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Active Support – Planning & Implementation; the evidence of experience

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A Person Centered Approach

Person centered approaches are about :

- listening to people, to find out what is most important to them and what they want from their lives.
- helping people to achieve what is important for them.

SEE: <http://www.valuingpeople.gov.uk>

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An Evidence-based Approach

- What we have learned from research
- What we have learned from the experience of people providing support
- What we have learned from people with disabilities who receive services

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Professionalism

- Supporting people with disabilities IS *rocket science*.
- We need to take it seriously, professionally and be committed to doing it well.



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Educational Focus

- Knowledge of what **Active Support** involves
- Understanding of why **Active Support** is important; how it can improve the quality of life of people with disabilities and the quality of the working life of those who provide support
- Professional skills to implement **Active Support**
- Involving both **classroom / workshop exercises & coaching / mentorship in the workplace**
- Strategies and products to support the implementation of **Active Support**

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Everyday, unplanned / unstructured activities

Group Protocols
Everyone does specific things in a predictable way

Activity & Support Plans
What people are expecting to happen or what people need to happen in a planned way at predictable times

Individual Protocols
Individuals do specific things in a predictable way

The relationship between everyday activity, "Activity & Support Plans", "Opportunity Plans" and "Protocols"

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There are a lot of people involved in making AS work effectively

- **Senior Managers/CEOs**
- **Program Directors**
- **Trainers**
- **Front Line Supervisors**
- **Direct Support Professionals**
- **People Served**
- **Families, Guardians and Case Managers,**
- **Researchers/Evaluators**

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There is more to AS than Team and Interactive Training!

1. Assessment of Organizational Readiness
2. Organizational Preparation
3. Planning for implementation
4. Dissemination
5. Site Selection
6. Site Preparation
7. **Classroom Training**
8. Post class consolidation of materials
9. **Interactive Training**
10. Post Training consolidation and implementation
11. Sustained Implementation

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1. Assessment of Organizational Readiness

- Internal drive within the organization to provide services that are:
 - Person-centered
 - Evidenced-based
- Built upon enhance professional skills, status, and expectations of DSPs and FLS
- Explicitly designed to enhance the quality of life and opportunities for person's supported.
- Good organizational stability and ready for next steps/enhancement of already good services.
- Not currently engaged in other resource intensive initiatives unless highly congruent with goals and activities of Active Support.

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2. Organizational Preparation

A. Having opportunities to get informed about Active Support: involving the Board of Directors & Program Directors in initial investigation and decision.

B. Identifying Active Support champions within the organization. The champion could be a Snr Manager, Program Director or person identified as a Trainer (depending upon the size and structure of the organisation).

Traits of the champion to include:

- Have a vision of positive outcome of changes
- Good listening and negotiation skills and positive reputation within the organization.
- Think flexibly about resources
- Decision-making authority to release resource within a delegated scope of responsibility.

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2. Organizational Preparation

C. Plan for additional and/or redistribution of resource during roll-out and ongoing.

- Train-the trainer time
- Customizing material to Organizational requirements and culture (alignment with current mission, vision, policy and procedures, etc.).
- Training time-classroom
- Training-on-site
- Support for the team implementation (including regular meeting times)
- On-going support to team to maintain focus
- Support to the supervisor (shifting roles and expectations)
- Define how AS training will interface with current mandated training hours and topics.

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2. Organizational Preparation

PROGRAMME DIRECTORS NEED TO BE INVOLVED:

A. Participate in discussion and exploration of AS with Snr. Mangers and Board of Directors concerning organizational readiness and potential outcomes for persons served and staff.

B. Establish alignment between existing service priorities and those of AS.

C. Identify / forecast potential changes in organizational philosophy, policy and procedures.

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2. Organizational Preparation

D. Identify potential AS trainers within the organization:

Traits of the trainers to include:

- Existing training experience / qualifications
- Ability to sustain multi-day workshops, facilitate group processes and use IT
- Ability and availability to provide on-shift mentorship to front-line staff
- Experience of front-line service delivery
- Respected within the organization / an established reputation for quality
- Flexibility in current work load to priorities AS training and on-going implementation (availability to provide consultancy to teams beyond the training sessions)

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3. Planning for implementation

- Make / allocate time to work with identified champion and trainers to develop an implementation plan.
- Determine evaluation measures in consultation with champion, trainers, and researchers.
- Alignment with internal and external QA, Values & Vision, and also previous evaluation of AS (as potential benchmarks)

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3. Planning for implementation

Common areas of evaluation include:

- Level of engagement of person supported
- Adaptive behaviour (skills), Challenging behaviour , mental health and physical health outcomes for individuals
- Staff skills, satisfaction and turnover
- Cost-benefit analysis

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3. Planning for implementation

Getting informed about Active Support, including changing roles and expectations of staff.

- Self-directed reading
- Connect with other trainers who do AS (membership of 'a community of practice').
- Connect with researchers: outcomes & evidence
- Develop a list of organisation facilitators and barriers to implementation to share with Snr. Managers
- Negotiation regarding resource and implementation with Snr. Managers

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4. Dissemination

Informing stakeholders of the organization's commitment to the agreed upon AS initial implementation plan.

- Persons supported
- Families
- Frontline supervisors
- Direct support professionals
- Case managers & co-service providers

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5. Site / Team Selection

- Nominated
- Self-nominate ('expression of interest' detailing evidence in support of their readiness to undertake AS)

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5. Site / Team Selection

- FLS has at least 1 year tenure with team and/or works well with this team.
- Team is stable and functional overall.
- Regular staff time together is the norm. (Monthly staff meeting).
- Persons supported are not in crisis. (e.g., behavioral, medical, etc.)
- Persons supported have current individual support plan in place.
- Individuals supported and families are supportive of Active Support.

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Site / Team Preparation

- Team meetings; Gathering information (Existing schedules; Individual plans; Behaviour Support plans; Risk management plans; Health plans; Person-centered plans) & Planning for training (leave; class time; back-fill; interactive timetable)
- Meeting with persons supported and orientate to their environment (in-home environment, community resources, staff profiles, ratios and shift patterns)
- Meetings with family & co-service providers
- Collection of baseline data for evaluation

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Classroom Training

Variety of formats, determined on basis of:

- Assessment of staff training needs
- Existing organisational in-service programme
- The needs of people supported

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Classroom Training

- Whole of team approach
- 18 to 24 hours ?
- Consecutive days, or at least a similarly designed intense training experience
- Balance of theory and practice
- Balance of values and skills

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8. Post class consolidation of materials

- Finalising initial products from sessions: (Activity & Support Schedules; and Opportunity Plans - available to the team prior to the Interactive Training sessions)
- Planning and preparing protocols for the purpose of the 1:1 interactive training (domestic, community, and social activities)

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9. Interactive Training

- At least 2 hours with each member of the team
- Activities can be conducted at home or in the community.
- Consider having a camcorder / video recorder available:
 - use as a reflective training tool during Interactive Training
 - document achievements
 - use as part of protocol development
 - use in upcoming staff meetings
 - risk assessment and management

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9. Interactive Training

- Trainers & trainees take turns
- Demonstrate & rehearse vales base: *every moment has potential; little and often; maximizing choice and control; use of graded assistance* (Mansel et al.)
- Demonstrate & rehearse skills base: *ask, tell, show, prompt and guide* (Jones et al.)
- Practice writing Protocols; using objective language, task analysis and chaining techniques

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10. Post Training consolidation and implementation

- Schedule an initial extended staff meeting to discuss the implementation of AS.
- Establish and implement a new staff meeting format that provides for the regular discussion of AS programs.
- Schedule follow-up meetings with trainers

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10. Post Training consolidation and implementation

- Data collection
- Data interpretation
- Data driven (evidence-based) decision making and programme development

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11. Sustained Implementation

- Champions and Snr Managers being available to Front Line Supervisors to provide on-going support, consultation and advice.
- Team Leaders continue to lead regular team meetings that have a person-centered focus and where decisions are data-driven and evidence-based.

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11. Sustained Implementation

- Support staff to take responsibility for the monitoring, evaluation and revision of support services and programs. Sign off and authorized these as needed.


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11. Sustained Implementation

- Maintain a person-centered focus to support (listen to clients and discern their preferences, priorities and needs).
- Maintain an evidence-based basis for support (gathering and using data to evaluate support activities and plan future support strategies)

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Some Current & Future Actions

- Develop the programme implementation guidelines
- Define the core curriculum content
- Develop supporting resources, inc. on-line resources

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