



LA TROBE
UNIVERSITY

LIVING WITH DISABILITY
RESEARCH CENTRE



Changes in quality of support in group homes

Professor Christine Bigby, Dr Lincoln Humphreys, Lauren De Losa, Jelena Stojic, Dr Chris Cott

Background

Staff use of Active Support is the strongest predictor of good quality of life in group homes (Bigby & Beadle-Brown, 2018; Bigby, 2023)

- Increased time spent engaged in all types of activities at home (Mansell and Beadle Brown, 2012 Flynn et al., 2018)
- Better emotional well-being and personal development, interpersonal relationships, social inclusion and self-determination (Flynn et al., 2018, p. 994; Beadle Brown et al., 2021)
- Foundational element of Positive Behaviour Support (Ockendon, Ashman and Beadle-Brown, 2014; Jones, 2021)
- Greater staff job satisfaction and lower propensity to leave employment (Beadle-Brown, Hutchinson & Whelton, 2012; Rhodes & Toogood, 2016).
- Has been easy to adopt but difficult to embed in group homes in Australia
- Significant fluctuations in quality of Active Support in services



Active Support – easy to adopted but difficult to embed

Percentage of services where more than 50% of residents receive good Active Support

	2009-2010	2011-2012	2013	2014	2015	2016	2017	2018	2022
Organisation 1	0%	0%	20%	60%	80%	60%	100%	40%	40%
Organisation 2	100%	75%	71%	71%	43%	38%	71%	57%	33%
Organisation 3	25%	0%	40%	40%	60%	80%	100%	80%	50%
Organisation 4	13%	0%	50%	63%	75%	44%	33%	29%	13%
Organisation 5			25%	75%	63%	38%	71%	50%	63%
Organisation 6			57%	57%	20%	0%	86%	75%	57%
Organisation 7					14%	13%	50%	13%	-
Organisation 8					50%	33%	29%	57%	-
Organisation 9						29%	57%	33%	-
Organisation 10						0%	83%	43%	-
Organisation 11						25%	50%	50%	13%
Organisation 12									33%
Organisation 13									25%
Organisation 14									0%
Organisation 15									10%
Organisation 16									0%
Organisation 17									44%

Good Active Support provided to at least 50% of residents
66%-100% of services
50-65% of services
Less than 50% of services

Embedding Active Support and Practice Leadership

Longitudinal study 2009-2022

Aimed to

- Identify organisational factors associated with good Active Support in supported accommodation services with 24-hour support to 1 or more people with intellectual disabilities
- Provide annual feedback to organisations on staff practices and resident outcomes
- 7 rounds of data since 2013
- Sample size and organisations involved changed over time

Today's presentation – snapshot of 2022 data

- Quality of staff support and practice leadership - what's stayed the same, what's changed and why ?

Data collected and methods

Engagement of people supported - Observation (EMAC R)

Quality of Active Support - Observation (ASM)

Strength of Frontline Practice Leadership - Observation and interview

Group home culture - Staff completed survey (Group Home Culture Scale)

2022 data collected March 21- Dec 22

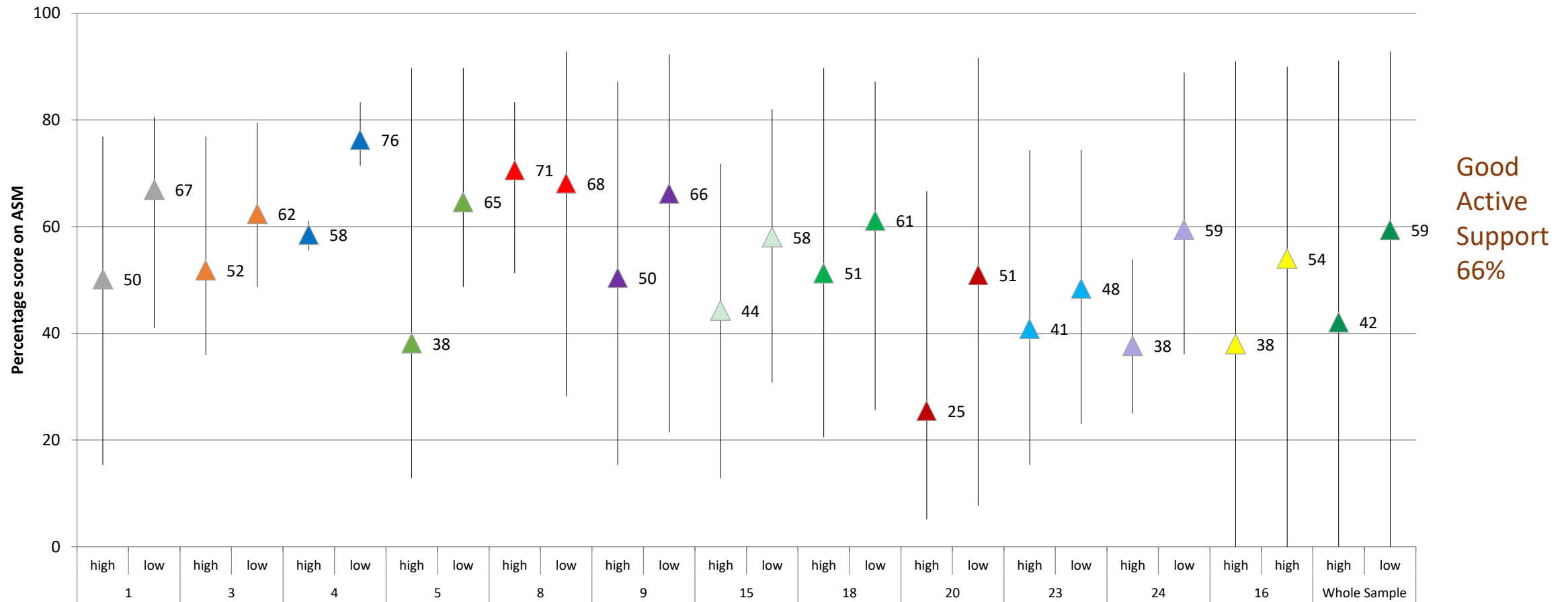
- 12 organisations (6 continuing & 6 newer)
- 382 people supported by 119 services
- 70 frontline managers of 96 services
- 47 services where 3 or more staff returned Group Home Culture Survey

What stayed the same in the 2022 data

Statistical relationships between Active Support, Frontline Practice Leadership and Engagement

- Service level, quality of Active Support correlates with level of Engagement ($r = .43$, $p < .001$, medium effect), controlling for adaptive behaviour.
- Service level, strength of Practice Leadership correlates with quality of Active Support ($r = .45$, $p < .001$, medium effect), controlling for adaptive behaviour
- Significant variability in Active Support, Engagement and Practice Leadership across services and organisations
- People with higher support needs continue to receive poorer quality support

Individual quality of Active Support for people with high and low support needs in each organisation



Average **52.95%** - range from 0 to 91%

Average **42%** for people with high support needs and **59%** for people with lower support needs

Quality of Active Support overall and for people with high and low support needs in all organisations in 2013 – 2018 – 2022



Good
Active
Support
66%

Upward trend between 2013 and 2018

Drop in 2022 - consistently lower quality for people with high support needs

The staff member showed Roger the potato masher and asked him if he would like to mash the vegetables. He handed the utensil to Roger and then guided his hand, positioning it over the small sized saucepan that was on the bench and helping him lower the masher into the saucepan. The staff member then withdrew his hand and Roger mashed the vegetables independently.

Deborah spent a lot of time sitting at the dining table, disengaged. The support worker went to the kitchen to cook dinner and Deborah began walking to the kitchen too. The support worker said to her, “Go and sit down. I’m making your dinner, darling.” Deborah then sat back down in the dining room and was not engaged.

Frontline Practice Leadership by Frontline managers

Predictor of good Active Support

The Five Tasks of Practice Leadership



Average Practice Leadership scores from 2013 -2022 - all organisations



Upward trend from 2013 to 2018

- Statistically significant increase 23 services both years ($Mdn = 1.80$) and 2018 ($Mdn = 3.40$), $z = 3.28$, $p = .001$, medium effect size ($r = .48$).

Significant decline from 2018 to 2022

- Statistically significant decrease 16 services in both years 3.50 (Mdn) to 2.80 (Mdn) ($z = -3.10$, $p = .002$, large effect size ($r = .55$)).

Practice Leadership scores for continuing and newer organisations 2022

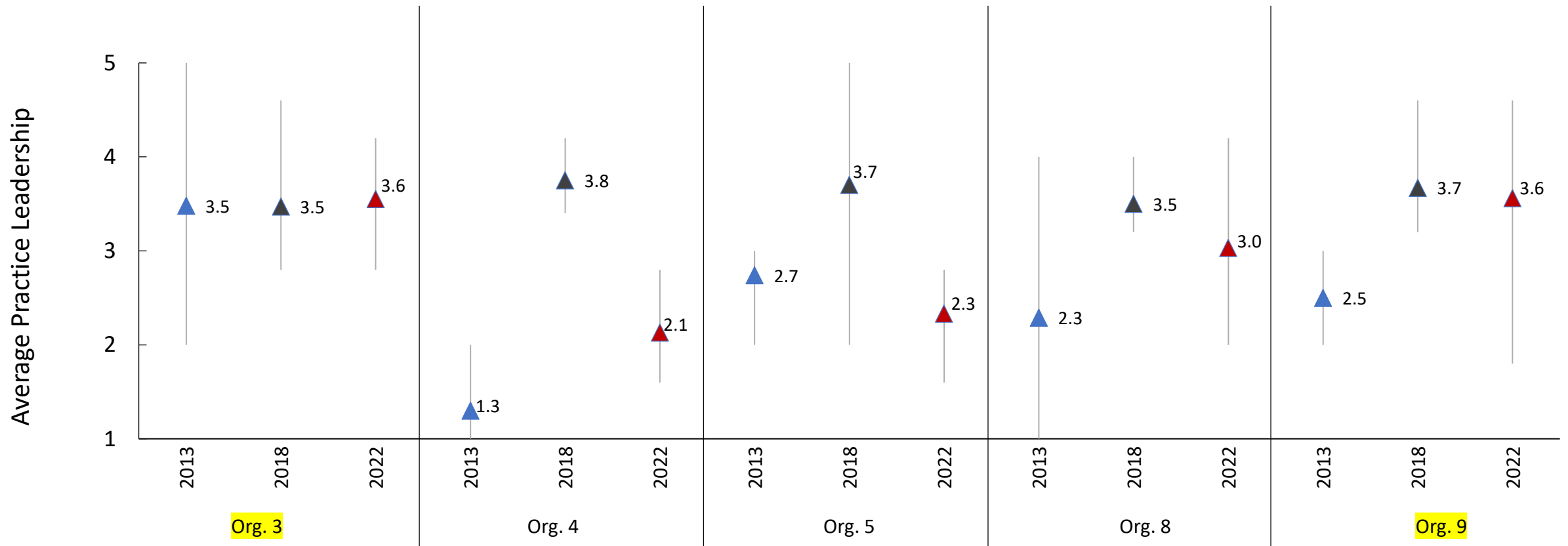


Significantly higher scores in the continuing organisations

2.80 (Mdn) compared to 2.40 (Mdn) in the 63 services in the newer organisations ($U = 689$, $z = -2.74$, $p = .006$, $r = .28$.)

Lowest scores consistently across all organisations for Observing, feedback, coaching and modelling and Supervising

Practice Leadership scores continuing organisations



Significantly higher scores in two continuing organisations (3 & 9) compared to the other three continuing organisations

($H(4) = 14.66, p = .005$) (Organisation 3 $Mdn = 4.00$ & 9 $Mdn = 4.10$) compared to (Organisation 4 $Mdn = 2.40$, 5 $Mdn = 2.40$, 8 $Mdn = 2.90$).

Explaining the decline in practice leadership

Having time and balancing tasks

- **In the highest scoring organisations practice leadership valued and a primary focus of frontline managers**
“the more I focussed on those five elements of Practice Leadership the less I needed to focus on the nitty gritty things and putting out the fires” (Org 9).
- **But not performing practice leadership as they would like due to increasing administrative load and time pressure.**
“had not had time to do observation of staff and provide feedback as consistently and as much as they would like” (Org 3)
“I roughly do two observations per month, which is less than we should be doing, ...there is just no time”.
(Org 9)
- **Perceived more coordination, reporting, funding negotiations due to NDIS and NDIS Quality and Safeguard Commission requirements**

Explaining the decline in practice leadership

COVID related

- **Workforce changes**

- Increased staff turnover, shortages, sickness and exhaustion in the aftermath of COVID added to workloads
- More time rostering, filling vacant shifts, and inducting and supervising casual

“Staffing and not having admin time are the two biggest barriers to do my job properly” (Org 8).

“ I may come in [to a service] and find staff just sitting around going ‘I don’t know what to do.’” (Org 4).

- **Disrupted process for tasks of practice leadership**

- COVID disrupted supervision, staff meetings, observations, feedback and coaching.
- Reduced physical presence of frontline managers in services.
- Processes remained irregular

‘one service had not had a staff meeting in the past 12 months and another service in the same organisation had 4 or less meetings’ (Org. 4).

Explaining the decline in practice leadership

Weak mandate for practice leadership

- **Newer organisations frontline managers' roles almost exclusively managerial**
- **Practice leadership not explicitly incorporated into expectations.**

“At the moment it’s more of an admin job.” (Org. 14)

- **Few organisational supports for practice leadership tasks.**
 - office based spent very little time in services or spent time in office in service
 - span of control too great to know the staff or the people they supported well.
 - administrative focus of team meetings or supervision and written house routines
 - templates concentrated on completion of tasks rather than sharing and improving support practice.

‘It read more like a to-do list of tasks and chores for staff to complete. The shift plan also doesn’t provide room for individuality (Org. 5)

Explaining the decline in practice leadership

Insufficient practice skills and lack of confidence

- Influence of manager's skills and confidence evident in organisational outliers
- Newer managers in continuing organisations and many in newer organisations ill equipped for practice leadership
- No experience or training in Active Support – some had misconceptions
- Hesitant about giving feedback and felt attempts to improve practice were ineffectual

“If I felt more comfortable as a manager, like I was more trained, I probably would feel more confident to do that.... I feel that staff have over time just started doing what they want to do in a way.” (Org. 5)

- Low expectations about the potential for engagement of the people they supported

“That the participants are really calm; the house is calm. I think's that's basically all you can ask for”. (Org 17)

Explaining differences in practice leadership

Structures for supporting practice leadership ?

- Organisations had different ways of structuring practice leadership
 - varying number of services responsible for, varying presence in services and responsibilities in addition to practice leadership
- Two organisations with strongest practice leadership organised differently But
 - Had structures for supporting frontline managers with practice leadership tasks (supervising, mentoring)
 - Processes for ensuring accountability for practice leadership tasks

Model of practice leadership

- One of the strongest organisations had a model of practice leadership that omitted supervision and prioritised other tasks
- Raises the question whether all tasks equally important?

Just the impact of COVID and the NDIS?

- Increased burden of administration and coordination on frontline managers also noticed by family members (see Bigby and Jackson, 2023)
- Some organisations retained relatively good levels of Active Support and Practice Leadership - why ?
 - The right span of control and balance of tasks for practice leaders
 - Support for managers carrying out practice leaderships tasks - from Senior Practice Support positions
 - Accountability for practice leadership work – KPI's re observations for example
 - Protection of time for tasks of Practice Leadership by redirecting administration to different level of managers or centralizing it
 - Strong senior leadership endorsement
- Findings open new lines of enquiry about factors that sustain practice leadership, proportion of frontline managers time and relative importance of the 5 tasks, significance of organisational support
- Many organisations now reinvigorating focus on Active Support and Practice Leadership – Next round of data 2023/24 may help to identify ways of halting the downward trend.

References

Comprehensive review of Active Support and Practice Leadership literature in

Bigby, C., (2023). Evidence about best practice in supported accommodation services: What needs to be in place. NDIS Quality and Safeguarding Commission

<https://www.ndiscommission.gov.au/resources/reports-policies-and-frameworks/inquiries-and-reviews/own-motion-inquiry-aspects> and Living with Disability Research Centre, La Trobe University.
<https://doi.org/10.26181/21769067>

Previous research from the longitudinal study and on implementing Active Support. And Practice Leadership

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>