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UNIVERSITY

LIVING WITH DISABILITY
RESEARCH CENTRE



Factors that influence the quality of staff support for people with intellectual disabilities in supported accommodation services – messages for people with disabilities, funders, regulators and service providers

Professor Christine Bigby

Research about group homes and its implications

- Program of research since early relocations from Kew when Active Support first introduced
- What makes most difference to the quality of support – and thus quality of life outcomes for people with intellectual disabilities
- Stimulated by early findings about different outcomes with same inputs
 - Explored culture
 - Active Support were staff doing it
 - Why not – what factors were necessary for this to happen
 - And now what does it take to ensure these factors are there – that's where regulators and funder come in

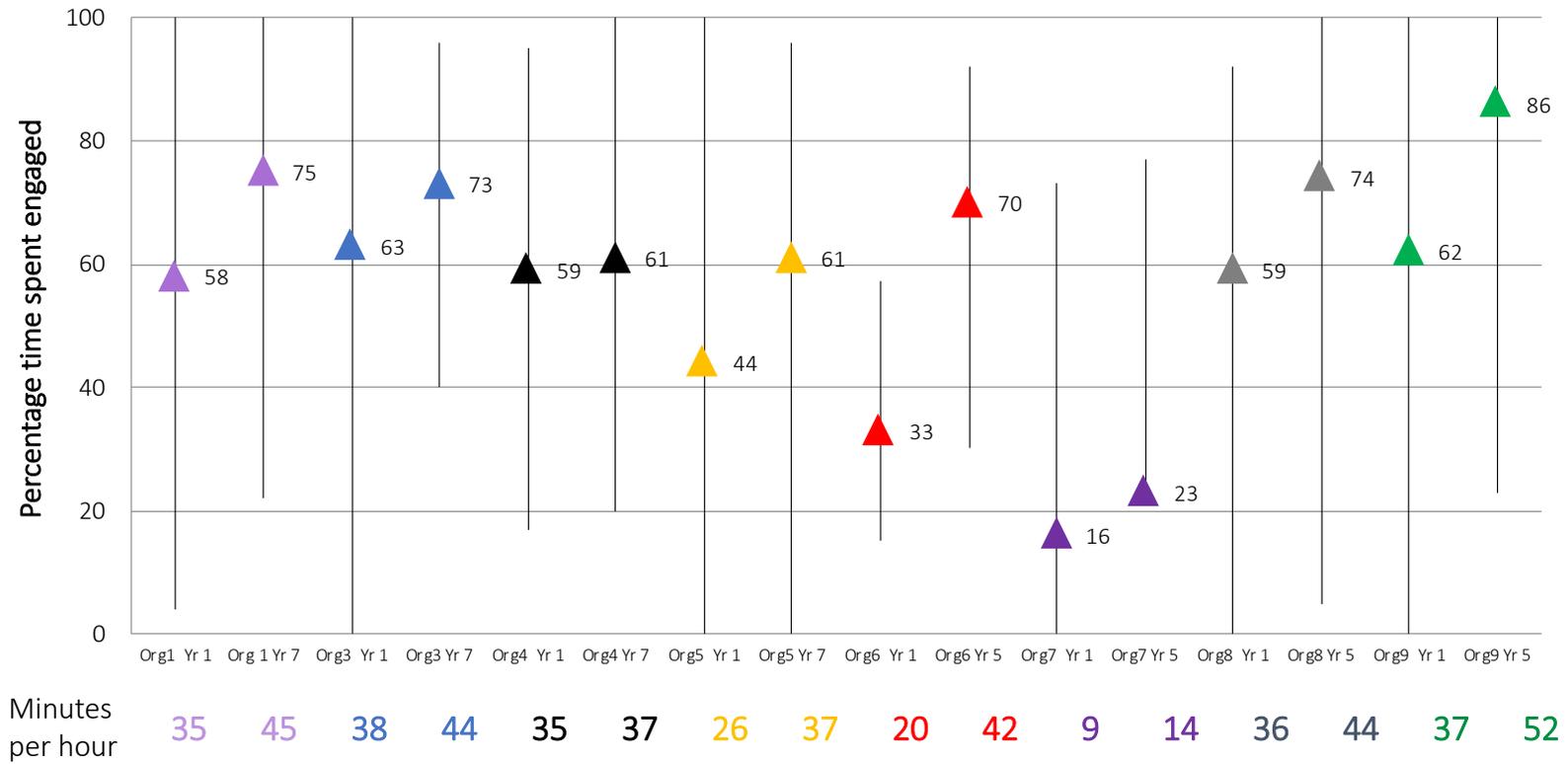
Aim of today

- Distill some of these findings – simpler and clearer than academic papers
- Give some suggestions what to do with them

Some other things we have learned or had reinforced along the way

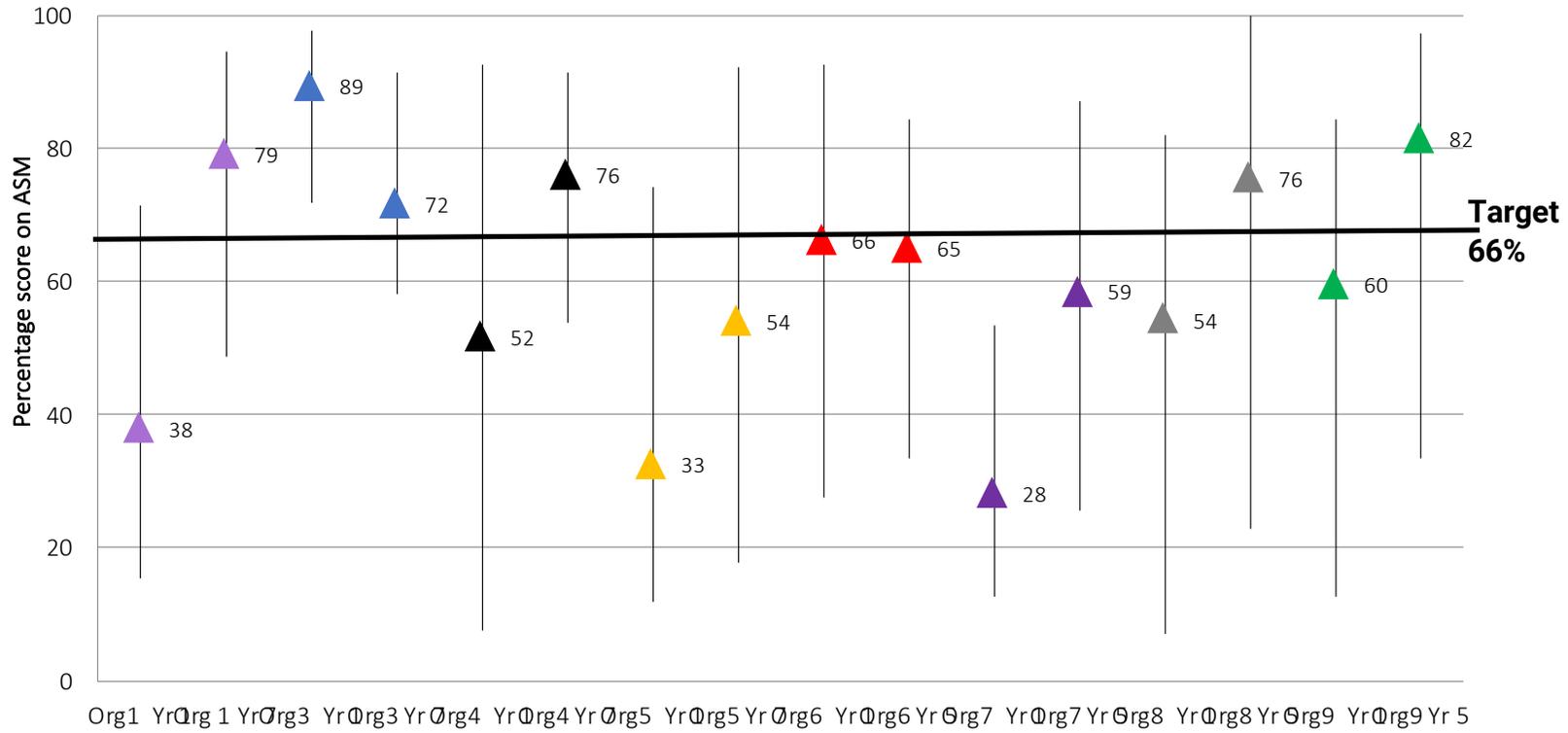
- Big differences between what staff say they do and what they do – can't rely on paperwork
- Big differences between what disability support providers say they do and what they do
- Good quality support and services are fragile – continued work in progress – not necessarily related to number of staff or other resources
- Observation is critical to measuring and monitoring quality alongside evidence-based behavioral expectations or indicators of practice tailored to type of service and specific group – generic indicators are worthless
- There is much more Australian evidence than when we started
- Evidence is not widely disseminated – not widely used by providers – or people with disabilities and their families – not evidence is used by NDIS as funder or Quality Commission and other regulators
- Unlikely to solve issues of abuse unless use evidence to improve quality of support

Differences in quality of life



• Range from 9 to 52 mins

Differences in the quality of support



Claims by organisations about Active Support don't always match reality and quality varies

Organisation	2009-2010	2011-2012	2013	2014	2015	2016	2017	2018
1	0%	0%	20%	60%	80%	60%	100%	40%
2	100%	75%	71%	71%	43%	38%	71%	57%
3	25%	0%	40%	40%	60%	80%	100%	80%
4	13%	0%	50%	63%	75%	44%	33%	29%
5			25%	75%	63%	38%	71%	50%
6			57%	57%	20%	0%	86%	75%
7					14%	13%	50%	13%
8					50%	33%	29%	57%
9						29%	57%	33%
10						0%	83%	43%
11						25%	50%	50%

67% - 100%

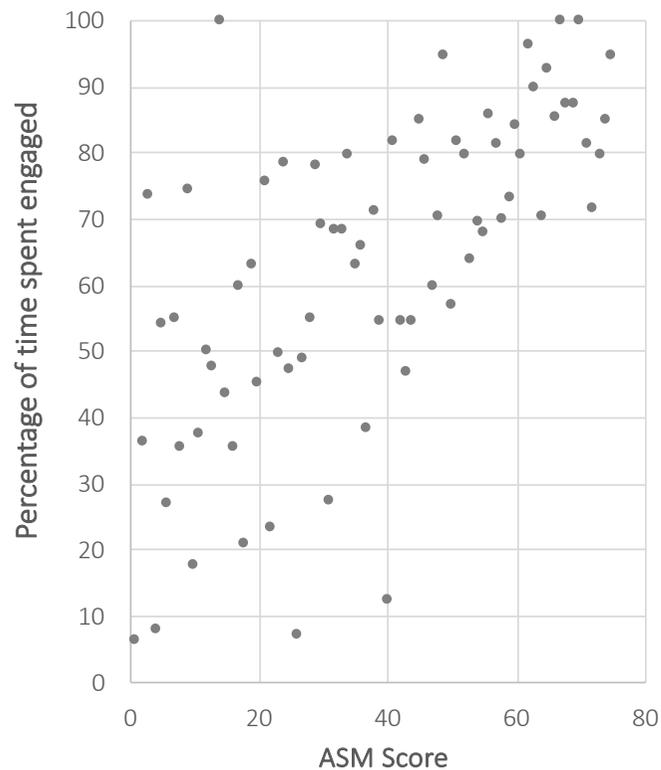
50% - 66%

Less than 50%

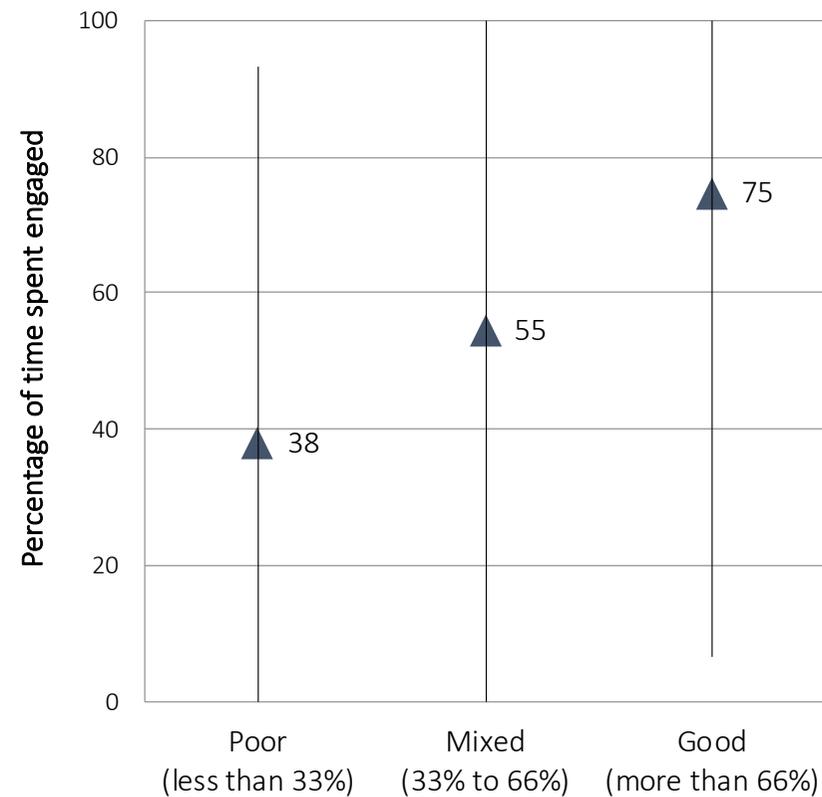
What makes most difference to quality of life? Engagement!

Everyday support at home and in the community to be engaged

Direct relationship staff use of Active Support and Engagement



● $r = 0.513, n = 307, p = 0.0001$



Active Support is...

- Way of **providing just the right amount of assistance**, to enable a person with intellectual disability to **successfully take part in meaningful activities and social relationships**.
- a way of working that you can apply at all times, with all people.
-not something that you schedule for set times, or with particular people, or when extra staff are working.
- Foundation of positive behavior support
- Unequivocal evidence - but do auditors know ?
Is it reflected in practice standards – do families or community visitors or managers know?



Active Support - What do you See

For People you support

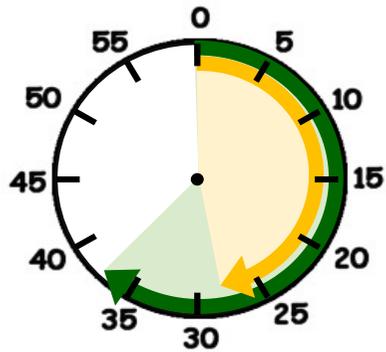
- **Engagement in meaningful activities and relationships**
 - **doing something constructive with materials**; vacuum cleaning a floor, laying a table, cutting a hedge, loading a washing machine, listening to a radio.
 - **interacting with people**; talking or listening to them or paying attention to what they do - holding a conversation, watching someone show how to do something.

For Staff

- Providing enough assistance of the right sort to each individual to enable them to be engaged and participate successfully in meaningful activities and relationships -irrespective of degree of intellectual disability – four essential elements
 - Graded assistance
 - Every moment has potential
 - Little and often
 - Choice and control

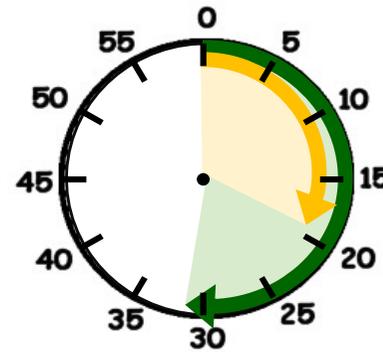
Engagement can be increased– with attention to Active Support practice

Whole Sample Average
62%



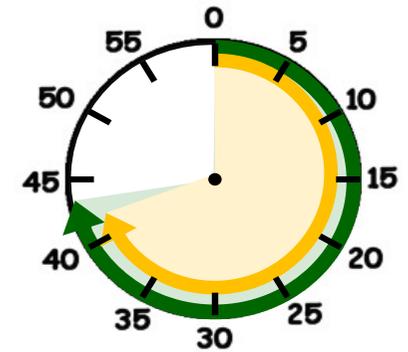
28 mins per hour (Year 1)
37 mins per hour (Year 6)

People with more
severe disability
51%



19 mins per hour (Year 1)
31 mins per hour (Year 6)

People with mild
disability
71%



41 mins per hour (Year 1)
43 mins per hour (Year 6)

Predictors of Good Active Support in Group Homes



Organisational level



Organisational Leadership

- Collectively value and understand practice
- Create sustainable structures for front line practice leadership
- Embed training in Active Support



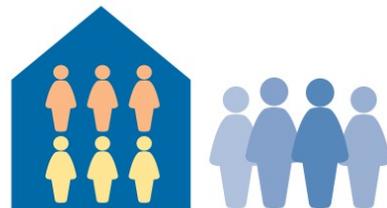
Practice Leadership level



Skilled front line practice leaders

Knowledge of staff and people being supported

Practice leaders adhere to the 5 Tasks of Practice Leadership



House level



Staff are trained in Active Support and have confidence in management

Enabling, empowering, respectful and cohesive culture

6 or less people, mix of people



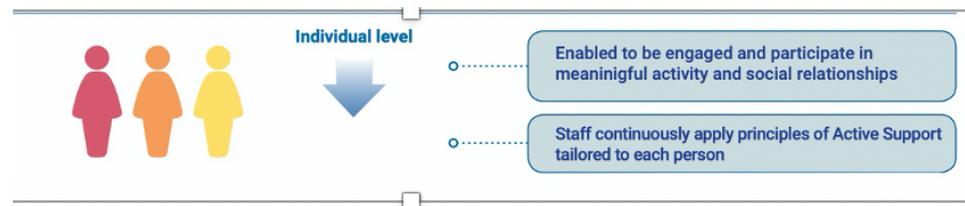
Individual level



Enabled to be engaged and participate in meaningful activity and social relationships

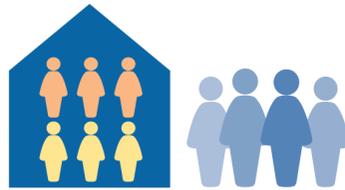
Staff continuously apply principles of Active Support tailored to each person

Individual level



- Staff know the people they are supporting
- Their practice looks different depending on the individuals with whom they work
- They apply the principles of Active Support to the support needs of each individual
- For some reminder or prompting as cues may be enough
- For others preparation and invitation, for others hand over hand assistance
- Assistive technology, Communication and AAC tailored for each individual
- Who is checking? – do families – community visitors – auditors know what good support looks like - do managers at all levels of the organisation
- Are staff being regularly observed

House/service level



House level

- Staff are trained in Active Support and have confidence in management
- Enabling, empowering, respectful and cohesive culture
- 6 or less people, mix of people

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- All staff trained in Active Support – classroom and hands on
 - On line in your own time is not enough
 - Qualifications don't make any difference – attention to curricula may help
- Staff have confidence in management – feel supported – motivated
- Very little evidence anything else re staff characteristics, such as turnover, age, length of service
- The service is small six people or less
- The mix of people supported is not too broad – goes back to tailoring to individuals
- Who is checking staff training ? What about new staff or casuals?

House/ Service level - Culture

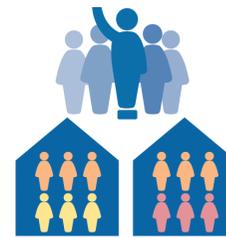


- Staff are trained in Active Support and have confidence in management
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- There is a means to move away from platitudes about importance of culture to specifying what it should look like and measuring it.
 - **Enabling** for the people supported - engagement, social interaction and inclusive social milieu
 - **Motivating** for staff – confidence and support from management and effective leadership
 - **Respectful** of humanity people supported and attentive to their different needs for support
 - **Coherent** – all staff on the same page – no cliques –aligned with organisational values and to supporting wellbeing of people supported
- Group Home Culture Scale – Organisations can demonstrate culture aligns with better services and can use tool to diagnose where problems are across their services
- Indicator of where to invest in change
- Tool for auditors to gauge culture - could be a quality requirement

Across house or service level



Practice Leadership level



- Skilled front line practice leaders
- Knowledge of staff and people being supported
- Practice leaders adhere to the 5 Tasks of Practice Leadership

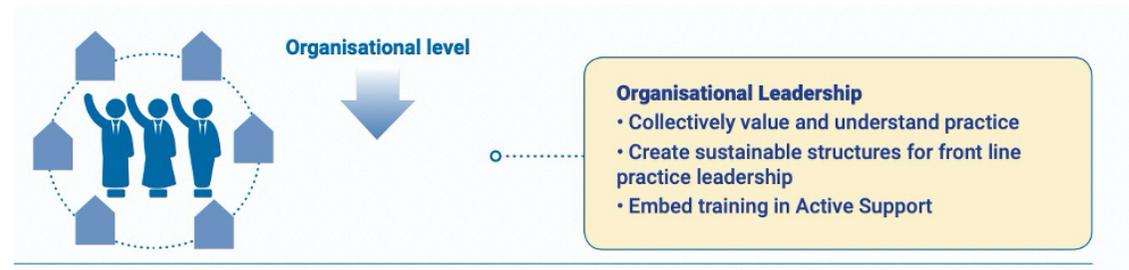
The Five Tasks
of Practice Leadership



- Practice Leaders skilled in 5 tasks of Practice Leadership
- Span of no more than 2 or 3 services
- Know staff and people being supported
- Time for all 5 tasks
- More than just supervision

- Current funding does not reflect this predictor of quality
- Quality Commission has no requirements for there to be skilled practice leaders fulfilling these tasks

Organisational level



- Senior leadership of the organisation values and understand practice
 - Practice is everyone's responsibility including the bean counters
- Structures are in place for effective practice leadership close to the front line of service delivery
- Resources in place to support practice leaders
- Structures are in place to ensure training in Active Support for all staff and training for Practice Leaders
- Not size, scope, paperwork
- Do the Board know about practice? Do they know what a good leader needs to value?
- How does the organisation demonstrate and report on good practice?
- What messages does it convey to families and people they support about practice?
- Does the Quality Commission have requirements for independent evidence about practice?

Predictors of Good Active Support in Group Homes



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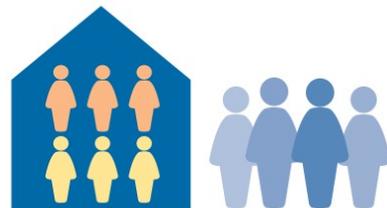
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Individual level



Enabled to be engaged and participate in meaningful activity and social relationships

Staff continuously apply principles of Active Support tailored to each person

So what next

- These factors make most difference to quality – must be present in all disability support organisations
- Organisations need to demonstrate good practice – how they rate on these indicators
- NDIS pricing needs to reflect what is necessary to deliver good practice
- Quality Commission needs to audit for good practice – provide sufficient regulation - why is there more focus on competences for behavior support than on direct everyday support and Active Support? Why is practice about meeting complex medical needs spelt out and not Active Support? Why aren't competencies more specific?
- Why is there so much focus on paperwork and processes rather than practice
- Why isn't evidence being used?
- The Quality Commission is funding tools for the sector - work in progress for resources -
- But how can we make sure they are available and used by services, regulators and funders.
- Does it have to depend on who shouts loudest or what tragedy happens next

See <http://www.activesupportresource.net.au/>

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<https://onlinelibrary.wiley.com/doi/full/10.1111/jar.12693>

McEwan, J., Bigby, C., Douglas, J. (2019) Moving on from quality assurance: exploring systems that measure both process and personal outcomes in disability services. *Journal of Intellectual Disability Policy and Practice*.
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<http://www.aiddjournals.org/doi/pdf/10.1352/1934-9556-54.5.316>

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Every Moment Has Potential – An introduction to Active Support (Bigby & Bould with Greystanes Disability Services, 2015)

Supporting Inclusion – Online training program (Bigby & Wiesel, 2015)

Bigby, C. & Bould, E. (2017) Guide to Good Group Homes, Evidence about what makes the most difference to the quality of group homes. Centre for Applied Disability Research.

<https://www.cadr.org.au/images/1765/good-group-homes-fullguide.pdf>;

<http://hdl.handle.net/1959.9/563197>

Bigby, C., Bould, E., Iacono, T., Beadle-Brown, J. (2019). Enabling engagement and inclusion: organisational factors that embed Active Support in accommodation services for people with intellectual disabilities: Summary Report. Melbourne: Living with Disability Research Centre, La Trobe University. <http://hdl.handle.net/1959.9/568523>

Thank You



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Guide to visiting: some suggestions



Personal development

What to look for:

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

What to ask staff:

- How do staff know what residents like and dislike?
- Have any new activities been tried recently?
- How do staff support residents to be engaged when they are out shopping or using community facilities?
- Who does the housework, the laundry, cooking, shopping and gardening?

Self-determination

What to look for:

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

What to ask staff:

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

Interpersonal relations

What to look for:

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

What to ask staff:

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

Social inclusion

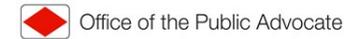
What to look for:

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

What to ask staff:

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

Guide to visiting: some suggestions



Emotional wellbeing

What to look for:

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

What to ask staff:

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

Material wellbeing

What to look for:

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

What to ask staff:

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

Physical wellbeing

What to look for:

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

What to ask staff:

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

Rights

What to look for:

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

What to ask staff:

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



RESEARCH TO ACTION

>> Bridging the
gap between
what we know
and what we do

GUIDE TO GOOD GROUP HOMES

What to look for and
things to ask



- Available from <https://www.cadr.org.au/about-cadr/research-to-action-guides/research-to-action-sheets/good-group-homes>
- Review of evidence and consumer guides