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

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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 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)

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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.

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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

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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.

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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

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Analysis: Longitudinal Data organised at 3 levels
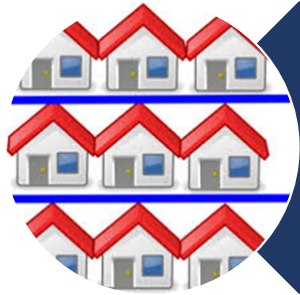
Level 3:

51 Services

Level 2:

194 Individuals
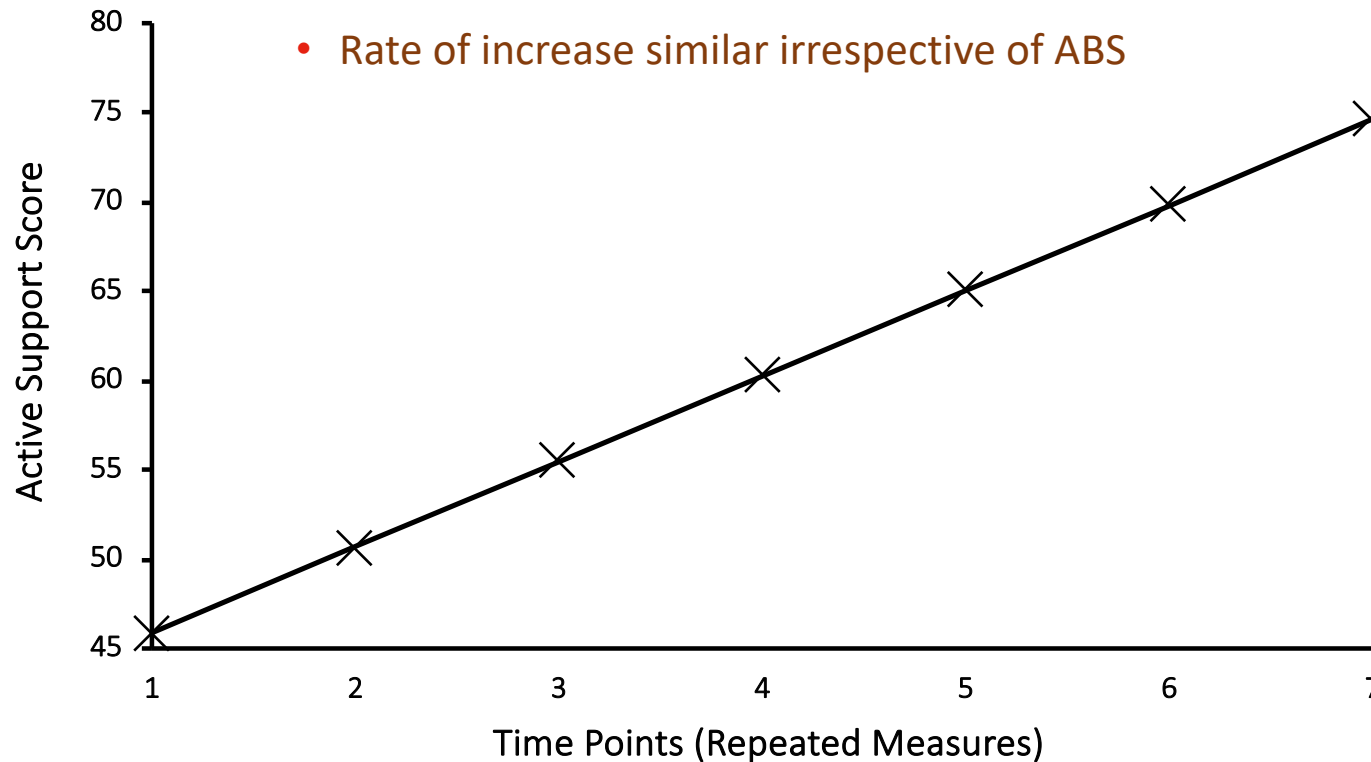
Quality of Active Support - ASM

Level 1:

2 to 7 Time Points

Findings: Longitudinal data set

Level 1:
7 Time Points

- Over time there was an increase in the quality of Active Support

- Rate of increase not uniform dependant on time implementing Active Support
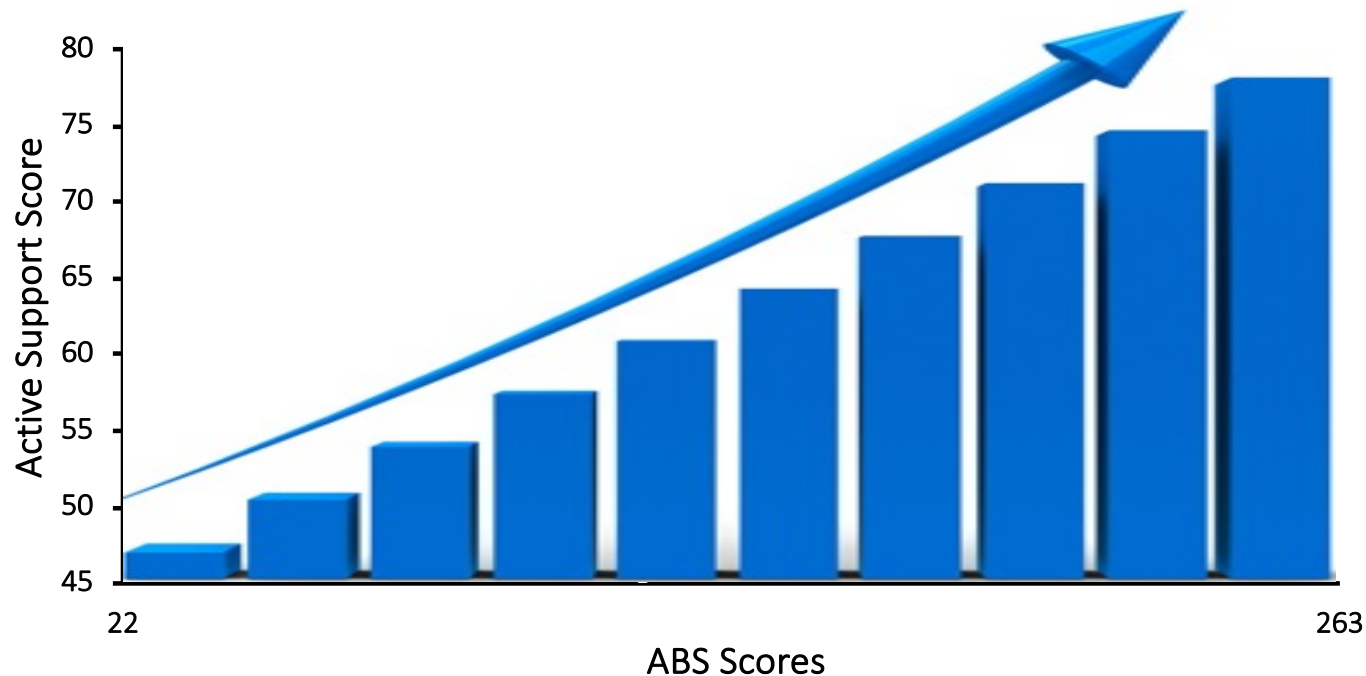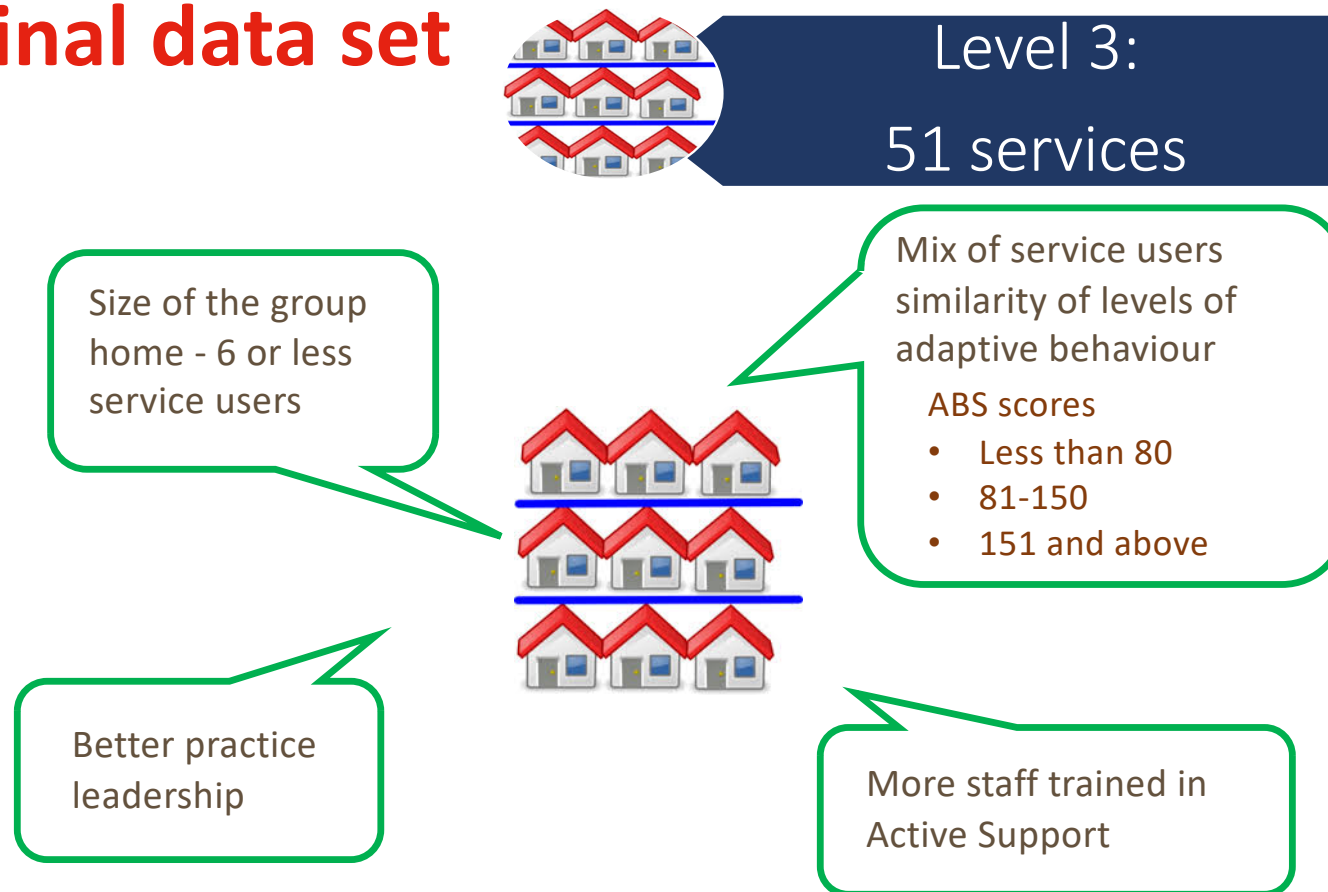
- Rate of increase similar irrespective of ABS

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Longitudinal data set

Level 2:

194 Individuals

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

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Longitudinal data set

Level 3:

51 services

Size of the group home - 6 or less service users

Mix of service users similarity of levels of adaptive behaviour

ABS scores
- Less than 80
- 81-150
- 151 and above

Better practice leadership

More staff trained in Active Support
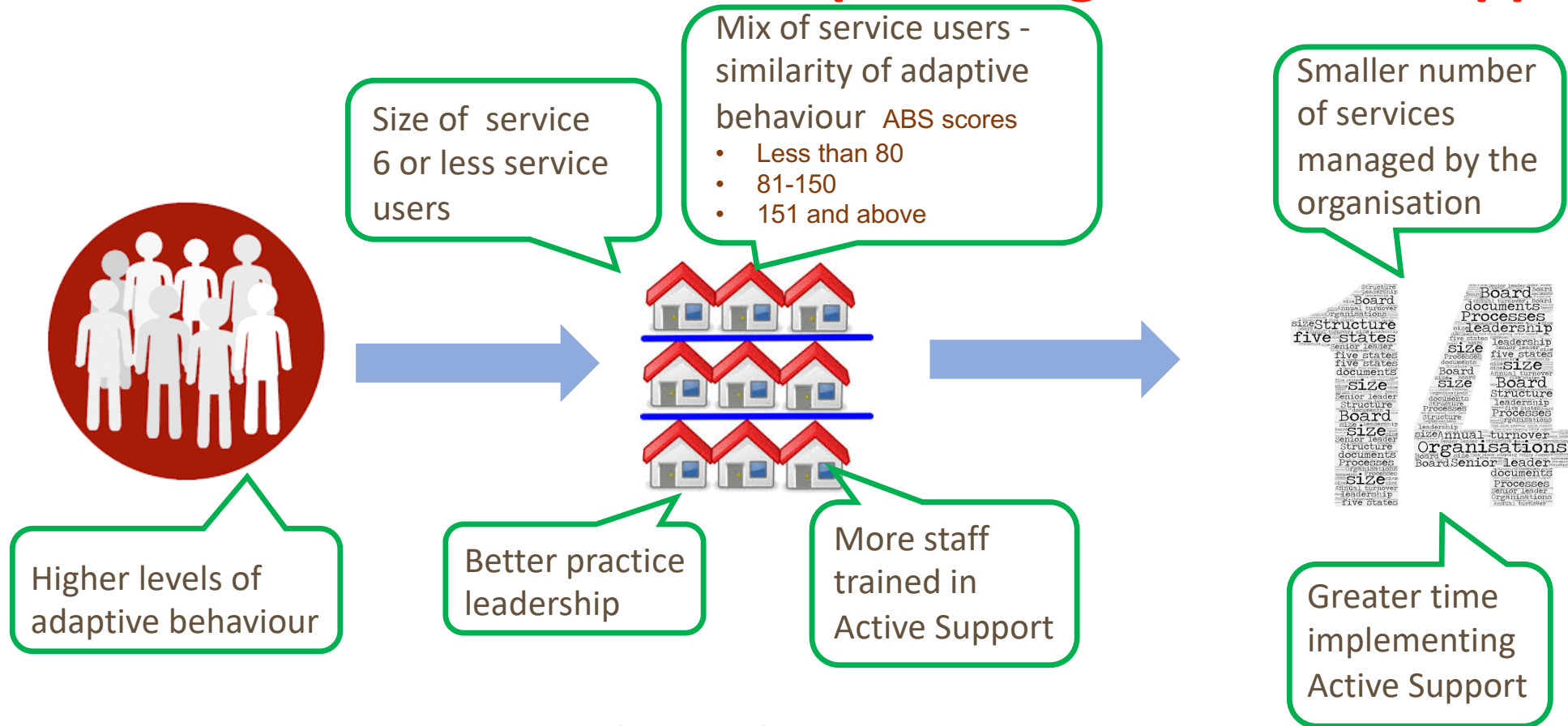
- Higher ABS scores plus 4 service level factors account for 38% of the variance in level of Active Support over time

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Cross sectional data set - What predicts good Active Support?

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

Size of service 6 or less service users

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

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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

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Thank You

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References