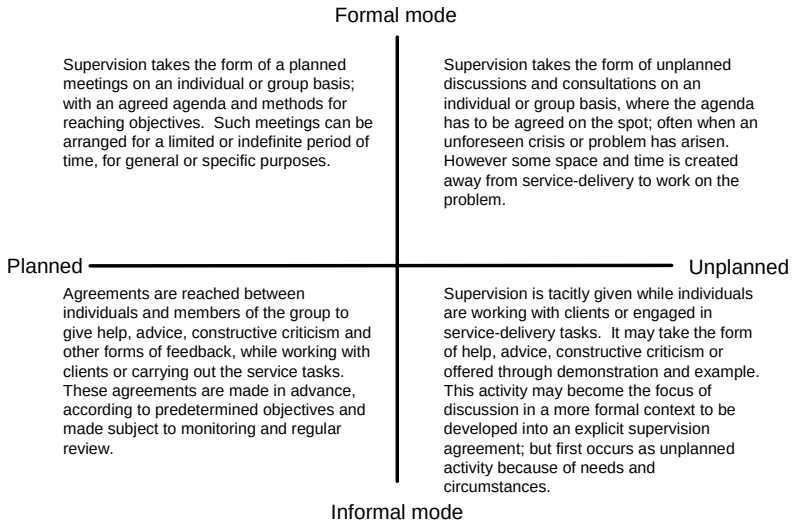
The substantive point here is that, even though the *active support* paperwork has an important function, you cannot gauge how well direct support staff are engaging the residents in a group home by looking at the forms that they have filled in. In order to monitor staff performance you have to go and watch how staff are interacting with them.

Modes of supervision

Management by *Walking Around*

Earlier we wrote that the team manager made a commitment to calling in at 16 Temple Court for at least 60 minutes once a fortnight. This can be understood as *ad hoc informal* (monitoring and) *supervision*. This is one of four modes of supervision that we discussed in *The Importance of Practice Leadership and the Role of the House Supervisor* (Clement and Bigby, 2007). These four modes of supervision are available to both a house supervisor and the team manager (Figure 23).

Figure 23. Supervision modes. From Ford & Hargreaves (1991)



The team manager visits the house at times when he knows that the staff are expected to be supporting the residents to complete household tasks so that he can observe their practice, model his own good practice, give some impromptu feedback, and provide staff with the opportunity to ask for help or advice.

We had anticipated being able to provide some detailed fieldnotes of these visits. We hoped that the team manager would record his observations on a Dictaphone, but this did not happen. We were reliant on verbal reports of his visits at reflective meetings. Our fieldnotes from those meetings are rather brief.

> *Gabriel advised that he had called into the house a number of times to undertake 'spot checks'. He advised that he always saw some examples of engagement in household activities, but also opportunities that were missed* (F/TC/230507).

> *Gabriel had called in to the house twice since the last meeting. On the first occasion Charles and Andrew were at home. Charles was eating at the table; Andrew was walking around the house. On the second visit, on his way home from work, Mathew was sitting unoccupied in his usual seat. Gabriel said that he spent a lot of time talking to a casual member of staff, who seemed keen to chat to him. The dinner had already been cooked, but he was not sure by whom. Gabriel picked up that there was some confusion amongst the casual staff about what they were supposed to be recording on the Activity Learning Logs. One resident was supported to complete a laundry related task* (F/TC/190607).

> *Gabriel gave some verbal feedback about his two visits to the house. Ray had performed some nice interactions with Mathew, getting him walking. He was the only staff on duty. On the next visit Aishwarya (a casual) was helping Charles to get the mail and involved him in folding the laundry and preparing vegetables* (F/TC/190707).

The team manager's reflections suggest that incorporating these unannounced visits into his practice were possible and worthwhile.

> *The informal pop-ins are easily achievable as 16 Temple Court is on my route to and from work. However, I have only popped in unannounced once [in three months] as I have only recently returned to my role from leave and higher duties. Prior to that, on average I have popped in at least once a fortnight and will do my best to continue this practice. I find this valuable as I get to meet and chat to staff who otherwise I would meet very rarely* (D/TC/200208).

We would recommend that such practice is routinely taken up by managers at more senior levels, not just team managers, and that the purpose of these visits is made clear to staff working in group homes, in particular that they are

expecting to see residents participating in activities. One of the direct support staff was impressed by a visit from a senior manager.

> *I remember two or three months ago, Gabriel was here, and he told us that one of the big bosses of DHS wanted to visit to look at active support. He mentioned, 'Do you see how important active support is, because this high level manager, who is in charge, is interested in this task?' It's really made me think, 'Yes, that's very important'.* (I/TC/121207)

Encouraging planned informal supervision by the house supervisor

The two informal supervision modes are more readily carried out by the house supervisor, the *ad hoc* mode in the same way as has just been described for the team manager.

In *The importance of practice leadership and the role of the house supervisor (Clement and Bigby, 2007)* we suggested that of the four supervision modes *planned informal supervision* was least frequently used by house supervisors. This is a significant gap in a house supervisor's repertoire of interventions and it could be used to embed and sustain *active support*.

In addition to the informal way in which direct support staff currently understand all managers to operate, a house supervisor could negotiate with a staff group to observe their practice more formally, on a regular basis. This could be done in exactly the same way that the staff at 16 Temple Court experienced *interactive training*. The house supervisor would watch a staff member support a resident to prepare his breakfast or make his bed, which is then the basis of a discussion between the house supervisor and the staff member. Mansell et al. (2004) provide some questions that would be useful for anyone observing another's practice to consider:

- Did the staff member prepare the situation so that the flow of activity was maintained?
- Did he or she present the opportunity well?
- Did he or she provide graded assistance?
- Did he or she enable the person to experience success?
- Did he or she provide support with a positive helpful style?

We suspect that *planned informal supervision* could have real benefits for service quality because, as we previously stated, the research evidence suggests that this 'on-the-job coaching' is essential to the successful implementation of *active*

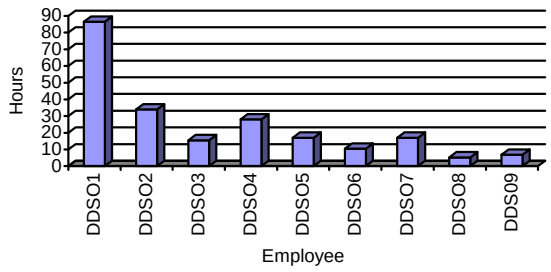
support training. The key question is whether this *planned informal supervision* could be incorporated into the house supervisor's work schedule at 16 Temple Court. In the earlier report we suggested that allocating an arbitrary figure of 60 minutes per staff member every month for observation and discussion seemed appealing and reasonable.

Does the roster allow the house supervisor to fulfil the practice leadership role maximally?

During the course of *Making Life Good in the Community* we have given the rosters we have seen a strong critique. Amongst other things, we have pointed out that the house supervisor's job is made harder if: the roster is constructed in such a way that the incumbent spends a disproportionate amount of time with certain staff; part-time staff cannot come to house meetings; and dedicated time for *planned formal supervision* is not available for all employees. We suggested that many direct support staff are performing with limited help, which is exacerbated if there is limited time on the roster to see the 'legitimate' practice leader interact with residents or receive direction and coaching from their house supervisor.

Figure 24 shows the number of hours on the roster that the house supervisor potentially spends with each staff member at 16 Temple Court. It illustrates the pattern described above, in that she spends 86 hours a fortnight (53 per cent of her roster) with one staff member and lesser amounts with the others. She spends just over five hours (3 per cent) with an active night staff, half of which is made up of 20 minute periods of 'handover' time in the morning.

Figure 24. No. of hours each DDSO 'works' alonside the house supervisor on a 28-day roster



4. Phase 4: Embedding active support

Nine of the house supervisor's 17 rostered days at work begin at 7.00 a.m. during the weekday (Appendix H). This ensures a reasonable amount of time for administrative tasks at periods when the residents are at day programs, but it also reduces the amount of time for the informal modes of supervision that we have described. It may be possible to schedule *planned informal supervision* into these weekday mornings, but this is unlikely to be well-received as the mornings are busy periods that require 'all hands on deck'. This also makes *ad hoc informal supervision* less likely as each staff member is typically supporting separate individuals in different parts of the house. Any future roster review needs to take these issues into account.

Planned formal supervision

The team manager also committed himself to a monthly supervision meeting with the house supervisor in the manner that is outlined in the *Professional Development and Supervision Policy and Practice Guidelines* (Victorian Department of Human Services, 2005c). Amongst other things this is a forum to formally review how *active support* is being implemented, to set related objectives, and to offer support and coaching. The team manager advised us during the reflective meetings that the goal of monthly meetings was not being adhered to.

> *Gabriel's last supervision meeting with Meena was postponed* (F/TC/230507).
>
> *Gabriel advised that he had been unable to meet with Meena for supervision as he had had been sick on the date of the last meeting. The previous meeting had been cancelled because of the Active Support Forum. Gabriel has not had a formal supervision with Meena for two months, but said that he has had other forms of contact. He also explained that other initiatives had a higher priority than active support at the moment* (F/TC/190607)

One of the dangers for sustaining *active support* in the long-term is that management attention shifts to new concerns (Mansell et al., 1987). The team manager explained some of the 'concerns' at the house and the priorities that he considered to be more urgent than *active support*.

> *There are a number of issues at 16 Temple Court. Shane is going into hospital to have an operation. Andrew is also going to have a major operation on his back, which could result in him not being able to walk. The hospital has lost his X-rays, so will have to repeat the process. He has also been 'distressed' at the day program and is now at home two days per*

week. Ray is also going to leave the house to take an active night post elsewhere. At a more systemic level there are a number of initiatives that Gabriel has been asked to complete.

- *Issues to do with legislative changes. The Office of the Senior Practitioner has asked for details of all plans that relate to restrictive interventions.*
- *Quality – Appraisal. Gabriel has to complete the Disability Services Self-Assessment tool for all the houses he manages. This is being pushed by the Region and the Division and is related to the new quality standards* (F/TC/190607).

The team manager's final reflection was:

> *Thirteen supervision sessions were scheduled for 2007 between [the house supervisor] and myself, of which six were conducted. I was either on higher duties or leave for four of these, [the house supervisor] was on leave for one…The barriers have been my absence from the role and unforeseen events which needed my immediate attention. I had to cancel two sessions due to urgent matters. On some occasions we attempted to reschedule and found that when we identified a suitable date for both of us, it was only a week or so away from the next scheduled session* (D/TC/200208).

Attendance at house meetings: Stability and focus

The priorities that the team manager identified in his workload impacted on his ability to attend some house meetings and look at the *active support* documentation. Sometimes he arrived after the meeting had started, on other occasions he left before the end. Sometimes he was not able to come at all.

> *It was a shame that Gabriel had to leave at 2.30. The staff team know that he is very busy, works very hard, and has other things to do, but I also wonder what message it gives the staff in the house. I think they probably have the same impression about all of us 'external people'; we breeze in and then disappear, leaving them to do all the work* (F/TC/070307).

> *All the data regarding the current Opportunity Plans was missing from the house. It had been sent to Gabriel for him to look at. His intention is to look at the data fortnightly and return it the house by return of post. He made the point that he had been very busy and had only been able to glance at the data* (F/TC/020507).

Although Gabriel began 2007 as the team manager for 16 Temple Court, he was not a constant presence throughout the year, nor did he manage to keep *active*

support centre-stage throughout the 12 months. This meant that he was unable to meet his goals for planned formal supervision or informally dropping into the house and *active support* shifted in an out of focus. It also meant that his presence at house meetings was variable, and his contribution was not always as informed as he would have liked, as he had been unable to look at the paperwork thoroughly prior to the meeting.

Stability at the team manager level is crucial for the continuity and quality of support (Clement and Bigby, 2007). In most cases, a 'fill-in' team manager will be a poor substitute for the actual post-holder – someone who does not have: a working relationship with the house supervisor or the staff group; knowledge of the current and enduring issues in a particular setting; or familiarity with the residents and their families. Practice becomes more 'patchy' and issues are likely to delayed or forgotten in these circumstances, as this extract from a reflective meeting illustrates.

> *Gabriel advised that he had met with Meena to complete some of the quality appraisal. He needs another meeting to complete the sections on the residents. Neither Gabriel nor the 'fill-in' team manager has had a formal supervision meeting with Meena. He did not know whether Meena has set supervision dates for staff, but a deadline has been set*. (F/TC/190707)

Staff views on the role of the team manager

At the end of the research the staff group underscored the view that the team manager has an important role to play. A member of the direct support staff commented:

> *I know team managers are very busy, I know that they're engaged in about six or seven houses, but it's crucial that they should be involved with the staff directly. You're always able to contact them through the email or through the telephone…but we're not able to see or ask each other what's going on. It is really good to engage or be involved with the staff directly, it's good to attend the house and whether casually or formally discuss things with the staff. Maybe one of the reasons [that performance drops off over time] is there's not feedback from management. Really encourage the staff, otherwise it becomes very boring, you just keep doing the same things. We're all human beings; we need more awards or encouragement and less criticism, which encourages you to do better. I know the team manager is not directly involved in this house, as a carer, but he has a crucial role to ask, 'What are our problems, how are we achieving, what are*

> *we doing?' It's encouragement for the staff and it's very important. If a manager is attending [the house meeting] the staff take it more seriously* (I/TC/121207)

The house supervisor reinforced this view but added how the team manager's presence impacted on her own motivation and performance.

> *His presence will be good for the morale of the staff, and will help to continue the active support, to keep him up to date with what we are doing. He will see for himself what the staff have been doing or have achieved and will give some encouragement and feedback. If the staff don't see it as important, then slowly it will slip away. Even for me, [as a house supervisor] if the management just say, 'Oh do it, do it' and then they never even bother to ask how you're doing, or visit the house…Even as a house supervisor, I'll think, 'Well, they never come, they never bother to ask how the house is going, how the staff are going…so why worry, why bother?' But for them to be directly involved; [the team manager] will be representing the area manager or the manager of DAS [Disability Accommodation Services] and he will play an important role in keeping in touch with the house-staff and give them some feedback. He'll actually see for himself, and give me a lot of support. When he is present, I play my role a bit better, as a leader of this team. He's my team leader, so, he has to set an example as well* (I/TC/121207).

As a manager of a number of group homes the team manager has a broader perspective of how *active support* is being implemented, which the house supervisor saw as being helpful in problem-solving.

> *The team manager has information about how active support is going in other houses as well, so he can bring us all this information and talk to the house team as well. He has his own team of six or seven houses under him, and his colleagues will talk about active support as well. For him to listen personally to our issues here, what the blockages are here for active support, what is working well, what is not working well and to give us some suggestions for how to overcome the blockages* (I/TC/121207).

Planned Formal Supervision at 16 Temple Court

The Department's own research acknowledged that employees had insufficient supervision and the supervision that people did receive was not always appropriate (Victorian Department of Human Services, 2005a). Interviews that we conducted found accounts of variable practice and varied attitudes towards

supervision itself (Clement and Bigby, 2007). The period of participant-observation at 16 Temple Court suggested that there was not a strong culture of *planned formal supervision* at the house, a situation that was discussed as the reflective meetings. Figures 4 and 5 show that the house supervisor should use *planned formal supervision* to provide support and monitor keyworker performance in relation to *active support*.

> *The aim was to embed the Professional Development and Supervision Policy at the house and encourage the house supervisor to have planned formal supervision meetings with the staff, where active support was a standard item on the agenda. Halfway though the year, the team manager was still trying to get the house supervisor to identify dates on the roster where a scheduled meeting would be possible for all staff* (F/TC/230507).

We have commented on the verbal guidance that suggests that full-time staff should have a formal supervision meeting every month and part-time staff every two months (Clement and Bigby, 2007). An examination of the roster reveals that this is arbitrary guidance that makes little sense at 16 Temple Court. The three part-time positions that were filled at some stage over the entire research period (DDSOs 3, 4, and 5) work more days over a roster than the five full-time staff. They also work nearly all their hours when the residents are at home, which means that their hours are almost entirely dedicated to supporting the residents (see Appendix H). These staff are also expected to fulfil the keyworker role and have an equal need to benefit from good 'supervision' at the same frequency as full-time staff.

We asked for information about the frequency of *planned formal supervision* meetings at 16 Temple Court, but it was not made available to us. Rather than acknowledge that *planned formal supervision* was a key forum for sustaining *active support* in the long term, the house supervisor highlighted the importance of house meetings, role-modelling, and more informal conversations.

> *Other than keeping [active support] on the monthly house meeting agenda, I think I have to be modelling it myself, doing it and willing to do it and if people see me doing it they'll follow. 'Well, she's doing it and I feel bad if I don't do it, because she's a house supervisor. If she's doing it I have to'. If your supervisor is doing it, or if your boss is doing it, you've got no choice…I think role modelling is very important. I accept the fact that active support is good for the house, for the morale, and we discuss it every month. Even with the casuals I ask them, 'If you think of anything, put it on the Opportunity Plan'. They might bring in ideas that they have seen in other*

houses, which is a plus, because we don't go to other houses and work. The casuals might see things differently. 'It works better like that, can we try that?' I'm open for suggestions. The casuals look at the other staff they are working with, whether they are doing [active support], and then all the staff look at me. As a house supervisor, are you doing it? Are you willing to lead or not? Are you leading the team? That's the important thing (I/TC/121207).

Summary: The supervision 'culture' at 16 Temple Court

Rather than there being a balance between the four supervision modes, we would describe the supervision 'culture' at 16 Temple Court as being skewed towards the *unplanned* and *informal* ends of the two continua, where discussions, help, and advice were more likely to be done over a cup of coffee after the 'morning rush', for example, or whilst eating lunch. This probably had implications for embedding *active support* in the period following the training and for sustaining *active support* in the long-term. These both require planning and preparation, which are also a prerequisite for *planned formal* and *informal supervision*.

Implementing *active support* at 16 Temple Court required time to be set aside to prepare for the forthcoming shift, to read the *Activity and Support Plans*, *Activity Learning Logs,* and *Opportunity Plans*, and to prepare materials prior to engaging residents in particular activities. Good use of *planned formal supervision* and house meetings required preparation, time to analyse and summarize the *Activity Learning Logs*, draft new *Opportunity Plans*, construct a meeting agenda, and so on.

Earlier, we suggested that the 'organisational systems' are part of the scaffolding that initially helps to build a strong 'culture' of *active support* and then sustains it in the long term. A failure to keep the noticeboard up to date was also symptomatic of the low emphasis given to ongoing planning and preparation at the house. On the final visit to the house in December 2007 it was noticed that the *Activity and Support Plans* had not been updated for six months. Andrew was still shown as going to the day program full-time, even though he was only going three days a week. The *Opportunity Plans* were also not current, and one of them was for the deceased resident (F/TC/121207).

Without a supervision 'culture' that emphasised the *planned* and *formal* modes of supervision the scaffolding received scant attention at 16 Temple Court. The staff group wanted to get rid of the *active support* paperwork and recording before

they had become experts at planning and coordinating their work, and achieving high levels of resident engagement into the day-to-day running of the home.

Ongoing coaching

Group homes are settings that are typically characterised by *inequality of competence* between staff and not *equality of competence* (Clement and Bigby, 2007). We have highlighted variations in the staff members' level of English literacy as an important issue at 16 Temple Court, because the 'organisational systems' require a particular level of literacy. Degrees of competence have significant implications for the level of support that the house supervisor has to provide and whether she can delegate tasks to direct support staff. Asking staff to complete tasks when they are not competent, without providing the necessary level of support sets them up to fail, as this example illustrates.

After one meeting the house supervisor went on holiday and the task of writing the new goals was given to one member of staff. Although she undertook this task, her standard of written English was such that they were not written in a way that was clear. Although the core staff in the house are better placed to work out or guess what these statements might mean, a casual staff member coming to the house is rather more disadvantaged.

> *'Put lunchbox to sink and after programme'*
>
> *'Clean clothes cary basket to his room and others'*
>
> *'Pay for a movie ticket meal money after purchase'* (F/TC/210207).

Giving responsibility for a task should be based on a judgement of the staff member's competence (Blanchard, Zigarmi, and Zigarmi, 1986). In this instance the staff member needed coaching. This required both direction and supervision to take into account of the person's skill level, and a supportive style that encouraged her efforts. In the absence of the regular house supervisor, the team manager has to step-up and provide the coaching, or the temporary house supervisor must do this. In this case, the replacement house supervisor had not completed the *active support* training and was not in a position to coach the staff member. The energies of the team manager and the Lifestyles Coordinator were put into offering some last-minute information to the incoming house supervisor.

Given the difficulty that the two full-time staff had with reading and writing English, it is not surprising that the house supervisor took on the bulk of the tasks that should have been undertaken by keyworkers. Nor is it surprising that the *Activity Learning Logs* were not well summarised, because as we suggested earlier an individual can get overwhelmed by a large amount of data. It is also

not unexpected that people who struggle to write English should try and avoid taking the minutes.

Teaching the staff group to utilise the *active support* paperwork effectively was identified as a coaching need in the reflective meetings. On a day-to-day basis, house supervisors are expected to model, teach and coach direct support staff to be competent at their job (Clement and Bigby, 2007). This is a big requirement at the best of times, but as the house supervisor had received *active support* training at the same time as the staff group she managed, she was, in effect, developing her own level of competence in parallel with them.

Table 9 shows Benner's (1984) stages of skill development. In relation to utilising the *active support* paperwork, we rated the house supervisor as being at Stage 2, an advanced beginner. It was perceived as unrealistic to expect the house supervisor to coach the staff team towards competence in this area, and so the task was taken on by the Lifestyles Coordinator. This task might also have been done by the team manager, but at this stage of the project his involvement at 16 Temple Court was compromised by acting-up and having competing priorities.

Table 9

A model of skill development: From novice to expert. (Adapted from Benner, 1984)

Stage of Skill Development	Definition
Stage 1 Novice	No experience of the situations in which they are expected to perform. Goals and tools of service-user support are unfamiliar.
Stage 2 Advance Beginner	Can demonstrate marginally acceptable performance.
Stage 3 Competent	Typified by a practitioner that has been on the job or similar situations for two to three years. Begins to see her actions in terms of long-range goals or plans of which she is consciously aware. Has a feeling of mastery and the ability to cope with and manage the many contingencies of the job.
Stage 4 Proficient	Perceives situations as wholes rather than in terms of aspects. Perceives a situation in terms of long-term goals. Uses principles as guides.
Stage 5 Expert	No longer relies on principles. Has an intuitive grasp of each situation and homes in on an accurate understanding of the problem without considering a range of unhelpful alternatives.

Within the reflective group there were two views about whether the coaching would be a success. These were primarily related to judgements about the low

English literacy levels of some staff and whether it was possible for coaching to make a difference.

One view was related to the idea of *active support* as a rationally designed system. From this perspective when employees are performing at below optimal levels you give them the necessary 'training' to improve their performance. From a 'best practice' and organisational perspective this is entirely consistent with improving work performance under the Department's relevant policies (Victorian Department of Human Services, 2005b, 2005c).

The second view was more pragmatic, suggesting that you should design a system around the capabilities of the staff group. There are all sorts of dangers of going down this route. It condones less than acceptable performance, establishes differential performance benchmarks, bypasses relevant policies, and sets up the 'vicious circle' that is usually applied to people with intellectual disabilities, whereby low expectations of staff lead to them being deprived of opportunities to learn. This results in diminished experiences and poor performance, that in turn reinforce the initial low expectations.

Poor outcomes are possible in both cases. If coaching is not successful you may end up with a system that people do not or cannot use. If you tailor the paperwork to the lowest skill level, a worthless system may result that reveals nothing regardless of who uses it.

The following extract outlines the hoped for outcomes for the coaching:

> *What follows can be refined as learning outcomes, but they relate to the notion that support staff need to know **what** to do, **how** to do it, and **why** they are doing it.*
>
> *At the end of the session, staff need to be able to:*
>
> - ***Write an opportunity**. (Link back to the training. SMART goals. Include the level of support, etc.)*
> - ***Read and implement an opportunity plan**.*
> - ***Complete the activity learning logs**. (Includes knowing what to write on activity learning logs)*
> - ***Read, summarise and review the activity learning logs**.*
> - ***Understand the importance of giving feedback to one another about the activity learning logs**.*

4. Phase 4: Embedding active support

- ***Explain or state what the supporting processes are****. (Links to supervision and house meetings. Keyworker responsibilities. Identifying new opportunities. Daily planning.)*
- ***State how the opportunity plans and activity learning logs enhance quality support to the residents*** (F/TC/190907).

Prior to going on maternity leave, the Lifestyles Coordinator facilitated two coaching sessions for three staff members, one of whom was the house supervisor. Table 10 is an extract from the record of these sessions made by the Lifestyles Coordinator (D/LG/1007).

Table 10
Outcomes from *active support* coaching sessions at 16 Temple Court

Aim	Outcome
Purpose of Opportunity Plan	The three staff were able to demonstrate an understanding of the purpose of the Opportunity Plan.
Read and implement and Opportunity Plan	The three staff were able to read and question if opportunities were not written in a clear manner. Each staff member was observed via interactive training to go through the identified opportunity.
Purpose of the Activity Learning Log	Staff outlined their understanding of the learning logs. Staff went through the revised learning log prompt sheet [Appendix I]. Learning logs were reviewed.
Complete the Activity learning Logs	Each staff was asked to review their last learning log entry, and consider ways to enhance or question what they had written based upon the prompts. Follow-up visit, outlined an increase in learning log entries. On the whole there seems to be an improvement.
Read, summarise and review the Activity Learning Logs	Each staff member was able to question and provide additions to the existing entries. The three staff were able to identify what they were looking for as part of a review, and consider ways to represent at a team meeting. Maria showed considerable enhancement in this area – outlining specific entries and ways to provide feedback to staff.
Explain or state what the supporting processes are	Two staff were able to advise that active support was being discussed at their supervision, catch-up meetings. All acknowledged the purpose of discussions at house meetings.
Outline how the Opportunity Plans and Activity Learning Logs enhance quality support to residents	All staff were able to advise how the tools enhanced quality of support to each resident. Greater understanding of interests and what residents are doing within their homes.

The reported outcomes suggest that the coaching sessions produced positive results, although the impact would need to be evaluated over a longer timeframe, beyond the life of this project.

Good practice in relation to paperwork and recording: A necessary competence?

It is worth asking whether the skills required to complete the paperwork and recording are necessary for someone in the direct support role. If the answer is 'Yes', which we believe to be the case, then this has implications for recruitment. Unless it is possible to realistically operate with multi-lingual work places, then it also has implications for existing and future employees for whom English is not their first language who have not attained the required levels of English literacy.

There are certainly claims from parallel professions, such as nursing, that good practice in relation to documentation and record-keeping is a core competence (Dimond, 2005a, 2005b; McGeehan, 2007; Nursing and Midwifery Council, 2007; Owen, 2005; Wood, 2003). If we were to change the nursing terminology in the following quote to references more aligned to services for people with intellectual disabilities, then Yocum (2002) could just as easily be talking about the role of direct support staff.

> *When I hear a nurse say 'I went into nursing to take care of patients, not paper,' I wonder if he's considered how poor charting affects the quality of care he can give his patients. Documentation is at the every core of who we are as nurses. Our nurse practice acts and professional standards require us to document, and our patients need us to document. Through documentation, we track changes in a patient's condition, make decisions about his needs, and ensure continuity of care. Good charting saves time, effort, and money. If time is wasted, you lose the valuable time you need to give high-quality patient care* (p.59).

Within the more directly relevant literature there are claims that good practice in relation to paperwork and recording is a core competence. Table 11 shows the relevant competency area from the *Community Support Skill Standards*, which define the core skills of community support work (College of Direct Support, nd).

Table 11
The Community Support Skill Standards

Competency area: Documentation
The community based support worker is aware of the requirements for documentation in his or her organization and is able to manage these requirements efficiently
Skill standards • The competent CSHSP [community support human service practitioner] maintains accurate records, collecting, compiling and evaluating data, and submitting records to appropriate sources in a timely fashion. • The competent CSHSP maintains standards of confidentiality and ethical practice. • The competent CSHSP learns and remains current with appropriate documentation systems, setting priorities and developing a system to manage documentation.

Similarly, within the *Community Residential Core Competencies* (Research and Training Centre on Community Living, nd), which describe the competencies needed for direct support staff working in community residential services for people with intellectual disabilities, there are 28 tasks listed under the relevant domain, 'Documentation - Aware of the requirement for documentation in his or her organization and is able to manage these requirements efficiently' (see Appendix J). If direct support staff are expected to be competent in regard to paperwork and recording, then it is even more important for house supervisors (see Clement and Bigby, 2007).

The success of rationally designed systems requires that the best people are selected to do the job as it has been designed (Morgan, 1997). The direct support role keeps evolving, and so an organisation would expect to have a proportion of employees who were recruited when different criteria defined the role. When there is a gap between what employees can do and how they are expected to perform then appropriate training needs to be put in place. However, it may be the case that the gap is so wide that training and support cannot close it, or that the time taken to bridge the gap is unacceptably long.

At 16 Temple Court, the formal training and coaching, and whatever more informal support was given by the house supervisor, team manager, and involvement in the research process, had not developed the required level of

competence with regard to the *active support* 'organisational systems' by the end of the year.

Earlier we wrote that the house opened without a critical mass of staff in the house who had the knowledge, skills, abilities or orientations to enable high levels of engagement; and we suggest that by the end of the project there was still not a critical mass of staff to sustain high levels of participation inside or outside the house. In part we would suggest that this is related to the skill levels of the 'well-known faces' who have remained constant employees at the house since it opened. One of these people is an active night staff, who has had a marginal role in the implementation of *active support*, whilst the other three are the full-time employees for whom English is not their first language. The two DDSOs struggled with the paperwork and recording and placed little value on it. The house supervisor, little more than an advanced beginner herself, was not able to coach the staff she managed to competence. The DDSOs who demonstrated greater competence and greater enthusiasm for *active support*, had more marginal and less enduring roles within the staff team. Either they were not rostered to attend the house meeting, spent most of their working time in isolation from their colleagues on the 'night shift', or left the house to work elsewhere after a relatively short period of time. Three of the staff who attended the *active support* training subsequently left the house within eight months. Thus the core staff or 'well known faces', who have a key role in socialising new employees and casual staff into the day-to-day running of the house are not best equipped to promote and role model best practice in relation to the paperwork and recording.

Does every moment at 16 Temple Court fulfil its potential?

We have already presented data that reflected the attitudes of the staff group towards the residents' participation in 'ordinary living' and suggested that there needed to be a significant shift in thinking and/or practice in order for high levels of engagement to be realised. So, more than two years after the house opened, and 14 months after the *active support* training, to what degree has practice changed; and has there been an accompanying shift in staff attitudes that are congruent with that practice?

Data from different sources suggest that there has been a change in practice. We have observed residents being supported to participate in household activities and self-reports suggest that this practice has been extended to community-based activities. However, we do not know to what extent the residents are supported to engage in meaningful activities.

4. Phase 4: Embedding active support

It is extremely hard for 'outsiders' to know the true levels of engagement in a group home. This is true for researchers and external managers, such as the team manager. Even the house supervisor cannot be certain what goes on at 16 Temple Court when she is not there. Nor can the residents at 16 Temple Court tell us, given their level of intellectual disabilities.

Observing how staff interact with residents is probably the only way in which reliable evidence can be obtained. Yet the reliability of such data is compromised when staff are conscious that this aspect of their work is being watched and recorded. In such circumstances, staff may put their best foot forward.

We are confident that our original period of participant-observation revealed an accurate picture of how people were supported at 16 Temple Court. A strength of the research method we used is that it can 'penetrate fronts' and reveal how things really are as people go about their day-to-day lives (Hammersley and Atkinson, 2007). We could not go back after the *active support* training and be sure that what we observed continued when we walked out the front door. At 16 Temple Court only the staff group themselves know the true levels of engagement.

Yet there were serendipitous occasions when we were at the house that made us believe that some of the staff group had not taken on board the message that 'Every moment has potential'.

> *Charles seemed very alert, when I arrived. He was sitting in his wheelchair. He moved his hand to mine, to shake hands. He laughed a lot. He took hold of his shirt and shook it, which was soaking wet, either through drink or saliva. Penny told me that she was going to put Charles on the couch. I went out into the rear yard and sat at the picnic table to look at the paperwork. When I came inside, the other two staff members had taken the bus and Penny was on the telephone. Something was cooking on the stove. Charles was lying on the couch. It had been possible to observe from the picnic table what was going on in the main living area. I believe that in the 45 minutes that I was outside the only activity that Charles was engaged in was from moving from the dining table to the couch* (F/TC/210207).
>
> *At the house meeting we did not get the opportunity to remind the staff group how active support should be part of people's everyday practice. I still think the staff at 16 Temple Court see active support of as being the goals recorded on the Opportunity Plans. As I was about to leave the four residents were seated in the living area, mainly facing the television. There*

were four staff in the house. Maria was leaning on the kitchen counter. The 'fill-in' house supervisor was about to show me out. Penny and Simon had a basket of clean washing in front of them, which they were folding and putting on the table. Why could a resident not be involved in this? (F/TC/070307).

I arrived at 16 Temple Court at half-past ten, so that I had time to review all the Activity Learning Logs before the house meeting, which was due to start at 12.30. Meena and Penny were both in the house, as was Charles, who was seated in his wheelchair facing the television. The sound on the television was turned down low. They were both surprised to see me, commenting that the meeting did not start until 12.30. [Neither of them can have read the communication book, where there was a written message that I was coming in at 10.30. I checked to see that the message was there.] Both of them were sitting at the dining table, and I was told that it was time to have a coffee. Penny explained how busy the morning had been. I was offered a drink but Charles was not.

As I sat at the dining table looking at the Activity Logs, I tried to note how much interaction there was with Charles. From 10.30 - 11.00 Meena said 'Hello Charles' once, whilst the staff sat at the table having their drink. Meena went to work in the office and Penny busied herself in the kitchen. From 11.00 - 11.30 Meena stayed in the office, whilst Penny either did some paperwork at the dining table or worked in the kitchen. Penny asked Charles whether he was okay once, and went over to talk him for less than 30 seconds. So in a one hour period, there was less than a minute's interaction with him (F/TC/020507).

So although we have witnessed a shift in practice at 16 Temple Court, and residents are being involved in day-to-day activities, it appears that there is room for further improvement.

Changes in attitudes

It is much harder to claim that there has been a shift in staff attitudes. The interviews that we conducted at the end of the research are neither a reliable source of data about what people think about an issue, nor are they a reliable source of information about what people actually do (Edgerton, 1984). Having said that, the quotations that follow reflect a number of changes in the way that these staff both discuss and undertake their work. These direct support staff highlighted benefits for the residents and themselves.

4. Phase 4: Embedding active support

[Active support] was a little bit different [to the way I used to work]. It's much different. It's a better way [of working] for [the residents]; you try to involve the clients, and to treat them as normal, like everybody else, and all those sorts of things. It's better for us too, we enjoy it. In the beginning it was a little bit harder when we opened the house, but now we enjoy. We're learning things, always you learn things. We give the residents an opportunity to do things, to be involved in everything, the cooking, the laundry. When you take them to the bathroom to take their shower you take the towel and face-washer. They can open their shampoo when they wash their hair. All this sort of thing, you try to involve them, as much as we can. Sometimes they improve and sometimes they don't improve, that's okay too.

I reckon it's more enjoyable for staff. They see [that the residents have] come a long way. Andrew, when we gave him something, he'd drop it, you know, and now he knows what to do, so it's a big achievement not only for him but also for staff. It's making [work] more interesting. There's no argument that [active support] has improved the residents' quality of life, they are engaged or involved, whether it's a small thing or a big task. The staff also realise that their role is not to serve them but to support them, involve them, help them. I think it's really good.

The house supervisor said:

[Active support training has] given people an outlook that you're not here to serve the residents on everything. Give them the opportunity to be involved in any activities, whether household, going out, or doing whatever you are doing. The staff get to see the clients, how they react and whether they wanted to do the activity, didn't want to do it, or don't mind to do it. You get people thinking, 'Actually, he can do it, his reaction is quite good. He's got a smile on his face'. It's not a bad idea to get them involved even for two minutes. It's not a hard thing. It is not a matter of whether that person can or cannot do it.

I also think that you talk more to the client. You can communicate or interact. The residents don't talk back to you, but you tend to automatically say, 'We're going to do the laundry now'; you walk together to the laundry, and even though he doesn't know how to do it, he actually sees you opening the washing machine and put the clothes in or whatever. They actually stay there and watch you, and that means that you're giving them the attention as well. You communicate a bit more. Most importantly, I think [active

> *support] is eye-opening for the clients. They see that the [garbage] bin is placed outside; you actually throw your rubbish in the bin. For them this was a new thing. They didn't even know that there's a big bin outside and that the bin will put out on a certain day. They don't know which day, but they know that one evening you're pushing the bin and leaving it outside there* (I/TC/121207).

Employing staff who hold the values that underpin *active support* are essential to sustaining high levels of engagement in the long-term, but also ensuring that this practice is maintained when the house supervisor or team manager are not present. As we suggested earlier, at 16 Temple Court many of the interactions between direct support staff and people with profound intellectual disabilities take place between individual employees and these 'silent' service-users in unobserved settings. In these circumstances, away from the gaze of their managers, it is direct support staff who will make their own decisions about how to support people.

Tinkering with the *active support* system

In Chapter 1 we stated that the 'version' of *active support* that was implemented at 16 Temple Court used elements from two sets of training materials in combination with 'in-house' procedures that were already in existence. Some of the 'organisational systems' were adopted faithfully, whilst others were adjusted. We wondered what impact the changes made to the 'original' *active support* 'organisational systems' had for implementation and sustainability.

We want to highlight two changes that we noticed from the *active support* source materials in order to illustrate the point that that the consequences of any changes, omissions, or additions to the 'organisational systems' should be carefully thought through. Firstly, we discuss an omission from the planning processes, and secondly, alterations to the documentation that are used to record and monitor engagement in activities[17]. The discussion here is necessarily speculative, but we flag these alterations as part of the 'human factor' that has changed the *active support* system as it was designed. Someone, somewhere, decided to make these alterations, which may have positive or negative consequences for its implementation and sustainability. We would advise that any decision to change a well-developed and thoroughly tested package of materials is well-considered.

[17] We noted other omissions too. For instance, the training omitted teaching plans, which the external trainer suggested has been less successfully used in group home environments (F/GH/210806).

Shift planning

Both the earlier handbook (Jones et al., 1996) and the more recent training resource (Mansell et al., 2004) emphasise the need for staff to spend time over the course of a shift co-ordinating and planning how to support the residents.

> *Each day, the staff on duty meet briefly several times – first thing, after breakfast, lunch and the evening meal. They review the [Activity and Support] plan, add any particular activities that need to be done, and plan how to deploy themselves to support the range of activities set out* (Jones, Perry et al., 1996c, p.3)

The residents at 16 Temple Court rely on other people to plan and organise the activities they are to be involved in. These brief planning meetings allow the staff to allocate household and community activities to an individual, to identify which staff will support each resident, and decide whether each resident has enough activities to keep him busy.

Mansell et al. (2004) contrast the practice of allocating specific staff to support named residents with allocating staff to certain areas of a house, preferring the latter. Both sets of authors agree that when a number of staff are supporting several residents, planning is needed to co-ordinate the smooth running of the household, so that staff know who is supporting which resident and how people can move from one activity to another with the support they need. Staff have to strike the right balance between being adaptable and being organised. Staff must avoid the weak practice of doing no or too little planning, which results in being disorganised; or over-planning and performing mechanistically without paying attention to the people they are supporting.

A key element of implementing *active support* is establishing clearly defined organisational procedures. In *The Story So Far* (Clement et al., 2006) we reported that in the three houses we observed, we saw no formal systems for planning resident activities in consistent operation, or formal systems for how staff would allocate their time on a specific shift. We also suggested that there seemed to be little conscious understanding as to why household routines were organised as they were. Formal hand-over periods were under-utilised and planning was more likely to be done on an improvised basis.

Spending time learning how plan and co-ordinate a shift is a worthwhile task, which can then become customary practice. The formal facilitative structures of *active support* systems provide a way of planning resident involvement around the key times of the day, such as the 'early morning rush' and the lead up to the

evening meal. Only over time, as staff become skilled at these tasks will they be able to plan and co-ordinate as they 'go along'.

Figure 25 shows how the *Activity and Support Plan* that we presented earlier (Figure 6) can be used to allocate activities to residents and assign staff to support specific residents. We were told that this more formal approach to planning a shift had been removed from the training and therefore from formal staff practice, because there was not the time for staff to do it in the houses.

Given that we described the 'culture' at 16 Temple Court as one which emphasised unplanned and informal ways of working, this more formal way of co-ordinating and planning how to support the residents might have helped to embed *active support* more thoroughly.

Figure 25. Activity and Support Plan (Jones, Perry et al., 1996c)

Activity and Support Plan Monday morning

Support worker shift times

1. Anne Jones from 7.00 to 1.30
2. Helen Ingram from 1.15 to 5.15
3. Colin Evans from 7.00 to 1.30
4. Janet Davies from 2.00 to 10.00

Time	Olive	SW	Roger	SW	Ann	SW	Household	Options
7.00	Get up, wash, dress Put bins out	AJ	Get up, wash, dress Prepare breakfast	CE	Get up, wash, dress (on own) Set table	AJ	Put bins out Set table	
8.00	Breakfast	AJ	Breakfast		Breakfast			
8.30 9.00 10.00 11.00 12.00	Clear breakfast Shopping Unpack groceries Coffee	AJ CE CE CE	Wash up/load dishwasher Clean bedroom and bathroom Coffee & visit from mother Physiotherapy Unload dishwasher and stack cups	AJ AJ AJ Mrs F AJ	Start washing clothes Shopping/ post office – collect benefit and pay bills Hang clothes on line Coffee Prepare lunch	CE CE AJ AJ	Clear breakfast Wash up/ load dishwasher Start washing clothes Unload dishwasher and stack coffee cups	Good walk Water plants Gardening Cut the grass Polish furniture Clean windows
12.30	Lunch	AJ	Lunch	CE	Lunch	CE		Lunch in town/pub
1.00	Gardening Cut grass	AJ	Clear lunch Clear up kitchen	CE HI	Wash-up/ load dishwasher	CE HI	Clear lunch Wash up/load dishwasher	

Opportunity Plans

The other substantial change was to some of the supporting documentation. In the earlier handbook the *Opportunity Plan* had space for up to eight goals each week and was reviewed at a weekly house meeting (Figure 26). It was also relatively easy to fill in, requiring little more than a tick to record that a goal had been successfully accomplished or achieved with extra assistance.

Figure 25. Opportunity Plan. Adapted from Jones et al. (1996a)

Opportunity Plan

Name **Roger Edwards** **Date** **27/0308**

Goals Set	How often	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1. Clear the dinner table (with reminder if necessary)	Once each day	✓	✓	☑	☑	✓	✓	✓
2. Select pre-set radio station (with instruction)	Twice each day	☑ ✓	☑ ✓	✓ ☑	☑ ☑	✓ ☑	☑ ✓	✓
3. Finish winding up flex for vacuum cleaner (after demonstration)	3 times a week		✓		✓			☑
4. Use front door key to let self in (unaided)	At least daily	☑ ✓	✓	✓ ✓ ✓	✓	✓ ☑	✓	✓ ✓
5. Walk home from end of road (unaided)	Once each day	✓	✓	✓	✓	✓	✓	✓
6. Plug in electrical appliance and switch on	Once each day	✓	✓	✓	✓	✓	✓	✓

Goals achieved last week:

Learnt to switch on his radio

Learnt to unwind vacuum cleaner flex and switch on

Staff who selected goals:

Chris, John, Mary

✓ = successfully achieved

☑ = extra help

The *Opportunity Plan* that was presented at the training had space for four goals that were reviewed on a monthly basis, which fitted more neatly with the monthly house meeting (see Figure 7).

The original system identified the potential for significantly more 'opportunities', which needed greater planning, but required minimal recording. The system at 16 Temple Court identified a small number of opportunities, which required less

planning, but a significantly greater requirement to produce and analyse written records.

It is of note that the original *Opportunity Plan* is an almost perfect fit with what the house supervisor and staff group requested – a tick box with minimal recording. As we suggested previously, writing 'hand-over-hand' was the equivalent of filling in ☑ to show that the activity was completed with extra help, as in Figure 24. In practice therefore, staff generally used the *Activity and Learning Logs* to realise their own ends, rather than achieve the outcomes of the 'organisational system'.

If the anecdote is true – that earlier versions of the *Opportunity Plans* that used this system were abandoned because the records were falsified to produce impressive statistics – then we have shown that changing the recording system does not resolve the problem. We argued that direct support staff are more than likely responding to contingencies set by managers and this could only be changed by gaining evidence about staff practice from actually watching staff rather than drawing conclusions from paper records.

Changes to the paperwork

Towards the end of the year, the *Opportunity Plan* and the *Activity Learning Log* were modified to try and take account of some of the issues that have been discussed to date. Minor changes were made to the layout of the forms, the wording was simplified and made clearer, a way was found to reduce unnecessary repetitive writing, and a prompt sheet was developed to guide the writing of useful information. The use of these forms will be reviewed by the staff group with the house supervisor and team manager. These documents are given in Appendix K.

5. Concluding remarks

In this final section we want to provide a synthesis of the key findings from implementing *active support* at 16 Temple Court and highlight the lessons that we think can be applied elsewhere.

The findings from this project provide further evidence that *active support* training, and the subsequent adoption of *active support* techniques by direct support staff, enables people with profound intellectual disabilities to participate in the day-to-day activities that comprise 'ordinary living'. At 16 Temple Court, the *active support* training challenged the dominant 'model of support' and helped to expand the staff group's thinking and practice. Following the training they were able to support the residents to take selective advantage of the opportunities for 'ordinary living' that exist in the group home.

Unlike some of the research studies that we have cited, it was never our intention to quantify any changes in the level of engagement at 16 Temple Court. Rather, we observed the staff group incorporate *active support* techniques into their repertoire of skills that enhanced their interactions with residents. These skills had previously been based around personal care. Our research contribution has been to track the efforts of the staff group to utilise *active support* 'organisational systems' over a 12-month period, during which we kept the roles of the house supervisor and team manager in specific focus. We believe that the research methodology, the project's longitudinal nature, and the attention given to issues relating to process make the research project and the findings unique. At least, we are not aware of any other studies that have tracked the implementation of *active support* in a group home in this way, for this length of time.

An initially resistant and sceptical core staff group, whom we labelled the 'well-known faces', expanded their practice and supported residents in activities that they had previously dismissed as unrealistic. They also came to express opinions which suggested that working in this way had benefits both for the service-users and themselves. However, the evidence that we have presented suggests that higher levels of engagement are still possible.

The house supervisor and the team manager had a role in bringing this change about. They had an active role in implementing and monitoring the 'organisational systems'. The monthly house meeting, for example, was an important space where the theory and practice of *active support* was discussed. Yet we have also made it clear that they were only partially successful in their efforts to embed the

'organisational systems', **all** of which can be implemented more thoroughly at 16 Temple Court.

Framing *active support* as a rational system seems to be a useful device for explaining:

- why the levels of engagement at 16 Temple Court are still not a high as they might be;
- why the 'organisational systems' are only partially implemented;
- why we might be concerned about the sustainability of active support at the house in the long-term.

It also allows us to draw out some lessons for the implementation and sustainability of *active support* that are more generalisable.

We argued that rational systems work well when they operate in the way that they have been designed. The *active support* 'system' has a number of planning tools and monitoring systems that should be used by a staff team, and are integral to producing higher levels of resident engagement. We argued that these 'organisational systems' need to be understood as 'scaffolding' that provides the necessary platform for building a strong and enduring *active support* 'culture'. At 16 Temple Court the *active support* system was not embedded in the way that it had been designed, and many of the sub-elements were partially implemented. In summarising the weaknesses at 16 Temple Court we are also suggesting actions for improvement that can be taken at that house, which are also likely to have relevance for other settings.

Situation at 16 Temple Court	Actions for sustainability
At 16 Temple Court there was a three-month period after the *active support* training when there was a 'relaxed' approach to implementation.	Establish momentum after the training and implement 'organisational systems' thoroughly from the start.
Opportunity Plans and *Activity Learning Logs* were being sparingly used. *Activity and Support Plans* had fallen into disuse. Protocols had never been used at all.	The information collected on the *Activity Learning Logs* must be actively used. The paperwork and recording systems need to be kept 'fresh' and relevant. Data needs to be analysed regularly if people are to learn from it.
Co-ordinating and planning how to support the residents over the course of a shift relied on informal mechanisms.	Take the time to learn how to plan and co-ordinate a shift. It is a useful skill.
The target of monthly *planned formal supervision* meetings was not being achieved.	Prioritise supervision meetings. They are a key forum for reviewing *active support*, and a place where coaching and direction can be offered.
A keyworker system was not thoroughly embedded in the house and as a consequence keyworkers were not fulfilling their responsibilities. Reviewing *active support* at house meetings therefore relied too much on input from the house supervisor, rather than the entire staff team.	Clarify keyworker roles, provide training to allow direct support staff to fulfil the role, and link that role into the 'organisational systems'.
House meetings could be more effectively run.	Make the most effective use of house meetings. It is an important forum. Running good meetings is a learnable skill, for which training and coaching should be made available.
'Management by walking around' had been minimally implemented, and so the team manager had little direct information about how staff were interacting with residents.	Watch direct support staff interact with residents. It is the only reliable evidence of good practice.
Planned informal supervision was a significant gap in a house supervisor's repertoire of interventions.	Arrange a program of *planned informal supervision* with the staff team. It will help to embed and sustain *active support*.
Attempts to make use of the physical environment had fallen into disuse.	Keep artefacts like noticeboards vibrant and relevant.
The group were over-reliant on external monitoring rather than self-, peer- and group evaluation. As a consequence the paperwork's monitoring function was accentuated.	Develop the skills of self-, peer- and group-evaluation. Emphasise the link between the paperwork and the impact on the resident's quality of life[18].
A coaching need was identified late in the day, which could not be provided by the house supervisor.	Coaching and training needs should be identified early by comprehensive supervision and appraisal systems.
Changes and omissions from the 'original' *active support* system may not have been that helpful.	Any decision to alter the 'organisational systems' should be thoroughly discussed.

The situation at 16 Temple Court suggests that the chances of increasing the levels of engagement, or maintaining the current levels of *active support,* have a

[18] Appendix K gives a checklist of questions that might be helpful to a staff group in reviewing the implementation of active support in a group home.

degree of uncertainty about them. The staff group have argued for getting rid of some of the 'organisational systems' before they have become proficient in using them and therefore before good practice has become pervasive. In the long-term it may be possible to remove processes and procedures, but even an 'expert' staff group needs to monitor their practice and reinstate 'organisational systems' when necessary. It is typically the case that these systems help to embed good practice in the first place.

The report highlighted some important contextual events at the house that impacted on the attention that was given to implementing *active support*, such as periods of resident illness, the death of two residents, the arrival of a new resident, and staff conflict. Disruptive events are always going to be issues in any supported accommodation setting. Ways need to be found to keep *active support* in focus during these times, because keeping busy enriches anyone's life and is a key principle when supporting people with profound intellectual disabilities.

A danger for managers is that their attention shifts to new concerns. This is a real danger for sustaining *active support* in the long-term. Both the house supervisor and team manager came under pressure to address issues related to legislative changes during the course of the project. In addition, vacant roster lines, staff turnover, and a constant through-put of casual staff created an unstable environment in which to embed *active support*. Ways similarly need to be found to keep *active support* in focus when managers have competing issues to deal with. There are always upward and downward pressures on house supervisors and team managers.

The report highlighted systemic weaknesses that make the implementation of *active support* harder. Removing the team manager to 'act-up' elsewhere disrupted the support and continuity that was available to the house supervisor. The roster only allows half the staff group to attend the house meeting and gives the house supervisor limited flexibility to demonstrate *practice leadership*.

An important corollary from framing *active support* as a rationally designed system is that an organisation needs to employ house supervisors and direct support staff who can operate the system in the way that it has been designed. This has implications for both the selection of new employees and the training of existing employees.

We have made it clear that the *active support* 'organisational systems' require prerequisite skills, one of which is a certain standard of English literacy that enables direct support staff to actively manage the system. Staff members at 16

5. Concluding remarks

Temple Court without the necessary degree of English literacy struggled to undertake the aspects of the system that require it. An important consequence was that some paperwork and recording systems did not end up meeting the goals of the system, but those of the staff. We argued that direct support staff should have the skills to complete **any** paperwork and recording systems. This has obvious implications for the recruitment of new employees. The low levels of English literacy also had significant implications for the house supervisor. She could not effectively delegate tasks to these direct support staff and needed to provide them with high levels of support.

What should the organisational response be when existing employees do not have the required levels of English literacy? There is not a 'quick fix' to this issue. It cannot be resolved by a 'one-off' training or coaching session. When rational systems encounter problems they may be ignored because there are no ready-made responses (Morgan, 1997). Given the length of time that these staff members have been employees, the literacy issues would have been apparent well before the classroom-based training. If an organisation ignores or downplays the fact that its 'organisational systems' require competent staff this will serve to retard the implementation of *active support* and impede its effectiveness. This has consequences for any staff group, and more importantly, for the quality of life of people with intellectual disabilities.

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Appendix A: Documents cited in the report

Document code	Description
D/TC/080905	16 Temple Court transition training program
D/T/041006	Monthly Opportunity Recording Plan
D/T/210806	Opportunity Plan. A training handout developed by the Centre for Developmental Disability Studies.
D/19/nd	Resident familiarisation profile for Christos
D/TC/260107	Written feedback to staff group
D/T/031006	Training exercise, 'Fuzzies and Performances', attributed to the Bangor Centre for Developmental Disabilities.
D/TC/070307	House meeting agenda from March 7th 2007
D/TC/020507	House meeting minutes for May 2nd 2007
D/TC/270607	Written feedback to staff group
D/SW/260207	Active support paperwork overview (Draft). Devised by the Coordinator, Lifestyles Approaches.
D/GR/nd	Presentation entitled Practice Leadership: Person-centred active support given by Gary Radler
D/TC/200208	E-mail communication from the team manager
D/TC/1007	Person-centred active support: 16 Temple Court coaching sessions. October 2007.

Appendix B: Preintentional Reflexive Stage and Preintentional Reactive Stage

From Bloomberg and West (1999)

	Stage 1: Preintentional Reflexive Stage	Stage 2: Preintentional Reactive Stage
General description	Communicative intent and meaning are assigned by the caregiver to the individual's very early and reflexive behaviours. These are produced in response to external stimuli (especially auditory and visual stimuli) e.g. startle reflex, sucking reflex. At the reflexive level, the person will sleep a lot. However, when awake the individual will gaze at people or objects which come into his or her visual field (20 -25 cm). When the caregiver makes eye contact with the individual it is know as "mutual gaze". The caregiver will talk to the individual but the content of the conversation may have very little to do with the activity they are involved in. e.g. when brushing hair the caregiver might be talking about their weekend. The caregiver may pause to allow for turntaking and any response noticed in the individual is seen as meaningful and as a turn. Caregivers tend to respond instinctively to their caregiving role to ensure that physical needs are met. The caregiver is more likely to chat generally rather than comment on specific actions or reactions of the individual.	Communicative intent and meaning are assigned by the caregiver to the individual's reactive behaviours. The individual reacts to people, objects, or events within his or her environment. He or she reacts to stimuli from all senses. There is now an expanded range of body and limb movements and vocalisations e.g. trunk turning, hand to mouth behaviours and a greater variety of facial expressions. He or she learns to repeat a pleasurable action. The caregiver will talk to the individual and the content of the conversation will relate to the activity that they are involved in e.g. "Here is your dinner" – at dinner time. The individual responds to different tones of voice and to different facial expressions. He or she will search for sound sources, especially speech or music. Any sound or movement made by the individual will have a major effect on the caregiver's behaviour. At this stage, the first smile appears. Mutual gaze is changing and leading into shared attention where the individual and the caregiver may appear to be "looking" at the same object or event and the caregiver will comment on it. The individual will start to anticipate his or her turn in consistent routines. The individual does not initiate the interaction however he or she may begin to respond to familiar interactions.

Skills and behaviours demonstrated	• Demonstrates mainly reflex activity e.g. sucking, grasping • Has a 'grasp' reflex – automatically grasps finger or object placed in hand • Reacts to touch • Changes his or her activity level on seeing an object • Visually follows some objects and people • Looks at people momentarily • Briefly fixates on an object at distances of 20 – 25 cm • Reacts to loud sounds • Quietens or responds to voices • Demonstrates varying states of alertness • Vocalises comfort • Vocalises distress	• Tries to repeat new or interesting events/movements • Uses the same action on all objects e.g. mouthing, holding, inspecting • Begins to show anticipation e.g. opens mouth on seeing spoon/cup • Reacts to known noises e.g. microwave bell • Searches for source sound – particularly voices • Reacts when sees or hears caregiver(s) • Smiles • May respond to interactions by looking at the person and vocalising • Shows an awareness of strange situations or people • Visually studies or inspects objects/people • Visually follows slowly moving objects/people • Alternates glance between two objects • Sometimes uses his or her eyes and hands together e.g. looking and reaching for objects • Retains an object in his or her hand for 10 – 15 seconds • Looks momentarily at the place an object disappears

Appendix C: Details of the participant-observation at 16 Temple Court

Domain	16 Temple Court
Hours of participant-observation	59
Number of days on which data was collected	11
number of interviews	1
Data set (number of words)	29,000
Time from first contact to half-day meeting	167 days
Period of participant-observation in each house from first contact	163 days
Period of participant-observation from first shift in the house (excluding training)	30 days
Number of months that the house had been open at the end of the period of participant-observation	5 months

Appendix D: Active Support Paper Work Requirements 16 Temple Court

Devised 25 October 2006

Activity and Support Plans

A four week Activity and Support Plan has been devised based upon staff input from the *Active support* classroom training sessions. These are located in an A3 format, located on the desk in the office under the firebox. Each staff will be expected to go through the day's entries, prior to commencing your shift.

The Activity and Support Plans will be formally implemented from Sunday 29th October until November 25th. And reviewed at the end of the month, and a new cycle will be developed based upon learning log entries and staff input.

At the next house mtg, scheduled for 15 November, all staff will be asked to provide feedback and input into preparing for the next cycle, and to hear feedback from staff based from the learning logs.

Monthly Opportunity Recording Plans

Based upon staff input the Monthly Opportunity recording plans have been devised. You will note that there are two activities identified. Activities are to be actively supported throughout the month, as outlined in the plans, when these are to occur.

Once the activity has been undertaken, each staff member supporting the activity is to write an entry into the learning logs. These forms are all located in the ***Active Support Information Folder*** **located in the office shelf.**

Learning logs will be reviewed and discussed at the staff meeting, and at each staff supervision.

Ways to develop Interactive training planning sheets which are also referred to as 'Activity Protocols' these will be discussed at the next house meeting. In the mean time all staff are to consider how activities are being presented to each resident. You may want to commence writing how this is done on the interactive training-planning sheet, which is located in the *Active support* information folder.

The house supervisor will be discussing *Active support* at each of your supervision, in particular – Feedback on the Activity Support Plan, progress re Household and Options, and each resident's monthly Opportunity Plans, and learning logs.

Devised by the house supervisor, team manager and Lifestyles Coordinator

25 October 2006

Appendix E: The staff roster at 16 Temple Court

Staff	Hours	Day																									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
H/S	152	7.00a 5.00p			7.00a 4.30p	2.00p 9.30p	7.00a 6.00p			7.00a 4.30p	7.00a 4.30p	7.00a 4.30p		7.00a 4.30p	7.00a 5.00p	7.00a 5.00p			7.00a 4.30p	1.00p 9.30p	12.00p 9.30p				7.00a 4.30p	7.00a 4.30p	1.00p 9.30p		7.00a 5.00p
DDSO1	152	8.00a 8.15p		7.00a 6.00p	7.00a 6.00p	7.00a 6.00p				1.30p 10.00p	2.00p 7.45p	7.00a 6.15p			8.00a 8.15p	8.00a 8.15p			7.00a 6.00p	7.00a 6.00p	7.00 12.30p			7.00a 6.00p	7.00a 2.00p			7.00a 6.00p	8.00a 8.15p
DDSO2	152		7.00a 6.00p	2.00p 9.30p	1.45p 9.30p			8.00a 8.15p	8.00a 8.15p	7.00a 6.00p			1.45p 9.30p	1.45p 9.30p			7.00a 6.00p	7.00a 6.00p	12.00p 7.45p			8.00a 8.15p	8.00a 8.15p	7.00a 4.30p		7.00a 6.00p	7.00a 6.00p		
DDSo3	125.20		2.00p 7.45p	4.45p 8.15p		7.00a 10.30p	1.15p 7.45p	7.00a 6.30p	7.00a 7.00p		2.00p 9.30p	6.00p 9.30p	7.00a 2.00p			4.45p 9.30p	2.30p 9.00p	2.00p 9.00p	7.00p 7.20a		1.45p 7.45p	7.00a 6.00p	7.00a 7.00p		2.00p 7.45p			1.30p 7.45p	
DDSO4	93.30		7.00a 10.30a	7.00a 10.30a			7.00a 10.30a	6.30p 10.00p	6.30p 10.00p	4.30p 8.00p		4.15p 8.00p	2.00p 7.45p	11.00a 8.00p	4.45p 9.30p		4.45p 8.15p	4.45p 8.15p		7.00a 10.30a	7.00a 10.30a	12.00p 10.00p	12.00p 10.00p	4.30p 8.00p		4.30p 8.00p	2.00p 8.00p	5.15p 9.00p	

DDSO5	84.45	12.00 9.40	5.15p 9.30p		4.30p 8.00p	12.00p 8.00p	5.45p 9.15p				7.00a 10.30a		7.00a 10.30a	7.00a 11.00a			7.00a 10.30a	7.00a 10.30a		2.00p 8.00p	7.45p 7.00a			4.15p 9.00p	4.15p 9.00p		7.00a 10.30a	7.00a 10.30a	4.45p 10.00p
DDSO6	59.30		7.00a 10.30a	7.00a 10.30a		7.00a 10.30a	10.30a 2.00p			7.00a 10.30a	7.00a 10.30a		7.00a 10.30a				7.00a 10.30a	7.00a 10.30a		7.00a 10.30a	7.00a 10.30a			7.00a 10.30a			7.00a 10.30a	7.00a 10.30a	
DDSO7	36							11.00a 6.00p	11.00a 6.00p						11.00a 7.00p	11.00a 7.00p													12.00p 8.30p
DDSP8	152		7.45p 7.20a	7.45p 7.20a				7.45p 7.20a	7.45p 7.20a			7.45p 7.20a	7.45p 7.20a	7.45p 7.20a			7.45p 7.20a	7.45p 7.20a				7.45p 7.20a	7.45p 7.20a			1.05p 9.30p	7.45p 7.20a	7.45p 7.20a	
DDSP9	152	7.45p 7.20a			7.45p 7.20a	7.45p 7.20a	7.45p 7.20a			7.45p 7.20a	7.45p 7.20a				7.45p 7.20a	7.45p 7.20a			12.00p 12.45p	7.45p 7.20a				7.45p 7.20a	7.45p 7.20a	7.45p 7.20a			7.45p 7.20a

= Weekends

= Active night staff

= rostered to attend house meeting

Appendix F: Active support individual protocol

ACTIVE SUPPORT INDIVIDUAL PROTOCOL

INSTRUCTIONS:

- All staff are to implement the agreed protocols in a consistent way
- Any proposed adaptations need to be discussed with other team members prior to changing

BACKGROUND:

Protocols are designed to make particular activities as predictable for both residents and staff (including new staff and relief/agency staff).

Importantly, *Protocols* are designed to endure that activities occur in a consistent way that assists residents to develop skills and maximise their independence in the specified task.

Protocols are prepared by staff during their staff meetings. Thereafter, they should be implemented by everyone and reviewed at staff meetings. Individual staff should avoid making changes or varying protocols between meetings, except when it is essential to do so. (E.g. for safety reasons or a significant change in a residents needs.

ACTIVITY:

DATE PROTOCOLS DEVISED

FOR WHO:

WHEN:

WHERE:

PROTOCOLS / Steps

1.

2.

3.

4.

5

6

7.

Appendix G: Summary of goals set on Opportunity Plans or recorded on Activity Learning Logs

Domain and sub-domain		Example from Opportunity plan		
Laundry	Dealing with dirty clothing/ bedding	David to take clothing to laundry after shower with staff assistance. In the evening after shower.	16	37 (19%)
	Folding and putting away clean clothes	Push the laundry basket to deliver clothes to other bedrooms.	13	
	Hanging out and bringing in laundry	Collect a small amount of clothes from close line.	8	
Self-care	Preparing for showering	Select and carry linen (washer and towel) to the shower.	5	24 (12%)
	Showering	Shane to rub shampoo in his head during morning shower.	5	
	Dressing and undressing	Assist Shane to take his shoes off before changing into pyjamas.	4	
	Brushing hair	Andrew to hold his hairbrush, hand over hand staff to assist him to brush his hair.	2	
	Cleaning teeth	David to hold his toothbrush and hand over hand to brush his teeth.	2	
	Using the toilet	David to pull his pants down when going to the toilet.	2	
	Using a wheelchair	Each morning before placement, David will buckle his seat belt on his wheelchair.	2	
	Medical	Staff to put Ugvita cream on his hand, assist him to rub it on his face in front of the mirror.	1	
	Other	Assist David to switch his radio on when he is in the toilet/bathroom	1	
Bedroom activities	Making bed	David to pull his bed (Doona) back prior to going to bed.	3	7 (4%)
	Drawing curtains	Before bed, Shane will close his bedroom curtains with staff support every night.	2	
	Tidying wardrobe	Help tidy the wardrobe.	2	

Domain and sub-domain		Example from Opportunity plan		
Food related	Preparing food or drink	With staff support Charles will make his supper time Sustagen drink.	21	52 (26%)
	Washing crockery after meals	Andrew to take his cup and bowl to the sink after breakfast when he is in his wheelchair and watch staff to rinse the bowl.	14	
	Serving food or drink	David to hold his teapot and pour into his cup with staff assistance.	11	
	Laying the table	Bring cups to table for afternoon tea.	4	
	Wiping the table after meals	Wipe the table after mealtimes	2	
Other household tasks	Cleaning and tidying	Help staff with cleaning by holding a basket on his legs with chemicals.	4	11 (6%)
	Drawing curtains	Helped close lounge curtains	3	
	Watering indoor plants	Andrew to water the indoor pot plants.	2	
	Opening front door to visitors	Push Charles to the door. Charles to open the door when the doorbell rings.	1	
Transport	Putting on seatbelt	Charles to put his seatbelt on prior to this programme.	2	6 (3%)
	Getting on the minibus	Shane to hold bus handle (yellow) before climbing into the bus every time.	3	
	Pushing wheelchair to/from bus	Andrew to help push the wheelchair to and from programme (daily)	1	
Outside household tasks	Gardening	Water vegetable garden.	6	17 (9%)
	Collecting the mail	Charles to collect the mail from the mailbox.	4	
	Tidying up	Assisted in tidying chairs up outside.	2	
	Taking the garbage bins in/out	Put the wheelie bins out and then back in.	2	
Community-based activities	Grocery and personal shopping	Push trolley in supermarket during grocery shopping	19	45 (23%)
	Eating and drinking	David to go to McDonalds or Hungry Jacks once a fortnight, on Saturday or Sunday.	18	
	Walks	Shane will go for a walk in the local area 15 - 20 minutes.	5	
	Other activities	Pay for a movie ticket meal money after purchase	3	

Appendix H: Data relating to the allocation of staff resources at 16 Temple Court

	Supervisor (f/t)	DDSO1 (f/t)	DDSO2 (f/t)	DDSO3 (p/t)	DDSO4 (p/t)	DDSO5 (p/t)	DDSO6 (p/t)	DDSO7 (p/t)	DDSO8 (f/t)	DDSO9 (f/t)
Hours worked in a 28 day roster	152	152	152	93.3	84.45	125.2	59.30	36	152	152
Number of days each staff member is at work in a 28 day roster	17	16	16	20	17	18	14	5	14	14
Number of days on a roster that supervisor will have contact with staff member	-	13	16	5	9	5	3	3	7	8
Number of hours that supervisor works with a staff member on a 28 day roster	-	86.5	34	15.5	28	17	10.5	17	5.25	6.83
% of supervisor's time that he works with a staff member	-	53%	22%	10%	18%	11%	7%	11%	3%	4%
% of staff members time that s/he works with supervisor	-	53%	22%	17%	33%	14%	18%	47%	3%	4%
Number of 7 a.m. starts	13	10	7	5	7	7	13	0		

Appendix I: Revised Paperwork and recording system

Department of Human Service: Person Centred – Active Support

MONTHLY OPPORTUNITY PLAN: 16 Temple Court

Resident's Name .....

Date Opportunity Plan Started.....

No.	**Opportunity** Who, will do what, when, and with what help…
1.	
2.	
3.	
4.	
5.	
6.	

5. **Activity Learning Log: 16 Temple Court** **Resident's Name:**

The Learning Log at 16 Temple Court primarily records opportunities written on the Monthly Opportunity Plan. It can also be used to record new or significant activities. An aim of the Learning Log is to share information about how we support the residents so that we can provide the best quality support.

Date and time	***Opportunity***	***Others involved?***	***What was significant about how I supported this opportunity?***
	Fill in the number from the opportunity plan or write in full if a new opportunity.	Supporting staff and any other relevant people	Look at the prompt sheet to help you think about what to write here.

Completing the Activity Learning Log at 16 Temple Court

Here are some questions that might help you to think about what to record in the final column of the Activity Learning Log, 'What was significant about how I supported this opportunity?'

You do not have to provide answers to all of the questions. The aim of the questions is to help you to think about how you support the residents.

Questions about the person I was supporting

- What did the person do to make me think they liked the activity?
- What did the person do to make me think they did not like the activity?

Questions about how I provided the support

- Did I prepare the situation so that the flow of the opportunity was maintained?
- Did I present the opportunity well to the resident?
- Did I provide graded assistance?
- Did I enable the resident to experience success?
- Did I provide support in a positive helpful style?

General questions

- *Did anything work especially well?*
- Did anything not work that well?
- Is there anything I would do differently next time I support this opportunity?
- Is there anything that I must definitely to the same next time I support this opportunity?

Appendix J: Extract from the Community Residential Core Competencies

(Research and Training Centre on Community Living, nd)

Documentation - Aware of the requirement for documentation in his or her organization and is able to manage these requirements efficiently"

A. Maintains accurate records, collecting, compiling and evaluating data and submitting records to appropriate sources in a timely manner.

1. Reads and completes daily logging and charting.
2. Writes in complete sentences and spells words correctly.
3. Completes accident/incident reports.
4. Completes program charting.
5. Knows where all necessary forms are located.
6. Uses blue/black ball point pen when documenting.
7. Uses specific, objective and descriptive language when documenting.
8. Completes staff orientation/educational plan/in-service forms.
9. Writes activities and appointments on monthly calendar.
10. Uses approved used abbreviations.
11. Reviews all documentation closely for errors and make corrections as needed.
12. Knows where and acronym list and glossary of terms is located and uses as needed.
13. Writes necessary information in the staff log and/or shift communication book.
14. Reads and writes necessary information in the day program communication books.
15. Completes health care notes.
16. Completes leisure log forms.
17. Ensures all necessary documentation is completed by end of shift.
18. Completes end of the month reports.
19. Completes referral forms accurately.
20. Completes facility supply request form.
21. Completes quarterly and annual reports.

B. Maintains standards of confidentiality and ethical practice.

1. Respects and maintains confidentiality of all individual information (e.g., medical information, history and current program).
2. Refrains from discussing private information about a person with people who are not involved in the person's life.
3. Before providing information about a person served or permitting access for people to have information, staff member verifies name, position, reason for access required and assures access is appropriate/necessary.

Appendix K: Checklist of questions for evaluation

If the paperwork and recording systems are used well then they should assist with both planning and monitoring. If they are completed properly then it is likely to embed and sustain *active support* over time. We generated the following questions for discussion over the course of the project, which may be useful in other settings.

- Is the content of the paperwork and the processes relating to them clear to everyone?
- Is the paperwork working in a way that is helpful?
- Are house meetings used in a way that embeds *active support*?
- Do minutes of house meetings reflect purposeful discussion about *active support*?
- What evidence is there that staff are doing some pre-house meeting work?
- Are there keyworker reports?
- Are keyworkers taking the lead in discussing each resident's new goals?
- What evidence is there that people have looked at the previous month's data?
- What coaching, supervision, or additional training has there been?
- What examples of ongoing support are there?
- What examples of problem solving have taken place?
- Do supervision meetings show evidence of purposeful discussion of *active support*?
- How are staff passing on the philosophy and processes of *active support* to casual staff and new employees?
- How quickly are new staff being offered the full active-support training?

Appendix L: 'Making life good' Steering committee membership – March 2008

Mr John Leatherland	**Chair** **Regional Director, Eastern Metropolitan Region** **Department of Human Services**
Ms Alma Adams	**Manager** **Kew Residential Services Redevelopment**
Mr Anthony Brown	**Family member**
Mrs Nancy Brown	**Family member**
Mr Peter Downie	**Family member**
Ms Heather Forsyth	**Self-advocate**
Mr Alan Robertson	**Self-advocate**
Mr John Gray	**Manager, Well Being and Practice Improvement** **Quality Branch,** **Department of Human Services**
Ms Christine Owen	**Manager, Disability Services,** **Eastern Metropolitan Region** **Department of Human Services**
Ms Kerrie Soraghan	**Executive Officer, Steering Committee**
Mr Kevin Stone	**Executive Officer, VALID (Victorian Advocacy League for Individuals with a Disability)**
Ms Joanne Matchado	**Co-ordinator – Lifestyle Approaches,** **Eastern Metropolitan Region** **Department of Human Services**
Ms Dorothy Wee	**Manager, Disability Services** **North and West Metropolitan Region** **Department of Human Services**
Ms Noble Tabe	**Manager, Disability Accommodation Services** **North and West Metropolitan Region** **Department of Human Services**
Ex-officio members	
Dr Christine Bigby	**Associate Professor** **School of Social Work and Social Policy** **La Trobe University**
Dr Tim Clement	**Research fellow** **School of Social Work and Social Policy** **La Trobe University**

The contribution of former members of the Steering Committee since the beginning of the research in 2005 is also gratefully acknowledged.