Identifying factors that predict good Active Support in group homes for people with intellectual disabilities using multi-level modelling

Christine Bigby
Em Bould, Teresa Iacono, Julie Beadle-Brown
La Trobe University
Background

• Group homes predominantly for 4-6 people with 24 hour support remain the dominant form of accommodation support for people with more severe intellectual disabilities in many countries.

• Service users quality of life in group homes is often poor and variable (Mansell & Beadle-Brown, 2012;)

• The strongest evidence for what makes a difference is the consistent use by staff of Active Support (Bigby & Beadle-Brown, 2018)
  ‘an enabling relationship is utilised to facilitate the engagement of people with intellectual disabilities in meaningful activities and social relationships (Mansell & Beadle-Brown, 2012).
  ‘significant increases in the amount of time residents spent engaged in all types of activities at home’ (Flynn et al., 2018).

• Also associated with increased staff satisfaction and provides the foundations for positive behaviour support

• Active Support has been widely adopted by service delivery organisations in the UK and Australia and to a lesser extent in the US, Taiwan and Norway

• It has been difficult to implement Active Support and sustain a consistent quality (Mansell, Beadle-Brown & Bigby, 2013)
Aims

• To date there is only tentative evidence about the specific factors that influence quality of Active Support

  • Staff motivation, training and management support (Flynn et al., 2018)

  • Strength of front line practice leadership or presence of a practice leader (Beadle-Brown, Bigby & Bould, 2015; Bould, Beadle-Brown, Bigby & Iacono, 2018)

• Aimed to:

  • Identify the individual, service and organisation factors that predict the quality of Active Support using multi-level modelling (MLM).

  • Identify factors that predict increases in the quality of Active Support over time

  • Identify whether the factors that predict quality of Active Support at a single point in time are similar to those that predict quality over time.

• Present cross sectional and longitudinal data from a large-scale study of group home services in Australia that commenced in 2009.
Measures

1. Service user needs and characteristics
   - Short form Adaptive Behavior Scale (SABS, Hatton et al., 2001) — level of ability

2. Staff Experiences and Satisfaction Questionnaire (SESQ) (Beadle-Brown, Gifford & Mansell, 2005)
   - Demographics, training, work experiences - satisfaction, perceptions of management and attitudes towards people with intellectual disabilities.

3. Active Support Measure (Mansell & Elliott, 1996; Mansell et al., 2005)
   - 15 items completed at the end of observation period - Quality of staff support

4. Observed measure of practice leadership (Beadle-Brown et al., 2015)
   - Interview, review of the paperwork and observation of practice leader on shift

5. Organisational and service characteristics
   - Organisational size and experience - number of services managed and service users, time since adopted Active Support
   - Number and mix of services uses in each service
Participants

• Cross sectional data set
  • 461 service users from 134 services managed by 14 organisations
  • Data collected between 2009-2017
  • Services provided 24-hour support for 1-12 people (M = 4.84) in ordinary community houses.
  • Time since first adopted Active Support 1-14 years
  • Managed between 5-34 services

• Longitudinal data set
  • 194 service users from 51 group homes managed by 8 organisations
  • Collected at baseline and then intervals of 12-18 months, for periods of 2-7 years between 2009-2017
    • baseline and subsequently six time points for 1 organisation, 5 for 2 organisations, 3 for two organisations, 2 for 1 organisation, and 1 for two organisations.
Analysis

- Descriptive statistics and correlational analysis using SPSS 24
- Multi level modelling regression using MLwiN program v 3.02

- Advantages over linear regression as it takes account of data dependency and aggregation of group level data avoiding type 1 error
Analysis: Longitudinal Data organised at 3 levels

Level 3:
51 Services

Level 2:
194 Individuals

Level 1:
2 to 7 Time Points

Quality of Active Support - ASM
Findings: Longitudinal data set

- Over time there was an increase in the quality of Active Support
- Rate of increase not uniform dependant on time implementing Active Support
- Rate of increase similar irrespective of ABS

![Graph showing time points and active support score](image-url)
Longitudinal data set

Level 2:
194 Individuals

- Service users with higher levels of adaptive behaviour received higher levels of Active Support
Longitudinal data set

Level 3: 51 services

- Size of the group home - 6 or less service users
- Better practice leadership
- Mix of service users similarity of levels of adaptive behaviour
  - ABS scores
    - Less than 80
    - 81-150
    - 151 and above
- More staff trained in Active Support

• Higher ABS scores plus 4 service level factors account for 38% of the variance in level of Active Support over time
Cross sectional data set - What predicts good Active Support?

- **Size of service**
  - 6 or less service users

- **Mix of service users - similarity of adaptive behaviour**
  - **ABS scores**
    - Less than 80
    - 81-150
    - 151 and above

- **Smaller number of services managed by the organisation**

- **Higher levels of adaptive behaviour**

- **Better practice leadership**

- **More staff trained in Active Support**

- **Greater time implementing Active Support**

- **Individual level** accounts for 16% of variance
- **Service level** accounts for 48% of variance
- **Organisational level** accounts for 88% of variance
Summary and Implications

• Similar factors predict quality of Active Support at single point and over time at individual and service level

• Exception was training – explained by lack of variability in longitudinal data set

• Strengthens earlier tentative evidence about the significance of front line practice leadership

• Important messages for funders and service delivery organisations re priorities for quality support
  - training, front line practice leadership, size of service, mix of service users and size of organisations

• Illustrates challenges of implementing Active Support for People with more severe intellectual disabilities.
  - In theory no reason for difference in quality of Active Support based on support needs
  - Suggests more attention in training and by practice leaders to tailoring practice to individual service users and identifying how principles are implemented differently in practice

• Research challenges - Lower quality of Active Support in earlier years of study meant insufficient data to identify what sustains Active Support over time - Size of data set necessary for multi level modelling
Thank You

Contact Professor Christine Bigby
C.Bigby@latrobe.edu.au or lids@Latrobe.edu.au